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**Translating and testing the  
European Health Interview  
Survey, Norway 2008**

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## Preface

Eurostat has worked towards obtaining comparability between data collected through Health Surveys in different European countries over the past twenty years. The work has passed through many phases. The latest initiative by Eurostat is establishing a European Health Interview Survey as a part of the European Health Statistical System. The different modules in the European Health Interview Survey are under development. The survey consists of five different modules. This report is a documentation of the translation of the health service module, the health determination module and the background variable module into Norwegian and a documentation of testing of the modules in Norway. It is also a documentation of the revised health status module translated and tested in an earlier version documented in Ramm and Sundvoll, 2005; “Translating and testing the European Health Status Module in Norway”.

The aim of this report is to give an overview of the experiences from the translating process and the cognitive testing. The guidelines for development and adoption of Health Survey Instruments<sup>1</sup> have been guiding the work. The project is a part of a larger international development project "The European Health Interview Survey". This project is coordinated and financed by the European Commission, with additional funding from Statistics Norway. Statistics Norway has tested sequences of questions from the modules both in a qualitative/exploratory manner, and adjusted it for use in a Norwegian context.

Jorun Ramm, together with Berit Otnes, Division for Health Statistics, coordinated the project. Arne Jensen, Division of health statistics has contributed in the translation phase. Elisabeth Gulløy, together with staff from Division for Data Collection Methods were responsible for the cognitive testing and reporting from the cognitive interviews.

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<sup>1</sup> Taffereau, Jean (coordinator): Guidelines/criteria for the development and/or adoption of Health Survey instruments, Partnership on health statistics

## Summary

Statistics Norway has translated and tested all four modules in the European Health Interview Survey according to guidelines provided by Eurostat. The questionnaire is translated into Norwegian by three independent experts, and is tested cognitively in a group of women with health problems. The translation and testing revealed some methodological problems with parts of the original instrument.

The module on health status was translated in a project in 2005 and was merely adjusted in this project. However, some questions had been included on a later stage and were therefore translated for the first time. The modules on health services, health determinants and background information are translated into Norwegian for the first time in this project. We encountered few problems in translating the background module and the health determinants module. However, there were quite a few challenges in the module on health services. There were also some challenges with cultural adaptation of the questions.

The questions on health status and consequences of reduced health for daily activities are now in agreement with the EHIS recommendations, but not quite harmonised with the Norwegian SILC-questions. It still remains to find a final and satisfying solution. The questions on accidents that resulted in injury need revising. We propose to develop more specific or targeted questions. There is also a question of number of registrations. The questions on work-related disease seem unfinished. In the mapping of physical and sensory functional limitations we recommend that the response categories are integrated in the question text and read aloud to the respondents. A filter question might be considered as an introduction to the sequence on personal care activities as the questions relate to very basic activities. There is also a need to standardize the way questions are asked in the functional, personal care and household activity questions. The response categories are the same, but there is a reversed way of asking that can create confusion when answering the questions. It might be wise to streamline and choose one way of asking to secure valid answers. In the questions about whether the interview person has help and what kind of help there is a mix between aids and assistance that are usually received at one time, and aids and assistance that are given on a more regular basis. This applies to all the questions in this sequence. It might be considered to pose different follow-up questions.

On mental health some of the states were overlapping and difficult to distinguish from each other. Some of the questions are also double-barrelled. This caused problems with keeping them apart and giving them a clear content.

The module on health services is translated into Norwegian for the first time. Questions regarding structural or organisational aspects are challenging to develop so that they will suit conditions in different countries. We have some general comments as to how the questions are designed and comments to the structure of the sequence. The routing of the questions on GP, specialist and dentist can be questioned. It might be more logical to pose the questions on GP and specialist directly after the questions on in-patient and day-patient and then pose the questions on dentist consultations. We also recommend to extend the reference period for number of consultations to 12 months since four weeks seems like a too short a period to capture a sufficient number of interview persons that has actually used the services. This must, however, be considered against the need for a short reference period when reporting out-of-pocket expenses.

The testing showed that the question about need for hospitalisation was difficult for the respondents to comprehend. We propose to reduce the number or dimensions in the question as the testing showed that most the respondents limited their recall process to only one type of situation.

Both the translation and testing of the questions on consultations at different health professionals and paramedics show that many of the concepts used are unfamiliar to the respondents. The list of

professional groups in the question should be rearranged into what seems a more logical structure. Either the categories should be changed or the information level should be increased.

In question about health care services it should be specified whether the reference is to municipal services only or if the respondent also should include services that the respondent buys for him/herself. There is a need for a decision whether the question is meant to cover both public and private services.

In the medication use sequence, it might be considered to restructure the whole sequence, as it most likely will not give valid answers. We recommend to ask separately for prescription and non-prescription medication and to keep this separate from medicines or dietary supplements recommended by a doctor. The cognitive interviews showed that the respondents answered with basis in what they usually do or medicines they take on a regular basis.

The cognitive interviews revealed several problems with the question on health service satisfaction, both on format and wording as well as comprehension and content, related to the tasks of generalisation, with the choice between different service dimensions, with the meaning expressed in the different response alternatives, and perhaps also with the number of alternatives. We recommend to redesign this question.

Fundamental problems were detected with the sequence mapping physical activity. We propose to restructure the sequence starting out with questions about the least exhaustive activities. This might reduce the problem with double counting. Necessary improvements would be to reduce wordiness and rephrasing the questions: to make them easier to understand, with less demanding calculation tasks. In the questions on living and working conditions, there is a question if we measure what one has felt oneself exposed to or what one has been exposed to as a fact. This is especially relevant for the questions on crime and violence. We also recommend using a filter question as an introduction as not all respondents has been exposed.

The questions on smoking and alcohol use are posed on a self-completion form. Experiences with the instrument monitoring alcohol use from other surveys shows that it is too difficult for the interview person to administer in a self-completion form. As one is not asking for a specific week but a typical week when he/she is drinking a varying alcohol intake will make it difficult for the interview person to answer. It is also a challenge to fill in for type of drink on all the days in a specific week, remembering intake on every weekday. Another challenge is converting the different types of drinks into units of alcohol and making the data comparable.

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# **1. Introduction and background**

The Health Interview Survey is developed by Eurostat and is a part of the European Health Statistical System for the EU-area. The survey consists of four modules. In this project we have translated the questionnaire into Norwegian and tested cognitively sequences from the questionnaire. The primary outcome of this work will be to gather experience from testing the modules. Experiences from testing in different countries will hopefully create a reference for adjustment and improvement of the questionnaire that has been developed to measure health and disability in the EU.

## **1.1 Short history of EU's initiatives on comparable health survey data**

At the European level, the process of producing comparable data in the area of public health statistics by means of surveys has been realised in several steps. Data collectionwise a module on health in the European Community Household Panel (1994-2002) was one of the first attempts to harmonise the annual HIS data collection (Health Interview Survey) in the EU countries. The same set of questions were used in all the member states. Because the same questions did not always measure the same underlying health concepts, the results of these surveys were the starting point for extra efforts in achieving better comparable EU data on health and disability. The second step was the collection of 12 (later 18) items on health from national surveys (on self-perceived health, chronic conditions, present and former smoking, physical activity, in-patient care, outpatient care, etc.). However, the frequency and completeness of the data were not the same in all Member states. A third step (in 2002) was development of a module on disability related to working conditions that was included in the European Labour Force Survey (LFS). A fourth step was a decision to include the Minimum European Health Module (MEHM) in the annual Eurostat social survey on Statistics on Income and Living Conditions (SILC), which began in 2003. Finally, the fifth step was to build a framework for a regular collection of harmonised data by means of survey and/or survey modules on health, named the European Health Survey System (EHSS). The European Health Interview Survey (EHIS) is a part of this system and will run every five years. This survey includes the following modules: health status, health care, health determinants, and background variables. There is flexibility as to how the modules are implemented in different member states. The modules may be run as a separate survey or may be included in existing national surveys (i.e. health interview survey, labour force survey, other household surveys).

## **1.2 Background**

The collaboration with Eurostat in this area has until recently been regulated by a gentleman's agreement. From December 2008, the area health, health and safety at work is regulated in Commission Regulation (EC) No 1338/2008. The project is a preparation for meeting future requirements for adjustments in the national statistics. Jorun Ramm together with Berit Otnes, Division for Health Statistics, have led the European Health Interview Survey project in Statistics Norway, while Elisabeth Gulløy, Division for IT and Data Collection Methods, Statistics Norway, has been responsible for the test work. In addition to the work of translating and testing in a national setting this project also contained a collaboration with our neighbouring countries, i.e. Statistics Sweden and the Institute of Public Health in Denmark.

## **1.3 The EHIS modules**

The European Health Interview Survey is comprised of a set of modules. The health status module (EHSM) is one of four modules. This module was developed in 1998 by EuroReves, but has later been revised several times. The EHSM module covers the following areas: self-perceived health, limitations due to health problems, chronic conditions, physical and sensory functional limitations, personal care activities, household care activities and mental health.

In 2004/2005 Norway translated and tested cognitively the European module on health status on commission from Eurostat documented in the report: "Translating and Testing the European Health

Status Module in Norway, 2005” (Ramm and Sundvoll 2006). The module is tested through cognitive interviews combined with a realistic mini scale field test. In the field test, the interviewers used behavioural coding to evaluate the way respondents answered the questions. The module is tested in several countries. After test-rounds in different European countries and many feedback rounds the module was revised. In this project, we have adjusted the revised version of the health status module for use in Norway. The module on health determinants, health services and background variables are translated into Norwegian for the first time. These modules include questions on weight, height, intake of fruit and juice, exercise, use of alcohol, smoking and consultations with health services and expenses to such consultations and also questions on background characteristics like place of residence, marital status, income and education.

## **1.4 Project objectives and phases**

In cross-national surveys, it is a fundamental objective that the data collection instruments are harmonised. Good and thorough translation procedures are essential. However, direct translations are not enough to secure comparability. The meaning and understanding of the same words and concepts are not the same across countries or cultures. To secure a common understanding of the survey objective and data collection instruments in the population measured, we need information about how people understand the questions. Cognitive interviews can help us in this process. Cognitive testing offer detailed information on how respondents in a particular country understand the translated questions. In order to develop precise data based on different instruments, we need to know as much as possible about the way people think around a phenomenon, how they structure information about this phenomenon, and how they usually express themselves when they talk about it. The information gathered can help us both to improve the detailed phrasing of each question, and to structure the questionnaire better.

The project contains three phases: a translation phase, a phase of in-depth cognitive interviews and a phase of analysis and recommendations.

### **1.4.1 Translation**

The questionnaire, instructions and guidelines were translated from the source language, English into Norwegian by three independent experts. All translators have solid experience in questionnaire design and knowledge of health statistics in general, as well as good knowledge of English. Translated versions of the questionnaire were compared and discussed. After a process of discussion and adjudication, we concluded on a joint version of the questionnaire. The recommendations for changes and adjustments are commented in the report. However, the recommendations are not fully integrated in the translated questionnaire.

### **1.4.2 Cognitive interviews with respondents in target groups**

Sequences from the translated questionnaire were objected to a more systematic qualitative testing. The test persons were recruited by a snowballing method. All test persons were women and some were recruited because they had health problems.

In the cognitive interviews, there was a sequence of concept mapping with card sorting. In this exercise, the test persons were encouraged to think aloud and associate freely around concepts used in the questionnaire. Another sequence was a systematic go through of the questionnaire with mapping of the four cognitive phases – *comprehension*, *information retrieval*, *judgement* and *response*. In this sequence, the respondent was encouraged to think-aloud and explain how he/she was thinking, from the question was posed to him/her until he/she arrived at an answer. The think-aloud sessions were supported by planned and spontaneous follow-up questions (probes) from the moderator. The cognitive interviews were used to indicate respondent problems in the four cognitive phases. All the interviews were taped, and the tapes were deleted after a short period in agreement with the participating test persons. The test work was carried out in May and August 2008. The results from the interviews are documented in a separate project report.

## 2 Applied methods and procedures

In cross-national surveys, it is a fundamental objective that the data collection instruments are harmonized, and thorough translation procedures are important. However, direct translations are not enough to secure harmonisation. Meaning and understanding of the same words and concepts are not equivalent across countries or cultures. The module on health status is developed in English and the objectives for selecting and designing the instrument is therefore set. Statistics Norway has not revised the questionnaire in the source language. This project aims at testing how the instrument functions in a Norwegian context. Revision and recommendations are primarily based on the translated instrument.

### 2.1 Translation procedure

One approach to developing comparable instruments is a source-to-target approach. The text is translated from a source language, in this case English, to a target language, Norwegian. In this project Eurostat has given specific directives regarding translation (ref. Guidelines and Conceptual translation Cards). The conceptual cards are short explanatory texts on concept meaning, time reference, specification of what should be included and what should be omitted for each question. Clear definitions of the concepts used in the instruments are essential for making a valid translation.

As stated in the guidelines there is no golden standard on how to proceed. However, the guidelines supplied clear recommendations on how to ensure comprehensive translation of the instrument from the source language to the target language. One of the criteria for translation work was that the translation teams should include persons with background from health (statistics) and with good understanding of the health concepts used in the questionnaire. The health experts should especially focus on translation of the conceptual meaning in the health concepts, rather than doing a word-by-word translation. The guidelines state that it is recommendable to centralize coordination, monitoring and evaluation of the translation process in conjunction with national study. In Statistics Norway, the core project group consisted of three independent experts. The guidelines also states that initial or forward translation of the health status questionnaire from source to target language should be performed by one or preferably at least two independent translators. It is recommended to use professional translators. Our previous experience from translating the National Health Survey Questionnaire into English is that professional translators are true to the original wording of questions and therefore less flexible as to find good formulations that will flow in an interview setting. Literature also shows that experiences as to using professional translation agencies differ. We have not recruited professional translators in this project. The guidelines also state that the translators should have target language as mother tongue and being fluent in the source language (English), they should have translation experience, and be culturally embedded and open towards the theme under study. Translators familiar with health issues may more readily grasp the concepts under study. However, translators with a strong health science background may hold their own, independent view of things, which could result in just the opposite, i.e. considerable deviation from the underlying health concepts.

In this project, Statistics Norway has chosen an approach using three independent experts for the translation. All experts have a health statistical background and good knowledge of English. In the translation work, focus was on ensuring that the health concepts was translated with reference to the conceptual translation cards, question structure, response scales/categories and linguistics in the questions and the general flow of the questionnaire as a whole. The instructions (guidelines and translation cards) provided by Eurostat were translated into Norwegian before translating the questionnaire. The experts translated the questionnaire independently. We checked the the different translations against each other, discussed deviations, and documented discussionpoints. When deciding on a final instrument the study objective and design was a major issue.

Due to ambiguous signals from Eurostat, we have not performed a back-translation of the questionnaire into English. This is also partly due to earlier experience with back-translation as not



being as fruitful as first anticipated. The back-translated versions were of a technical nature and added little to the quality of the final product. Literature also shows that back-translation sometimes shift the focus back to literal translation and does not necessarily serve the goal to produce a conceptual equivalent to the original instrument.

## 2.2 Cognitive interviewing

Cognitive testing is a fruitful method in planning of statistical surveys. To develop more precise data collection instruments, we need to know as much as possible about the way people think about a phenomenon, how they structure information, and how they usually express themselves when they talk about it. Focus group interviews with representatives of target populations make us understand more of a certain phenomenon, and enable us to map variations in attitudes or activity. This information can be useful when we design a draft questionnaire. Individual in-depth interviews can help us discover conceptual meanings or problems with description and format in a questionnaire. The information gathered can help us both to improve the detailed phrasing of each question, and to structure the questionnaire better.

Cognitive interviewing is an interview and observation technique that takes place in a laboratory environment. A trained moderator leads the interview. The moderator uses an interview guide to structure the conversation. There is also a secretary present observing the test person and taking notes. All the interviews are taperecorded. Cognitive interviewing monitors the respondent's cognitive process. This is a suitable method for achieving insight into the process preceding the answer to specific survey questions i.e. from the question is read aloud to the respondent to the respondent is arriving at an answer.

The method usually involves a limited number of respondents. A weakness with the method is that the volunteers recruited for test interviews are not representative for the survey population as a whole. They have often higher education and are more willing to involve in challenges compared to the average survey respondent. This can lead to an underestimation of the severity of the problems detected. However, if a question does not function in the cognitive interviews, it will probably also cause problems in the field. Cognitive interviews produces a lot of information about problems encountered, and give information on means/clues on how to solve them. Even problems occurring in *one* interview can prove important since the problem can occur more frequently in a larger survey.

A cognitive interview is a type of individual in-depth interview with specific elements included, and the purpose of these elements is to identify problems in the different cognitive phases. One can apply different techniques:

- *Think-aloud sessions* give insight into the immediate cognitive process. We explore clarity, comprehensiveness, acceptability, responseburden and questionnaire flow.
- *Follow-up sessions and probes* brings us further into the cognitive process by asking the respondent to elaborate on specific elements or dimensions we anticipate can be difficult
- *Concept mapping by card sorting* map the way people think about certain key topics, and give information on how related phenomenon are linked in people's minds.

Cognitive techniques are used to study the cognitive processes that the respondents are involved in to be able to answer specific survey questions; in particular the process of *comprehension, information retrieval, judgement* and *response*. The respondent goes through different mental steps to reach an answer. The Tourangeau and Raisinski Model; the Psychology of Survey Response (Tourangeau, 1984) gives a description of the four cognitive steps:

**Figure 1: Overview of the four cognitive steps of survey response and specific respondent processes**

<u>Component</u>	<u>Specific process</u>
Comprehension	Attend to questions and instructions Represent logical form of questions Identify questions focus (information sought) Link key terms to relevant concepts
Retrieval	Generate retrieval strategy and cues Retrieve specific, generic memories Fill in missing details
Judgement	Assess completeness and relevance of memories Draw inferences based on accessibility Integrate material retrieved Make estimate based on partial retrieval
Response	Map judgement onto response category Edit response

Source: Tourangeau, 1984

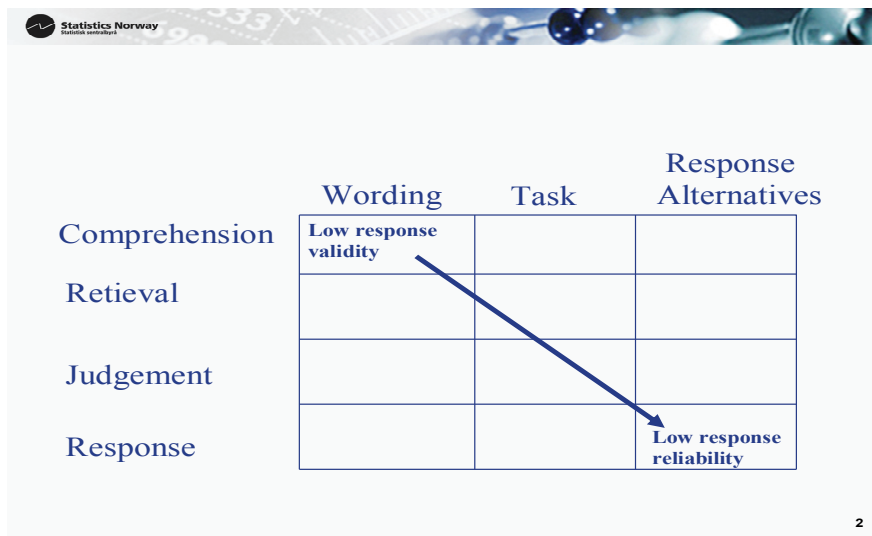
Asking the interview person to think aloud and verbalize his/her thoughts gives a better understanding of what problems the respondent meet in the process of interpreting and comprehending questions, selecting relevant information from his/her memory and judge and adjust an answer that corresponds with the predefined response categories. The moderator asks follow-up questions or probe to make the respondent elaborate on his thoughts and provide context information.

Three basic rules apply:

- If the respondent has problems in the initial *comprehension* phase, this is often related to ambiguous concepts or imprecise specifications in the survey question. In general: There is a problem with the wording of the survey question.
- If the respondent has problems with either the phases of *information retrieval* or *judgement* this is probably due to the respondent task.
- If the respondent has problems in the cognitive phase of *response*, it is probably due to not exhaustive or incomplete response alternatives.

Figure 2 illustrates the linkage between cognitive “challenges” and where to search to correct the source of error ie. in wording, task or response categories.

**Figure 2: Overview of the four cognitive steps and possible response errors**



Source: Statistics Norway

#### *Cognitive interviewing by think-aloud*

As indicated above, cognitive interviewing consists of a toolbox of different techniques. The think-aloud technique requires some training of the respondent in verbalizing his/her thoughts. By instructing the testperson to think aloud we get insight into the cognitive process. As this might be an unfamiliar activity to many people, it is necessary with some warming up activity, usually an example. The advantages of the think-aloud technique are several; freedom of interviewer-imposed bias, minimal interviewer training requirements, and an open-ended interview format. Testing questions by the "think aloud"-technique is useful to explore clarity ie. if the respondent understands the survey questions correctly; comprehensiveness ie. if the words/terms used in the questions are known to the respondents, that all response alternatives are clear and unequivocal and that all required response alternatives are listed: acceptability that the questions are ethically and morally approved and not too sensitive, if the response burden is acceptable and the respondent is able to answer the survey questions.

#### *Cognitive interviewing by follow-up questions and probes*

Think-aloud and targeted follow-up probes often support interviews. In this approach, the moderator asks follow-up questions or probes to make the respondent elaborate further on his/her thoughts. The moderator listens carefully to the respondent and encourages the respondent to continue by posing neutral probes like; "Tell me what you're thinking", "Can you tell me more about this". The advantages of verbal probing are that the interviewer maintains control of the interview. The interviewer can focus on particular areas that appear to be relevant. The probing can be done concurrently, (question by question), or retrospectively. The probes can be of a general or specific nature, depending on the required information. Different kinds of probes can be used ex. comprehension probes, information retrieval probes or response category selection probes to cover different aspects of the question – answer process.

Ex.: If the question under study is, *to what extent have you been limited in activities people usually do?*

- Comprehension probe: please, tell me what you understand by *activities people usually do*
- Information retrieval probe: how did you retrieve this information?
- Response category selection probe: When answering the question, were you able to find a suitable response category from the list or did you have to choose between two or more response categories.

### 3 Translation

In the translation of the EHIS the main challenge has been to find precise linguistic formulations in Norwegian (that includes concepts, wording and sentence building) that capture the underlying meaning of the concepts in the source language questionnaire. Three persons translated the questionnaire independently. The translated versions were discussed and adjusted. Focus was to ensure an adequate translation of health concepts and to make sure that question structure, response scales/categories, and the general flow of the questions were functioning well. The guidelines (translation cards) were translated into Norwegian *before* translating the questionnaire. The Norwegian questionnaire is annex 2 in this report.

#### 3.1 Module on background variables

There are two sequences of background variables. One in the very beginning of the questionnaire with questions on place of residence, household information and personal characteristics, education and labour status, and one sequence at the end of the questionnaire with questions on sources of income. In Norway, most of the information covered in this module are based on information from different administrative and population registers. For question [HH.1](#) and [HH.2](#) the household information is extracted from register before the interview, but we ask the respondents to confirm and correct the information in the interview. For question [HH.5](#) and [HH.6](#) about legal marital status/living with someone as a couple we use a national standard. The national standard starts with a question on if the interview person is married or cohabiting, and if yes to this question, we ask about legal marital status. Data on the highest educational level, [HH.7](#) is also extracted from register in Norway. The information is coded according to a Norwegian standard, which is compatible with ISCED. The registration in [HH.11](#) of temporary and permanent work contract does not have a national parallel. Work contract is not a commonly used concept in Norway; instead, we distinguish between temporary or permanent employment. When registering working hours, [HH.12](#), we register number of hours of work and do not have a tradition for using a dichotomous variable for full-time or part time work. In some cases, we define “extended part time” on basis on the hours the respondent has work. Number of hours gives us greater flexibility in the data analysis. The information on type of work (NACE) is extracted from register, but the interview person is asked to confirm the information in the actual interview and to supply name and address of the business/organisation. We also ask about the main activity in the business/organisation. The information on income in [IN.1-4](#) is information from register and we are able to generate income information on all household members.

#### 3.2 Module on health status

In this project we have revised the health status module as an earlier version of the module was translated into Norwegian in 2005. The new version of the module is changed quite considerably compared to earlier versions. It is reduced as to number of questions: the sequence about everyday activities (at school, work, leisure etc) is removed and quite a few questions on work related health and injuries are included. In addition, many of the questions formulations are changed as well as the response scales. The adjustments has been more work intensive than first anticipated due to the extensive changes in the module compared to the version we translated and tested in 2005 (Ramm and Sundvoll, 2006).

#### Mapping health problems and activity restriction, MEHM

This sequence of questions, the Minimum European Health Module, MEHM is developed as an independent module for use in different surveys. This module is also a part of the EU-SILC survey. In the translation of the MEHM-questions in EU-SILC, the countries were provided with a concept definition for each question. The actual wording of the questions was left to the countries. This is different from the strategy employed in the EHIS project where there is a source-to-target approach. The different methods and the revision have unintentionally led to a difference in wording and

structure of the MEHM questions in the Norwegian versions of SILC and EHIS. Efforts must be made to find more harmonised translations. However, these questions are challenging to translate and we are still striving to find a good solution.

### **Questions on health status, longstanding illness and functional limitations**

The two questions designed to measure general health and long standing illness in MEHM have slightly different wording and the question on functional limitations is significantly different in the translation and adjustment between the Norwegian version of SILC and EHIS. However, the translation of the question on self-perceived health is now almost identical. The labelling of categories in the response scale differ somewhat. Both versions have a 5-point response scale and the neutral mid alternative has the same wording in Norwegian. The response categories in EHIS are based on a heritage from our national health survey, HIS. For the sake of keeping established timeseries, we have chosen to keep the HIS-categories unchanged.

In the Norwegian version of EU-SILC, as in our National HIS, two questions are used to map chronic conditions: One question on long-term disease or health problems and another question on disability or consequences of injury. However, in translating the EHIS questionnaire we have followed the guidelines provided by Eurostat and formulated only one question about longstanding illness or longstanding health problems.

We have, according to the same guidelines, formulated only one question about activity limitations, without any filters.

However, one could argue that using a set of questions and a filter, like in the Norwegian SILC, will render results that are comparable both to the EHIS and to the Norwegian HIS. If a person has answered no to HS.2 (no longstanding illness or health problem) and no to a question about disability or effect of injury, how can this person have a longstanding activity limitation because of a health problem? The time reference (6 months or more) is covered in a separate question. As to the reference to “activities people usually do” this is not easily translated into Norwegian, but the back translation of the formulation “begrensninger i å utføre alminnelige hverdagsaktiviteter” is “limitations in performing ordinary everyday activities”, which does not imply that own activity is the reference.

The first round of translating the questions on longstanding illness and limitation due to health problems into Norwegian (in 2005) revealed problems finding a good translation into Norwegian for these questions. The expression *.. have you been limited..* is not possible to translate directly into Norwegian. We also had some problems with the expression *in activities people usually do*. Translating and finding acceptable expressions in Norwegian and capturing the meaning in this question has proved hard. These problems are still there, so the questions had to be reworded in the Norwegian translation:

**BACKTRANSLATED HS.2 Do you have any longstanding illness or [longstanding] health problem? By longstanding I mean illnesses or health problems, which have lasted, or are expected to last, for 6 months or more.**

**BACKTRANSLATED HS.3 Thinking about everyday activities that people usually perform, have you had difficulties in performing such activities during the last 6 months due to health problems? Only include difficulties that have lasted during the whole 6-months period or more.**

**Would you say that you have had ...**

- severe difficulties
- moderate difficulties
- no difficulties at all?

### Questions on chronic diseases

After the first test round of translating in 2005 we recommended to change the routing of questions in the mapping of chronic illness. This is done in the revised version of the module and the question about if the disease has been diagnosed by a doctor is moved ahead of the question on having had the disease for the past 12 months. This is a better solution and keeps the questions with the same time reference together. We note that the question on medication and treatment related to the diseases listed have been removed in the revised questionnaire.

**HS.4 Do you have, or have you ever had any of the following diseases or conditions?**

**HS.5 Was this disease/condition diagnosed by a medical doctor?**

**HS.6 Have you had this disease/condition in the past 12 months?**

Compared to the first round of translation in 2005 the list of diseases has been extended and somewhat changed. The list is extended from 16 diagnoses to 21 diagnoses. “New” diagnoses being back- and neck disorder, liver disorder, urinary incontinence and injury/defect. In the first round of cognitive testing in Norway, many of the respondents said that most of the diagnoses listed in the question were familiar to them. However, some respondents found it difficult to differ between *allergic asthma*, *other asthma* and *allergy*. In the revised version of the questionnaire, there is only one category for *asthma (allergic asthma included and allergy, such as rhinitis, eye inflammation, dermatitis, food allergy or other (allergic asthma included))*. The first round of translating and testing in 2005 showed that diagnoses like emphysema, arthritis, arthrosis, and osteoporosis were unfamiliar to some of the test persons. In the revised version of the list of diseases, there is more information on single diagnoses. This makes the list more comprehensive for the respondents.

### Questions on accidents and injuries

The sequence on accidents resulting in injuries and the questions on work related health are introduced for the first time in the revised health status module adopted Nov. 2006. These questions are relatively unproblematic to translate. However, they are quite wordy and do not represent very good craftsmanship as we see it. The reference to internal or external injury gives associations to physical injury, exclusively. Shall psychological effects (shock, sleeping problems, anxiety etc) not be covered? In the question HS.7 *have you had any of the following type of accidents resulting in injury...*, the list of accidents is a mixture of type of accident and place of accident. The response categories are not mutually exclusive. Technically, a road traffic accident can happen at a workplace or during leisure time activity. To avoid confusion during the interview and in using the data for analysis there is a need choose one approach. However, in the guidelines there is an instruction as to how different types of accidents should be classified. This instruction is quite detailed and it will be difficult for the interviewers to administer during an interview. One should find a better way to define the different accidents in the question. There may be a need for more specific or targeted questions to get answers that are more valid. If road traffic accident is kept separate and the remaining categories are changed to monitoring accidents according activity- ie. when working, when at school or when at home or when doing leisure activities then the categories are mutually exclusive. It is then possible to pose a follow-up question about road traffic accidents.

There is also a question if each reported accident that caused an injury should be followed up with HS.8 ... *visit to a nurse, doctor etc*. And if so, how many registrations should be made. Different approaches can be applied; if there is more than one ex. work accident one can ask with reference to the most serious accident or the most recent accident that resulted in a visit to doctor, nurse or emergency department. Another issue is that the response categories in HS.8 are not mutually exclusive. If the respondent ex. visited a doctor and talked to a nurse at an emergency department, we will then get three registrations. Our view is that there is a need for revision of the questions mapping injuries.

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

**HS.8 Did you visit a doctor, a nurse or an emergency department or a hospital as a result of this accident?** Yes, I visited a doctor or nurse: yes, I went to an emergency department; no consultation or intervention was necessary.

### **Questions on work related health**

The questions on work related health are “new” questions compared to the 2005 round. As in the accident and injury sequence these questions seem unfinished. The question about work-related disease should be placed in relation to the list of diseases, *before* the questions about accidents and injuries. The questions on work- absence can remain where they are today as HS.9 is about work related diseases and HS.10/11 is more about work-absence caused by disease, injury etc.

In question, HS.9 the response categories do not harmonize with the question text as the question is formulated as a yes/no – question, and should be posed as one. There is too much and irrelevant text in the response categories. If the intention is to capture whether the respondent has had a work related disease the past 12 months a yes/no question with a yes/no response will be sufficient. The question is formulated as if the respondent has had a disease in the past 12 months. One should first ask if the respondent has had a disease in the past 12 months and then ask if it is work-related. Alternatively it is possible to relate this question to the disease mapping – as a follow up to question HS.6, *Have you had this disease/condition in the past 12 months*. Of the proposed strategies, we will recommend the latter.

**HS.9 Is any of the diseases you had in the past 12 months caused or made worse by your job or by work you have done in the past?** No, I had no disease in the past 12 months, no I had one or more disease in the past 12 months,, but they were not caused or made worse by my job; yes, I had at least one disease in the past 12 months which was caused or made worse by my job.

**HS.10 In the past 12 months, have you been absent from work for reasons of health problems?** Take into account all kinds of diseases, injuries and other health problems that you had and which resulted in your absence from work.

**HS.11 In the past 12 months, how many days in total were you absent from work for reasons of health problems?**

### **Questions on physical and sensory functional limitations**

Compared to the module-questionnaire we translated and tested in 2005 these questions have changed considerably. The major change in this sequence is that all the questions measuring capacity are changed from having dichotomous yes/no response alternatives to a 4 point response scale for difficulty; *no difficulty, some difficulty, a lot of difficulty, not at all*. We see this as an improvement and in line with recommendations from the first round of testing. In this round we recommend that the response scale is integrated in the question text and read aloud to the respondents as the question formulation still is formulated as a yes/no question.

As opposed to earlier versions of the survey module one now asks for use of aids as an introduction to the questions on vision and hearing. In the questions on capacity to walk on flat terrain, walk up/down stairs, kneel down, carry, grasp small objects or chew hard food difficulty *without* use of aids or assistance are covered. In a previous version of the questionnaire both aspects were measured – ie. both difficulty without using aids or assistance and difficulty using aids or getting assistance. The questions are therefore translated anew. The question on being able to turn a tap or unscrew the lid of a jar, being able to stretch out one arm and shake hands with someone and the proxy question if the interview person is able to make her/himself understood are removed from the questionnaire compared to the version we translated in 2005.

A question about use of glasses or contact lenses is posed in an introductory question. The question about difficulty seeing are posed with reference to normal use of glasses or contact lenses. This means that information about vision without glasses or contact lenses is no longer collected. The formulation *see clearly* in PL.2 and PL.3 is removed from the question text.

**PL.1 Do you wear glasses or contact lenses?**

**PL.2 Can you see newspaper print?** Yes, with no difficulty; with some difficulty; with a lot of difficulty; not at all.

**PL.3 Can you see the face of someone 4 metres away (across the road)?** Yes, with no difficulty; with some difficulty; with a lot of difficulty; not at all.

**PL.4 Do you wear hearing aid?**

**PL.5 Can you hear what is said in a conversation with several people?** Yes, with no difficulty; with some difficulty; with a lot of difficulty; not at all.

The specification in PL.5 from the first round - *hear clearly* is removed from the question text and use of hearing aid is now posed in an introductory question. The question about hearing problems is now related to difficulties with normal use of hearing aid.

The questions on physical disability do no longer differentiate between ability to perform certain activities with or without aids or assistance. It is capacity when *not* using aids or assistance that is of interest. In our national HIS we try to get a picture of “mastery” or how the respondent manage different activities given the aids or assistance he/she has available ie. we measure the interview persons capacity *with* the use of aids and assistance. The response categories are now graded, not dichotomous as earlier. A reference to *flat terrain* is included in the question text of PL.6 compared to the version we translated in 2005. Question PL.8 and PL.10 are still double-barrelled. One might consider including a sentence in the guidelines that of the two activities, the reference is to the activity that causes the greatest difficulty.

**PL.6 Can you walk 500 metres on a flat terrain without a stick or other walking aid or assistance?** Yes, with no difficulty; with some difficulty; with a lot of difficulty; not at all.

**PL.7 Can you walk up and down a flight of stairs without a stick, or other walking aid, assistance or using the banister?** Yes, with no difficulty; with some difficulty; with a lot of difficulty; not at all.

**PL.8 Can you bend and kneel down without any aid or assistance?** Yes, with no difficulty; with some difficulty; with a lot of difficulty; not at all.

**PL.9 Using your arms, can you carry a shopping bag weighing 5 kilos for at least 10 metres without any aid or assistance?** Yes, with no difficulty; with some difficulty; with a lot of difficulty; not at all.

**PL.10 Can you use your fingers to grasp or handle a small object like a pen without any aids?** Yes, with no difficulty; with some difficulty; with a lot of difficulty; not at all.

**PL.11 Can you bite and chew on hard foods such as a firm apple without any aid (for example, denture)?** Yes, with no difficulty; with some difficulty; with a lot of difficulty; not at all.

### Questions on personal care

The questions about personal care activities are slightly changed compared to the first round of translating in 2005. Norway commented in the first round that there is a need for a general filter question as an introduction to this sequence. The questions map very basic activities in people’s lives. Cognitive testing in the first round showed that some young respondents and respondents that have no health problems found the questions meaningless and irritating.

As in the first round of translating, it is challenging to find a good Norwegian translation for the English term *activity*. The meaning of the word *activity* in English does not mean the same as the Norwegian word *aktivitet*, which is the most likely Norwegian translation. *Activity* is often associated with an actual act that requires physical input. In Norway the term *activity* are usually associated with leisure time and training activities and are rarely used to describe personal care and household care activities.



The dichotomous yes/no response categories for these questions are now graded into four levels of difficulties compared to the first found in 2005. It is worth noticing that the questions on everyday activity are posed, as *Can you ....*-questions with response categories *yes, with no difficulty; with some difficulty; with a lot of difficulty; not at all* while the questions on personal care is formulated differently as *Do you usually have difficulty .....* The response categories are the same, but the reversed way of asking can create some confusion when answering the questions. People tend to answer in the same pattern, not listening carefully enough to how the question is posed. This can create some validity problems. It might be wise to review this sequence.

**PC.1 Do you usually have difficulty doing any of these activities by yourself?**

No difficulty, Yes, some difficulty, Yes, a lot of difficulty, I can't achieve it by myself

**Activities: Feeding yourself; getting in and out of a bed or chair; dressing and undressing; using toilets; bathing or showering**

*If difficulty:*

**PC.2 Do you usually have help?** Yes, at least for one activity;

*If yes:*

**PC 2.1 What type of help?** Personal assistance; technical aids; housing adaptation; no, I do all these activities by myself

In the follow-up questions, *Do you usually have help?* and *What type of help?* the response category *not having help* can be simplified to just a *no*. In the specification of what kind of help the respondent gets the response categories do not correspond well with the question text. There is a mix between aids and assistance that are usually received at one time and aids and assistance that are given on a more regular basis.

**PC.3 Do you have enough help?** Yes; No, for at least one activity

*If no ask:*

**PC.3.1 What type of help you don't have enough?** Personal assistance, technical aids; housing adaptation

**PC.4 Would you need help?** Yes, at least for one activity.

*If yes.:*

**PC.4.1 What type of help you would need?** Personal assistance; Technical aids; Housing adaptation; No

These questions are hypothetical and the answers will be dependent on the persons own opinion of what is enough help since there is no standard or reference. As to the response categories, the same argument as mentioned above will apply in PC.3, PC.3.1, PC.4 and PC4.1. There is a mix of not having enough help or needing help in the sense of personal assistance, aids or housing adaption. One should perhaps pose different follow-up questions - one question on not having enough personal assistance and another question for not having enough help in the sense of technical aids or housing adaption. *What type of help you don't have enough* is also a rather strange sentence construction.

### **Questions on household activities**

In the sequence mapping difficulties in doing household activities there are some adjustments in the English version of the questionnaire compared to the first round of translating into Norwegian in 2005. The response category *doing laundry* is removed and a new category *managing medication* is introduced. Again the dichotomous yes, no response categories are changed for a graded 4-point scale. As this sequence is constructed in the same way as the personal care activities questions the comments made for personal care activities is also relevant for this section.

Now I would like you to think about some household activities. Please ignore any temporary problems. Here is a list of activities.

**HA.1 Do you usually have difficulty doing any of these activities by yourself?** No difficulty; yes, some difficulty; yes, a lot of difficulty; I can't achieve it by myself

**Activities: Preparing meals, using the telephone, shopping, managing medication, light housework, occasional heavy housework, taking care of finances and everyday administrative tasks**

**HA.2 Why?** Mainly, because of health state, disability or old age; mainly, because of other reasons (never tried to do it, etc.)

**HA.3 Do you usually have help?** Yes, at least for one activity

*If yes:*

**HA.3.1 What type of help?** Personal assistance; technical aids; housing adaptation; no, I do all these activities by myself

**HA.4 Do you have enough help?** Yes; no, at least for one activity

*If no:*

**HA.4.1 What type of help you don't have enough?** Personal assistance; technical aids; housing adaptation

**HA.5 Would you need help?** Yes, at least for one activity

*If yes:*

**HA.5.1 What type of help you would need?** Personal assistance, technical aids, housing adaptation, no

The hypothetical question *Could you do this activity without any difficulty if you had to or wanted to?* is removed from the questionnaire compared to the version we translated in 2005. The questions on “Other everyday activities” concerning school-, work- and leisure time activities are also removed from the questionnaire.

### Questions about physical pain and mental health

In the English questionnaire, there is an introduction to the question on pain and a new introduction to the questions on mental health. We recommend having one introduction only; *The next questions are about how you have been/felt in the past 4 weeks. Try to answer the alternative that is closest to how you have been/felt.* In the question on pain and discomfort, there is a mismatch between the question text and the response categories. In the question text, the respondent is asked *how much* physical pain or discomfort he/she has had during the past 4 weeks. The response categories invite, however, the respondent to report on the *intensity* of pain and discomfort.

In the translation of the concepts on emotional states, we found that the Norwegian language probably does not give so many nuances of different mental states as the English language. Some of the states were overlapping and difficult to distinguish from each other. Some of the questions are also double-barrelled. This caused problems with keeping them apart and giving them a clear and comprehensive content.

It is stated in the translation cards that the official translation of MOS Short Form-36 should be sought. There exists an official Norwegian translation and the copyright is in the hands of Loge and Kaasa (Loge 1998). Statistics Norway has not been involved in this work and has critical remarks both to the design of the instrument in English and to the Norwegian translation. It has been difficult to get insight into the translation process behind the official Norwegian instrument.

The questions *Did you feel full of life* and *Have you been very nervous* and the question *Did you feel full of pep* are excluded from the questionnaire compared to the first round of translation in 2005. We also note that some of the questions have changed places in the list. As MOS SF-36 is comprised of a depression and an anxiety sequence, we question whether it might be problematic to change the order of questions. In this project we have tried to balance between the already existing “official” version of SF-36 and at the same time allow for an independent translation of the instrument. In the original English instrument, we have some problems with the questions referring to more than one state ex. *downhearted and depressed* or *calm and peaceful*. In the translation into Norwegian, we tried to find *one* concept reflecting both states. We are not sure whether this is a successful exercise. During the adjudication process, we have (hopefully) found the best balance between the two versions available.

## 3.3 European health care module

Generally, when translating the European health care module we have chosen to place the time reference early in the question text in the questions that are posed to all to underline the timeframe. This concerns questions on out-patient and in-patient stays in hospital, visits to GP and dentist

consultations. In the follow-up questions, the reference period is placed at the end of the question text. This is done to give focus to the registration of number of times the respondent has used the service.

### **Questions on time spent in hospital**

In Norway we have two concepts that are commonly used for the English concept hospital; “sykehus” (hospital) and “sykestue” (sick bay). After discussions, we chose only to use the word *sykehus* (hospital), since “sykestuer” (sick bay) comprises less than one per cent of the activity in the sector. Sick bays are usually located in the districts, and are primarily maternity units.

The next set of questions is about time spent in hospital. All types of hospitals are included. Visits to emergency departments or as outpatient only should not be included.

**HC.1 During the past 12 months, that is since (date one year ago), have you been in hospital as an inpatient, that is overnight or longer?**

**HC.2 How many separate stays in hospital as an inpatient have you had since (date one year ago)?** Count all the stays that ended in this period.

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

The concept *day-patient* is difficult to define professionally and it is even more difficult to find a question formulation that will be understood the same way by all respondents. We want to test this question cognitively to find out what “most people” would understand by the concept.

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

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

The question on *need for hospitalisation, but did not...* is of little relevance in Norway. A yes, no answer should be sufficient in this question. We recommend moving the response category *cannot afford it* to the end of the list as public health services are free in Norway and this option will be less relevant for most people.

**HC.6 During the past 12 months, was there any time when you really needed to be hospitalised following a recommendation from a doctor, either as an inpatient or a day patient, but did not?** Yes, there was at least one occasion; no, there was no occasion

**HC.7 What was the main reason for not being hospitalised?** Could not afford to (too expensive or not covered by the insurance fund); waiting list, other reasons due to the hospital; could not take time because of work, care for children or for others; too far to travel / no means of transportation; fear of surgery / treatment; other reason

### **Questions on visits to dentist, GP or specialists**

In the question about dentist consultations, we discussed that different response categories would be more suitable in a Norwegian setting. That is to differentiate between 1-2 years and more than 2 years. The reason for this being that 2 years is a commonly used draft periode for dental treatment in Norway. It would perhaps also be an idea to introduce a category for 4 weeks as well since the follow up question about number of consultations is about consultations in the past four weeks.

**HC.8 When was the last time you visited a dentist or orthodontist on your own behalf** (that is, not while only accompanying a child, spouse, etc.)? Less than 12 months ago; 12 months ago or longer; never

**HC.9 During the past four weeks ending yesterday, that is since (date), how many times did you visit a dentist or orthodontist on your own behalf?**

**OP.1 For the dental care on your own behalf during the past four weeks at the date of the interview, about how much did you pay out-of-pocket?**

Another point is that a four-week reference period in **HC.9**, time since last visit to the dentist, seems like a too short a period to capture a sufficient number of interview persons. If the main object is to capture use of health services this frame is considered insufficient. However, if the object is to capture people that use health services to a large extent the time frame should be kept at 4 weeks. This must,

however, be considered against the need for a short reference period when reporting out-of-pocket expenses to dental treatment. In the Norwegian HIS in 2008 we asked for expenses to dental treatment last 12 months.

The routing of the questions on GP, specialist and dentist can be questioned. It would perhaps be more logic to pose the questions on GP and specialist directly after the questions on in-patient and day-patient and then the questions on dentist consultations.

**HC.10** When was the last time you consulted a GP (general practitioner) or family doctor on your own behalf? Less than 12 months ago; 12 months ago or longer; never

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

**HC.12** When was the last time you consulted a medical or surgical specialist on your own behalf? Less than 12 months ago; 12 months ago or longer; never

**HC.13** During the past four weeks ending yesterday, that is since (date), how many times did you consult a specialist on your own behalf?

**OP.2** For the visits to GPs, family doctors or medical or surgical specialists on your own behalf during the past four weeks at the date of the interview, about how much did you pay out-of-pocket?

In question **HC.12** and **HC.13** concerning consultations with specialist there might be need to differentiate between consultations with specialist at the hospital and specialists in a private clinic/office. One should at least include in the question text that it covers both consultations at hospital (polyclinic) and in private clinics or offices. Based on the follow up question with a four-week reference we propose to introduce a response category for consultations in the past 4 weeks also in this question. However, concerning reporting of expenses we believe that a 12-month reference can be used in these questions as well.

**HC.14** Was there any time during the past 12 months when you really needed to consult a specialist but did not? Yes, there was at least one; no, there was no occasion

**HC.15** What was the main reason for not consulting a specialist? Could not afford to (too expensive or not covered by the insurance fund); waiting list, don't have the referral letter; could not take time because of work, care for children or for others; too far to travel / no means of transportation; fear of doctor / hospitals / examination / treatment; wanted to wait and see if problem got better on its own; didn't know any good specialist; other reason

In question **HC.15**, main reason for not consulting a specialist we propose to standardise response categories according to the list used in **HC.7**, main reasons for not being hospitalized.

### Questions on other health services and alternative medicine

Question **HC.16** and **HC.17** were straight forward to translate into Norwegian. There is, however, a need for cultural adjustment of the professional groups listed in question **HC.16** below. We have tried to cultivate the categories and adjusted them to suit Norwegian conditions. Manual therapist and physiotherapist are merged since manual therapy is a specialization of physiotherapy in Norway. Chiropractor is a separate category. The category *nurse, midwife* is restricted to services given in public health centres and in health services directed to school or student groups. This is an attempt to retrieve more precise answers as these occupational groups are found in all levels of the health service (GP's offices, polyclinics in hospitals etc). The category for *psychologist or psychotherapist* will have to be divided in two separate categories in Norway, one for *psychologist* and one for *psychotherapist*. These groups are very different as to practice and education. The category for *other paramedics* should be left out as the group listed in the guidelines is a mix of approved professional groups within school medicine and alternative professional groups. In **HC.17** we failed to find a suitable Norwegian concept for *phytotherapist/herbalist*.

**HC.16** During the past 12 months have you visited on your own behalf a...? Medical laboratory, radiology centre, physiotherapist / kinesitherapist, nurse, midwife (excluding when being hospitalised, for home care

services or in a medical laboratory or radiology centre), dietician, speech therapist, chiropractor, manual therapist, occupational therapist, psychologist or psychotherapist, other paramedics.

**HC.17 During the past 12 months have you visited on your own behalf a ...?** Homeopath, acupuncturist, phytotherapist / herbalist, other alternative medicine practitioner

In question HC.18 about care services there is a problem with distinguishing between services that are provided by the municipality or services that the respondent buys for him/herself. Even with municipal services, the respondent has to pay a small sum. We have decided to ask for care services provided by the municipality and again ask for services provided by nurse, not midwife. Help from midwives in private homes is quite rare in Norway. We find it better to concentrate on one professional group only; home nursing. Home help for elderly people is straightforward to translate. However, it raises the question whether it should cover both public and private services. We have chosen to focus on services provided by the municipality. There was some uncertainty as to the operationalisation of *transport services*. We have chosen to limit the question to cover door-to-door services provided by the municipality. We anticipate that this question is meant to cover services that are somehow financially covered by the municipality. There is varying practice as to how different municipalities organise this. Some have a door-to-door service where they pick up elderly or disabled people in their homes and take them to activity centres etc. Other municipalities have an arrangement with a fixed number of travels by taxi meant to cover their need to go to the doctors, or to do other errands.

**HC.18 During the past 12 months, have you yourself used any of the following care services?** Home care service provided by a nurse or midwife, home help for the housework or for elderly people, "Meals on wheels", transport service, other home care services.

### **Questions on use of medication**

The questions on use of medicine have been difficult to translate and difficult to operationalise since they cover all kinds of medication and supplements. There is a need for clarification as to what kind of information we want. The sequence as it is capture self-medication by all types of non-prescription medicines, medicine on prescription and supplements and the like recommended or not recommended from a doctor. We ask ourselves if this is the information we want and for what purpose. The term supplement is problematic to define as the market is flowing over with products within this category. One might stress that we are asking for use of supplements to lessen or reduce symptoms or for treating illness. Or else we risk capturing all kinds of vitamin use, which is quite common in Norway. By constructing a case or example it is easier to get an impression of how this sequence will function: Person A has had influenza in the past week. He has been to the doctor's office and received penicillin ie. *yes* in MD.1. in MD.2 he might answer *pain in the joints, headache* even though this question is meant to capture conditions that are more chronic. In MD.3 he might answer *yes* since he has bought some tablets against pain and headache and some herbal mixtures and vitamins to balance the immune system. In addition, in MD.4 he might say that he has used medicine for *pain in the joints, headache, other pain, cold, flu or sore throat* and a specification of other types. The question is: Is this the kind of information we seek?

In the first question MD.1 on use of prescribed or recommended medicines. The alternatives P to S ask if the interview person has used specific medication, not about what the medication is for as in the previous and the next question. This can be a bit confusing for the respondent. In category T one asks the interview person to name the medication he/she uses if it has not yet been reported. This can be very timeconsuming and give a lot of after work with registration of data, as there are many types and labels of medications. We recommend that one approach is chosen; either to register what medications are used for or category of medicine.

**MD.1 During the past two weeks, have you used any medicines (including dietary supplements such as herbal medicines or vitamins) that were prescribed or recommended for you by a doctor – (for women, please also state: include also contraceptive pills or other hormones)?**

**MD.2 Were they medicines for...?** Asthma; Chronic bronchitis, chronic obstructive pulmonary disease, emphysema; High blood pressure; Lowering the blood cholesterol level; Other cardiovascular disease, such as stroke and heart attack; Pain in the joints (arthrosis, arthritis); Pain in the neck or back; Headache or migraine; Other pain ; Diabetes; Allergic; symptoms (eczema, rhinitis, hay fever); Stomach troubles; Cancer (chemotherapy); Depression; Tension or anxiety

**Have you used other types of medicines that were prescribed to you, such as ...?**

Sleeping tablets; antibiotics such as penicillin (or any other national relevant example); (for women in fertile age – assumed 50 years or younger) contraceptive pills; (for women in or after menopausal age – assumed 45 years or older) hormones for menopause; Some other medicines prescribed by a doctor. (If yes): What type of medicines?

**MD.3 During the past two weeks, have you used any medicines or dietary supplement or herbal medicines or vitamins not prescribed or recommended by a doctor?**

**MD.4 Were they medicines or supplements for...?** Pain in the joints (arthrosis, arthritis); Headache or migraine; Other pain; Cold, flu or sore throat; Allergic symptoms (eczema, rhinitis, hay fever); Stomach trouble; Or were they vitamins, minerals or tonics Alternatively, some other type or medicine or supplement? (Please specify)

The questions MD.1 to MD.4 are too vast and include all kinds of prescriptive, non-prescriptive, recommended and not recommended medicine, dietary supplements, herbal medicine, vitamins etc. It is difficult to see the value of this information/ registration. We recommend to simplify this sequence of questions considerably.

**OP.3 For the medicines prescribed to you by a doctor, that you used during the past two weeks at the date of the interview, about how much did you pay out-of-pocket?**

The reference period for out-of-pocket expenses for visits to GP, specialist and dental treatment has a reference of 4 weeks while the reference period for use of medication and dietary supplements is two weeks. The reference period harmonize well with the reference period in the registration of use, but since the question is posed at a paper-questionnaire together with expenses for GP, specialist etc. we will recommend to standardize the reference period used in both sequences to 4 weeks.

### **Questions on vaccination, testing and screening**

In general, we would recommend streamlining and standardising the response categories in this sequence ex. to *less than 12 months ago, 1-2 years ago, 3-4 years ago, more than 4 years ago* in all the questions except perhaps the first question on flu vaccination. Flu vaccination is usually performed on yearly basis. The question on flu vaccination seems easy to understand and easy to translate. We propose to give a reference to *since January this year* in question PA.2.

**PA.1 Have you ever been vaccinated against flu?**

**PA.2 When were you last vaccinated against flu?** Since the beginning of this year; Last year; Before last year

**PA.3 Can I just check, what month was that?**

The questions on measurement of blood pressure, cholesterol and blood sugar are straightforward to translate and they have standardized response categories.

**PA.4 Has your blood pressure ever been measured by a health professional?**

**PA.5 When was the last time that your blood pressure was measured by a health professional?** Within the past 12 months; 1-5 years ago; More than 5 years ago;

**PA.6 Has your blood cholesterol ever been measured?**

**PA.7 When was the last time that your blood cholesterol was measured?** Within the past 12 months; 1-5 years ago; More than 5 years ago;

**PA.8 Has your blood sugar ever been measured?**

**PA.9 When was the last time that your blood sugar was measured?** Within the past 12 months; 1-5 years ago; More than 5 years ago;

The questions on mammography are only asked to women. In Norway, all women over the age of 50 are drafted for screening on regular basis. It would be more comprehensive if the response categories in PA.11, PA.14, and PA.17 were applied also for the questions on blood pressure, cholesterol, and blood sugar.

**PA.10 Have you ever had a mammography, which is an X-ray of one or both of your breasts?**

**PA.11 When was the last time you had a mammography (breast X-ray)?** Within the past 12 months, More than 1 year, but not more than 2 years; More than 2 years, but not more than 3 years; Not within the past 3 years

**PA.12 What was the reason for this last mammography?** Myself or my GP/family doctor or a specialist noticed something not quite right in my breast (e.g a lump); My GP/family doctor or a specialist advised me to have it without there being something wrong; Because of breast cancer in my family, Invitation from a national or local screening programme; Other reason

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

**PA.14 When was the last time you had a cervical smear test?** Within the past 12 months, More than 1 year, but not more than 2 years; More than 2 years, but not more than 3 years; Not within the past 3 years

**PA.15 What was the reason for this last cervical smear test?** Because of symptoms; Because I visited a gynaecologist; Invitation from a national or local screening programme; Other medical reason; For another reason (not especially medical)

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

**PA.17 When was the last time you had a faecal occult blood test?** Within the past 12 months, More than 1 year, but not more than 2 years; More than 2 years, but not more than 3 years; Not within the past 3 years

### **Satisfaction with health services**

Survey literature states that general questions tend to give answers with a positive connotation. In the case of SA.1 we believe that this question is far too general to give valuable information on satisfaction with health services.

**SA.1 In general in your country, concerning the services provided by the following health care providers, would you say you are...**very satisfied, fairly satisfied, neither satisfied nor dissatisfied, fairly dissatisfied, very dissatisfied

**Hospitals (including emergency departments), Dentists, orthodontists and other dental care specialists  
Medical or surgical specialists, Family doctors or GPs, Home care services**

### **Questions on out-of-pocket expenses**

These questions are posed on a paper questionnaire. There are no instructions as to how this is recommended administered during the interviews. However, we propose to have the same timeframe on the questions for use of health services (12 months), payment for health services (4 weeks), for use of medication and payments for medication (2 weeks). An alternative would be to ask for the cost at the last visit to doctor, specialist, dentist etc.

**OP.1** For the dental care on your own behalf during the past four weeks at the date of the interview, about how much did you pay out-of-pocket?

**OP.2** For the visits to GPs, family doctors or medical or surgical specialists on your own behalf during the past four weeks at the date of the interview, about how much did you pay out-of-pocket?

**OP.3** For the medicines prescribed to you by a doctor, that you used during the past two weeks at the date of the interview, about how much did you pay out-of-pocket?

### **3.4 Module on health determinants**

The module on health determinants cover questions on physical activity, living and working conditions and smoking, alcohol and drug use.

#### **Questions on physical activity**

The questions on height and weight are unproblematic to translate. The questions in relation to IPAQ (physical activity registration) were, however, a challenge to translate. It was especially a challenge to reduce the number of words and make the questions flow when read aloud. We are also asking the respondents to do a complicated calculation – ie. to add sequences of ten minutes in different levels of activity on days the interview person has been involved in these activities. We also found it hard to find comprehensive distinctions in the Norwegian language to describe the different levels of intensity; hard and moderate physical activity, that cause you to breathe much or somewhat harder than normal. Experiences from our national HIS demonstrate that this sequence of questions does not function satisfactory in the field.

**BMI.1** How tall are you without shoes?

**BMI.2** How much do you weigh without clothes and shoes?

**PE.1** During the past 7 days, on how many days did you do vigorous physical activities?

**PE.2** During the past 7 days, how much time did you spend doing vigorous physical activities?

**PE.3** During the past 7 days, on how many days did you do moderate physical activities?

**PE.4** During the past 7 days, how much time did you spend doing moderate physical activities?

**PE.5** During the past 7 days, on how many days did you walk for at least 10 minutes at a time?

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

#### **Questions on eating habits etc.**

The questions on fruit and juice intake are straightforward to translate. A more general view is that there are too many response categories if they are to be read aloud during the interview.

**FV.1** How often do you eat fruits (excluding juice)? Twice or more a day; once a day; less than once a day but at least 4 times a week; less than 4 times a week, but at least once a week; less than once a week; never **FV.2**

**How often do you eat vegetables or salad (excluding juice and potatoes)?**

Twice or more a day; once a day; less than once a day but at least 4 times a week; less than 4 times a week, but at least once a week; less than once a week; never

**FV.3** How often do you drink fruit- or vegetable - juice? Twice or more a day; once a day; less than once a day but at least 4 times a week; less than 4 times a week, but at least once a week; less than once a week; never

#### **Questions on living and working conditions**

We do not see a need to have an introductory text to the question about crime and violence. However, there is a question if we measure what one has felt oneself exposed to or what one has been exposed to as a fact. This is especially relevant for the questions on crime and violence. In **EN.1** about exposure to noise etc. at home it should be made clear if the question concerns outdoor environment or/and indoor environment. It is difficult to know what is meant by the notion *at home*. In Norway, both meanings can be applied to the concept. We also recommend to use a filter question as an introduction as not all respondents has been exposed ie. *Have you been exposed to any of the following conditions [list] and if yes: to what extent.*



**EN.1 Thinking about the past 12 months, when you were at home, to what extent were you exposed to any of the following conditions?** Severely exposed, somewhat exposed, not exposed

Noise (as road traffic, train traffic, airplane traffic, factories, neighbours, animals, restaurant/bars/disco), air pollution (fine dust, grime, dust, fume, ozone), bad smells (from the industry, from the agriculture, sewer, waste)

**EN.2 Thinking about the past 12 months, to what extent were you exposed to crime, violence or vandalism at home or in the area where you live?** Severely exposed, somewhat exposed, not exposed

**EN.3 At your workplace, to what extent are you exposed to ...?** Severely exposed, somewhat exposed, not exposed

Harassment or bullying, discrimination, violence or threat of violence, time pressure or overload of work, chemicals, dust, fumes, smoke or gases, noise or vibration, difficult work postures, work movements or handling of heavy loads, risk of accident

Unlike question [EN.1/2](#) about exposure at home and in the respondents environment [EN.3](#) is posed without a time reference. We propose to add a time reference in this question as well and to change the response category *risk of accident* into something like *dangerous situations*.

**EN.4 How many people are so close to you that you can count on them if you have serious personal problem?** None; 1 or 2; 3 to 5; more than 5;

### Questions on smoking

These questions are posed on a self-completion form. We have registered a mistake in the use of filter in this sequence. Those smoking cigars shall also have question [SK.4](#): smoked daily. In Norway, we have an act prohibiting people from smoking indoors. This makes question [SK.7](#) about exposure to tobacco smoke indoors in public places or transport less relevant: It will be more useful with questions on exposure to smoking outside public places since this seems to be a growing problem.

**SK.1 Do you smoke at all nowadays?** Yes, daily, Yes, occasionally, Not at all

**SK.2 What tobacco product do you smoke each day?** manufactured cigarettes, hand-rolled cigarettes, cigars pipefuls of tobacco, other

**SK.3 On average, how many cigarettes, cigars or pipefuls do you smoke each day?** manufactured cigarettes, hand-rolled cigarettes, cigars pipefuls of tobacco, other

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

**SK.5 For how many years have you smoked daily? Count all separate periods of smoking daily. If you don't remember the exact number of years, please give an estimate.**

**SK.6 How often are you exposed to tobacco smoke indoors at home?**

Never or almost never; Less than 1 hour per day; 1-5 hours a day; More than 5 hours a day

**SK.7 How often are you exposed to tobacco smoke indoors in public places and transport (bars, restaurants, shopping malls, arenas, bingo halls, bowling alleys, trains, metro, bus)?**

Never or almost never; Less than 1 hour per day; 1-5 hours a day; More than 5 hours a day

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

Never or almost never; Less than 1 hour per day; 1-5 hours a day; More than 5 hours a day, Not relevant (don't work or don't work indoors)

### Questions on alcohol use

Experiences with the instrument monitoring alcohol use, [AL.2](#) from other surveys shows that it is too difficult for the interview person to administer. As one is not asking for a specific week but a *typical week when you are drinking* a varying alcohol intake will make it difficult for the interview person to answer. It is also a challenge to fill in for type of drink on all the days in the selected week. Another challenge is converting the different types of drinks into units of alcohol and making the data comparable.

**AL.1 During the past 12 months, how often have you had an alcoholic drink of any kind (that is beer, wine, spirits, liqueurs or other alcoholic beverages)?** Never; monthly or less; 2 to 4 times a month; 2 to 3 times a week; 4 to 6 times a week; every day

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**AL.2** How many drinks containing alcohol do you have each day in a typical week when you are drinking? Start with Monday and take one day at a time. Number of drinks of beer, wine, liqueur, spirits, alcoholic beverage, other.

**AL.3** In the past 12 months, how often did you have 6 or more drinks on one occasion? Never, less than monthly; monthly; weekly; daily or almost daily

### **Questions on use of drugs**

The questions on drug use were quite straightforward to translate into Norwegian.

**CN.1** Do you personally know people who take cannabis?

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

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

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

## 4 Cognitive testing

A selection of questions from the European Health Interview Survey was tested through six cognitive interviews. The interviews were performed in May and August 2008. A trained moderator led the interviews supported by a secretary. The moderator used an interview guide to structure the dialogue. All the interviews were taped. Each interview is summed up in a minute report.

### 4.1 Sampling, recruiting and interviewing

To be able to test the health issues selected for the cognitive test we decided to focus on three target groups: women, people above 50 years of age, and people with poor health and/or disabilities. However, the project size (ie. 6 interviews) did not allow for separate testing rounds in all three groups. Instead, we decided to seek a combination of these characteristics in the sample of respondents – women, over 50 years of age with a health problem. We tried to recruit respondents by contacting a number of public social clubs for the elderly. This strategy was not successful since all these clubs more or less closed for the summer holiday by the time we started recruiting. Before the last round of interviews (late August), we managed to get in touch and to make an announcement in one social club. However, this did not lead to any candidates. Therefore, we decided a change in strategy and recruited all respondents by snowballing method. We asked private acquaintances whether they could help us find individuals with one or several of the characteristics that we could contact in the preferred groups. This strategy was successful and we soon filled up our quota of interviews.

The respondents (R1-6) were all women above 50 years of age, with varying health conditions:

R1: a disabled immigrant woman, about 50 years of age, working part-time

R2: a relatively healthy woman, 68 years of age, pensioner

R3: a disabled woman with complex health problems, 62 years of age, not working

R4: a woman with relatively few health problems, 58 years of age, working full-time

R5: a retired woman with slightly reduced health, about 65 years of age

R6: a woman in good health, about 55 years of age, working full-time

The first two interviews were conducted in the office of Statistics Norway, Oslo. The last four interviews were conducted in the provincial town of Skien, 150 km south east of Oslo, in a municipality house. The interview with the oldest woman lasted for approximately 60 minutes, the rest of the interviews lasted between 90 and 120 minutes. All respondents received a gift card as a token of gratitude for participating.

We developed an interview guide to help structure the cognitive interviews. In the interview guide we selected questions from the modules that we anticipated could be challenging to comprehend and answer. We tested cognitively questions on physical activity, use of health services, mammography, use of medication, use of dental services, and general satisfaction with health services. We combined the testing with testing of a selection of questions from our national health interview survey and a few questions from the European disability and social integration module. The interview guide in annex 4 is therefore an extract of the original guide. The report documenting the full test is unpublished, but is available on direct request (contact information: Elisabeth Gulløy, Statistics Norway).

The techniques used in this project were think-aloud sessions in combination with follow-up questions on wording, formats, response categories and the cognitive tasks given during the interview (like calculating, memorizing etc). The think-aloud session was accompanied by targeted follow-up questions. When using concurrent probing or paraphrasing we tried to stage a semi-structured discussion about the questions and encouraged the respondent to describe in his/her own words how he/she understood the question. The interviews also had elements of conceptual mapping and card sorting to check how the respondents comprehended and understood different concepts from the questionnaire. This is a way to determine how respondents think about key topics with focus on

concept meaning. It allows us to explore if the concepts are familiar to the respondent, if the response alternatives are clear, and the response burden acceptable etc. By sorting we here mean description in own words, followed by internal sorting of concepts in relation to each other, and description of dimensions between the different notions and names. We used this technique on concepts and words that we anticipated would be difficult throughout the questionnaire. We also used the same technique to measure what content respondents ascribed to different types of health services referred to in the questionnaire, as well as on various concepts for functional disabilities.

During the cognitive testing, the moderator interviewed the respondents as in an ordinary survey interview asking questions sequentially from the questionnaire. After this session, we used cognitive techniques to collect information on how the respondent actually understood the questions and retrieved information when giving his/her answers. In the first version of the guide (used when interviewing R1 and R2), we had follow-up questions after short sequences of questions. We had one card-sorting task on various concepts for functional disabilities. Other difficult words and concepts were mapped with planned follow-up questions after each section. This method gave, however, a very staccato interview, and a fragmented “mood of spirit”. In addition, we thought we received relatively little information on some of the issues discussed. The respondents had few comments and acted in a passive way towards our questions. Thus, we concluded that the interview guide needed some adjustment before continuing the cognitive testing. The strategy was to put more emphasis on think-aloud questions with spontaneous follow-up. In the last four interviews we used a revised interview guide and we divided the interview into two distinct phases, with both a think-aloud and a follow-up section towards the end of each phase. We put in a pause between the two phases to let the respondent rest mid-way in the interview. We also added more planned follow-up questions. As a warming-up exercise in the beginning of both phases, we introduced more conceptualisation tasks and card sorting activity. The division of the interview in two distinct parts instead of many short sections worked very well. Thus, the cognitive interview was similar to an actual survey interview situation, where the interviewer is in a face-to-face interaction with the respondent. The planned and spontaneous follow-up questions were posed after each of the two questionnaire phases. The respondent was given a handout (paper version) of the questionnaire to look at, and we went through the questionnaire together with the respondent. The method revealed a lot of information and gave better direction to the follow-up phase compared to the method used in the first two interviews with interactive follow up sessions. If the respondent showed particular interest in one particular dimension of a questionnaire sequence, we also had more time and overview to ask spontaneous questions on the subject under discussion. We experienced that the general flow of information were better during the second round (ie. last four interviews). Here we managed to grasp more precisely how the respondents understood each question, how they structured the information they gave, and finally how they responded to the questions. The planned follow-up questions for each questionnaire session are shown as text frames in the beginning of each session beneath.

## **4.2 Results from the cognitive interviews**

Our experience from the cognitive interviewing is that many of the questions in the EHIS questionnaire are not suited for being read aloud in a face-to-face or telephone interview. And some of the questions did not work well orally in the interview situation. The questions are too long, too wordy or too complicated from start. This led to a situation where we felt a need to reword the text spontaneously to make the questions roll better in the mouth.

### **Health services**

Health services are organised differently in the European community. It is absolutely a challenge to develop questions that make it possible to compare statistics on use of health services between countries. The questions on hospitalization, number of stays in hospital – both over night and as day

patient, visits to GP, specialist, dentist and need for hospitalisation and use of paramedics or alternative treatment were therefore selected for cognitive testing.

The follow-up questions in the cognitive interview on health services are quoted in the frame below:

- Look at the questions HC.1-HC.6. about hospitalisation. Did you find it difficult or easy to answer these questions? Did you find it easy or difficult to remember how many days you spent in hospital?
- Look at the question HC.6 about need for hospitalization again. What do you think about that question? Do you find it easy or difficult to answer? Do you remember your immediate reaction to the question? Did you think about a particular situation you have experienced on your own behalf?
- Have you ever been in a situation where a medical doctor recommended you treatment in hospital, without you receiving this treatment? Have you ever heard about other people who have had such an experience?
- Look at the question HC.12 about visits to a medical specialist. What episodes did you include when you answered this question? Did you find it easy or difficult to answer? What do you think about the answering alternatives/options? Were they too detailed or too coarse? Do you find it difficult or easy to distinguish between a polyclinic and an emergency unit?
- Question HC.16 and HC.17 are about use of different types of paramedics or alternative medical treatment, what do you think about these services? Do you find any of these services more difficult to remember having visited than others? Do any of the groups mentioned in the question stand out in any way? Do you think some of these groups represent the same treatment?

This section contains many difficult concepts and words. The interview guide gave two types of tasks to test this. First, we asked the respondents to describe with their own words certain concepts from various parts of the sequence, ie. outpatient clinic/polyclinic, sick bay, medical specialist, and day patient. We did the same exercise for a list of professional groups within paramedics. We started by asking the respondents to describe a specific concept in his/her own words. We also administered a card sorting sequence to see how the respondents would group the professions according to their knowledge or experience about them. The result of this exercise is summed up below.

### **In-patient, day-patient, outpatient**

Question HC.1 and HC.2 about hospital attendance are well understood by the respondents. However, during the conceptualisation task, we discovered that many of the respondents had problems with what we meant by the concept “sick bay”. In Norway we have regular hospitals, but we also have small units in less populated areas with hospital functions ie. sick bays. However, when the concept was put in the actual question, together with hospital attendance, there were no problems with comprehension or retrieval.

**HC.1** During the past 12 months, that is since (date one year ago), have you been in hospital as an inpatient, that is overnight or longer?

BACKTRANSLATED: During the past 12 months, have you been in hospital or sick bay overnight as an inpatient?

**HC.2** How many separate stays in hospital as an inpatient have you had since (date one year ago)?

BACKTRANSLATED: How many separate stays have you had during the past 12 months?

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

BACKTRANSLATED: Have you been admitted to hospital as a day-patient during the past 12 months (that is admitted to a hospital bed, but not required to remain overnight)?

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

BACKTRANSLATED: How many days have you been admitted as a day-patient during the past 12 months?

None of the respondents reported problems with these questions. The concept *day patient* seemed unproblematic. One respondent defined day-patient as “.. someone coming from time to time, but not staying overnight” and another respondent replied “..Day patients are not always given a bed!”. Another respondent put it ironically when we asked how many days she spent in hospital and said: “... here we talk about hours, not days”... This statement points to a weakness in the explanatory text

following the actual question ...*that is admitted to a hospital bed, but not required to remain overnight*. The cognitive testing of this question shows that according to our respondents, many day-patients in Norway are not given a bed at all.

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

BACKTRANSLATED: Have you, during the past 12 months, been in need for hospitalization, but not admitted? By “need for hospitalisation” I mean that a doctor have recommended you treatment in hospital.

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

BACKTRANSLATED: What was the most important reason for not being hospitalised?

Only one respondent had experience with the situation described in HC.6 ie. *need for hospitalisation*. The reason being that she herself did not want to be admitted to hospital, despite doctor’s recommendation. A hospital stay did not correspond to her plans for the coming months (surgery). In the case of Norway question HC.6 about need for hospitalisation is problematic. The explanatory text communicates a situation where the patient’s medical need is overruled in spite of the doctor’s, i.e. the health system’s recommendation. An alternative interpretation of the actual question is that the patient’s need (in his/her “private” opinion) has been overruled by the health system. Patients often have to wait for treatment for different medical problems in Norway, and they are familiar with situations where their personal health situation and needs are evaluated at various levels within the health system: first by a doctor (GP), then by a specialist etc. When the word “need” is used here, it is something each individual patient defines for him/herself, and not necessarily, what the doctor defines.

The respondents first perceive this as a question about whether they have been “overlooked”, or ignored, by their doctor. However, when the explanatory text is read, respondents discover that we in fact ask for another type of situation: a situation where the respondent him/herself, *or* the public health system, but not the doctor, is responsible for the non-admittance. The question is about situations that arise *contrary* to the doctor’s recommendation. We can conclude that the question is difficult to comprehend, but it is difficult to review how serious this is for the quality of the data. We cannot be sure that respondents in Norway reflect upon the explanatory text given, and we expect most of them to limit their recall process to only one type of situation. However, this will probably not affect the estimates very much.

As for the response alternatives in HC.7, the respondents communicate the same understanding as in HC.6, namely that it is the patient or the respondent him/herself who choose or not choose whether he/she wants to be admitted to hospital. Almost all the response categories given in HC.7 are reasons stemming from his/her decision to accept or not accept the hospital treatment offered to him/her (except for the waiting list alternative). The response categories in HC.7 are *cannot afford to; waiting list; could not take time off because of work or care for children; too far to travel/no means of transportation, fear of surgery/treatment*. The question is, however, ambiguous and can be understood in different ways, at least in Norway. We often hear of patients not being admitted to hospital due to resource constraints in the sector. This need not be in the hospital itself, but can also concern medical specialists etc. Therefore, we suggest introducing one or more response categories in HC.7 for situations where the patient is refused by the hospital (usually due to resource constraints in the hospital). This is a different situation from the waiting list alternative, but not uncommon in Norway. Thus, the formulation could be *was not admitted by the hospital*. The cognitive testing demonstrated that the response category *could not afford to* is of less relevance in Norway as all treatment in public hospitals is free. We suggest that this alternative is moved further down the list of possible answers. As for the general reference period being the last 12 months, respondents report that remembering back on matters concerning their own health is not difficult at all.

### Consultations with medical specialists or odontologists in a polyclinic or emergency unit

We tested the understanding of some key concepts in this sequence and in the introductory text by asking the respondents to describe what they understood by the concepts. Some of the statements from the interviews are cited in the table below:

<b>Concepts</b>	<b>Respondents descriptions</b>
Medical specialist	<i>.. a service found both inside and outside hospitals</i> <i>.. you need a referral to go there</i> <i>.. you cannot go straight to a specialist</i> <i>.. even ordinary doctors can be specialists, like a general practitioner specialist</i> <i>.. a doctor with ..additional education</i> <i>.. if you go on your own initiative, it will cost you a lot of money</i> <i>.. not all doctors are medical specialists</i> <i>.. a specialist in certain areas of medicine, like orthopaedic, surgery etc</i>
Out-patient clinic	<i>.. consists of doctors from whom you can order a consultation</i> <i>.. has many departments, like "Medical out-patient clinic"</i> <i>.. I don't know what it is exactly</i> <i>.. a place where you examine things, like in an orthopaedic out-patient clinic</i>
Emergency	<i>.. is an acute department [or clinic?]</i> <i>... a place I can come with all sorts of trouble. They will help me and advise me where to go</i>

There is no evidence of problems in understanding the concepts *medical specialist* or *emergency unit*. Regarding *outpatient clinic*, some of the respondents said that they do not know what this means, or that they have an idea, but cannot describe it in detail. In general, the concept seems easier to understand when put in a context or contrasted with other familiar concepts describing different types of health services.

#### **HC.12 When was the last time you consulted a medical or surgical specialist on your own behalf?**

BACKTRANSLATED: When was the last time you consulted a specialist (medical specialist or dental specialist)?

None of the respondents reported problems understanding the question about the last time they attended a medical specialist, HC.12 and the following question HC.14 about need for consultation, although the respondents description of a medical specialist varied (see table above). When reading the question to the respondents we saw a need to integrate the response categories in the question text. This will make the question run more smoothly. It might also be considered to add a few words to make the question flow better.... When was the last time you consulted a specialist .... Is it less than 12 months ago, 12 months ago or longer or have you never been to a medical specialist?

#### **HC.14 Was there any time during the past 12 months when you really needed to consult a specialist but did not?**

BACKTRANSLATED: Have you had need for examination by a specialist (medical specialist or dental specialist), but have not taken contact?

#### **HC.15 What was the main reason for not consulting a specialist?**

BACKTRANSLATED: What were the main reasons for not consulting a specialist?

The question HC.14 about need for consultation with specialist was an easy question to answer according to our respondents. Feedback shows that it would be sufficient with just yes/no answers (as it is a yes/no question). In the mapping of the most important reasons for not taking contact in H.14, the interviewer should be aware that it is easy to make a wrong jump in the questionnaire. It is easy to think that if the respondent answers negatively, he/she should go to HC15. That is not correct. Those who answer yes should also have question HC.15.

**HC.16 During the past 12 months, that is since (date on year ago), have you visited on your own behalf a...?** Medical laboratory, Radiology centre, Physiotherapist / kinesiologist, Nurse, midwife (excluding when being hospitalised, for home care services or in a medical laboratory or radiology centre), Dietician, Speech therapist, Chiropractor, manual therapist, Occupational therapist, Psychologist or psychotherapist, Other paramedics

BACKTRANSLATED: Have you visited [.....] during the past 12 months? Medical laboratory, radiology centre, Physiotherapist / kinesiologist, Nurse, midwife (excluding when being hospitalised, for home care services or in a medical

laboratory or radiology centre), Dietician, Speech therapist, Chiropractor, manual therapist, Occupational therapist, Psychologist or psychotherapist, Other paramedic

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

Homeopath, Acupuncturist, Phytotherapist / herbalist, Other alternative medicine practitioner

BACKTRANSLATED: **Have you been to a [.....] during the past 12 months?**

Homeopath, Acupuncturist, Phytotherapist / herbalist, Other alternative medicine practitioner

The problems we have discovered with this question are fundamental, in the sense that respondents lack knowledge about a majority of these services. The structure of the questions [HC.16](#) about health services and [HC.17](#) about alternative health services seem to function well. However, very few of the respondents have used these services in the past 12 months. In [HC.16](#) some of the professions in the list seemed unfamiliar to the respondents ie. speech therapist, manual therapist and occupational therapist. Some of the services were also seen as very different from other professions in the list. The respondents mentioned chiropractor – “because they have a different education, but they also do good things so they belong in the list...”, psychologists “because they give another type of service, that maybe do not belong in the list...”, Healing is mentioned as different from the rest of the professions in the list – “because it represents another type of service that does not belong here...”. Services mentioned as unfamiliar to the respondents in [HC.17](#) or that were misunderstood were foot zone therapist, naprapath, aroma therapist, osteopath, healer, reflexive therapist. Professions like osteopathy and naprapathy also caused some confusion among respondents. Many of the respondents believed these two professions to be the same, but had little knowledge of what kind of treatment they actually offer.

When we asked the respondents to sort cards with names on different professional groups, certain patterns were repeated. Different groups and combinations were identified:

1. A group of professional representing physical well-being: Aroma therapist, massage therapist, sometimes together with manual therapist, sometimes also healer,
2. A group of professionals treating psychiatric “issues”: healer, psychiatrist and sometimes homeopath is included here.
3. A group for professions concentrating on physical treatment: chiropractor, naprapath, manual therapist, occupational therapist,
4. A group of professions for “whole body”-treatment: osteopath, homeopath, reflexive therapist, sometimes with naprapath as well,
5. A group of professions that “... can look in your eyes and tell you what is wrong with you”: “reflexive therapist” and homeopath,
6. A separate group of professions for chiropractor and homeopath.

One respondent sorted the professional groups with reference to education length/type, but ended up very confused. Some respondents did not know the difference between psychologist and psychiatrists. They even used the concept psychiatrist when responding to our questions on psychologists. The cognitive dialogue on question [HC.16](#) and [HC.17](#) demonstrates that there is a major challenge to make these questions work as they are designed now. Many of the words and concepts that describe health services are unfamiliar to the respondents, especially in the professional groups (paramedics) listed in [HC.17](#). On the other hand, one can argue that those who have used the types of services we ask for, in fact will be familiar with the names. Another point is that the ways the professions are grouped in the questionnaire do not harmonize with how the Norwegian health service is organized. In [HC.16](#) for instance, the laboratories offer a markedly different type of service than the rest of the groups mentioned in the list. This is also the case for psychologists and healers in [HC.17](#). In Norway, there is a division between the so-called school medicine and alternative medicine. This landscape is, however changing and the borders between the professions are less absolute today compared to some years ago. The lists of professional groups in [HC.16](#) and [HC.17](#) are not following this division line. Both the changing landscape and the way the list of professions are organized in the questionnaire create uncertainty for the respondent when answering these questions.



In the health service section of the questionnaire we can conclude from the cognitive interviews that the format of the questions in this section seem to function quite well. However, the section holds many concepts and words that are unfamiliar to many of the respondents.

### Dental health services

**HC.8** When was the last time you visited a dentist or orthodontist on your own behalf (that is, not while accompanying a child, spouse, etc.)?

BACKTRANSLATED: When was the last time you visited a dentist, orthodontist, or dental nurse? Include all visits

**OP.1** For the dental care on your own behalf during the past four weeks at the date of the interview, about how much did you pay out-of-pocket?

BACKTRANSLATED: For the dental care during the past four weeks, about how much did you pay?

After the think-aloud session, we asked the following questions to map the cognitive process:

- In general, would you say it was difficult or easy to remember the last time you visited a dentist?
- Did you find it difficult to answer the two last questions on number of times and how much money you spent?
- Concerning the question on payment, did you answer based on what you paid for yourself only, or on behalf of your entire household?

Most respondents said that the questions on dental services were simple and easy to understand. In question **HC.8**, they had no problems remembering the month of the last visit to the dentist or orthodontist. One respondent answered by first stating the season, like "... it was during spring, yes, it was in April...", and another responded "I get a call every year in November". The annual or biannual call system that most dentists in Norway practise makes it easier to remember the time of the last consultation. We also wanted to see whether respondents actually remember the amount of money that they have spent on dental services. Would a 12-month reference period be a too long a period for recalling information on expenditure in this area? In the original survey question in EHIS, it is a 4-week reference period. The reason for testing a longer period is that we believe that a question with a four-week reference period will capture very few respondents. The questions on dental services worked well, and there are not any significant problems using a 12-month recall period on dental expenses.

### Health service satisfaction

**SA.1** In general in your country, concerning the [general] health services provided [by the following health care providers], would you say you are very satisfied, fairly satisfied, neither satisfied nor dissatisfied, fairly dissatisfied or very dissatisfied with... hospitals (including emergency departments), dentists, orthodontists and other dental care specialists, medical or surgical specialist, family doctors or GPs, home care services

BACKTRANSLATED: Here is a list of different health services in Norway. Can you for each of them say whether you are very satisfied, fairly satisfied, neither satisfied nor dissatisfied, fairly dissatisfied or very dissatisfied. Hospitals (including emergency departments), dentists, orthodontists and other dental care specialists, medical or surgical specialist, family doctors or GPs, home care services.

Follow-up on satisfaction with health services

- What is your opinion of this question? Did you find it easy or difficult to answer?
- What do you think about the scale? Are there too many or too few alternatives to choose between?
- Would it be easier to give a number on a scale, for instance from one to ten?
- What do you understand by the concept "home services"?

The think-aloud and follow-up sessions on satisfaction revealed several problems with this question; both on format and wording as well as comprehension and content. The response scale was also problematic.

First, our respondents found the question difficult to capture while read aloud. They have to hear it read several times to be able to understand what we ask about despite that we handed out show card with the response scale printed. The main problem is that the question text is too long. Several respondents confirmed this. It is packed with information, and it has a “squared” wording, in the sense that we first mention, “health services in general”, and then we return to specific services when we mention the actual service we ask the respondents opinion. Both object and answers are placed within the same sentence, and this is the cause of the problem with wording. For every service we asked about, we had to repeat the whole question. Another problem is related to the task itself. The respondent is asked to make a general statement on the quality of certain health services and this can be a demanding task in many ways. As one respondent expressed, “.....this is a serious task”. In addition, the generalisation is difficult, since the respondent had to draw the line between her own experiences from certain services, to a more general expression of these experiences. One respondent said that she had too little experience herself, and that it is difficult to decide upon an answer when her experience was very good, while she is familiar with others who have received bad treatment. This woman clearly expresses that she feels uncomfortable with the task or challenge: she seeks the “perfect match” between her experience or feelings, and the answer she gives. Others said that they feel bad about giving “bad evaluation”. These results indicate that respondents experience such evaluation of health services in general as a serious task and that this makes the question difficult to answer. The respondents obviously find it hard to answer the questions based on their subjective experience only. The respondents actually identified with their response (at least in the settings of a cognitive interview).

Another comment points to the many dimensions of a health service. A service can be seen as the actual service itself, for instance a surgery, but the service also covers the result of ex. treatment. Our respondents had to weight the dimensions and decide which is the most important. One of our respondents said she had problems giving a response because she had experienced serious health deteriorations in her leg after a surgery that in itself had very high quality (but not so high as to secure her an improved leg). Was she satisfied or not? She did not know. Another respondent said she had never thought about this before; it seems like a questions that has not been reflected upon and many respondent found it hard to find an answer to this question. Some respondents pointed out that they would need a point of reference or a standard to compare with, as well as a specific point in time to relate to. “Health services in Norway - compared to what? Compared to health services in a poor country?” or “Compared to when?” The statements illustrate the problems with general questions; it is difficult to generalize on a multitude of experiences with many types of services received at different points in time.

The response scale does not suit the question since it is a mix of subjective experiences with the services and an evaluation of health services in Norway. Some respondents found it difficult to choose an option on the response scale presented to them. They pointed at three different problems with the scale; the labelling of the alternatives, the number of alternatives and the meaning of the mid-point. One respondent meant that an alternative for just *satisfied* was lacking, and with this, she explained that she wanted to communicate a kind of “middle”-category for one service. She obviously did not perceive the mid-alternative as relevant for her or any of the “more than just satisfied”-alternatives. Another respondent chose the mid-alternative (*neither satisfied nor dissatisfied*) when she was asked about home services. She later explained the background for this by saying that her opinion was really a middle neither nor-opinion. However, since she had no personal experience with home services herself, but had only experiences that were communicated by others. She felt that the mid-alternative corresponded best with this. When we sum up all the six interviews, we see that the mid-alternative is used for different purposes: both as a *not applicable*-category when the respondent has no personal experience with the service, as a *don't know* category, and as a “middle of the road”-score. This will be a problem when analyzing the data, since it will cover up substantial differences of interest. Respondents also complained about the meaning and internal distance/closeness between the alternatives. One said that there is very little difference between the alternatives “very” and “fairly”;

they sound too much alike. *Fairly satisfied* was described as “what you expect”, while *very satisfied* was in a way too much, like “more than you expect”. Moreover, at the other end of the scale it is difficult to grasp the difference between fairly dissatisfied and very dissatisfied. In the last interview, we probed on the type of scale that would be best to answer from in this question: would it be best to answer based on the existing scale, or better with a numbered scale, for instance ranging from 1 to 10? One respondent preferred to answer by numbers; she thought it would be easier to choose the alternative that would correspond best with her opinion. The results indicate that there are too few alternatives, and that the descriptions could be improved.

Regarding the actual services we ask for, we wanted to explore what kind of services the respondents understand by *home services*. The answers were unambiguous. Our respondents understood home services as a combination of both home based nursing and home based practical help offered by many municipalities in Norway to elderly people who have problems managing on their own. The cognitive interviews have revealed several cognitive problems with this question. There are problems related to the tasks of generalisation, with the choice between different service dimensions, with the meaning expressed in the different response alternatives, and perhaps also with the number of alternatives. It can be discussed whether all these problems can find its solution by redesigning the existing question. As for the generalisation task, it is a question of whether we want to measure general impression or personal experiences with different health services. The cognitive task would be easier if the question is related to the respondent’s personal experiences - rephrase to ...*with the hospital services you have received*.... As for the problem with different dimensions of services, it is a matter of allowing the respondent to make up her mind on how to comprehend the question and judge the dimensions before giving a response.

### **Mammography**

**PA.10 Have you ever had a mammography, (which is an X-ray of one or both of your breasts)?**

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

**PA.12 What was the reason for this last mammography?**

Follow up questions on mammography:

- Did you find this section uncomfortable to answer, or did you find it unproblematic? Why do you find it uncomfortable do you think?
- Do you think it is difficult to remember the last time you went for a mammography? How did you arrive at the answer?
- What do you think about this classification, is it easy to “catch” and remember, or is it difficult to decide?
- Can you think of other causes that are not mentioned on this card?

All respondents in the cognitive interviews had experience with mammography. There were no major problems encountered with understanding the questions or with the response process related to these questions. The respondents said that they found the questions relevant (although one also told us that it is unpleasant to be reminded of something she should have done, i.e. to take proper care of herself). In fact, some of the respondents were so eager to answer when they heard the questions read, that they gave their response before all alternatives had been presented. Thus, the questions had to be repeated in order for the respondent to grasp the details in the request. It was not difficult for the respondent to remember when or why she had attended the mammography service last time. All respondents had a clear picture of their last attendance, often related to time of the year and particular private activities or memories from the actual day or the day before. The respondents seemed to remember and sense the mood and spirit of the day. The only respondent reporting it to be difficult to remember details had attended the service more than 10 years back in time (the eldest respondent). Problems encountered with the questions are instead related to the response alternatives in PA.11 and PA.12. The reason for this might be the fact that mammography check-ups in Norway are a repeated service offered for

women of a certain age. They get regular calls from the health authorities from the age of 50. The response alternatives for reasons for not attending do not seem to reflect this fact.

In PA.11 (last time been to mammography), there is a kind of “lack of balance” in the four substantial response alternatives: within the past 12 months; more than 1 year, but not more than 2 years; more than 2 years, but not more than 3 years; not within the past 3 years. Our respondents said in the follow-up that it is difficult to distinguish between the two first alternatives when read aloud by the interviewer. The phrases had to be repeated to one respondent for her to grasp all the details. This can be an effect of lack of explanatory text; there are no additional help in the phrases for each alternative, only “straight on” to the facts to relate to. We therefore suggest adding explanatory text to elaborate somewhat on what is comprised in the different alternatives. Problems in grasping the details are strengthened by the fact that there are too many alternatives to consider for the respondent. We suggest to reduce the number of alternatives to three substantial response alternatives. Besides, we believe the scale should be changed and extended, with more alternatives after the *more than 3 years*-alternative, since our respondents gave the impression that women in Norway seldom attend more often than biannually. It might be relevant to distinguish between *2-4 years*, and *more than 4 years* as well.

Some of the response alternatives in PA.12 are problematic, and the respondents do not really use them. The predefined alternatives seem not to correspond with the respondents’ way of reasoning why women attend mammography:

1. Myself or my doctor noticed something not quite right in my breast (e.g. a lump)
2. My doctor advised me to have mammography without there being anything wrong
3. Because there is breast cancer in my family
4. I received an invitation to screening
5. Other reasons

The second response alternative (I was advised to go by my doctor without it being anything wrong) consists of two assertions; both that the doctor advised you, and that there was nothing wrong. The first assertion might well fit the respondent without the second being true. Besides, the response alternative is partly overlapping with the first. When we asked our respondents what reasons they had for going to mammography some said, “I just wanted to do a check-up”, or “I just wanted to confirm that I am ok”. These types of reasons are not really covered by the existing alternatives. None of the alternatives really correspond with the most frequently used reason for going in our group. That is that they are part of a regular screening program where they receive letters of invitation to screening regularly. This alternative is covered by the fourth response alternative today (*received an invitation for a screening*), but the respondents do not identify with this alternative as it is formulated. Instead, they explain why they get a regular invitation letter ie. since they are in the eligible group for screening (ie. over the age of 50). The present formulation is perceived more like a random invitation for a “one-time-only”-screening check

### **Use of medicine and dietary supplements**

This section is tested to get information on how the questions work in a Norwegian setting. This long and detailed sequence is quite challenging both to the interviewer and to the respondent. The first two questions are mapping use of medicines that has been prescribed by a doctor and dietary supplements that has recommended by a doctor. The next two questions map use of medicines that are not prescribed and dietary supplements that are not recommended by a doctor. At first sight, it is difficult to get an overview of the structure of these questions and this makes the sequence very challenging.

Issues concerning non-prescriptive medicines are of particular interest here ie. dietary supplements and herbal medicines. Do the respondents understand what is meant by dietary supplements? Attitudes to and use of these products are likely to vary from country to country, reflecting history, culture and legal regulations. In Norway, this is not a clearly defined area and covers a wide variety of products.

**MD.1 During the past two weeks, have you used any medicines** (including dietary supplements such as herbal medicines or vitamins) **that were prescribed or recommended for you by a doctor** – (for women, include also contraceptive pills or other hormones)?

**MD.2 Were they medicines for...?** Asthma; chronic bronchitis, chronic obstructive pulmonary disease, emphysema; high blood pressure; lowering the blood cholesterol level; other cardiovascular disease, such as stroke and heart attack; pain in the joints (arthrosis, arthritis); pain in the neck or back; headache or migraine; other pain; diabetes; allergic symptoms (eczema, rhinitis, hay fever); stomach troubles; cancer (chemotherapy); depression; tension or anxiety

**Have you used other types of medicines that were prescribed to you, such as ...?** sleeping tablets; antibiotics such as penicillin (or any other national relevant example); (for women in fertile age – assumed 50 years or younger) contraceptive pills; (for women in or after menopausal age – assumed 45 years or older) hormones for menopause; some other medicines prescribed by a doctor. (If yes): What type of medicines?

**MD.3 During the past two weeks, have you used any medicines or dietary supplement or herbal medicines or vitamins not prescribed or recommended by a doctor?**

**MD.4 Were they medicines or supplements for...?** pain in the joints (arthrosis, arthritis); headache or migraine; other pain; cold, flu or sore throat; allergic symptoms (eczema, rhinitis, hay fever); stomach trouble; or were they vitamins, minerals or tonics; or some other type or medicine or supplement?

In MD.2 and MD.4, we used handouts. The interviewer asked the question for each medicine type, one by one, reading from the list, and the respondent had the same list in front of her. The respondent marked the code before the next medicine type was read loud to her.

Follow-up questions on medical use:

- Go back to MD.1. Did you find it difficult or easy to answer this question?
- Did you find it difficult to know which medicines to include and which not to include?
- If I told you to include dietary supplements, like herbal medicines, vitamins and hormone products, would you have changed your answer?
- What would be obvious products to include in your opinion [dietary supplements]?
- Do you usually consider dietary supplements and vitamins as a type of medicine or as “groceries”?
- We asked you about [what you have done] “the past two weeks”. Did you notice [and reflect on] that time frame when it was mentioned, or did you primarily think about what you *usually* do? Would it be easier for you if we asked about what you actually did last week or the last month, or is this distinction less important?
- Do you find it easy or difficult to understand what “other prescription drugs” mean?
- Do you take, or have you ever taken medicine regularly, that you were uncertain about whether to include or not in any of these questions? If so, what kind of medicine was that?

The cognitive testing show that there are several types of problems with this sequence of questions, both of a conceptual and a practical character. There are conceptual problems with the two key categories *medicine* and *dietary supplements* (MD.1 and MD.3). Problems with answering several questions (different categories and situation types) in one question (MD.1). Problems with the practical design of the questions, since the listings in MD.2 and MD.4 in many situations seem to become difficult for the interviewer to finish as planned, conceptual problems with some of the descriptive expressions and possible problems with the reference period.

In the follow-up to MD.1, on use of medicines, all our respondents first told us that the question was unproblematic and easy to answer. That is both to understand the meaning of the question, to recall products they have used, and to decide what to include in their answer. When we go into detail, judging from the answers given, it was not so easy after all. One issue is that medicine, dietary supplements and vitamins are different products with different functions. During the follow-up, all our respondents confirmed that they see dietary supplements as something qualitatively different from medicines. Some of the respondents compare dietary supplements with groceries instead of medicines.

Several of the respondents told us that they regularly take various dietary supplements. In the concept discussions, our respondents had the following definitions of the two terms:

<b>Concepts</b>	<b>Respondents descriptions</b>
<i>Medicine</i>	<p>.. something that the doctor says you should take, at the same time as it is something your body needs to stay well (like iron supplement: it is taken as a medicine due to necessity/the doctor “prescribed” it</p> <p>.. products with restricted distribution</p> <p>.. what is only given “on prescription”</p>
<i>Dietary supplements</i>	<p>.. If you take a product only to feel better</p> <p>.. Is not meant to cure anything</p> <p>.. Is meant as preventive against illness or problems</p> <p>.. A grocery, a product you can buy in a grocery store</p>

The interview and the concept discussion demonstrated that it might be a need to integrate dietary supplements in the question text with the same status as medicine and not being referred to in a parenthesis. The cognitive interviews showed that in one way or the other the respondents needed assistance in recalling both types of products.

Nevertheless, MD.1 also has another dimension (although none of the respondents mentions this as a problem). The question refers to two types of consultative situations. One is the type where your doctor prescribes some particular medicament for you, as a response to a particular diagnosis. Another situation is the kind where your doctor gives you a general advice on how to improve your health, and by this mentions products that might have a good effect on your health. In a typical doctor-patient consultation (at least in Norway), these two situations have different characteristics according to a scale along the “voluntary to compulsory” dimension for medicines. Norwegian doctors are not supposed to “advertise” for particular products in a medical consultation. However, general product types might be mentioned as part of a general advice.

The question on use of medicine and dietary supplements, MD.1, actually has four dimensions: It is designed to map two product types and two different doctor’s strategies. From literature, we know that when multiple concepts are included in a question, respondents are able to attend only one subset of the issues (Fowler, 2007). The result is a systematic underreporting of incidents. Widening the scope of the question can give more “narrow” results. Instead, it is better to isolate dimensions in single questions.

The reference period for use of medication is *last two weeks*. This reference is not as commonly used in surveys as for instance last seven days, last week or last month. None of the respondents had comments about this. Most responded that they did not notice the reference period at all. In stead, they answered with basis in what they *usually take*. This is a common problem in questionnaires.

MD.2 Reasons for using medication is a follow up question to MD.1. It is worth noticing that only medication is mentioned in the question. There is no reference to dietary supplements. In this question, there is also a problem with the logical design. If the respondent confirms that she has been using medication or dietary supplements in MD.1, the interviewer proceeds with questions about medication for 15 different illnesses (*Were they medicines for ...[diagnosis] ....*). Our tests showed that the respondent tend to communicate information on the reason for using medication. The respondent was also impatient wanting to communicate type of medicine and reason for using it when the interviewer said *Where they medicines for .....* They interrupted by giving straight answers to the interviewer, and made it difficult to follow that question ie. reading from the list of diseases. The rhythm of communication was broken. One result of this design is that the interviewer feels socially uncomfortable with the list of diagnosis, and is stressed. He/she is tempted to skip the rest of the list after the respondent has told his “story”.

After the mapping of use of medicines for various diseases, there is a question about specific medicines on prescription: *Have you used other types of medicines that were prescribed to you, such as ...?* This question represents a major problem because it increases the risk of measurement errors, but it also confuses the interviewer and the respondent. The first part of the question is about what diagnosis lead to the use of medicines stated in MD.1 while the follow-up question shifts focus from diagnosis to medicines. It is really a repetition for the respondent. We noticed a certain sting of irritation at this stage, like “I have answered this before”. The additional question on use of specific medicines also fails to repeat the reference period in MD.1 (last two weeks). Our respondents told us that it was difficult to answer this question because they did not know how far back in time they were supposed to report.

In MD.2, the term sleeping tablets were somewhat unclear to one respondent. She asked whether she should report a type of tablets used to fall *into* sleep (in Norwegian “innsovningstabletter”, in English “fall asleep”-tablets), as she understood this as being something qualitatively different from ordinary sleeping tablets. She therefore put it into the *Others* category instead.

The cognitive interviews did not give us results pointing to weaknesses in MD.3 and MD.4, medicines not prescribed by a doctor, except for the weaknesses we have already mentioned ie that dietary supplements are not seen as medicines. Respondents do not include dietary supplements unless they are mentioned specifically. One respondent with immigrant background first had problems understanding the sentence *prescribed by a doctor*. The other respondents stated that they understand this as meaning the same as “getting a prescription” for a medicine.

### **Physical activities**

The questions on physical activity are based on the IPAQ-questionnaire. This instrument is used in different surveys with varying results. Experience show that it is a difficult sequence to administrate in an interview. The questions are wordy and the mapping of different stages of physical input is challenging. It is hard for the respondent to sort physical activity they have been involved in according to intensity. This is the reason why these questions were selected for cognitive testing. The testing confirmed that data from this mapping is problematic and that respondents have problems giving valid and reliable answers to these questions.

**Now I am going to ask you about the time you spent being physically active in the past 7 days. Please answer each question even if you do not consider yourself an active person. Think about the activities you do at work, as part of your house and yard work, to get from place to place, and in your spare time for recreation, exercise or sport.**

**Think about all the *vigorous* activities which take *hard physical effort* that you did in the last 7 days. Vigorous activities make you breathe much harder than normal and may include heavy lifting, digging, aerobics, or fast bicycling. Think only about those physical activities that you did for at least 10 minutes at a time.**

**PE.1 During the past 7 days, on how many days did you do vigorous physical activities?**

**PE.2 During the past 7 days, how much time did you spend doing vigorous physical activities?**

**Now think about activities which take *moderate physical effort* that you did in the past 7 days. Moderate physical activities make you breathe somewhat harder than normal and may include carrying light loads, bicycling at a regular pace, or doubles tennis. Do not include walking. Again, think about only those physical activities that you did for at least 10 minutes at a time.**

**PE.3 During the past 7 days, on how many days did you do moderate physical activities?**

**PE.4 During the past 7 days, how much time did you spend doing moderate physical activities?**

**Now think about the time you spent walking in the past 7 days. This includes at work and at home, walking to travel from place to place, and any other walking that you might do solely for recreation, sport, exercise, or leisure.**

**PE.5 During the past 7 days, on how many days did you walk for at least 10 minutes at a time?**

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



Follow-up questions on physical activity:

- Which specific activities did you have in mind when I asked you the first question PE.1?
- And which activities did you have in mind when we came to the next string of questions, about activities that demand much physical effort, and moderate physical effort?
- When you answered, did you include your activities both at work and during leisure time, or only during leisure time?
- How did you convert time spent into hours and minutes?
- Have you quoted continuous coherent activities only, or did you add up the same sort of activities which you did at different times during the week?

In general, the introductory text to all the questions on physical activity is too long and complicated to work well in an oral form. Too much information is given to the respondents. In the cognitive interviews, the respondents found it difficult to orientate and differ between activities with different levels of intensity. This led to a situation where a lot of information was repeated. The respondents also had problems grasping all the details given, and they immediately started the task of excluding and including various activities at various hours. They had their minds full with all the details from the introductory text when we started on the actual questions. This led to a problem with concentration. The key information given here, both about the reference period of last seven days, and about including all spheres of life (home, work, leisure time, and when moving between places), are well observed by the respondents, and they remember it through the sequence. The problem is that this information “competes” with the information given in each question later. New information about adding up several timing tasks, like *on how many days, only ten minutes or more, average duration of activities* etc.

The question text in PE.1, about very exhausting and PE.3, moderately exhausting activities are long and complicated. The reference to a certain mode of breathing also created problems. Some health problems will have as a consequence that one breathes more heavy than normal at a stage of an activity that most people will not call very exhaustive. Another point is that the reference given in the questions to the level of breathing does not correspond with the examples of activities that follow. *Think of activities that are very exhaustive and makes you breathe much more heavy than usual. It might be to lift or carry very heavy objects, doing heavy housework, heavy jogging/bicycling, etc..* The respondents carefully took notice of the information about breathing patterns. Breathing was their reference point in answering the questions.

The cognitive testing shows that the question texts were too difficult to understand. The respondents were only able to relate to the first part of the question. When we went through the questionnaire, it was obvious that some respondents tended to mention activities in the first question, which actually belong in the last question. They also tended to exaggerate the physical exhaustion of the activities they had been involved in.

In question PE.2 and question PE.3, about the duration of physical activity, there were several cognitive challenges. Firstly, the questions do not take into account situations when the respondents involve in very different activities with different duration patterns. To calculate average duration of an activity per day then becomes a difficult task. Our respondents immediately related to one or a few activities, but given very active respondents with a various set of activities, this was quite difficult to calculate. Even with reference to only two activities, it is difficult to add time spent at all the days that are mentioned. It means for instance that jogging and hard labour in the garden should be added together per day, restricted to the actual days the respondent has mentioned previously. Does this mean that you should sum up for all days mentioned (up to 7 is possible), and then make an average? If you go jogging one hour on Monday, and 30 minutes on Saturday, while you dig heavily in the garden for three hours on Saturday afternoon, what is the mean value of this? First, the mean value of jogging time is 45 minutes. Add 180 minutes digging. Then we have 225 minutes divided on 3



activities or divided on three week days? This gives 75 minutes, but the question asks for an answer specified in hours and minutes. Then you must remember that there is 60 minutes per hour as well. Calculating very different activities at very different times and in different situations is difficult! The respondents confirm this conclusion. Some of them say it is very difficult, and that they dislike it. Some of them say they “just know it”, they do it spontaneously. We believe this is a result of the difficulty in grasping what they really should count, and how to count it.

Generally, the respondents seem to overestimate the duration of activities, but in many cases they probably also underestimate the number of activities they have take part in. The duration they give is quite long: like five hours heavy walking each day for one of the disabled respondents. When we ask them how they calculated the duration, they refer to a certain activity, or a few activities, which they “often do”, and which they think of as “the one I am doing of this sort”. They do *not* mention what they actually did the last seven days. We do not really know whether the activities are (time-) connected or not. It seems as if the respondents refer to “one activity per day”.

Of all the questions on physical activity (IPAQ), PE.5 and PE.6 about walking are the least problematic. We ask about an activity that is quite easy to define and limit. Still, as in the questions above, there is very much information given at the same time. The limit of ten minutes is mentioned two times in the question, and this sounds repetitive. When we ask about the duration, we have the feeling that respondents fail to add up all activities on the days that they were active. The results also tell us that the walking activity is registered double. Several respondents have already included walking in their previous answers. A point concerning comprehension of the question is that one of the respondents first answered in distance instead of time, but then corrected herself and reported hours/minutes.

Our respondents seemed uneasy about the structure of these questions. They expressed frustration about the fact that we asked for the hardest and most difficult activities first, and their body language communicated to us that they felt ashamed to say no, that they did not really involve in this. The respondents were eager to tell us that they in fact tried to be physically active, although the activities they were involved in were not very exhaustive activities. The very first questions (very exhaustive activities) also created an uneasy mood in the two first respondents and for us as interviewers, because they obviously were not able to perform such physically demanding activities we specified for them as examples, like heavy housework or playing balls. Anybody could see that they were either disabled or too old for this type of activity. It therefore seemed inappropriate on the part of the interviewer to pose the following questions.

Another problem with the questions that caused negative responses, was *on how many of the last 7 days* and the reference period. Respondents expressed very negative feelings about this way of asking: it was comprehended almost like an insult. They wanted so much to talk about what they *usually do* instead of the actual activity in the last week in particular. In the registration, the respondents tended to answer according to what they usually do. Because the questions have an element of moral attached given that training and physical activity is necessary for staying in good health. We understood this as an expression of the individual shame felt for not being as physically active as “one should be”, or as the majority is, even in groups with serious health problems. Some of the respondents expressed a negative attitude towards the whole set of questions on physical activities, and explained it by referring to the feeling of being unsuccessful in this instance.

## 5 Recommendations and conclusions

In this chapter, we will try to sum up our experiences from the translation process and the cognitive interviews. The comments from the cognitive interviews document qualitative problems in the cognitive phases of comprehension, retrieval, judgement and response that need to be addressed. Recommendations for revision of the questionnaire will follow each question below. Some of the comments concern problems encountered in the Norwegian instrument and some of the comments concern the original English instrument.

### 5.1 Module on background variables

The background information is mostly based on register information in Norway. We have no recommendations or comments to this sequence of questions.

### 5.2 Module on health status

This module has been translated and tested earlier and the comments below are based on the revised module. Some of the comments from the first round are, however, still valid and will be repeated below.

**HS.2-3, longstanding illness and limitation.** The questions on health status and consequences for daily activities is now better harmonised with the SILC-questions. We have, however not reached a satisfying solution. There is a conflict of interest between keeping time series from or national HIS and a methodological challenge concerning the proposed questions from Eurostat. This concerns both the mapping of disease and health problems where we see a need for an additional question on disability and the need for using these questions as filter question to the question on limitation due to health problems.

**HS.7-8, accidents resulting in injury.** The questions are very wordy. The list of accidents is a mixture of type of accident and place of accident. The response categories are not mutually exclusive. There is a need to choose one approach, in spite of elaborate instruction to the interviewer about classification of different accidents. The reference to internal or external injuries in the question text gives associations to physical injury exclusively. Shall psychological effects of accidents ex. shock or sleeping problems, anxiety etc. also be covered by the question? We propose more specific or targeted questions. If road traffic accident is kept separate and the remaining categories are changed to monitoring accidents according activity ie. when working, when at school or when at home or when doing leisure activities then the categories will be mutually exclusive. It is then possible to pose a follow-up question about road traffic accidents. There is also a question if all reported accidents that caused an injury shall be followed up in HS.8 *visited a nurse, doctor etc.*. And if so, how many registrations should be made. Different approaches can be applied; if there is more than one ex. work accident one can ask with reference to the most serious accident or the most recent accident that resulted in a visit to doctor, nurse or emergency department. Another issue is that the response categories in HS.8 are not mutually exclusive. Our view is that there is a need for revision on the questions mapping injuries.

**HS.9-11, work related diseases and work absence.** The questions on work-related disease, HS.9 seem unfinished. The questions should be placed in relation to the list of diseases, *before* the questions about accidents and injuries. The questions on work- absence, HS.10/11 function well were they are today. In question HS.9 the response categories contain too much text. A plain yes/no question is sufficient. We suggest including a filter question on if the respondent has had a disease in the past 12 months and then ask if it is work-related. Alternatively it is possible to relate this question to the disease mapping – as a follow up to question HS.6, *Have you had this disease/condition in the past 12 months*. Of the proposed strategies, we will recommend the latter.

**PL.1-11, physical and sensory functional limitations.** We recommend that the response categories are integrated in the question text and read aloud to the respondents, as the question formulation is still a yes /no question. The questions PL.8 and PL.10 about bending down and grasping are still double-barrelled. It might be considered to include a sentence in the guidelines that of the two activities the reference is to the activity that causes the greatest difficulty.

**PC.1-PC.4.1, personal care activities and HA.1-5, household activities.** We recommend a filter question to this sequence on personal care activities as the questions relate to very basic activities. If the interview person has no health problems or disability, it is not likely that these questions will be relevant. It is worth noticing that the questions on functional limitation are posed as *Can you ....* - questions with response category *yes, with no difficulty; with some difficulty; with a lot of difficulty; not at all* while the questions on personal care and household activities are formulated differently as *Do you usually have difficulty .....* The response categories are the same, but the reversed way of asking can create some confusion when answering the questions. It might be wise to streamline and choose one way of asking to secure valid answers.

In the questions about whether the interview person has help and what kind of help, PC.2 and PC.3, the response category *not having help* can be simplified to just *no*. In the specification of what kind of help the respondent gets the response categories do not correspond well with the question text. There is a mix between aids and assistance that are usually received at *one time*, and aids and assistance that are given on a *more regular basis*. This applies to all the questions in this sequence. There might be considered to pose different follow-up questions - one question on not having enough or needing personal assistance and another question for not having enough help or needing more help in the sense of technical aids or housing adaption. There are also a semantic problem in this sequence related to sentence construction ie. PC.3.1 and PC.4.1.

**SF.1-10, physical pain and mental health.** We propose to reduce the number of introductions in this sequence to one covering both the question on pain and mental health; *The next questions are about how you have been in the past 4 weeks. Try to answer the alternative that is closest to how you have been.* In the question on pain and discomfort, there is a mismatch between the question text and the response categories. In the question text, the respondent is asked *how much* physical pain or discomfort he/she has had during the past 4 weeks. The response categories invite, however, the respondent to report on the *intensity* of pain and discomfort.

In the translation of the concepts on emotional states, we found that the Norwegian language probably does not give so many nuances of different mental states as the English language. Some of the states were overlapping and difficult to distinguish from each other. Some of the questions are also double-barrelled. This caused problems with keeping them apart and giving them a clear content.

### **5.3 European health care module**

This module is translated into Norwegian for the first time. Questions regarding structural or organizational aspects are challenging to develop so that they will suit conditions in different countries. We have some general comments to how the questions are designed and some comments to how the sequence is structured.

**HC.1-18, consultations with GP, specialist, dentist and other health professionals.** We suggest to leave out the explanatory text in question HC.4 about admittance as day-patient ie. *admitted to a hospital bed, but not required to remain overnight*. The cognitive testing showed that this text confuses more than it enlightens the respondent. Question HC.6 about need for hospitalisation is difficult to comprehend. We propose to reduce the number or dimensions in the question as the testing showed that most the respondents limited their recall process to only one type of situation. We also

suggest simplifying the response categories in this question to a simple yes/no alternative. In question HC.7 listing the most important reasons for not being hospitalised: we suggest to move the *could not afford*-alternative further down the list. We also propose to introduce an extra response category for reasons due to resource constraints in the hospital ie. *was not admitted by the hospital*.

The routing of the questions on GP, specialist and dentist can be questioned. It might be more logical to pose the questions on GP and specialist directly after the questions on in-patient and day-patient and then pose the questions on dentist consultations. For the question about dentist consultations, HC.8 we discussed that different response categories would be suitable in a Norwegian setting. We propose to introduce a category for 4 weeks since the follow up question about number of consultations is about consultations in the past four weeks. However, we recommend more strongly to extend the reference period for number of consultations to 12 months in HC.9, since four weeks seems like a too short a period to capture a sufficient number of interview persons that have been to the dentist. If the main object is to capture use of health services, a four-week frame is considered insufficient. However, if the object is to capture people that use health services to a large degree, the timeframe should be kept at 4 weeks. This must, however, be considered up against the need for a short reference period when reporting out-of-pocket expenses to dental treatment.

In question HC.12 and HC.13 concerning consultations with specialist there might be a need to differentiate between consultations with specialist at the hospital and consultations in a private clinic/office. Based on the follow up question with a four-week reference we propose to introduce a response category for consultations in the past 4 weeks also in this question. However, concerning reporting of expenses we believe that a 12-month reference can be used in these questions as well. In question HC.15, main reasons for not consulting a specialist we propose to standardise response categories according to the list used in HC.7, main reasons for not being hospitalized. In question H.14 about need for treatment by a specialist we suggest to restrain the response categories to just yes/no-alternatives, since the present solution is a distraction.

Experience from both the translation and testing of HC.16 and HC.17 concerning consultations at different health professionals and paramedics show that many of the concepts used are unfamiliar to both potential interviewers and respondents. The list of professional groups in the question should be rearranged into what seems a more logical structure. Either the categories should be changed, or the information level be increased. We propose to leave out the category for *Other paramedics* since it will be a mix of approved professional groups within school medicine and alternative professional groups. It might also be discussed whether it is a good idea to have a separate question on use of mental health services.

In question HC.18 about care services it should be specified whether the reference is to municipal services only or if the respondent also should include services that the respondent buys for him/herself. There is a need for a decision whether the question is ment to cover both public and private services. The specification for services provided by nurse, not midwife need to be elaborated on since it is unclear what kind of services this is ment to capture. There is also a need for specification relating to transport services. There is uncertainty as to whether only municipal services shall be included or all kinds of transport, public or private services.

**MD.1-4, Use of medication.** It might be considered to restructure the whole sequence, as it most likely will not give valid answers. We recommend asking separately for prescription and non-prescription medication and keeping this separate from medicines or dietary supplements recommended by a doctor. We will also recommend posing the questions on *use of other prescription medicines* before mapping medication use related to specific diseases to reduce the element of repetition. It might also be considered to have a short introduction to the whole sequence to inform on structure. The notion *dietary supplement* is problematic to define as there are many different products within this category and there is no clear definition. One strategy could be to ask for use of supplements to lessen or reduce symptoms or for treating illness.

The cognitive interviews showed that the respondents answered with basis in what they usually do or medicines they take on regular basis. We propose to have a reference to regular intake or to what the respondent usually take rather than last 2 weeks. The question T, if the respondent has used other medicines prescribed by a doctor and what type, is overlapping with the registration in the first part of the question related to different diseases or health problems. Registration of specific medical products can also be very time consuming and result in work with coding after the data collection, as there are many types and labels of medication. We recommend that only one approach is chosen; either to register what medications are used for or type of medicine used.

The reference period for out-of-pocket expenses for visits to GP, specialist and dental treatment has a reference of 4 weeks while the reference period for use of medication and dietary supplements is two weeks. The reference period harmonize well with the reference period in the registration of use, but since the question is posed at a paper-questionnaire together with expenses for GP, specialist etc. we will recommend to standardize the reference period used in both sequences to 4 weeks.

**PA.1-17, vaccination, screening, etc.** In general we would recommend to streamline and standardise the response categories in questions on blood pressure, cholesterol, and blood sugar ex. to less than 12 months ago, 1-2 years ago, 3-4 years ago, more than 4 years ago in all the questions except perhaps the first question on flu vaccination. Flu vaccination is usually performed on yearly basis. The questions on flu vaccination we propose to give a reference to *since January this year*. The questions about expenses to different health services are posed on a paper questionnaire. We propose to have the same timeframe on the questions for use of health services and payment for health services and also for use of medication and payments for medication. An alternative strategy would be to ask for the cost at the last visit to doctor, specialist, dentist etc.

In the questions about mammography, improvement can be made by additions to the existing list or reasons for going to mammography screening. We suggest that the first two response alternatives either should reflect a division between when screening is advised by professionals/doctors, and other alternatives for self-initiated visits. Response alternative number 4 should be changed to reflect participation in regular scanning programs, for instance *I receive regular invitations to mammography check-ups*.

The cognitive interviews revealed several problems with the question on health service satisfaction, both on format and wording as well as comprehension and content, related to the tasks of generalisation, with the choice between different service dimensions, with the meaning expressed in the different response alternatives, and perhaps also with the number of alternatives. We recommend redesigning the question.

## 5.4 Health Determinant module

**PE.1/2/3/4/5/6, physical activity (IPAQ).** Fundamental problems were detected with this sequence. We propose to restructure the sequence starting out with questions about the least exhaustive activities. This might reduce the problem with double counting. Necessary improvements would be to reduce wordiness ie. reduce the introductory text to the sequence. There should instead be a clear written instruction to the interviewers. We also suggest rephrasing the questions: to make them easier to understand, with less demanding calculation tasks. For instance, in the question on walking, it could reduce the words simply by removing the second half of the second sentence: *...Count all types of walking no matter speed or intensity*. The respondents did not use the reference period (last seven days) as guideline in answering the questions. We propose a change in reference to *what you usually do*. We also propose to use the text: *activities in all spheres of life*.

**FV.1-3, intake of fruit and juice.** The questions on fruit and juice intake are straightforward. A more general view is that there are too many response categories if they are to be read aloud during the interview.

**EN.1-4, living and working conditions.** We do not see a need to have an introductory text to the question about crime, violence. However, there is a question if we measure what one has felt oneself exposed to or what one has been exposed to as a fact. This is especially relevant for the questions on crime and violence. In EN.1 about exposure to noise etc. at home it should be specified if the question concern outdoor environment or/and indoor environment. We also recommend to use a filter question as an introduction as not all respondents has been exposed ie. *Have you been exposed to any of the following conditions [list] and if yes: to what extent.*

There is no time reference in the question on exposure at work, as opposed to the questions about violence and home environment. We propose to add a time reference in this question as well and to change the response category *risk of accident* into something like *dangerous situations*.

#### **From self-completion form:**

**SK.1-8, smoking.** The questions on smoking and alcohol use is posed on a self-completion form. We have registered a mistake in the use of filter in this sequence. Those smoking cigars shall also have question SK.4: smoked daily.

**AL.1-3, alcohol use.** Experiences with the instrument monitoring alcohol use, AL.2 from other surveys shows that it is too difficult for the interview person to administer in a self-completion form. As one is not asking for a specific week but a typical week when he/she is drinking a varying alcohol intake will make it difficult for the interview person to answer. It is also a challenge to fill in for type of drink on all the days in a specific week, remembering intake on every weekday. Another challenge is converting the different types of drinks into units of alcohol and making the data comparable.

## **5.5 Conclusions**

This project has shown that it is challenging to develop robust questions that measure different aspects of health, and to reach the goal of well functioning instruments in different languages as to produce comparable statistics. When translating an instrument for comparable statistics there is an evident trade-off between international comparison and national considerations.

Experts in the field of health and survey methodology translated the survey modules into Norwegian. The involvement of several people with different characteristics and professional backgrounds covered different ways of thinking around concept meaning, linguistic and semantic issues. We believe this has been a strength in the translation project. When translating and testing a questionnaire one never reaches perfection, but one is constantly getting closer. The cognitive interviews produced a lot of information on different concepts and gave us information as to how people think when answering different survey questions. It gave insight into some of the pit falls and the range of misunderstandings and varying interpretations that might occur in questions that seem simple and easy to understand at first sight. With reference to the National Health Interview Survey, which contains questions parallel to the ones in EHIS, this project is another step towards better harmonization of the Norwegian health survey and the European health survey. The translation and test work have resulted in a list of recommendations. This will hopefully contribute to further revision of the modules in the European Health Interview Survey and give a more comprehensive questionnaire at a later stage.

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## **Annexes**

**Annex 1    Original English Questionnaire and guidelines (23 July 2007)**

**Annex 2    EHIS questionnaire and showcards - Norwegian**

**Annex 3    EHIS guidelines - Norwegian**

**Annex 4    Interview guide for cognitive interviews**





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PARTNERSHIP ON PUBLIC HEALTH STATISTICS  
GROUP HIS

## **EUROPEAN HEALTH INTERVIEW SURVEY (EHIS)**

**1ST ROUND 2007-2008**

# **CONCEPTUAL TRANSLATION CARDS AND GUIDELINES**

**VERSION 23/07/2007**

This document provides a guide to the translation of the European Health Interview Survey modules. It has been prepared since true comparability between countries requires not simply a direct translation of the English but a full understanding of the format of the questions and the underlying concept of health to be elicited. Brief but important notes are given after the English version of the question. These notes should be read and translated to ensure the nuances are fully understood.

## **GENERAL RECOMMENDATIONS**

In some cases, for some questions, the interviewer has to hand a showcard to the respondent. It might happen that the respondent has seeing problems or finds as difficult to read himself/herself the categories listed in the showcard. In such cases, the interviewer can to read himself/herself the categories to the respondent, making a short pause between them.

The answer categories "don't know" and "refusal" should neither be included in the showcards nor read by the interviewer to the respondents.

# EUROPEAN BACKGROUND VARIABLES MODULE

## FIRST PART (THE SECOND PART IS AT THE END OF THE QUESTIONNAIRE)

### PART A: INTERVIEW PROTOCOL<sup>1</sup>

**GEOGRAPHICAL DATA** – according to national practices, taking into account that the following information is requested to be reported to Eurostat (for details see the manual):

#### **IP.1**

##### *1) Question*

**Country**     

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##### *2) Guidelines*

- **General concept:** respondent's country of usual residence at the time of the interview

#### **IP.2**

##### *1) Question*

**Region of residence**        
NUTS at 2-digit level

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##### *2) Guidelines*

- **General concept:** region of usual residence, i.e. the region where the individual/household is living (place of usual residence)

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<sup>1</sup> Information not asked to the respondents

## IP.3

### *1) Question*

#### **Degree of urbanisation**

- Densely-populated area ☐ 1
  - Intermediate area ☐ 2
  - Thinly-populated area ☐ 3
- 

### *2) Guidelines*

- **General concept:** type of locality where the individual/household is living in, namely whether an urban or a rural area (or a borderline case)

**Densely-populated area:** this is a contiguous set of local areas, each of which has a density superior to 500 inhabitants per square kilometre, where the total population for the set is at least 50,000 inhabitants.

**Intermediate area:** this is a contiguous set of local areas, not belonging to a densely-populated area, each of which has a density superior to 100 inhabitants per square kilometre, and either with a total population for the set of at least 50,000 inhabitants or adjacent to a densely-populated area.

**Thinly-populated area:** this is a contiguous set of local areas belonging neither to a densely-populated nor to an intermediate area (a set of local areas totalling less than 100 km<sup>2</sup>, not reaching the required density, but entirely enclosed within a densely-populated or intermediate area, is to be considered to form part of that area. If it is enclosed within a densely-populated area and an intermediate area it is considered to form part of the intermediate area).

A set of local areas totalling less than 100 square kilometres, not reaching the required density, but entirely enclosed within a densely populated or intermediate area, is to be considered to form part of that area. If it is enclosed within a densely populated area and an intermediate area it is considered to form part of the intermediate area. The calculations of the density of population for the “local unit”, the total population of the contiguous area for the densely populated and intermediate areas, and the “situation” (enclosed or not) for the isolated local units have to be made in order to guarantee harmonised application of the definitions. This would normally be available at the National Statistical Institution, since it is needed for the Labour Force Surveys. The information on the urbanisation of the area may be available from the sampling frame, from registers, or the interviewer may record information on the locality (such as the name of the commune/Demos/Gemeinde/ municipio/ward etc.) which would permit it to be classified according to one of the three categories outlined above without any significant burden on the respondents.

An "area" consists of a group of contiguous "local areas" where a "local area" corresponds to the following entities in the respective Member States:

**Belgium:** Gemeente / Commune

**Czech Republic:** Obce (6 251 in year 2000)

**Denmark:** Kommuner

**Germany:** Gemeinde

**Estonia:** Vald+Alev+Linn (254)

**Greece:** Demotiko diamerisma / Koinotiko diamerisma (after the kapodistria reform, ca. 6000 units)

**Spain:** Municipio  
**France:** Commune  
**Ireland:** DED / ward  
**Italy:** Commune  
**Cyprus:** Demos/Koinotites  
**Latvia:** Pagast+ Pilsetas (560)  
**Lithuania:** Seniunija  
**Luxembourg:** Commune  
**Hungary:** Telepules (3 135)  
**Malta:** Localities  
**The Netherlands:** Gemeente  
**Austria:** Gemeinde  
**Poland:** Gminy+Miasta (2 486)  
**Portugal:** Freguesias  
**Slovenia:** Obcinah (192 since 1 Jan 1999)  
**Slovakia:** Obce a Mesta (2 920 in year 1999)  
**Finland:** Kunnat  
**Sweden:** Kommune  
**United Kingdom:** Ward  
  
**Iceland:** Sveitarfélag (165 until 1997, 124 from 1998)  
**Norway:** Kommuner (435)

**Bulgaria:** Naseleni miasti  
**Croatia:** not yet available  
**Romania:** Comune, Municipii, Orase  
**Turkey:** not yet available

Conversion tables to convert municipal codes into the three degrees of urbanisation have been made available by Eurostat to the NSIs. This brings the data collection burden down to recoding the municipal code in the survey database into the degree of urbanisation by a simple look-up in the conversion table.

## **IP.4**

### ***1) Question***

**Date of interview**             (ddmmyyyy)

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### ***2) Guidelines***

- **General concept:** date when the interview is carried out

## PART B: PERSONAL CHARACTERISTICS

INTERVIEWER: THIS PART WILL BE ASKED TO THE HOUSEHOLD REFERENCE PERSON OR SPOUSE/PARTNER IN CASE OF A SAMPLE OF HOUSEHOLDS OR TO THE SELECTED PERSON IN CASE OF A SAMPLE OF INDIVIDUALS.

### Introduction

First, I would like to ask you some questions about your household.

## **HH.1**

### *1) Question*

**How many persons live in the household?**

     persons

---

### *2) Guidelines*

- **General concept:** number of persons living in the household (see variable HH.2 for knowing who is considered as member of the household)



## Introduction

To help us keep track of each member of your household, can you identify each one with a first name or a nickname, a set of initials, or by some other means? It is not necessary to give their full names.

INTERVIEWER: AFTER RECORDING THE MEMBERS OF THE HOUSEHOLD, IDENTIFY FOR EACH ONE THE SPOUSE'S NUMBER, MOTHER'S AND FATHERS' NUMBERS.
--

## **HH.2**

### ***1) Question***

#### **Members of the household<sup>1</sup>**

Person no	Name	Sex 1. male 2. female	Date of birth --/--/----	Relationship			Current economic status <sup>2</sup> 1. employed 2. unemployed or inactive
				Spouse's number*	Mother's number*	Father's number*	
01	-----						
02	-----						
03	-----						
04	-----						
...							
09	-----						
10	-----						

\* Code '00' if he/she is not member of the household

### ***2) Guidelines***

- **Use of proxy interview:** allowed

The place of usual residence is recommended to use as the basis of the **household membership**.

The existence of shared expenses in the household (including benefiting from expenses as well as contributing to expenses) shall be used to determine who is regarded as **household members**.

The following persons, if they share in household expenses (including benefiting from expenses as well as contributing to expenses) shall be regarded as household members:

1. persons usually resident and related to other household members;
2. persons usually resident, not related to other household members;
3. resident boarders, lodgers, tenants, etc., with no private address elsewhere, actual/intended stay one year or more;
4. visitors, with no private address elsewhere, actual/intended stay one year or more;

<sup>1</sup> There are also other possibilities for collecting information about all household members and the relationships within the household. These as well as the information that is sought with these questions are presented in annex 1.

<sup>2</sup> To be asked only when question HH.8 is not asked to all household members.

5. live-in domestic servants, au-pairs, etc. , with no private address elsewhere, actual/intended stay one year or more;
6. persons usually resident but temporarily absent (for reasons of holiday travel, work, education or similar), with no private address elsewhere and actual/intended absence less than one year;
7. children of household members being educated away from home, with no private address elsewhere, continuing to retain close ties with the household;
8. persons absent for long periods but having household ties (eg. persons working away from home), child or partner of other household member, with no private address elsewhere, continuing to retain close ties with the household;
9. persons temporarily absent but having household ties (eg. persons in hospital, nursing homes or other institutions), with clear financial ties to the household, actual/prospective absence less than one year;

A person shall be considered '**usually resident**' if he/she spends most of his/her daily rest there evaluated over the past one year. Persons forming new households or joining existing households shall normally be considered as members at their new location if there is an intention to stay for more than one year. Similarly, those leaving to live elsewhere shall no longer be considered as members of their original household.

A child who alternates between two households (for instance after his or her parents have divorced) should consider the household where he or she spends the majority of the time as his or her place of usual residence. Where an equal amount of time is spent with both parents the place of usual residence should be the place where the child is found.

## **PERSON NO.**

- **General concept:** sequence number of the person in the household
- a two-digit sequence number should be allocated to each member of the household.

## **SEX**

- **General concept:** the biological sex of the respondent.

In order not to embarrass the respondent, the interviewer should decide what the sex of the respondent is instead of asking her/him.

## **DATE OF BIRTH**

- **General concept:** date of birth as recorded in the ID card of the respondent

In case the exact date of birth (as above) cannot be collected (due to national data protection rules), it should be tried to record the following information:

- year of birth and month of birth, or
- year of birth and the relation of the date of birth to the date of interview
- if none of the above is possible, then age at last birthday should be asked in the questionnaire.  
Age last birthday: age in completed years (age expressed as the number of birthday anniversaries passed on the date of reference).

## RELATIONSHIP

- **General concept:** sequence number of spouse or cohabiting partner, father and mother
- These variable permits the family nucleus to be reconstituted. For each member of the household, his/her spouse or cohabiting partner, father and mother should be identified if they are members of the same household. Sequence number of spouse or cohabiting partner should reflect the “de facto” situation in terms of cohabitation arrangements. It therefore does not necessarily correspond with the “the jure” situation of the household in terms of co-habitation arrangements.

## **HH.3**

### *1) Question*

#### **What is your country of birth?**

- native-born ☐ 1
- born in another EU Member State ☐ 2
- born in non-EU country ☐ 3

For national purposes, countries might be interested to use the UN Statistical Division Standard Country or Area Codes for Statistical Use (see <http://unstats.un.org/unsd/methods/m49/m49.htm>).

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### *2) Guidelines*

- **General concept:** country where a person was born, namely the country of usual residence of mother at the time of the birth, determined at the time of data collection
- **Can be used for children below 15 (optional national initiative):** yes
- **Use of proxy interview:** allowed
- **Use for institutionalized persons (optional national initiative):** to be completed
  
- In the field work, classification of country of birth should be done on the basis of the UN Statistical Division, Standard Country or Area Codes for Statistical Use, ST/ESA/STAT/SER.M/49/Rev.4/, the classification developed on the basis of ISO 3166. As proposed by the Conference of European Statisticians Recommendations for the 2010 Censuses of Population and Housing three-digit alphabetical codes should be used.  
**Native-born** — Person born in the country of residence (country of survey/enumeration).  
**Foreign-born** — Person born in other country than country of residence (country of survey / enumeration).
- Information on country of birth should be obtained in accordance with the national boundaries existing at the time of data collection.
- In the situations when country has lost a part of territory or the former country was divided between several new countries and also in cases if there is doubt to which country the place of birth currently belongs, it would be useful to collect from the respondent precise information about the locality of birth (settlement) and not only country of birth. Also the name of the country of birth as it existed at the time of birth may be recorded and adjustments made at the time of data entry.

## **HH.4**

### ***1) Question***

#### **What is your citizenship?**

- nationals ☐ 1
- nationals of other EU Member State ☐ 2
- nationals of non EU countries ☐ 3

For national purposes, countries might be interested to use the UN Statistical Division Standard Country or Area Codes for Statistical Use (see <http://unstats.un.org/unsd/methods/m49/m49.htm>).

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### ***2) Guidelines***

- **General concept:** the particular legal bond between an individual and his/her State, acquired by birth or naturalisation, whether by declaration, option, marriage or other means according to the national legislation
- **Can be used for children below 15 (optional national initiative):** yes
- **Use of proxy interview:** allowed
- **Use for institutionalized persons (optional national initiative):** to be completed
- Information on country of citizenship should be coded, based on classification issued by UN Statistical Division, Standard Country or Area Codes for Statistical Use, ST/ESA/STAT/SER.M/49/Rev.4/., the classification developed on the basis of ISO 3166. As proposed by the Conference of European Statisticians Recommendations for the 2010 Censuses of Population and Housing three-digit alphabetical codes should be used.  
  
**National** – Resident person having citizenship of the country of residence (= country of survey/enumeration).  
**Non-national (foreigners)** – Resident person who does not have citizenship of the country of residence (= country of survey/enumeration).

- The information sought is the country of current citizenship of the person concerned. Information on country of citizenship should be obtained in accordance with the administrative status/legal situation existing at the time of data collection.
- In the case of dual or multiple citizenship, the following approach should be used:
  1. If person has citizenship of the country of usual residence, will normally be recorded in the survey with the first priority.
  2. If no citizenship is that of the country of residence, another EU MS citizenship has priority.
  3. In other cases person may choose which country of citizenship will be recorded in survey.
- When person had previously the citizenship of a country that currently does not exist, and he/she does not know which citizenship he/she has legal right to have, it is preferable to record

the citizenship that person had before the borders were changed. In case when the host country supplies for these persons special temporary status (e.g. non-citizens of Latvia and aliens with undetermined citizenship in Estonia) this should be recorded separately. The further classification of these population groups will be in accordance to the concrete circumstances, (e.g. under EU legislation non-citizens of Latvia and aliens with undetermined citizenship in Estonia are currently considered as non-EU nationals).

- It is important to record the country of citizenship and not just the citizenship of a person in terms of an adjective (for example, Chinese, German, British and so forth) in order to avoid confusion between ethnic background and citizenship.

## **HH.5**

### ***1) Question***

#### **What is your legal marital status?**

CODE FIRST THAT APPLIES

- single, that is, never married ☐ 1
  - married (including registered partnership) ☐ 2
  - widowed and not remarried ☐ 3
  - or divorced and not remarried (including legally separated and dissolved registered partnership)? ☐ 4
- 

### ***2) Guidelines***

- **General concept:** the (legal) conjugal status of each individual in relation to the marriage laws (or customs) of the country (i.e. *de jure* status)
- **Can be used for children below 15 (optional national initiative):** no
- **Use of proxy interview:** allowed
- **Use for institutionalized persons (optional national initiative):** to be completed
- The aim is to obtain the legal marital status, irrespective of any de facto arrangement.
- Persons whose only or latest marriage has been annulled (declared void or invalid) will be classified according to their marital status prior the annulled marriage. For instance, a divorced man married after his divorce with 2 women. If both marriages are declared void, then his marital status is divorced. If only one marriage was declared void, his marital status is married.
- Persons living in consensual unions should be classified as never married, married, widowed or divorced in accordance with their de jure (legal) status.
- In case of registered/legal partnership or where the same-sex couples can legally marry, they may be included in the category "married".



## **FILTER 1**

INTERVIEWER: IF THE HOUSEHOLD HAS ONLY 1 MEMBER, SKIP QUESTION HH.6 AND ASK QUESTION HH.7. OTHERWISE, ASK QUESTION HH.6.

## **HH.6**

### *1) Question*

**May I just check, are you living with someone in this household as a couple?**

ASK OR RECORD

- |                              |                            |
|------------------------------|----------------------------|
| • Yes, on a legal basis      | <input type="checkbox"/> 1 |
| • Yes, without a legal basis | <input type="checkbox"/> 2 |
| • No                         | <input type="checkbox"/> 3 |
- 

### *2) Guidelines*

- **General concept:** de facto marital status. This is defined as the marital status of each individual in terms of his or her actual living arrangements within the household.
- **Can be used for children below 15 (optional national initiative):** no
- **Use of proxy interview:** allowed
- **Use for institutionalized persons (optional national initiative):** to be completed
  
- **In this household:** only the living together in this actual household should be taken into account.
- Two persons are considered as living in a couple when they have usual residence in the same household, are not married to each other, and have a marriage-like relationship to each other.

## HH.7

### *1) Question*

**What is the highest education leaving certificate, diploma or education degree you have obtained? Please include any vocational training.**

- no formal education or below ISCED 1 ☐ 1
- primary education (ISCED 1) ☐ 2
- lower secondary education (ISCED 2) ☐ 3
- upper secondary education (ISCED 3) ☐ 4
- post-secondary but non-tertiary education (ISCED 4) ☐ 5
- first stage of tertiary education (ISCED 5) ☐ 6
- second stage of tertiary education (ISCED 6) ☐ 7

*The response categories should be named according to the educational system of the country.*

---

### *2) Guidelines*

- **General concept:** the highest level of an educational programme the person has successfully completed
- **Can be used for children below 15 (optional national initiative):** no
- **Use of proxy interview:** allowed
- **Use for institutionalized persons (optional national initiative):** to be completed
  
- **Highest level of education completed** means level successfully completed and must be associated with obtaining a certificate or a diploma. When determining the highest level, both general and vocational education should be taken into consideration. Persons who have not completed their studies should be coded according to the highest level they have completed (not be coded with a blank). Persons still in education have to indicate their last level of education successfully finished.
- **Please include any work-based training:** any qualification which has been achieved in connection with work should be taken into account regardless of the type of qualification, regardless who paid for the education or whether the education took place in the premises of the company or not.
- **The response categories should be named...:** each country should prepare its own response categories according to the educational system of the country. The response categories have to be compatible with the ISCED classification.

## Introduction

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

## **HH.8**

### *1) Question*

#### **How would you define your current labour status?**

- working for pay or profit (including unpaid work for a family business or holding, including an apprenticeship or paid traineeship, including currently not at work due to maternity, parental, sick leave or holidays) ☐ 1 → GOTO FILTER 2
  - unemployed ☐ 2
  - pupil, student, further training, unpaid work experience ☐ 3
  - in retirement or early retirement or has given up business<sup>4</sup> ☐ 4
  - permanently disabled<sup>2</sup> ☐ 5
  - in compulsory military or community service ☐ 6
  - fulfilling domestic tasks ☐ 7
  - other. Please specify: \_ \_ \_ \_ \_ ☐ 8
- 

### *2) Guidelines*

- **General concept:** person's own perception of his/her main activity at present (current 'main' labour status as perceived by the respondent). It differs from the ILO<sup>5</sup> concept to the extent that people's own perception of their main status differs from the strict definitions used in the ILO definitions. For instance, many people who would regard themselves as full-time students or homemakers may be classified as ILO-employed if they have a part-time job. Similarly, some people who consider themselves 'unemployed' may not meet the strict ILO criteria of taking active steps to find work and being immediately available.
- **Can be used for children below 15 (optional national initiative):** no
- **Use of proxy interview:** allowed
- **Use for institutionalized persons (optional national initiative):** to be completed

---

<sup>4</sup> Except for disability or health reasons.      <sup>2</sup> Including longstanding illness or health problem.

<sup>5</sup> According to the International Labour Organisation, employed persons are those aged 15 years and over who during the reference week did any work for pay, profit or family gain for at least one hour, or were not at work but had a job or business from which they were temporarily absent because of, e.g., illness, holidays, industrial dispute and education or training. Unemployed persons comprise persons aged 15 to 74 who were without work during the reference week, were currently available for work and were either actively seeking work or who found a job to start within the next three months.

- **Current:** any definitive changes in the activity situation are taken into account. For instance, if a person has lost a job or has retired recently, or the activity status has changed otherwise in a definitive manner, then the situation as of the time of the interview should be reported. In this sense, 'current' overrides any concept of averaging over any specific reference period.
- **Currently not at work due to maternity, parental, sick leave or holidays:** absence from workplace (e.g. sick leave, holiday) where the respondent already worked before.
- **'in compulsory military or community service':** this code might not be relevant any longer in certain countries
- The self-declared labour status is, in principle, determined on the basis of the most time spent, but no criteria are specified explicitly.

## **HH.9**

### *1) Question*

**Have you ever worked for pay or profit?**

- Yes ☐ 1
  - No ☐ 2 → [GO TO HS.1 \(NEXT MODULE\)](#)
- 

### *2) Guidelines*

- **General concept:** whether a person currently without employment has previously been in employment
- **Can be used for children below 15 (optional national initiative):** no
- **Use of proxy interview:** allowed
- **Use for institutionalized persons (optional national initiative):** to be completed
  
- **Pay:** includes cash payments or "payment in kind" (payment in goods or services rather than money)

## **FILTER 2**

INTERVIEWER: IF HH.8 = 1 ASK FOR CURRENT MAIN JOB, IF HH.9 = 1 ASK FOR PREVIOUS MAIN JOB.
--

### *Guidelines*

- **A job** is defined as the set of tasks and duties to be performed. Skills are the abilities to carry out the tasks and duties of a job. Skills consist of two dimensions: skill level and domain specialisation. The skill level is related to the level of educational attainment.
- **Main job:** if multiple jobs are / were held, the respondent decides for himself/herself which job is to be considered as the first one. In doubtful cases the first job should be the one with the greatest number of hours usually worked.

## **HH.10**

### *1) Question*

**Are (Were) you an employee, self-employed or working without payment as a family worker?**

- employee ☐ 1
  - self-employed ☐ 2 → GO TO HH.12
  - family worker ☐ 3 → GO TO HH.12
- 

### *2) Guidelines*

- **General concept:** professional status of employed persons
- **Can be used for children below 15 (optional national initiative):** no
- **Use of proxy interview:** allowed
- **Use for institutionalized persons (optional national initiative):** to be completed
  
- **Employees** are all those workers who hold the type of job defined as "paid employment jobs" – "jobs where the incumbents hold explicit (written or oral) or implicit employment contracts which give them a basic remuneration which is not directly dependent upon the revenue of the unit for which they work (this unit can be a corporation, a non-profit institution, a government unit or a household). Some or all of the tools, capital equipment, information systems and/or premises used by the incumbents may be owned by others, and the incumbents may work under direct supervision of, or according to strict guidelines set by the owner(s) or persons in the owners' employment. (Persons in "paid employment jobs" are typically remunerated by wages and salaries, but may be paid by commission from sales, by piece-rates, bonuses or in-kind payments such as food, housing or training.) “.
- Employees can be further divided into the following groups:
  - Paid employees in a family business or on a family farm
  - Other paid employees
  - Apprentices or trainees receiving remuneration (i.e. workers who hold explicit or implicit contracts of "paid employment" which specify that all or part of their remuneration should be in the form of training for a trade or profession)
  - Those on state employment schemes (workers participating in public or private employment promotion or job training schemes on terms of employment which correspond to "paid employment" jobs)
- An employee is usually working for an outside employer, but a son or daughter, for example, who is working in a parent's firm and receives a regular monetary wage should be classified as an employee. The separate identification of 'paid employees in a family business' is not mentioned in ICSE-93. It is important in income or labour force surveys, since the remuneration and working conditions of employees in a family business can differ significantly from that of employees working for others. In many cases the hourly rate of pay is lower than would be

expected, in anticipation of the person eventually taking over or becoming a partner in the business.

- **Self-employment** jobs are those jobs where the remuneration is directly dependent upon the profits (or the potential for profits) derived from the goods and services produced (where own consumption is considered to be part of profits). The self-employed make the operational decisions affecting the enterprise, or delegate such decisions while retaining responsibility for the welfare of the enterprise. (In this context "enterprise" includes one-person operations.)

The self-employed can be further divided into

- employers (who, have engaged one or more persons to work for them on a continuous basis in their business)
- own-account workers (who have not engaged any employees on a continuous basis).
- Members of producers' co-operatives (who hold a self-employment job in a co-operative producing goods and services, in which each member takes part on an equal footing with other members in determining the organisation of production, sales and/or other work of the establishment, the investments and the distribution of the proceeds of the establishment amongst their members.)

In the case co-operative hired workers and these workers have an employment contract that gives them a basic remuneration (which is not directly dependent upon the revenue of the co-operative), these workers are identified as employees of the co-operative.

- **Contributing family workers:** persons who hold a "self-employment" job in a market-oriented establishment operated by a related person living in the same household, who cannot be regarded as a partner, because their degree of commitment to the operation of the establishment, in terms of working time or other factors, is not at a level comparable to that of the head of the establishment. / persons who help another member of the family to run an agricultural holding or other business, provided they are not considered as employees.

- ***Border cases:***

A person who looks after one or more children that are not his/her own on a private basis and receiving a payment for this service should be considered as self-employed. A person looking after children in his/her own home should be classified as an employee if he/she is paid to do this by the local authority (or any other public administration) and if he/she does not take any decision affecting the enterprise (e.g. schedules or number of children) but should be classified as self-employed if he/she does it privately.

A freelancer should in general be classified as self-employed. However in situations where freelancer works for a single employer and receives employment rights from that employer (e.g. holiday pay) he should be classified as an employee.

A person who gives private lessons should be considered as self-employed if he/she is directly paid by his/her students.

Priests (of any kind of religion) are considered employees

Persons working in a family business or on a family farm without pay should be living in the same household as the owner of the business or farm, or in a slightly broader interpretation, in a house located on the same plot of land and with common household interests. Such people frequently receive remuneration in the form of fringe benefits and payments in kind. However,



this applies only when the business is owned or operated by the individual themselves or by a relative. Thus, unpaid voluntary work done for charity should not be included.

Examples of unpaid family workers:

A son or daughter living inside the household and working in the parents' business or on the parents' farm without pay.

A wife who assists her husband in his business, e.g. a haulage contractor, without receiving any formal pay.

A relative living elsewhere but coming to help with the business, e.g. during the harvesting season, without pay in money or kind should not be included. If the relative receives any remuneration (including benefits in kind) the professional status should be coded as employee.

## HH.11

### 1) Question

#### What type of work contract do (did) you have?

- permanent job/work contract of unlimited duration ☐ 1
  - temporary job/work contract of limited duration ☐ 2
- 

### 2) Guidelines

- **General concept:** permanency of the job. The main issue involved is the actual employment being time-limited under an agreement - not that the person has, for example, considered stopping work in order to travel or attend college.
- **Can be used for children below 15 (optional national initiative):** no
- **Use of proxy interview:** allowed
- **Use for institutionalized persons (optional national initiative):** to be completed
- Employees with a **limited duration job/contract** are employees whose main job will terminate either after a period fixed in advance, or after a period not known in advance, but nevertheless defined by objective criteria, such as the completion of an assignment or the period of absence of an employee temporarily replaced. In the case of a work contract of limited duration the condition for its termination is generally mentioned in the contract.
- This question is addressed only to employees. In most cases a job is based on written work contracts. However in some countries such contracts exist only for specific cases (for example in the public sector, for apprentices, or for other persons undergoing some formal training within an enterprise).
- Contract duration - **border cases**:
  - The category “temporary contracts” include:
    - Persons with a seasonal job
    - Persons engaged by a temporary employment agency or business and hired out to a third party for the carrying out of a "work mission" (unless there is a work contract of unlimited duration with the employment agency or business)
    - Persons with specific training contracts.
  - Respondents who have a contract to do their job, which is expected to be renewed, for example, once a year, should be coded according to whether or not the respondents themselves consider their job to be of an unlimited duration.
  - A person having a contract for a probationary period should be considered having a temporary contract.
  - In case of secondment from a permanent job, the person should be considered as having a contract of unlimited duration, if the person has an assurance to go back to his previous job.

## **HH.12**

### *1) Question*

**In your (main) job do (did) you work full-time or part-time?**

- full-time ☐ 1
  - part-time ☐ 2
- 

### *2) Guidelines*

- **General concept:** full-time/part-time distinction
- **Can be used for children below 15 (optional national initiative):** no
- **Use of proxy interview:** allowed
- **Use for institutionalized persons (optional national initiative):** to be completed
  
- A **part-time worker** is “an employed person whose normal hours of work are less than those of comparable full-time workers” (International Labour Conference, 81<sup>st</sup> session, 1994).
- The distinction between full-time and part-time work should be made on the basis of a spontaneous answer given by the respondent. It is impossible to establish a more exact distinction between part-time and full-time work, due to variations in working hours between Member States and also between branches of industry.
- The variable refers to the main job.

## **HH.13**

### ***1) Question***

#### **What is (was) your occupation in this job?**

Job title: \_\_\_\_\_

Describe what do (did) you mainly do in your job:

\_\_\_\_\_

□□  
(ISCO-88 COM, 2 digits)

---

### ***2) Guidelines***

- **General concept:** the person's occupation in their main job
- **Can be used for children below 15 (optional national initiative):** no
- **Use of proxy interview:** allowed
- **Use for institutionalized persons (optional national initiative):** to be completed
  
- **Describe...:** description of the tasks and duties
- The ISCO-88 (COM) is the standard occupational classification used at the EU level. It is based on ISCO-88: International Standard Classification of Occupations' published by ILO (Geneva 1990).
- The basis for the classification in the ISCO-88 scheme is the nature of the job itself and the level of skill required.

## **HH.14**

### ***1) Question***

**What does (did) the business/organisation mainly produce or do at the place where you work (worked) (e.g. chemical, fishing, hotel/restaurant, health and social work, etc.)?**

DESCRIBE FULLY - PROBE MANUFACTURING OR PROCESSING OR DISTRIBUTING ETC. AND MAIN GOODS PRODUCED, MATERIALS USED, WHOLESALE OR RETAIL ETC.

-----

-----

\_\_\_\_\_  
(NACE Rev.2, 2 digits)

---

### ***2) Guidelines***

- **General concept:** economic activity of the local unit where the person carries/carried out his/her main professional activity. Economic activities are characterised by the input of goods or services, a production process and the output of products. These characteristics should be described in the response.
- **Can be used for children below 15 (optional national initiative):** no
- **Use of proxy interview:** allowed
- **Use for institutionalized persons (optional national initiative):** to be completed
- Where information for the 'local unit' is not available, the 'enterprise' can serve as a proxy. This approximation can be relevant for countries where the information can be derived from registers (for instance, by linking the respondent via a national register number to an enterprise by using a social security register).
- Where the local unit or enterprise has more than one 'economic activity', the dominant should be retained. The ideal measure for determining the dominant activity would be the *number of employees* for the different activities, rather than more economical concepts like *added value* or *turnover*.
- The "local unit" to be considered is the geographical location where the job is mainly carried out or, in the case of itinerant occupations, can be said to be based; normally it consists of a single building, part of a building, or, at the largest, a self-contained group of buildings. The "local unit" is therefore the group of employees of the enterprise who are geographically located at the same site.

# EUROPEAN HEALTH STATUS MODULE

## HS.1

### *1) Question*

#### Introduction 1

I would now like to talk to you about your health.

**How is your health in general? Is it...**

*RUNNING PROMPT*

- very good ☐ 1
  - good ☐ 2
  - fair ☐ 3
  - bad ☐ 4
  - very bad? ☐ 5
  
  - don't know<sup>6</sup> ☐ 8
  - refusal ☐ 9
- 

### *2) Guidelines*

- **General concept:** self-perceived health
- **Can be used for children below 15 (optional national initiative):** yes
- **Use of proxy interview:** not allowed
- **Use for institutionalized persons (optional national initiative):** to be completed
  
- The reference is to health **in general** rather than the present state of health, as the question is not intended to measure temporary health problems.
- It is expected to include the different dimensions of health, i.e. physical, social and emotional function and biomedical signs and symptoms. It omits any reference to an age as respondents are not specifically asked to compare their health with others of the same age or with their own previous or future health state. It is not time limited.
- **Fair:** this intermediate category should be translated into an appropriately neutral term, as far as possible;

---

<sup>6</sup> In all questions, answers such as "don't remember" and "not sure" are covered by the response category "don't know".

## HS.2

### *1) Question*

**Do you have any longstanding illness or longstanding health problem? [By longstanding I mean illnesses or health problems which have lasted, or are expected to last, for 6 months or more]<sup>7</sup>.**

- Yes ☐ 1
  - No ☐ 2
  - don't know ☐ 8
  - refusal ☐ 9
- 

### *2) Guidelines*

- **General concept:** self-reported longstanding illnesses and longstanding health problems
- **Can be used for children below 15 (optional national initiative):** yes
- **Use of proxy interview:** allowed
- **Use for institutionalized persons (optional national initiative):** to be completed
- It is necessary to keep in mind that the recommended wording contains ‘alternatives’. For instance:
  - ‘chronic’ or ‘longstanding’ should be chosen according to what is ‘best understood’ in a country/language
  - it is intended to ask if people ‘have’ a chronic condition, not if they really suffer from it. But it seems that in some countries/languages it would be strange to use the word ‘have’ and that they ‘suffer’ means the same as ‘have’
  - ‘health problem’ seems not to be understood in some countries/languages and therefore ‘illness or condition’ is the alternative
- The main characteristics of a chronic condition are that it is permanent and may be expected to require a long period of supervision, observation or care
- **Longstanding (or chronic):** illnesses or health problems should have lasted or are expected to last for 6 months or more; therefore, temporary problems are not of interest
- **Illness or health problem (or condition):** only problems of ill-health but not solely diseases.
- The words “**disability, handicap, impairment**” should not be included in the question
- If needed, the interviewer can stress that the questions refer to all longstanding health problems and illnesses, not only those diagnosed by a doctor
- In case the respondent has/had a longstanding disease that doesn’t bother him/her or it is/was kept under control with medication, the interviewer should mark with code 1. For instance, for a person with a high blood pressure, code 1 has to be marked
- Problems that are seasonal or intermittent, even where they ‘flare up’ for less than six months at a time are also included

---

<sup>7</sup> According to the remarks that were received, it may be useful to test the effect of this addition to the question and, depending on results, to make any adaptation such as moving it to the instructions for the interviewers, etc. However, this has to be done very soon, as the coordination with SILC shall be ensured within a very short time.



## HS.3

### 1) Question

**For at least the past 6 months, to what extent have you been limited because of a health problem in activities people usually do?**

**Would you say you have been ...**

*RUNNING PROMPT*

- severely limited ☐ 1
- limited but not severely or ☐ 2
- not limited at all? ☐ 3
  
- don't know ☐ 8
- refusal ☐ 9

---

### 2) Guidelines

- **General concept:** The person's self-assessment of whether he/she is hampered in his/her daily activity by any ongoing physical or mental health problem, illness or disability
- **Can be used for children below 15 (optional national initiative):** yes (above 2 years old)
- **Use of proxy interview:** allowed
- **Use for institutionalized persons (optional national initiative):** to be completed
  
- An **activity** is defined as: 'the performance of a task or action by an individual' and thus activity limitations are defined as 'the difficulties the individual experience in performing an activity'.
- **For at least the past 6 months:** the question aims to measure longstanding limitations. The time period refers to the duration of the activity limitation and not of the health problem; So, the limitation must span at least during the past 6 months.
- **To what extent (how much) have you been limited because of a health problem:** refers only to health-related problems or accidents as the cause of the limitations and is not meant to measure limitations due to financial, cultural or other none health-related causes.
- **in activities people usually do:** The question should clearly show that the reference is to the activities people usually do and not to the own activities. People with longstanding limitations due to health problems have passed through a process of adaptation which may have resulted in a reduction of their activities. To identify existing limitations a reference is necessary and therefore the activity limitations are assessed against a generally accepted population standard, relative to cultural and social expectations by referring only to activities people usually do. Neither a list with examples of activities nor a reference to the age group of the subject is included in the question. This is a self-perceived health question and gives no restrictions by culture, age, gender or the subjects own ambition.
- **Severely limited...:** the response categories include 3 levels to better differentiate severity. 'Severely' describes an extremely difficult situation to perform or accomplish a activities that people usually do.

- Specification of health concepts (e.g. physical and mental health) should be avoided.
- The purpose of the instrument is to measure the presence of long-standing limitations, as the consequences of these limitations (e.g. care, dependency) are more serious. A 6 months period is often used to define chronic or long-standing diseases in surveys.
- The answer to this question is yes (1 or 2) if the person is currently limited and has been limited in activities for at least the last 6 months.
- In the response categories, a distinction is made in three levels of severity (yes strongly limited, yes limited, no not limited).
- If the problem is seasonal or recurring the interviewee has to think in general over the at least the last six months, would you say it has limited you severely, somewhat or not at all.

## **HS.4**

### ***1) Question***

#### Introduction 2

Here is a list of diseases or conditions.

**Do you have or have you ever had any of the following diseases or conditions?**

- Yes ☐ 1
- No ☐ 2
  
- don't know ☐ 8
- refusal ☐ 9

INTERVIEWER: HAND SHOWCARD 1. RESPONDENT TO READ OUT ONLY THE CATEGORIES THAT APPLY TO HIM/HER, CODE ALL CATEGORIES AND FOR EACH DISEASE / HEALTH PROBLEM REPORTED ASK HS.5 AND HS.6. IF NO DISEASE / HEALTH PROBLEM IS REPORTED (CODES 2, 8 OR 9) GO TO QUESTION HS.7.

---

### ***2) Guidelines***

- **General concept:** whether the persons has or ever had the specific disease or condition
- **Can be used for children below 15 (optional national initiative):** yes
- **Use of proxy interview:** allowed
- **Use for institutionalized persons (optional national initiative):** to be completed
  
- **Disease** is a term for any condition that impairs the normal functioning of an organism or body<sup>8</sup>.

---

<sup>8</sup> [www.answers.com/topic](http://www.answers.com/topic)

## **HS.5**

### *1) Question*

**Was this disease/condition diagnosed by a medical doctor?**

- Yes ☐ 1
  - No ☐ 2
  - don't know ☐ 8
  - refusal ☐ 9
- 

### *2) Guidelines*

- **General concept:** whether the diagnosis was established by a medical doctor
- **Can be used for children below 15 (optional national initiative):** yes
- **Use of proxy interview:** allowed
- **Use for institutionalized persons (optional national initiative):** to be completed
- **Doctor:** any physician who conducts medical examination and makes diagnosis, prescribes medication and gives treatment for diagnosed illnesses, disorders or injuries, gives specialized medical or surgical treatment for particular types of illnesses, disorders or injuries, gives advice on and applies preventive medicine methods and treatments

## **HS.6**

### *1) Question*

**Have you had this disease/condition in the past 12 months?**

- Yes ☐ 1
- No ☐ 2
- don't know ☐ 8
- refusal ☐ 9

---

### *2) Guidelines*

- **General concept:** whether the respondent has the underlying condition, regardless of the current presence of symptoms or whether is controlled or not by medication
- **Can be used for children below 15 (optional national initiative):** yes
- **Use of proxy interview:** allowed
- **Use for institutionalized persons (optional national initiative):** to be completed
- **The past 12 months** are taken into consideration from the date of the interview (ex: the time between the 15 April N-1 and the 14 April N for an interview carried out on 15 April N).

	HS.4	HS.5	HS.6
Asthma (allergic asthma included)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Chronic bronchitis, chronic obstructive pulmonary disease, emphysema	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Myocardial infarction	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Coronary heart disease (angina pectoris)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
High blood pressure (hypertension)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Stroke (cerebral haemorrhage, cerebral thrombosis)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rheumatoid arthritis (inflammation of the joints)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Osteoarthritis (arthrosis, joint degeneration)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Low back disorder or other chronic back defect	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Neck disorder or other chronic neck defect	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Diabetes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Allergy, such as rhinitis, eye inflammation, dermatitis, food allergy or other (allergic asthma excluded)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Stomach ulcer (gastric or duodenal ulcer)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cirrhosis of the liver, liver dysfunction	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cancer (malignant tumour, also including leukaemia and lymphoma)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Severe headache such as migraine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Urinary incontinence, problems in controlling the bladder	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Chronic anxiety	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Chronic depression	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other mental health problems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Permanent injury or defect caused by an accident	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Countries, which for national purposes, might be interested to add new diseases or conditions should include them at the end of the list above.

### *Guidelines*

- Familiar (popular) names of the diseases/conditions to be indicated by each country in the interviewer's manual.
- **High blood pressure (hypertension)** occurs when the systolic blood pressure is consistently over 140 mm Hg or the diastolic blood pressure is consistently over 90 mm Hg.
- In case the respondent has doubts on the answer he/she should give because the symptoms of a disease/condition are not present due to a medical treatment or the use of medicines, the interviewer should mark with code 1 (YES).

## **HS.7**

### ***1) Question***

**In the past 12 months, have you had any of the following type of accidents resulting in injury (external or internal)?**

INTERVIEWER: HAND SHOWCARD 2. RESPONDENT TO READ OUT ONLY THE CATEGORIES THAT APPLY TO HIM/HER, AND CODE ALL CATEGORIES. FOR EACH POSITIVE ANSWER, ASK HS.8. IF NO ACCIDENT IS REPORTED (CODES 2, 8 OR 9) THEN GO TO FILTER 3.

**INTERVIEWER CLARIFICATION:** INJURIES RESULTING FROM POISONING AND WILFUL ACTS OF OTHER PERSONS ARE ALSO INCLUDED.

- Yes ☐ 1
- No ☐ 2
- don't know ☐ 8
- refusal ☐ 9

---

### ***2) Guidelines***

- **General concept:** whether within the past 12 months, the respondent was victim of an accident resulting in injury
- **Can be used for children below 15 (optional national initiative):** yes (except for accident at work)
- **Use of proxy interview:** allowed
- **Use for institutionalized persons (optional national initiative):** to be completed
- **The past 12 months** are taken into consideration from the date of the interview (ex: accidents between the 15 April N-1 and the 14 April N for an interview carried out on 15 April N).
- An **accident** is any unintentional event characterized a rapid force or impact which can manifest itself as body injury. The concept of an accident includes also cases of acute poisoning and wilful acts of other persons. However, deliberate self-inflicted injuries are excluded. Injuries inflicted by animals or insects are considered as accidents.
- An **injury** is a bodily lesion resulting from acute exposure to energy (mechanical, thermal, electrical, chemical or radiant) or from an insufficiency of a vital element (drowning, strangulation or freezing). The time between exposure and the appearance of the injury needs to be short. Injuries are unintentional (accidents) and intentional (due to self harm or interpersonal violence).<sup>9</sup>
- Diseases or illnesses are excluded.

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<sup>9</sup> [http://ec.europa.eu/health/ph\\_determinants/environment/TPP/ipp\\_en.htm](http://ec.europa.eu/health/ph_determinants/environment/TPP/ipp_en.htm)



## HS.8

### 1) Question

**Did you visit a doctor, a nurse or an emergency department of a hospital as a result of this accident?**

- Yes, I visited a doctor or nurse ☐ 1
- Yes, I went to an emergency department ☐ 2
- No consultation or intervention was necessary ☐ 3
  
- don't know ☐ 8
- refusal ☐ 9

INTERVIEWER: MULTIPLE ANSWERS ARE POSSIBLE.

Type of accident	HS.7	HS.8
Road traffic accident	<input type="checkbox"/>	<input type="checkbox"/>
Accident at work	<input type="checkbox"/>	<input type="checkbox"/>
Accident at school	<input type="checkbox"/>	<input type="checkbox"/>
Home and leisure accident	<input type="checkbox"/>	<input type="checkbox"/>

### 2) Guidelines

- **General concept:** whether because of the accident, the respondent had to visit a doctor, nurse or an emergency department of a hospital
- **Can be used for children below 15 (optional national initiative):** yes
- **Use of proxy interview:** allowed
- **Use for institutionalized persons (optional national initiative):** to be completed
  
- **Doctor:** any physician who conducts medical examination and makes diagnosis, prescribes medication and gives treatment for diagnosed illnesses, disorders or injuries, gives specialized medical or surgical treatment for particular types of illnesses, disorders or injuries, gives advice on and applies preventive medicine methods and treatments
- A **nurse** is a person who has completed a programme of basic nursing education and is qualified and authorised in his/her country to practice nursing in all settings.
- **Emergency department:** ward at hospital for emergency care.

- **Road traffic accident:** all accidents occurred in public roads, public or private car parks provided that the accident didn't happen in the course of work. The victim may be either on board of a means of transport (driver or passenger) or a pedestrian.
- **Accident at work:** all accidents occurred at work or in the course of work. The term "in the course of work" means "whilst engaged in an occupational activity or during the time spent at work".
- **Accident at school:** all accidents occurred on the school premises, including those occurred during the physical activity/sport classes.
- **Home and leisure accident:** all accidents which are not considered as road traffic accidents, accidents at work or school. A home or leisure accident occurs in a house (own house or other's), around the house (garage, garden, alley) or in a public place while performing leisure activities.
- **Leisure:** time spent out of work and basic household activities;
- Examples of leisure activities: walking, jogging, playing a ball game, dancing, climbing a mountain, woodworking, engaging in hobbies, etc.
- **Accidents at work**

Any accident occurred during working time, even if it has not occurred during the usual work or in the usual workplace of the person, has to be taken into consideration. From this follows that, during work, all types of accidents in a public place or means of transport, either if it is the usual workplace or during a journey in the course of work, should be considered as an accident at work.

The following accidents are considered as occurred at work (and therefore not road traffic accidents):

- accidents at lunch time, or any other break, inside the premises of the enterprise; if the person leaves the premises of the company to go for a lunch at home or other outside location, the accident happening during this journey should be considered as a road traffic accident
- road traffic accidents in the course of work; slips, falls, aggressions, etc., in public places (pavement, staircases, etc.) or in the arrival and starting points (station, port, airport, etc.) of any means of transport occurred in the course of work
- accidents on board of any means of transport used in the course of work (underground railway, tram, train, boat, plane, etc.)
- accidents occurring during a mission done for work and accidents occurred in the course of work within the premises of another company than the one which employs the victim, or in a private individual in the course of work; if the person goes for a mission directly from home (without going first to his usual workplace), he/she is on mission already when leaving home and consequently any accidents occurring should be considered as accident at work
- accidents that are related to machines which are used outside of the public roads (e.g. forklift trucks, bulldozers, tractors in farming fields, forestry-related machines in forests, etc.)
- accidents that happen inside the premises of the company on non-public roads within the factory area

Accidents occurred in the course of travelling between home (usual place of meals also) and the work place are considered as **road traffic accidents**.

Examples:

<b>Situation</b>	<b>Interpretation</b>
A person eats at home poisoned mushrooms.	Home and leisure accident
A person is bitten by a snake while walking in the mountains.	Home and leisure accident
A person riding a bicycle in his free time falls without having a collision with another vehicle or person.	Home and leisure accident
A bicyclist on his way home is hit by a car.	Road traffic accident
A person has a back pain while carrying heavy loads.	Health problem (it is not an accident)
A person injures his back as a result of a sudden movement.	Accident at work (if occurs in the course of work) Accident at school (if occurs at school) Home and leisure accident in all other situations
<i>To be continued with other examples</i>	

### **FILTER 3**

INTERVIEWER: NEXT QUESTION (HS.9) IS TO BE ASKED ONLY FOR RESPONDENTS CURRENTLY WORKING OR HAVING WORKED IN THE PAST (CODE 1 IN EITHER H.8 OR H.9 IN THE BACKGROUND MODULE).

## **HS.9**

### ***1) Question***

**Is any of the diseases you had in the past 12 months caused or made worse by your job or by work you have done in the past?**

- No, I had no disease in the past 12 months ☐ 1
- No, I had one or more disease in the past 12 months but they were not caused or made worse by my job ☐ 2
- Yes, I had at least one disease in the past 12 months which was caused or made worse by my job ☐ 3
- don't know ☐ 8
- refusal ☐ 9

---

### ***2) Guidelines***

- **General concept:** whether the person has a disease caused or made worse by work (current or past) and from which he/she had suffered during the past 12 months
- **Can be used for children below 15 (optional national initiative):** no
- **Use of proxy interview:** not allowed
- **Use for institutionalized persons (optional national initiative):** to be completed
- **Disease** is a term for any condition that impairs the normal functioning of an organism or body<sup>10</sup>.
- **The past 12 months** are taken into consideration from the date of the interview (ex: diseases suffered at any moment between the 15 April N-1 and the 14 April N for an interview carried out on 15 April N).
- Any disease which the person had during the 12 months reference period has to be included if the person considers himself/herself that this complaint is caused or made worse by work (past or current). This means that the work-related diseases asked for should not be restricted to cases reported or recognised by the authorities, but all cases even those without time off work should be included provided the above criteria are satisfied. In infectious diseases, like a common cold or flu, it is difficult for the person to identify where and when exactly (work, home, elsewhere) occurred the transmission of the causative infectious agent (virus, bacteria etc.). In such diseases the advice to the person interviewed is to think whether the nature of his/her work is

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<sup>10</sup> [www.answers.com/topic](http://www.answers.com/topic)

such that it would have caused the disease (i.e. that in this work it would be more probable to have such a disease in comparison to the everyday life environment or other types of work).

- Any work at any time, even years back in time, has to be taken into consideration. In the latter case, the onset of the disease could have been more than a year before the interview, but if the victim still suffered from this disease during the 12 months reference period, it should be taken into consideration. But, if the victim has not suffered from the work-related disease during the 12 months reference period the case should not be included.
- Examples: Breathing or lung problem, hearing problem, back pain, stress, depression or anxiety, heart disease or attack, infectious disease (virus, bacteria or other type of infection), etc.

## **FILTER 4**

INTERVIEWER: NEXT QUESTION (HS.10) IS TO BE ASKED ONLY FOR RESPONDENTS CURRENTLY WORKING (CODE 1 IN H.8 IN THE BACKGROUND MODULE).

## **HS.10**

### *1) Question*

**In the past 12 months, have you been absent from work for reasons of health problems? Take into account all kind of diseases, injuries and other health problems that you had and which resulted in your absence from work.**

- |              |   |
|--------------|---|
| • Yes        | <input type="checkbox"/> 1                        |
| • No         | <input type="checkbox"/> 2 → GO TO INTRODUCTION 3 |
| • don't know | <input type="checkbox"/> 8 → GO TO INTRODUCTION 3 |
| • refusal    | <input type="checkbox"/> 9 → GO TO INTRODUCTION 3 |

---

### *2) Guidelines*

- **General concept:** absence from work for reasons of health problems
- **Can be used for children below 15 (optional national initiative):** no
- **Use of proxy interview:** not allowed
- **Use for institutionalized persons (optional national initiative):** to be completed
- **Reasons of health problems:** all kind of physical or mental diseases (temporary, chronic, occupational), injuries, other health problems.
- Only full absence from work should be counted (i.e. the person does not continue with minor activities).
- The time period refers to the absences and not to the time when the respondent got sick (it could happen that the health problem started more than 12 months ago).
- Absences from work for regular check ups, not related to a specific health problem affecting the person, should not be included.
- **The past 12 months** are taken into consideration from the date of the interview (ex: absences between the 15 April N-1 and the 14 April N for an interview carried out on 15 April N).

## HS.11

### *1) Question*

**In the past 12 months, how many days in total were you absent from work for reasons of health problems?**

INTERVIEWER PROMPT ONLY IF NECESSARY "AN ESTIMATE IS ACCEPTABLE".

\_\_\_\_ days

- don't know ☐ 998
- refusal ☐ 999

---

### *2) Guidelines*

- **General concept:** total number of calendar days of absence from work for reasons of health problems in the past 12 months
- **Can be used for children below 15 (optional national initiative):** no
- **Use of proxy interview:** not allowed
- **Use for institutionalized persons (optional national initiative):** to be completed
- All days when the person was absent from work for reasons of health problems (i.e. from the day he was considered as unable to work until the day he/she is able to work, even partly) have to be taken into consideration (normal working days or not, including Sundays, bank holidays, etc.). If the respondent, at the day of the interview, is still absent from work for reasons of health problems, he/she should report only the days of absence occurred before the day of the interview.
- Only days lost strictly related to the inability to work because of a health problem have to be counted. Consequently, when the respondent has already recovered from a health problem but has not started to work immediately, the days when he/she was able to work but did not do it due to other reasons should not be taken into consideration. The absence from work does not necessarily be certified by a doctor
- If the person didn't work for a certain period of time and then started to be integrated back to work gradually, for example working part-time, only the days when he/she was not working at all are counted.
- It doesn't matter whether the person had or not sick leave for the absence.
- **The past 12 months** are taken into consideration from the date of the interview (ex: days of absence from work between the 15 April N-1 and the 14 April N for an interview carried out on 15 April N).

## Introduction 3

Now I would like you to think about situations you may face in everyday life. Please ignore any temporary problems.

---

### *Guidelines*

- **Think about situations:** a physical or sensory functional limitation can be measured through reference to many actions/situations; the action/situation is there only to help the respondent, and investigator, to assess the level of functioning. For this reason the distances (4 metres, 500 metres), number of steps and weight of shopping bag should not be taken literally but to describe the scale we are interested in;
- **May face in everyday life:** respondents do not necessarily face the situation proposed and so the functional limitation is measured in terms of capacity to undertake the task (can you/could you if you had to) rather than performance (do you);
- **Ignore any temporary problems:** the aim is to measure long-term (chronic) limitations. This wording is used so that a time limit is not required;
- The aim of the following questions is to assess the person's own capacity (**Can you...**). The actions/situations are there only to help the respondent, and interviewer, to assess the level of functioning. In some cases technical devices/aids are considered while in others not.
- **without aids:** the aim is to ensure that the limitation is not due to financial reasons for not owning the most commonly available types of technical aids for people with functional limitations (such as walking sticks).
- **assistance** means help from another person (for instance, the help of someone who helps a disabled person to wash himself/herself). It could be from a person not living in the household.



INTERVIEWER: IF THE RESPONDENT IS BLIND MARK WITH CODE 3 IN PL.1 AND THEN GO TO PL.4.  
FOR THE OTHERS, ASK PL.1.

## **PL.1**

### *1) Question*

**Do you wear glasses or contact lenses?**

- Yes ☐ 1 → GO TO STATEMENT 1
  - No ☐ 2 → GO TO PL.2
  - I'm blind or cannot see at all ☐ 3 → GO TO PL.4
  - don't know ☐ 8 → GO TO PL.2
  - refusal ☐ 9 → GO TO PL.2
- 

### *2) Guidelines*

- **General concept:** whether the person uses or not glasses or contact lenses for improving his/her seeing
- **Can be used for children below 15 (optional national initiative):** yes (above 1 year old)
- **Use of proxy interview:** allowed
- **Use for institutionalized persons (optional national initiative):** to be completed

## Statement 1

INTERVIEWER: READ "**PLEASE ANSWER THE FOLLOWING QUESTIONS ACCORDING TO YOUR NORMAL USE OF GLASSES OR CONTACT LENSES**".

INTERVIEWER: FOR QUESTIONS PL.2 TO PL.11 (EXCEPT PL.4) HAND SHOWCARD 3.

## PL.2

### 1) Question

#### Can you see newspaper print?

- Yes, with no difficulty ☐ 1
- With some difficulty ☐ 2
- With a lot of difficulty ☐ 3
- Not at all ☐ 4
  
- don't know ☐ 8
- refusal ☐ 9

---

### 2) Guidelines

- **General concept:** assessment of the extent of difficulty which a person has in seeing the letters in a newspaper
- **Can be used for children below 15 (optional national initiative):** no
- **Use of proxy interview:** allowed
- **Use for institutionalized persons (optional national initiative):** to be completed
  
- The aim of the question is to assess the person's own capacity (**Can you...**). The situation is there only to help the respondent, and interviewer, to assess the level of functioning. The use of technical devices/aids is considered.
- "Read" can replace "see" if it is better understood.
- If asked, the interviewer should mention that good lightening conditions are foreseen.
- In case the respondent says that he/she can read only by using a magnifying glass, then he should answer taking into account the use of the magnifying glass.

## **PL.3**

### ***1) Question***

**Can you see the face of someone 4 metres away (across a road)?**

- Yes, with no difficulty ☐ 1
  - With some difficulty ☐ 2
  - With a lot of difficulty ☐ 3
  - Not at all ☐ 4
  
  - don't know ☐ 8
  - refusal ☐ 9
- 

### ***2) Guidelines***

- **General concept:** assessment of the extent of difficulty which a person has in seeing the face of a person 4 meters away
- **Can be used for children below 15 (optional national initiative):** no
- **Use of proxy interview:** allowed
- **Use for institutionalized persons (optional national initiative):** to be completed
  
- The aim of the question is to assess the person's own capacity (**Can you...**). The situation is there only to help the respondent, and interviewer, to assess the level of functioning. The use of technical devices/aids is considered.

INTERVIEWER: IF THE RESPONDENT IS DEAF MARK WITH CODE 3 IN PL.4 AND THEN GO TO PL.6.  
FOR THE OTHERS, ASK PL.4.

## **PL.4**

### *1) Question*

#### **Do you wear a hearing aid?**

- |                        |  |
|------------------------|--|
| • Yes                  | <input type="checkbox"/> 1 → GO TO STATEMENT 2 |
| • No                   | <input type="checkbox"/> 2 → GO TO PL.5        |
| • I am profoundly deaf | <input type="checkbox"/> 3 → GO TO PL.6        |
| • don't know           | <input type="checkbox"/> 8 → GO TO PL.5        |
| • refusal              | <input type="checkbox"/> 9 → GO TO PL.5        |
- 

### *2) Guidelines*

- **General concept:** whether the person uses or not a hearing aid
- **Can be used for children below 15 (optional national initiative):** yes (above 1 year old)
- **Use of proxy interview:** allowed
- **Use for institutionalized persons (optional national initiative):** to be completed

## Statement 2

INTERVIEWER: READ: "**PLEASE ANSWER THE FOLLOWING QUESTION ACCORDING TO YOUR NORMAL USE OF YOUR HEARING AID**".

### **PL.5**

#### *1) Question*

**Can you hear what is said in a conversation with several people?**

- |                            |                            |
|----------------------------|----------------------------|
| • Yes, with no difficulty  | <input type="checkbox"/> 1 |
| • With some difficulty     | <input type="checkbox"/> 2 |
| • With a lot of difficulty | <input type="checkbox"/> 3 |
| • Not at all               | <input type="checkbox"/> 4 |
|                            |                            |
| • don't know               | <input type="checkbox"/> 8 |
| • refusal                  | <input type="checkbox"/> 9 |

---

#### *2) Guidelines*

- **General concept:** assessment of the extent of difficulty which a person has in hearing what is said in a conversation with several people
- **Can be used for children below 15 (optional national initiative):** no
- **Use of proxy interview:** allowed
- **Use for institutionalized persons (optional national initiative):** to be completed
- The aim of the question is to assess the person's own capacity (**Can you...**). The situation is there only to help the respondent, and interviewer, to assess the level of functioning. The use of technical devices/aids is considered.
- The question implies a normal situation where there is no background noise or at a very low level, so that there is no background noise that could make difficult to hear what another person says.
- In case a person is deaf in one ear, his/her answer should reflect an average situation.

## **PL.6**

### *1) Question*

**Can you walk 500 metres on a flat terrain without a stick or other walking aid or assistance?**

- |                            |                            |
|----------------------------|----------------------------|
| • Yes, with no difficulty  | <input type="checkbox"/> 1 |
| • With some difficulty     | <input type="checkbox"/> 2 |
| • With a lot of difficulty | <input type="checkbox"/> 3 |
| • Not at all               | <input type="checkbox"/> 4 |
|                            |                            |
| • don't know               | <input type="checkbox"/> 8 |
| • refusal                  | <input type="checkbox"/> 9 |
- 

### *2) Guidelines*

- **General concept:** assessment of the extent of difficulty which a person has in walking 500 meters on a flat terrain without any aid or support
- **Can be used for children below 15 (optional national initiative):** no
- **Use of proxy interview:** allowed
- **Use for institutionalized persons (optional national initiative):** to be completed
- The aim of the question is to assess the person's own capacity (**Can you...**). The situation is there only to help the respondent, and interviewer, to assess the level of functioning. The use of technical devices/aids or assistance is not considered.
- The question investigates for limitations in the physical act of walking, and not for limitations in walking due to other functioning problems. For example, for a blind person, the guide dog should not be seen as an aid.
- **Walking aids** includes: surgical footwear, walking sticks, zimmer frames, calipers, splints, crutches, prostheses. Holding someone's arm is considered as receiving **assistance**.

## **PL.7**

### *1) Question*

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

- |                            |                            |
|----------------------------|----------------------------|
| • Yes, with no difficulty  | <input type="checkbox"/> 1 |
| • With some difficulty     | <input type="checkbox"/> 2 |
| • With a lot of difficulty | <input type="checkbox"/> 3 |
| • Not at all               | <input type="checkbox"/> 4 |
| • don't know               | <input type="checkbox"/> 8 |
| • refusal                  | <input type="checkbox"/> 9 |

---

### *2) Guidelines*

- **General concept:** assessment of the extent of difficulty which a person has in walking up and down a flight of stairs without any aid or assistance (both activities of walking up and down are implied by the question)
- **Can be used for children below 15 (optional national initiative):** no
- **Use of proxy interview:** allowed
- **Use for institutionalized persons (optional national initiative):** to be completed
- The aim of the question is to assess the person's own capacity (**Can you...**). The situation is there only to help the respondent, and interviewer, to assess the level of functioning. The use of technical devices/aids or assistance is not considered.
- **Flight of stairs:** A set of stairs between 2 floors.

## **PL.8**

### *1) Question*

#### **Can you bend and kneel down without any aid or assistance?**

- Yes, with no difficulty ☐ 1
  - With some difficulty ☐ 2
  - With a lot of difficulty ☐ 3
  - Not at all ☐ 4
  - don't know ☐ 8
  - refusal ☐ 9
- 

### *2) Guidelines*

- **General concept:** assessment of the extent of difficulty which a person has in bending and kneeling down without any aid or assistance
- **Can be used for children below 15 (optional national initiative):** no
- **Use of proxy interview:** allowed
- **Use for institutionalized persons (optional national initiative):** to be completed
- The aim of the question is to assess the person's own capacity (**Can you...**). The situation is there only to help the respondent, and interviewer, to assess the level of functioning. The use of technical devices/aids or assistance is not considered.
- Both activities (bend and kneel down) are considered. As it is a physical function rather than an activity, it means just the bend and kneel bit



## **PL.9**

### *1) Question*

**Using your arms, can you carry a shopping bag weighing 5 kilos for at least 10 metres without any aid or assistance?**

- |                            |                            |
|----------------------------|----------------------------|
| • Yes, with no difficulty  | <input type="checkbox"/> 1 |
| • With some difficulty     | <input type="checkbox"/> 2 |
| • With a lot of difficulty | <input type="checkbox"/> 3 |
| • Not at all               | <input type="checkbox"/> 4 |
| • don't know               | <input type="checkbox"/> 8 |
| • refusal                  | <input type="checkbox"/> 9 |

---

### *2) Guidelines*

- **General concept:** assessment of the extent of difficulty which a person has in carrying a shopping bag weighing 5 kilos for at least 10 meters without any aid or assistance
- **Can be used for children below 15 (optional national initiative):** no
- **Use of proxy interview:** allowed
- **Use for institutionalized persons (optional national initiative):** to be completed
- The aim of the question is to assess the person's own capacity (**Can you...**). The situation is there only to help the respondent, and interviewer, to assess the level of functioning. The use of technical devices/aids or assistance is not considered.
- **Using your arms:** the use of a trolley to carry the shopping bag is excluded. Also, the help from another person is excluded.
- If asked about the type of terrain, the interviewer should say that a flat terrain is considered.
- Persons without an arm should refer to the arm they have.

## **PL.10**

### *1) Question*

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

- |                            |                            |
|----------------------------|----------------------------|
| • Yes, with no difficulty  | <input type="checkbox"/> 1 |
| • With some difficulty     | <input type="checkbox"/> 2 |
| • With a lot of difficulty | <input type="checkbox"/> 3 |
| • Not at all               | <input type="checkbox"/> 4 |
| • don't know               | <input type="checkbox"/> 8 |
| • refusal                  | <input type="checkbox"/> 9 |

---

### *2) Guidelines*

- **General concept:** assessment of the extent of difficulty which a person has in using his fingers to grasp or handle a small object without any aids
- **Can be used for children below 15 (optional national initiative):** no
- **Use of proxy interview:** allowed
- **Use for institutionalized persons (optional national initiative):** to be completed
- The aim of the question is to assess the person's own capacity (**Can you...**). The situation is there only to help the respondent, and interviewer, to assess the level of functioning. The use of technical devices/aids or assistance is not considered.
- In case the respondent has a different level of difficulty in performing these 2 activities, the interviewer should record the answer corresponding to the activity which is easier for the respondent.
- Persons without an arm should refer to the arm they have.

## **PL.11**

### *1) Question*

**Can you bite and chew on hard foods such as a firm apple without any aid (for example, denture)?**

- |                            |                            |
|----------------------------|----------------------------|
| • Yes, with no difficulty  | <input type="checkbox"/> 1 |
| • With some difficulty     | <input type="checkbox"/> 2 |
| • With a lot of difficulty | <input type="checkbox"/> 3 |
| • Not at all               | <input type="checkbox"/> 4 |
|                            |                            |
| • don't know               | <input type="checkbox"/> 8 |
| • refusal                  | <input type="checkbox"/> 9 |
- 

### *2) Guidelines*

- **General concept:** assessment of the extent of difficulty which a person has in biting and chewing hard foods without any aids
- **Can be used for children below 15 (optional national initiative):** no
- **Use of proxy interview:** allowed
- **Use for institutionalized persons (optional national initiative):** to be completed
- The aim of the question is to assess the person's own capacity (**Can you...**). The situation is there only to help the respondent, and interviewer, to assess the level of functioning. The use of technical devices/aids or assistance is not considered.
- The term **denture** refers in the context of the question to a complete set of artificial teeth for either the upper or lower jaw (dental plate).

## Introduction 4

Now I would like you to think about everyday personal care. Again, please ignore temporary problems.

Here is a list of activities.

INTERVIEWER: HAND SHOWCARD 4 AND CODE ALL ACTIVITIES.

## PC.1

### *1) Question*

**Do you usually have difficulty doing any of these activities by yourself?**

- No difficulty ☐ 1
- Yes, some difficulty ☐ 2
- Yes, a lot of difficulty ☐ 3
- I can't achieve it by myself ☐ 4
  
- don't know ☐ 8
- refusal ☐ 9

---

### *2) Guidelines*

- **General concept:** measure the degree of independence in doing activities of personal care
- **Can be used for children below 15 (optional national initiative):** no
- **Use of proxy interview:** allowed
- **Use for institutionalized persons (optional national initiative):** to be completed
  
- **Do you:** the activities are the most essential for self-care in daily life and that respondents have to perform. Independence corresponds to what respondents do (not what they think they can do) and we therefore ask about reported performance (do you...) rather than self-assessed capacity (can you...), thus closer to actual performance.
- **Usually** is included to exclude temporary problems. This wording is used so that a time limit is not required.
- **Have difficulty:** without any difficulty
- **By yourself:** help from another person, the use of technical aids and housing adaptation are excluded. The aim is to ensure that any restriction is not due to financial or other reasons (such as unavailability of personal help).

Activities	PC.1
Feeding yourself	<input type="checkbox"/>
Getting in and out of a bed or chair	<input type="checkbox"/>
Dressing and undressing	<input type="checkbox"/>
Using toilets	<input type="checkbox"/>
Bathing or showering	<input type="checkbox"/>

### ***Guidelines***

**Feeding** – the respondent is able to get the food from the plate to his/her mouth, lift a full glass to his/her mouth, cut up food, use the fork, spoon, spread butter and/or jam on a slice of bread, add salt. This activity excludes shopping for food or food preparation and cooking.

**Getting in and out of a bed or chair** – the respondent does not need help to get in and out of the bed or chair; coming to a standing position is implied. In case the respondent has a different level of difficulty in performing these 2 activities, the interviewer should record the answer corresponding to the activity which is more difficult for the respondent.

**Dressing and undressing** – getting clothes from closets and drawers, putting them on, removing and fastening all clothing and tie shoe laces, doing buttons. In case the respondent has a different level of difficulty in performing the 2 activities, the interviewer should record the answer corresponding to the activity which is more difficult for the respondent.

**Using toilets** – the following activities are concerned: use toilet paper / cleaning himself/herself after elimination, arranging clothes before and after toilet use

**Bathing or showering** – the following activities are concerned: washing and drying the whole body; get in and out of the bathtub. In case the respondent has a different level of difficulty in performing these 2 activities, the interviewer should record the answer corresponding to the activity which is easier for the respondent.

INTERVIEWER: - If PC.1 = 2, 3 OR 4 FOR AT LEAST ONE ACTIVITY THEN READ STATEMENT 3 AND ASK PC.2 TO PC.4,  
 - If PC.1 = 1, 8 OR 9 FOR ALL ACTIVITIES THEN GO TO INTRODUCTION 5.

### Statement 3

INTERVIEWER: READ: "***THINKING ABOUT ALL PERSONAL CARE ACTIVITIES WHERE YOU HAVE DIFFICULTY IN DOING THEM BY YOURSELF...***".

## PC.2

### 1) Question

#### Do you usually have help?

- Yes, at least for one activity

*If YES ask: What type of help?*

*Multiple answers are possible*

- Personal assistance ☐ 1
- Technical aids ☐ 2
- Housing adaptation ☐ 3
- No, I do all these activities by myself ☐ 4 → GO TO PC.4
- don't know ☐ 8 → GO TO PC.4
- refusal ☐ 9 → GO TO PC.4

### 2) Guidelines

- **General concept:** assessing whether the person has help in performing an activity and identifying the type of help needed
- **Can be used for children below 15 (optional national initiative):** no
- **Use of proxy interview:** allowed
- **Use for institutionalized persons (optional national initiative):** to be completed
- **Personal assistance** means help from another person (for instance, the help of someone who helps a disabled person to wash himself/herself). It could be from a person not living in the household.
- **Technical aids** can be for example a wheelchair, a stick, etc.
- The term **housing adaptation** refers to the adaptation of the place where the disabled person lives. Examples: adapted toilets, adapted kitchen, large doors (for people in wheelchair).

## **PC.3**

### ***1) Question***

#### **Do you have enough help?**

- Yes ☐ 1 → GO TO INTRODUCTION 5
- No, for at least one activity

*If NO ask: **What type of help you don't have enough?***

*Multiple answers are possible*

- Personal assistance ☐ 2 → GO TO INTRODUCTION 5
  - Technical aids ☐ 3 → GO TO INTRODUCTION 5
  - Housing adaptation ☐ 4 → GO TO INTRODUCTION 5
  - don't know ☐ 8 → GO TO INTRODUCTION 5
  - refusal ☐ 9 → GO TO INTRODUCTION 5
- 

### ***2) Guidelines***

- **General concept:** assessing whether the help is enough and identifying the type of help which is not enough
- **Can be used for children below 15 (optional national initiative):** no
- **Use of proxy interview:** not allowed
- **Use for institutionalized persons (optional national initiative):** to be completed

## **PC.4**

### *1) Question*

#### **Would you need help?**

- Yes, at least for one activity

*If YES ask: **What type of help you would need?***

*Multiple answers are possible*

- Personal assistance ☐ 1
    - Technical aids ☐ 2
    - Housing adaptation ☐ 3
  - No ☐ 4
  - don't know ☐ 8
  - refusal ☐ 9
- 

### *2) Guidelines*

- **General concept:** assessing whether the person needs help and identifying the type of help which is needed (unmet needs)
- **Can be used for children below 15 (optional national initiative):** no
- **Use of proxy interview:** not allowed
- **Use for institutionalized persons (optional national initiative):** to be completed



## Introduction 5

Now I would like you to think about some household activities. Please ignore any temporary problems.

Here is a list of activities.

---

### *Guidelines*

**Think about some household activities:** activities required to live independently in and maintain an ordinary/usual household, household care activities

## **HA.1**

### ***1) Question***

**Do you usually have difficulty doing any of these activities by yourself?**

- No difficulty ☐ 1
- Yes, some difficulty ☐ 2
- Yes, a lot of difficulty ☐ 3
- I can't achieve it by myself ☐ 4
  
- don't know ☐ 8
- refusal ☐ 9

---

### ***2) Guidelines***

- **General concept:** measure the degree of independence in doing activities of household care
- **Can be used for children below 15 (optional national initiative):** no
- **Use of proxy interview:** allowed
- **Use for institutionalized persons (optional national initiative):** to be completed
- **Do you:** as for personal care activities (6) we ask about reported performance (do you...) rather than self-assessed capacity (can you...), to be closer to the actual performance. However respondents may have the capacity but choose to have the activity performed by someone else, for instance employment of a cleaner. This is addressed later in the question.
- **Usually** is included to exclude temporary problems. This wording is used so that a time limit is not required.
- **Have difficulty:** without any difficulty
- **By yourself:** help from another person, the use of technical aids and housing adaptation are excluded. The aim is to ensure that any restriction is not due to financial or other reasons (such as unavailability of personal help).

INTERVIEWER: FOR EACH ACTIVITY FOR WHICH A DEGREE OF DIFFICULTY IS REPORTED (HA.1 = 2, 3, 4 OR 8) ASK HA.2.  
IF NO DIFFICULTY IS REPORTED (HA.1 = 1 OR 9) FOR ALL ACTIVITIES THEN GO TO INTRODUCTION 6.

## **HA.2**

### *1) Question*

#### **Why?**

- Mainly, because of health state, disability or old age ☐ 1
- Mainly, because of other reasons (never tried to do it, etc.) ☐ 2
- don't know ☐ 8
- refusal ☐ 9

---

### *2) Guidelines*

- **General concept:** cause of having difficulty in performing household activities
- **Can be used for children below 15 (optional national initiative):** no
- **Use of proxy interview:** allowed
- **Use for institutionalized persons (optional national initiative):** to be completed
  
- This question ensures the identification of those who do not to perform the activity though having no restrictions from those which have restrictions.
- Some activities might not be performed by a household member due to the division of the activities within the household.

Activities	HA.1	HA.2
Preparing meals	<input type="checkbox"/>	<input type="checkbox"/>
Using the telephone	<input type="checkbox"/>	<input type="checkbox"/>
Shopping	<input type="checkbox"/>	<input type="checkbox"/>
Managing medication	<input type="checkbox"/>	<input type="checkbox"/>
Light housework	<input type="checkbox"/>	<input type="checkbox"/>
Occasional heavy housework	<input type="checkbox"/>	<input type="checkbox"/>
Taking care of finances and everyday administrative tasks	<input type="checkbox"/>	<input type="checkbox"/>

---

### *Guidelines*

**Preparing meals** – the person is able to cook meals for himself/herself

**Using the telephone** – the person can make calls and answer the telephone

**Shopping** – the person is able to go for shopping without help from another person

**Managing medication** – the person does not need help from another person to take his/her medication. This activity concerns only the fact that the person is able to take his/her medication and not the one of being able to go to the pharmacy in order to take the pills home

**Light housework** – the person is able to do the following activities: cooking, washing dishes, ironing, child care.

**Occasional heavy housework** – the person is able to do the following activities: walking with heavy shopping for more than 5 minutes, moving heavy furniture, spring cleaning, scrubbing floors with a scrubbing brush, cleaning windows, or other similar heavy housework.

**Taking care of finances and everyday administrative tasks** – paying bills, ...

INTERVIEWER: - IF HA.2 = 1 FOR AT LEAST ONE ACTIVITY THEN READ STATEMENT 4 AND ASK HA.3 TO HA.5.  
- IF HA.2 = 2, 8 OR 9 FOR ALL ACTIVITIES THEN GO TO INTRODUCTION 6.

#### Statement 4

INTERVIEWER: READ: "***THINKING ABOUT ALL HOUSEHOLD ACTIVITIES WHERE YOU HAVE DIFFICULTY IN DOING THEM BY YOURSELF***".

### **HA.3**

#### *1) Question*

##### **Do you usually have help?**

- Yes, at least for one activity

*If YES ask: **What type of help?***

*Multiple answers are possible*

- Personal assistance ☐ 1
  - Technical aids ☐ 2
  - Housing adaptation ☐ 3
- No, I do all these activities by myself ☐ 4 → GO TO HA.5
- don't know ☐ 8 → GO TO HA.5
- refusal ☐ 9 → GO TO HA.5

---

#### *2) Guidelines*

- **General concept:** assessing whether the person has help in performing an activity and identifying the type of help needed
- **Can be used for children below 15 (optional national initiative):** no
- **Use of proxy interview:** allowed
- **Use for institutionalized persons (optional national initiative):** to be completed

## **HA.4**

### ***1) Question***

#### **Do you have enough help?**

- Yes ☐ 1 → GO TO INTRODUCTION 6
- No, at least for one activity

*If NO ask: What type of help you don't have enough?*

*Multiple answers are possible*

- Personal assistance ☐ 1 → GO TO INTRODUCTION 6
  - Technical aids ☐ 2 → GO TO INTRODUCTION 6
  - Housing adaptation ☐ 3 → GO TO INTRODUCTION 6
  - don't know ☐ 8 → GO TO INTRODUCTION 6
  - refusal ☐ 9 → GO TO INTRODUCTION 6
- 

### ***2) Guidelines***

- **General concept:** assessing whether the help is enough and identifying the type of help which is not enough
- **Can be used for children below 15 (optional national initiative):** no
- **Use of proxy interview:** not allowed
- **Use for institutionalized persons (optional national initiative):** to be completed

## **HA.5**

### ***1) Question***

#### **Would you need help?**

- Yes, at least for one activity

*If YES ask: **What type of help you would need?***

*Multiple answers are possible*

- |                       |                            |
|-----------------------|----------------------------|
| – Personal assistance | <input type="checkbox"/> 1 |
| – Technical aids      | <input type="checkbox"/> 2 |
| – Housing adaptation  | <input type="checkbox"/> 3 |
| • No                  | <input type="checkbox"/> 4 |
| • don't know          | <input type="checkbox"/> 8 |
| • refusal             | <input type="checkbox"/> 9 |

---

### ***2) Guidelines***

- **General concept:** assessing whether the person needs help and identifying the type of help which is needed (unmet needs)
- **Can be used for children below 15 (optional national initiative):** no
- **Use of proxy interview:** not allowed
- **Use for institutionalized persons (optional national initiative):** to be completed

## **SF.1**

### ***1) Question***

#### **Introduction 6**

Next question is about any physical pain you have had during the past 4 weeks.

**Overall during the past four weeks, how much physical pain or physical discomfort did you have?**

INTERVIEWER: HAND SHOWCARD 6 WITH THE POSSIBLE RESPONSES.
---

- |              |                            |
|--------------|----------------------------|
| • None       | <input type="checkbox"/> 1 |
| • Mild       | <input type="checkbox"/> 2 |
| • Moderate   | <input type="checkbox"/> 3 |
| • Severe     | <input type="checkbox"/> 4 |
| • Extreme    | <input type="checkbox"/> 5 |
| • don't know | <input type="checkbox"/> 8 |
| • refusal    | <input type="checkbox"/> 9 |

---

### ***2) Guidelines***

- **General concept:** physical pain or physical discomfort experienced by the respondent in the past 4 weeks, on average
- **Can be used for children below 15 (optional national initiative):** no
- **Use of proxy interview:** not allowed
- **Use for institutionalized persons (optional national initiative):** to be completed
- **Overall during the past 4 weeks...** the respondent is asked to think to all range of sensations of physical pain or physical discomfort that he/she had, including their length and come out with an answer that describes the average sensation.
- **during the past 4 weeks:** the preceding period of 4 weeks (from yesterday).
- **Pain** is an unpleasant sensation that can range from mild, localized discomfort to agony. Pain may be contained to a discrete area, as in an injury, or it can be more diffuse. It can be a minor inconvenience or completely disabling<sup>11</sup>.
- **Discomfort** means physical distress caused by disease or injury; physical unpleasantness
- Respondents who experienced more than one pain have to consider all of them.

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<sup>11</sup> <http://www.emedicinehealth.com>



## **SF.2-10**

### ***1) Questions***

#### **Introduction 7**

Next questions are about how you feel and how things have been with you during the past 4 weeks. For each question, please give the answer that come closest to the way you have been feeling.

INTERVIEWER: HAND SHOWCARD 7 WITH THE POSSIBLE RESPONSES AND CODE THEM.

**How much of the time, during the past 4 weeks...**

	<b>All of the time</b>	<b>Most of the time</b>	<b>Some of the time</b>	<b>A little of the time</b>	<b>None of the time</b>	<b>Don't know</b>	<b>Refusal</b>
<b>Did you feel full of life?</b>	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 8	<input type="checkbox"/> 9
<b>Have you been very nervous?</b>	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 8	<input type="checkbox"/> 9
<b>Have you felt so down in the dumps that nothing could cheer you up?</b>	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 8	<input type="checkbox"/> 9
<b>Have you felt calm and peaceful?</b>	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 8	<input type="checkbox"/> 9
<b>Did you have a lot of energy?</b>	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 8	<input type="checkbox"/> 9
<b>Have you felt down-hearted and depressed?</b>	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 8	<input type="checkbox"/> 9
<b>Did you feel worn out?</b>	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 8	<input type="checkbox"/> 9
<b>Have you been happy?</b>	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 8	<input type="checkbox"/> 9
<b>Did you feel tired?</b>	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 8	<input type="checkbox"/> 9

### ***2) Guidelines***

- **General concept:** physical pain or physical discomfort experienced by the respondent in the past 4 weeks, on average
- **Can be used for children below 15 (optional national initiative):** no
- **Use of proxy interview:** not allowed
- **Use for institutionalized persons (optional national initiative):** to be completed

These questions are the mental health score of SF36 which is a universal quality of life measure which has been translated into most of the languages which render comparisons pertinent across countries. The questions selected correspond to the mental health dimension which is made up of four subscales: the emotional impact on roles, the Mental Health Inventory (MHI-5) which measures psychological distress, the vitality which measures positive well being and social

functioning. Since the SF36 has been translated into many languages, the official translation should be sought mainly in the IQOLA project (see <http://www.iqola.org/>) or at the SF36 website. The instrument has been revised by the author (Ware) in 1996 in order to ameliorate the translation facilities (the version 2 is named "international version") however some translations may correspond to the initial version; differences are not so many and concern one item: full of pep has become full of life plus the codification has been reduced to 5 instead of 6 propositions and harmonised between subscales. These translations have to express nuances for example "tired" versus "worn out " the latter being an extreme degree of tiredness (thoroughly exhausted).

**during the past 4 weeks:** the preceding period of 4 weeks (from yesterday).

**Nervous:** characterized by or showing emotional tension, restlessness, agitation, etc.

# EUROPEAN HEALTH CARE MODULE

## Introduction 8

The next set of questions is about time spent in hospital. All types of hospitals are included. Visits to emergency departments or as outpatient only should not be included.

INTERVIEWER: FOR WOMEN UP TO AGE 50 YEARS, ADD:

Also, the time spent in hospital for giving birth should not be included.

---

### *Guidelines*

- **Hospitals** comprises licensed establishments primarily engaged in providing medical, diagnostic, and treatment services that include physician, nursing, and other health services to in-patients and the specialised accommodation services required by in-patients.
- Hospitals provide in-patient health services, many of which can only be provided using the specialised facilities and equipment that form a significant and integral part of the production process. In some countries, health facilities need in addition a minimum size (such as number of beds) in order to be registered as a hospital (SHA definition).
- Hospitals may also provide out-patient services (i.e. a patient has contact with an ambulatory care physician in hospital) as a secondary activity, but such cases are not considered with this question.
- All types of hospitals are included: the general term hospital is preferred. When necessary due to local singularities, the interviewer should explain that all kinds of hospitals as well as psychiatric hospitals are included; only nursing homes and institutes providing care for those with learning disabilities are excluded.
- Hospitalisation abroad is also included.

## HC.1

### *1) Question*

During the past 12 months, that is since (date one year ago), have you been in hospital as an inpatient, that is overnight or longer?

- |              |   |
|--------------|---|
| • Yes        | <input type="checkbox"/> 1              |
| • No         | <input type="checkbox"/> 2 → GO TO HC.4 |
| • don't know | <input type="checkbox"/> 8 → GO TO HC.4 |
| • refusal    | <input type="checkbox"/> 9 → GO TO HC.4 |
- 

### *2) Guidelines*

- **General concept:** occurrence of hospitalisation as inpatient
- **Can be used for children below 15 (optional national initiative):** yes
- **Use of proxy interview:** allowed
- **Use for institutionalized persons (optional national initiative):** to be completed
- An **in-patient** is a patient who is formally admitted (or 'hospitalised') to an institution for treatment and/or care and stays for a minimum of one night or more than 24 hours in the hospital or other institution providing in-patient care.
- **During the past 12 months, that is since (date one year ago):** a period of 12 months that started one year from the date of the interview (ex: the time period between the 15 April N-1 and the 14 April N for an interview carried out on 15 April N).
- **have you been in hospital as an inpatient, that is overnight or longer:** measures whether the person stayed in hospital for at least one night.
- Day cases (patients formally admitted for a medical procedure or surgery in the morning and released before the evening) are excluded.

## **HC.2**

### ***1) Question***

**How many separate stays in hospital as an inpatient have you had since (date one year ago)? Count all the stays that ended in this period.**

stays

- don't know

☐ 98

- refusal

☐ 99

---

### ***2) Guidelines***

- **General concept:** number of hospitalisations as inpatient
- **Can be used for children below 15 (optional national initiative):** yes
- **Use of proxy interview:** allowed
- **Use for institutionalized persons (optional national initiative):** to be completed
- **How many separate stays in hospital as an inpatient have you had:** measures the number of separate stays as an inpatient; the number of days is of no interest here.

## **HC.3**

### *1) Question*

Thinking of this/these inpatient stay(s), how many nights in total did you spend in hospital?

\_\_\_\_ nights

- don't know

☐ 998

- refusal

☐ 999

---

### *2) Guidelines*

- **General concept:** number of nights hospitalised as inpatients
- **Can be used for children below 15 (optional national initiative):** yes
- **Use of proxy interview:** allowed
- **Use for institutionalized persons (optional national initiative):** to be completed
- **Thinking of this/these inpatient stay(s), how many nights in total did you spend in hospital:** aims to measure the total number of nights during the given period.
- In case the respondent is currently hospitalised, the number of nights up to the moment of interview have to be reported.

## **HC.4**

### *1) Question*

**During the past 12 months, that is since (date one year ago), have you been admitted to hospital as a day patient, that is admitted to a hospital bed, but not required to remain overnight?**

- |              |   |
|--------------|---|
| • Yes        | <input type="checkbox"/> 1              |
| • No         | <input type="checkbox"/> 2 → GO TO HC.6 |
| • don't know | <input type="checkbox"/> 8 → GO TO HC.6 |
| • refusal    | <input type="checkbox"/> 9 → GO TO HC.6 |
- 

### *2) Guidelines*

- **General concept:** occurrence of hospitalisation as day patient
- **Can be used for children below 15 (optional national initiative):** yes
- **Use of proxy interview:** allowed
- **Use for institutionalized persons (optional national initiative):** to be completed
- **Day case:** day care comprises medical and paramedical services delivered to patients that are formally admitted for diagnosis, treatment or other types of health care with the intention of discharging the patient on the same day. For example, a patient visits a hospital to receive a surgery, and after that he stays there for a few hours for monitoring. An episode of care for a patient who is admitted as a day-care patient and subsequently stays overnight is classified as an overnight stay or other in-patient case (Eurostat definition).
- **During the past 12 months, that is since (date one year ago):** a period of 12 months that started one year from the date of the interview (ex: the time period between the 15 April N-1 and the 14 April N for an interview carried out on 15 April N).
- **have you been admitted to hospital as a day patient, that is admitted to a hospital bed, but not required to remain overnight:** measures whether respondent has checked into a hospital as a day patient, which implies that respondent did not stay during the night.



## **HC.5**

### *1) Question*

**How many days have you been admitted as a day patient since (date one year ago)?**

days

- don't know

☐ 998

- refusal

☐ 999

---

### *2) Guidelines*

- **General concept:** number of hospitalisations as day patient
- **Can be used for children below 15 (optional national initiative):** yes
- **Use of proxy interview:** allowed
- **Use for institutionalized persons (optional national initiative):** to be completed
- **How many times have you been admitted as a day patient:** measures the number of separate stays as a day patient.

## **HC.6**

### *1) Question*

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

- Yes, there was at least one occasion ☐ 1
  - No, there was no occasion ☐ 2 → GO TO INTRODUCTION 9
  - don't know ☐ 8 → GO TO INTRODUCTION 9
  - refusal ☐ 9 → GO TO INTRODUCTION 9
- 

### *2) Guidelines*

- **General concept:** person's own assessment of whether he/she needed to be hospitalised, but was not
- **Can be used for children below 15 (optional national initiative):** yes
- **Use of proxy interview:** not allowed
- **Use for institutionalized persons (optional national initiative):** to be completed

## **HC.7**

### ***1) Question***

#### **What was the main reason for not being hospitalised?**

- Could not afford to (too expensive or not covered by the insurance fund) ☐ 1
  - Waiting list, other reasons due to the hospital ☐ 2
  - Could not take time because of work, care for children or for others ☐ 3
  - Too far to travel / no means of transportation ☐ 4
  - Fear of surgery / treatment ☐ 5
  - Other reason ☐ 6
  
  - don't know ☐ 8
  - refusal ☐ 9
- 

### ***2) Guidelines***

- **General concept:** main reason for not being hospitalised while needed
- **Can be used for children below 15 (optional national initiative):** yes
- **Use of proxy interview:** not allowed
- **Use for institutionalized persons (optional national initiative):** to be completed
  
- This question aims to capture the dimension of restricted access to health care by including not only formal health care coverage (by insurance or universal coverage), but also restrictions due to rationing, waiting lists, the ability to afford care, and other reasons.
- ‘Not covered by the insurance fund’ should be coded as ‘could not afford to’ if the respondent could not afford to pay for the treatment/examination himself or herself.
- In the answer categories that are proposed, code 2 (waiting list) should be used for people who were actually on a waiting list and were not helped, for respondents who were discouraged from seeking care because of perceptions of the long waiting lists, as well as people who have ‘applied’ and are still waiting to be hospitalised.

## Introduction 9

The next set of questions is about visits to dentists, orthodontists or other dental care specialist.

---

### *Guidelines*

- **Dentist:** professional who provides comprehensive care regarding teeth and oral cavity, including prevention, diagnosis and treatment of aberrations and diseases.
- Dentist's tasks include: making diagnosis, advising on and giving necessary dental treatment, giving surgical, medical and other forms of treatment for particular types of dental and oral diseases and disorders.
- **Orthodontist:** dental specialist who diagnoses, prevents and corrects irregularities of the teeth and jaw problems (for example, correcting misaligned teeth through the use of braces).
- **Other dental care specialists** (dental hygienists or dental hygiene practitioner). Their tasks can differ from one country to another. Also, in some cases they practice under the supervision of a dentist. They do less complex dental and oral care, such as advice patients to develop and maintain good oral health, examine patients' teeth and gums, remove deposits and plaque from teeth, make fillings, dental X-rays or local anesthesia, etc.

## **HC.8**

### *1) Question*

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

- Less than 12 months ago ☐ 1
  - 12 months ago or longer ☐ 2 → GO TO INTRODUCTION 10
  - Never ☐ 3 → GO TO INTRODUCTION 10
  - don't know ☐ 8 → GO TO INTRODUCTION 10
  - refusal ☐ 9 → GO TO INTRODUCTION 10
- 

### *2) Guidelines*

- **General concept:** moment of last visit to a dentist
- **Can be used for children below 15 (optional national initiative):** yes
- **Use of proxy interview:** allowed
- **Use for institutionalized persons (optional national initiative):** to be completed
  
- **on your own behalf:** refers to visits that focus on respondent's health.

## **HC.9**

### ***1) Question***

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

times [NOT AT ALL = 0]

- don't know ☐ 98
  - refusal ☐ 99
- 

### ***2) Guidelines***

- **General concept:** number of visits to a dentist, orthodontist or hygienist
- **Can be used for children below 15 (optional national initiative):** yes
- **Use of proxy interview:** allowed
- **Use for institutionalized persons (optional national initiative):** to be completed
  
- **During the past four weeks ending yesterday, that is since (date):** a period that started 4 weeks from yesterday.
- **on your own behalf (that is, not while only accompanying a child, spouse, etc.):** refers to visits that focus on respondent's health.

## Introduction 10

The next set of questions is about consultations with your general practitioner or family doctor. Please include visits to your doctor's practice as well as home visits and consultations by telephone.

---

### *Guidelines*

- **consultations with your general practitioner or family doctor:** all types of consultations are considered (face-to-face, by telephone or e-mail)
- **your doctor's practice:** the office of the physician
- **home visits:** consultations at your place/ at home.
- **General practitioner (GP)/ family doctor** is a physician (medical doctor) who does not limit his/her practice to certain disease categories and assumes the responsibility for the provision of continuing and comprehensive medical care or referring to another health care professional. In some countries, GP is treated as a specialisation.

## **HC.10**

### *1) Question*

**When was the last time you consulted a GP (general practitioner) or family doctor on your own behalf?**

- Less than 12 months ago ☐ 1
  - 12 months ago or longer ☐ 2 → GO TO INTRODUCTION 11
  - Never ☐ 3 → GO TO INTRODUCTION 11
  - don't know ☐ 8 → GO TO INTRODUCTION 11
  - refusal ☐ 9 → GO TO INTRODUCTION 11
- 

### *2) Guidelines*

- **General concept:** moment of last consultation of a general practitioner or family doctor
- **Can be used for children below 15 (optional national initiative):** yes
- **Use of proxy interview:** allowed
- **Use for institutionalized persons (optional national initiative):** to be completed
  
- **When was the last time you consulted:** refers to the moment of the last consultation
- **On your behalf:** refers to visits that focus on respondent's health.
- Contacts with a nurse on behalf of the GP, for instance for receiving a receipt shall not be considered.



## **HC.11**

### ***1) Question***

**During the past four weeks ending yesterday, that is since (date), how many times did you consult a GP (general practitioner) or family doctor on your own behalf?**

times [NOT AT ALL = 0]

- don't know ☐ 98
  - refusal ☐ 99
- 

### ***2) Guidelines***

- **General concept:** number of consultations of general practitioner or family doctor within the past 4 weeks
- **Can be used for children below 15 (optional national initiative):** yes
- **Use of proxy interview:** allowed
- **Use for institutionalized persons (optional national initiative):** to be completed
  
- **During the past four weeks ending yesterday, that is since (date):** a period that started 4 weeks from yesterday.
- **how many times did you consult:** number of consultations
- **on your behalf:** refers to visits that focus on respondent's health.

## Introduction 11

Next questions are about consultations with medical or surgical specialists. Include visits to doctors as outpatient or emergency departments only, but do not include contact while in hospital as an in-patient or day-patient. Also include visits to doctors at the workplace or school.

---

### *Guidelines*

- **Medical or surgical specialists:** refers to physicians that are medical specialists, including dental and other surgeons, but not general dentists. Their tasks include: conducting medical examination and making diagnosis, prescribing medication and giving treatment for diagnosed illnesses, disorders or injuries, giving specialized medical or surgical treatment for particular types of illnesses, disorders or injuries, giving advice on and applying preventive medicine methods and treatments.
- **outpatient departments:** ward at hospital for ambulatory care. It refers to visits/consultations of patients at the specialist's office in a hospital.
- **emergency departments:** ward at hospital for emergency care.

## **HC.12**

### *1) Question*

**When was the last time you consulted a medical or surgical specialist on your own behalf?**

- Less than 12 months ago ☐ 1
  - 12 months ago or longer ☐ 2 → GO TO HC.14
  - Never ☐ 3 → GO TO HC.14
  - don't know ☐ 8 → GO TO HC.14
  - refusal ☐ 9 → GO TO HC.14
- 

### *2) Guidelines*

- **General concept:** moment of last consultation of (medical or surgical) specialist
- **Can be used for children below 15 (optional national initiative):** yes
- **Use of proxy interview:** allowed
- **Use for institutionalized persons (optional national initiative):** to be completed
  
- **When was the last time you consulted a medical or surgical specialist:** refers to the moment of the last consultation.
- **a medical or surgical specialist:** refers to physicians that are medical specialists, including dental and other surgeons, but not general dentists.
- **On your behalf:** refers to visits that focus on respondent's health.
- Also visits to a physician in foreign countries are to be included.

## **HC.13**

### *1) Question*

**During the past four weeks ending yesterday, that is since (date), how many times did you consult a specialist on your own behalf?**

ONLY FOR COUNTRIES WHERE THIS MAY CAUSE CONFUSION, ADD:  
“Visits to dental surgeons should be included. Do not include visits to general dentists”

times [NOT AT ALL = 0]

- don't know ☐ 98
  - refusal ☐ 99
- 

### *2) Guidelines*

- **General concept:** number of consultations with (medical or surgical) specialist
- **Can be used for children below 15 (optional national initiative):** yes
- **Use of proxy interview:** allowed
- **Use for institutionalized persons (optional national initiative):** to be completed
  
- **During the past four weeks ending yesterday, that is since (date):** a period that started 4 weeks from yesterday.
- **how many times did you consult:** number of consultations.
- **a specialist:** refers to physicians that are medical specialists, including dental and other surgeons, but not general dentists.
- **On your behalf:** refers to visits that focus on respondent's health.

## **HC.14**

### *1) Question*

**Was there any time during the past 12 months when you really needed to consult a specialist but did not?**

- Yes, there was at least one occasion ☐ 1
  - No, there was no occasion ☐ 2 → GO TO HC.16
  - don't know ☐ 8 → GO TO HC.16
  - refusal ☐ 9 → GO TO HC.16
- 

### *2) Guidelines*

- **General concept:** person's own assessment of whether he/she needed to consult a specialist but was not able to
- **Can be used for children below 15 (optional national initiative):** yes
- **Use of proxy interview:** not allowed
- **Use for institutionalized persons (optional national initiative):** to be completed

## **HC.15**

### ***1) Question***

#### **What was the main reason for not consulting a specialist?**

- Could not afford to (too expensive or not covered by the insurance fund) ☐ 01
  - Waiting list, don't have the referral letter ☐ 02
  - Could not take time because of work, care for children or for others ☐ 03
  - Too far to travel / no means of transportation ☐ 04
  - Fear of doctor / hospitals / examination / treatment ☐ 05
  - Wanted to wait and see if problem got better on its own ☐ 06
  - Didn't know any good specialist ☐ 07
  - Other reason ☐ 08
  
  - don't know ☐ 98
  - refusal ☐ 99
- 

### ***2) Guidelines***

- **General concept:** main reason for not consulting a specialist while needed
- **Can be used for children below 15 (optional national initiative):** yes
- **Use of proxy interview:** not allowed
- **Use for institutionalized persons (optional national initiative):** to be completed
  
- This question aims to capture the dimension of restricted access to health care by including not only formal health care coverage (by insurance or universal coverage), but also restrictions due to rationing, waiting lists, the ability to afford care, and other reasons.
- 'Not covered by the insurance fund' should be coded as 'could not afford to' if the respondent could not afford to pay for the treatment/examination himself or herself.
- The issue on the perception of "Could not afford to (too expensive)" should be tackled in order to not include reaction about "too expensive" which are relative (more expensive than before, etc.) but relate only to the fact that the person could not pay the price, not having money enough for this. The fact that the price is not covered by an insurance fund is in particular an important element to be taken into account.
- In the answer categories that are proposed, code 2 (length of the waiting list) should be used for people who were actually on a waiting list and were not helped, for respondents who were discouraged from seeking care because of perceptions of the long waiting lists, as well as people who have 'applied' and are still waiting to see a specialist.

## **HC.16**

### ***1) Question***

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

	<b>Yes</b>	<b>No</b>	<b>Don't know</b>	<b>Refusal</b>
Medical laboratory, radiology centre	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 8	<input type="checkbox"/> 9
Physiotherapist / kinesitherapist	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 8	<input type="checkbox"/> 9
Nurse, midwife (excluding when being hospitalised, for home care services or in a medical laboratory or radiology centre)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 8	<input type="checkbox"/> 9
Dietician	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 8	<input type="checkbox"/> 9
Speech therapist	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 8	<input type="checkbox"/> 9
Chiropractor, manual therapist	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 8	<input type="checkbox"/> 9
Occupational therapist	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 8	<input type="checkbox"/> 9
Psychologist or psychotherapist	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 8	<input type="checkbox"/> 9
Other paramedics	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 8	<input type="checkbox"/> 9

---

### ***2) Guidelines***

- **General concept:** whether the respondent visited a medical laboratory and different types of paramedics
- **Can be used for children below 15 (optional national initiative):** yes
- **Use of proxy interview:** allowed
- **Use for institutionalized persons (optional national initiative):** to be completed
- **During the past 12 months, that is since (date one year ago):** a period of 12 months that started one year from the date of the interview (ex: the time period between the 15 April N-1 and the 14 April N for an interview carried out on 15 April N).
- **Medical laboratory, radiology centre:** medical establishment where tests, analyses or radiological exams are done in order to get information about the patient's health.
- A radiology centre provides a range of imaging services and procedures to diagnose diseases and health problems (abdominal imaging, neuroradiology, interventional and vascular radiology, musculoskeletal radiology, tomography, ultrasound, etc).
- **Physiotherapist** is a health care professional who applies one or more of the following therapies for the improvement or restoration of motor functions: movement therapy, massage therapy and physical therapy in a strict sense, i.e. the application of physical stimuli, electrotherapy, ultra-sound therapy, thermotherapy, hydrotherapy, balneotherapy and electro-

diagnostics, with the exclusion of the application of ionising beams. The therapies are provided in a variety of settings, such as hospitals, private practices, outpatient medical units, home care services establishment, schools, fitness centres, etc.

Physiotherapists and related associate professionals treat disorders of bones, muscles and parts of the circulatory or the nervous system by manipulative methods, and ultrasound, heating, laser or similar techniques, or apply physiotherapy and related therapies as part of the treatment for the (temporarily) physically disabled, mentally ill or unbalanced.

- A **nurse** is a person who has completed a programme of basic nursing education and is qualified and authorised in his/her country to practice nursing in all settings.
- A **midwife** is a person who has completed a midwifery educational programme duly recognized in the country in which he/she is located and who has acquired the requisite qualifications to be registered and/or legally licensed to practice midwifery.
- Nursing and midwifery professionals assist medical doctors in their tasks, deal with emergencies in their absence, and provide professional nursing care for the sick, injured, physically and mentally disabled, and others in need of such care, or they deliver or assist in the delivery of babies, provide antenatal and post-natal care and instruct parents in baby care.
- **Dietician** is an expert in food and nutrition who make recommendations concerning the eating habits. By recommending specific diets/changes in the eating habits they help in preventing and treating specific illnesses.
- **Speech therapist** is a professional who "assess, diagnose, treat, and help to prevent speech, language, cognitive-communication, voice, swallowing, fluency, and other related disorders. A speech therapist works with people who cannot produce speech sounds, or cannot produce them clearly; those with speech rhythm and fluency problems, such as stuttering; people with voice disorders, such as inappropriate pitch or harsh voice; those with problems understanding and producing language; those who wish to improve their communication skills by modifying an accent; and those with cognitive communication impairments, such as attention, memory, and problem solving disorders. They also work with people who have swallowing difficulties".<sup>12</sup>
- **Chiropractor** is a health care professional who diagnoses and treats anomalies of the body believed to be caused by interference with the nervous system. The treatment usually involves manipulation of the spine and other body structures, including the musculoskeletal system.
- **Manual therapist** is a physiotherapist who is specialized in manual therapy interventions and uses techniques to treat body movement problems that generate pain. It is used in cases of back and neck pain, muscle-tension headaches, hip and knee osteoarthritis, and shoulder pain.
- **Occupational therapist**<sup>13</sup> "helps people to improve their ability to perform tasks in their daily living and working environments. They work with individuals who have conditions that are mentally, physically, developmentally, or emotionally disabling. They also help them to develop, recover, or maintain daily living and work skills.

Occupational therapists assist patients in performing activities of all types, ranging from using a computer to caring for daily needs such as dressing, cooking, and eating. Physical exercises may be used to increase strength and dexterity, while other activities may be chosen to improve visual acuity and the ability to discern patterns. For example, a patient with short-term memory loss might be encouraged to make lists to aid recall, and a person with coordination problems might be assigned exercises to improve hand-eye coordination.

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<sup>12</sup> <http://www.speechtherapist.com/>

<sup>13</sup> <http://www.occupationaltherapist.com/>



Therapists instruct those with permanent disabilities, such as spinal cord injuries, cerebral palsy, or muscular dystrophy, in the use of adaptive equipment, including wheelchairs, orthotics, and aids for eating and dressing. They also design or make special equipment needed at home or at work. Therapists develop computer-aided adaptive equipment and teach patients with severe limitations how to use that equipment in order to communicate better and control various aspects of their environment.

Some occupational therapists treat individuals whose ability to function in a work environment has been impaired. These practitioners arrange employment, evaluate the work environment, plan work activities, and assess the patient's progress. Therapists also may collaborate with the patient and the employer to modify the work environment so that the work can be successfully completed.

Therapists help the elderly lead more productive, active, and independent lives through a variety of methods, including the use of adaptive equipment.

Occupational therapists also treat individuals who are mentally ill, mentally retarded, or emotionally disturbed. To treat these problems, therapists choose activities that help people learn to engage in and cope with daily life. Activities include time management skills, budgeting, shopping, homemaking, and the use of public transportation. Occupational therapists also may work with individuals who are dealing with alcoholism, drug abuse, depression, eating disorders, or stress-related disorders."

- **Psychologist or psychotherapist**
- **Other paramedics:** respiratory therapist (respiratory care practitioner), audiologist, orthoptist, orthesist, podiatrist, orthotist, prosthetist, etc.
- A **respiratory therapist** evaluates, treats, and cares for patients with breathing or other cardiopulmonary (lungs and heart) disorders.
- An **audiologist** is a licensed health care professional who diagnoses, evaluates, and treats hearing disorders and communication problems.
- "Orthoptics involves the evaluation and treatment of disorders of vision, eye movements, and eye alignment in children and adults. The **orthoptist** performs a series of diagnostic tests and measurements on patients with visual disorders, including lazy eye, strabismus (misaligned eyes), and double vision. Through interpretation of testing procedures and clinical evaluation, the orthoptist helps the ophthalmologist design a treatment plan, which may involve treatment by the orthoptist, surgical treatment by the ophthalmologist, or some combination of the two"<sup>14</sup>.
- "The **orthesist** is a professional whose knowledge and training are essential for making a good evaluation of the problems originating from a foot anomaly. He asks for information on the patients' life habits, he examines the foot and its alignment as well as the footwear he or she uses. Following the evaluation, the specialist may propose personal advice, exercises or foot orthotics, according to needs"<sup>15</sup>.
- The **podiatrist** is a practitioner specialized in the medical care of the foot, ankle, and lower leg. diagnose, treat, and perform the full scope of surgery for disorders of the foot and ankle.
- "An **orthotist** is a healthcare professional who makes and fits braces and splints (orthoses) for patients who need added support for body parts that have been weakened by injury, disease, or disorders of the nerves, muscles, or bones. They work under a physician's orders to adapt

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<sup>14</sup> <http://www.ama-assn.org/ama/pub/category/16053.html>

<sup>15</sup> <http://www.orthoconcept.com/main.php?ID=en&Page=Conseils&Num=2>

purchased braces or create custom-designed braces. Braces are often named for the body part they support"<sup>16</sup>.

- "A **prosthetist** is a healthcare professional that makes and fits artificial limbs (prostheses) for patients with disabilities. This includes artificial legs and arms for patients who have had amputations due to conditions such as cancer, diabetes, or injury"<sup>17</sup>.

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<sup>16</sup> <http://www.ministryhealth.org/display/PPF/DocID/19011/router.aspx>

<sup>17</sup> Idem

## HC.17

### *1) Question*

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

	Yes	No	Don't know	Refusal
Homeopath	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 8	<input type="checkbox"/> 9
Acupuncturist	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 8	<input type="checkbox"/> 9
Phytotherapist / herbalist	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 8	<input type="checkbox"/> 9
Other alternative medicine practitioner	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 8	<input type="checkbox"/> 9

---

### *2) Guidelines*

- **General concept:** whether the respondent visited an alternative medicine practitioner
- **Can be used for children below 15 (optional national initiative):** yes
- **Use of proxy interview:** allowed
- **Use for institutionalized persons (optional national initiative):** to be completed
- **Homeopath:** practitioner who for curing purposes gives very small doses of substances which in a higher or more concentrated doses would provoke the same or similar symptoms of illness to a healthy person. The homeopath selects the doses of substances according to a total picture of the patient, including not only symptoms but lifestyle, emotional and mental states, and other factors.
- **Acupuncturist:** practitioner who treats diseases by inserting thin metallic needles in the skin, at specific points corresponding to the different body organs.
- **Phytotherapist/herbalist:** practitioner who uses plant materials and extracts in order to treat an illness and promote health.
- **Other alternative medicine practitioner:** other practitioner that uses medical and health care practices and products that are not considered to be part of the traditional medicine, excluding the homeopath, acupuncturist and phytotherapist/herbalist. Examples: aromatherapist, energy healer, Chinese medicine practitioner, hypnotherapist, art therapist, music therapist, etc.
- An art therapist "helps people understand their problems and guides them to solutions through the creative process. An art therapist is concerned with the treatment and rehabilitation of persons with mental, emotional, medical, or physical disabilities"<sup>18</sup>.
- A music therapist "provides treatment for physical, psychological, cognitive, and social needs of individuals through the structured and specialized use of music. Music therapists assess

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<sup>18</sup> [http://www.special-ed-careers.org/career\\_choices/profiles/professions/art\\_ther.html](http://www.special-ed-careers.org/career_choices/profiles/professions/art_ther.html)

emotional well-being, physical health, social functioning, communication abilities, and cognitive skills through musical responses"<sup>19</sup>.

- **During the past 12 months, that is since (date one year ago):** a period of 12 months that started one year from the date of the interview (ex: the time period between the 15 April N-1 and the 14 April N for an interview carried out on 15 April N).

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<sup>19</sup> [http://www.special-ed-careers.org/career\\_choices/profiles/professions/mus\\_ther.html](http://www.special-ed-careers.org/career_choices/profiles/professions/mus_ther.html)

## **HC.18**

### *1) Question*

**During the past 12 months, have you yourself used any of the following care services?**

	<b>Yes</b>	<b>No</b>	<b>Don't know</b>	<b>Refusal</b>
Home care service provided by a nurse or midwife	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 8	<input type="checkbox"/> 9
Home help for the housework or for elderly people	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 8	<input type="checkbox"/> 9
"Meals on wheels"	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 8	<input type="checkbox"/> 9
Transport service	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 8	<input type="checkbox"/> 9
Other home care services	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 8	<input type="checkbox"/> 9

---

### *2) Guidelines*

- **General concept:** whether the respondent has used any type of home care services
- **Can be used for children below 15 (optional national initiative):** yes
- **Use of proxy interview:** allowed
- **Use for institutionalized persons (optional national initiative):** to be completed
- **Home care services** refers to the provision of medical and non-medical in-home supporting care services for persons who due to the physical or mental illness or disability or because of old age cannot perform specific personal or household care activities or are confined to their own houses. It includes home-offered services provided by a visiting nurse or midwife from a health institute, agency or association, or by a community organisation using professional or non-professional (volunteer) staff for care delivery.
- **Home care services provided by a nurse or midwife:** medical and non-medical services performed by nurses or midwives for the benefit of persons in need for personal care because of physical or mental illness or disability or because of impairment due to old age. Examples of medical services: extra assistance after a stay in the hospital, assistance to persons with chronic illnesses who need help caring for themselves long term, home dialysis, provision of antenatal and post-natal care instructions to parents, etc.. Examples of non-medical services: assistance for personal hygiene, eating, dressing, bathing, etc. The services are provided at the person in need own house.

- **Home help for the housework or for elderly people:** these services include tasks such as assistance in performing domestic chores (preparing meals, housecleaning, doing laundry, ironing, medication reminder, taking care of finances and administrative tasks, shopping for different items, etc.). These services are offered by the municipality or private organisations in order to allow to the person in need to continue living in his own house.
- **"Meals on wheels":** care service aiming at delivering a meal to persons who cannot go out to shop for food or have difficulty in preparing meals for themselves because of physical or mental illness or disability or because of impairment due to old age.
- **Transport service:** door-to-door and sometimes specially adapted service who allows to the ones who are confined to their own houses because of a disability and/or old age to travel for different purposes, such as to medical appointments, to shop, for recreational activities, etc.
- **Other home care services** include support in the personal development to persons with a physical or mental disability and/or who are in a social isolation (in order to overcome the barriers in accessing employment, education and leisure opportunities). Also moral support, general and family support are included.

## Introduction 12

I'd now like to ask about your use of medicines or dietary supplements in the past 2 weeks.

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### *Guidelines*

- **Your use of medicines or dietary supplements:** measures use of products that can be understood under the general terms “medicines” and “dietary supplements”.
- **in the past 2 weeks:** the preceding period of 2 weeks (from yesterday).

## MD.1

### *1) Question*

During the past two weeks, have you used any medicines (including dietary supplements such as herbal medicines or vitamins) that were prescribed or recommended for you by a doctor – (for women, please also state: include also contraceptive pills or other hormones)?

- |              |   |
|--------------|---|
| • Yes        | <input type="checkbox"/> 1              |
| • No         | <input type="checkbox"/> 2 → GO TO MD.3 |
| • don't know | <input type="checkbox"/> 8 → GO TO MD.3 |
| • refusal    | <input type="checkbox"/> 9 → GO TO MD.3 |
- 

### *2) Guidelines*

- **General concept:** use of medicines prescribed or recommended by a doctor
- **Can be used for children below 15 (optional national initiative):** yes
- **Use of proxy interview:** not allowed
- **Use for institutionalized persons (optional national initiative):** to be completed
- **Have you used any medicines:** aims to measure actual use of all medicines and dietary supplements (herbal/vitamin) used on a doctor's initiative or recommendation, whether they are over the counter or off the shelf medicines.
- **Medicine:** product that is used to alleviate symptoms, to prevent illness, or to improve poor health, and which is ordinarily purchased from a pharmacy (EUROHIS definition).
- **A doctor:** refers to a medical doctor (physician) or dentist.
- **during the past two weeks:** the preceding period of 2 weeks (from yesterday).
- **Prescribed:** medicines which were written on a prescription by a doctor. Here are also included the medicines which were prescribed in the past by a doctor and recently, the respondent has not visited the doctor to renew the prescription.
- **Recommended:** medicines which were not written on a prescription by a doctor but whose use is advised by the doctor who the respondent had visited.
- Medicines taken following the recommendation of a pharmacist should not be considered as medicines recommended by a doctor.



## **MD.2**

### ***1) Question***

#### **Were they medicines for...?**

INTERVIEWER: ASK THE QUESTION AND CODE IT FOR EACH ITEM A TO O.

- Yes ☐ 1
- No ☐ 2
- don't know ☐ 8
- refusal ☐ 9

#### ***INDIVIDUAL PROMPT***

A. Asthma	<input type="checkbox"/>
B. Chronic bronchitis, chronic obstructive pulmonary disease, emphysema	<input type="checkbox"/>
C. High blood pressure	<input type="checkbox"/>
D. Lowering the blood cholesterol level	<input type="checkbox"/>
E. Other cardiovascular disease, such as stroke and heart attack	<input type="checkbox"/>
F. Pain in the joints (arthrosis, arthritis)	<input type="checkbox"/>
G. Pain in the neck or back	<input type="checkbox"/>
H. Headache or migraine	<input type="checkbox"/>
I. Other pain	<input type="checkbox"/>
J. Diabetes	<input type="checkbox"/>
K. Allergic symptoms (eczema, rhinitis, hay fever)	<input type="checkbox"/>
L. Stomach troubles	<input type="checkbox"/>
M. Cancer (chemotherapy)	<input type="checkbox"/>
N. Depression	<input type="checkbox"/>
O. Tension or anxiety	<input type="checkbox"/>

## 2) Guidelines

- **General concept:** use of medicine for specific health conditions
- **Can be used for children below 15 (optional national initiative):** yes
- **Use of proxy interview:** not allowed
- **Use for institutionalized persons (optional national initiative):** to be completed
  - The respondent is asked to indicate the health condition for which he/she took the medicine(s).

**Have you used other types of medicines that were prescribed to you, such as ...?**

INTERVIEWER: ASK THE QUESTION AND CODE IT FOR EACH ITEM P TO T.

P. Sleeping tablets	<input type="checkbox"/>
Q. Antibiotics such as penicillin (or any other national relevant example)	<input type="checkbox"/>
R. (for women in fertile age – assumed 50 years or younger) contraceptive pills	<input type="checkbox"/>
S. (for women in or after menopausal age – assumed 45 years or older) hormones for menopause	<input type="checkbox"/>
T. Some other medicines prescribed by a doctor. (If yes): What type of medicines? _____	<input type="checkbox"/>

## **MD.3**

### *1) Question*

**During the past two weeks, have you used any medicines or dietary supplement or herbal medicines or vitamins not prescribed or recommended by a doctor?**

- Yes ☐ 1
  - No ☐ 2 → GO TO INTRODUCTION 13
  
  - don't know ☐ 8 → GO TO INTRODUCTION 13
  - refusal ☐ 9 → GO TO INTRODUCTION 13
- 

### *2) Guidelines*

- **General concept:** use of medicines or dietary supplements not prescribed or recommended by a doctor
- **Can be used for children below 15 (optional national initiative):** yes
- **Use of proxy interview:** not allowed
- **Use for institutionalized persons (optional national initiative):** to be completed
  
- **during the past two weeks:** the preceding period of 2 weeks (from yesterday).
- **Not prescribed or recommended by a doctor:** medicines used at the respondent's own initiative, without consulting a doctor.

## MD.4

### *1) Question*

**Were they medicines or supplements for...?**

INTERVIEWER: HAND SHOWCARD 8 AND CODE FOR EACH ITEM A TO H.

- Yes ☐ 1
- No ☐ 2
- don't know ☐ 8
- refusal ☐ 9

A. Pain in the joints (arthrosis, arthritis)	<input type="checkbox"/>
B. Headache or migraine	<input type="checkbox"/>
C. Other pain	<input type="checkbox"/>
D. Cold, flu or sore throat	<input type="checkbox"/>
E. Allergic symptoms (eczema, rhinitis, hay fever)	<input type="checkbox"/>
F. Stomach trouble	<input type="checkbox"/>
G. Or were they vitamins, minerals or tonics	<input type="checkbox"/>
H. Or some other type or medicine or supplement? (Please specify) _ _ _ _ _	<input type="checkbox"/>

### *2) Guidelines*

- **General concept:** use of medicine and supplements for specific health conditions
- **Can be used for children below 15 (optional national initiative):** yes
- **Use of proxy interview:** not allowed
- **Use for institutionalized persons (optional national initiative):** to be completed

## Introduction 13

Now I would like to ask you some questions about flu vaccination.

### **PA.1**

#### *1) Question*

**Have you ever been vaccinated against flu?**

- Yes ☐ 1
  - No ☐ 2 → GO TO INTRODUCTION 14
  
  - don't know ☐ 8 → GO TO INTRODUCTION 14
  - refusal ☐ 9 → GO TO INTRODUCTION 14
- 

#### *2) Guidelines*

- **General concept:** occurrence of lifetime flu vaccination
- **Can be used for children below 15 (optional national initiative):** yes
- **Use of proxy interview:** not allowed
- **Use for institutionalized persons (optional national initiative):** to be completed

## **PA.2**

### *1) Question*

#### **When were you last time vaccinated against flu?**

- Since the beginning of this year ☐ 1
  - Last year ☐ 2
  - Before last year ☐ 3 → GO TO INTRODUCTION 14
  
  - don't know ☐ 8 → GO TO INTRODUCTION 14
  - refusal ☐ 9 → GO TO INTRODUCTION 14
- 

### *2) Guidelines*

- **General concept:** moment of last flu vaccination
- **Can be used for children below 15 (optional national initiative):** yes
- **Use of proxy interview:** not allowed
- **Use for institutionalized persons (optional national initiative):** to be completed

## **PA.3**

### *1) Question*

**Can I just check, what month was that?**

□□ Month (01 ...12; Don't know = 99).

---

### *2) Guidelines*

- **General concept:** month of the last flu vaccination
- **Can be used for children below 15 (optional national initiative):** yes
- **Use of proxy interview:** not allowed
- **Use for institutionalized persons (optional national initiative):** to be completed

## Introduction 14

Now I would like to ask you some questions about your blood pressure.

### **PA.4**

#### *1) Question*

**Has your blood pressure ever been measured by a health professional?**

- Yes ☐ 1
  - No ☐ 2 → GO TO INTRODUCTION 15
  - don't know ☐ 8 → GO TO INTRODUCTION 15
  - refusal ☐ 9 → GO TO INTRODUCTION 15
- 

#### *2) Guidelines*

- **General concept:** occurrence of blood pressure measurement by a health professional
- **Can be used for children below 15 (optional national initiative):** yes
- **Use of proxy interview:** not allowed
- **Use for institutionalized persons (optional national initiative):** to be completed
  
- The answer should refer to blood pressure measured by a health professional and not by the respondent himself/herself.



## **PA.5**

### *1) Question*

**When was the last time that your blood pressure was measured by a health professional?**

- Within the past 12 months ☐ 1
  - 1-5 years ago ☐ 2
  - More than 5 years ago ☐ 3
  
  - don't know ☐ 8
  - refusal ☐ 9
- 

### *2) Guidelines*

- **General concept:** moment of last blood pressure measurement by a health professional
- **Can be used for children below 15 (optional national initiative):** yes
- **Use of proxy interview:** not allowed
- **Use for institutionalized persons (optional national initiative):** to be completed

## [Introduction 15](#)

Now I would like to ask you some questions about your blood cholesterol.

### **PA.6**

#### *1) Question*

**Has your blood cholesterol ever been measured?**

- Yes ☐ 1
  - No ☐ 2 → GO TO INTRODUCTION 16
  
  - don't know ☐ 8 → GO TO INTRODUCTION 16
  - refusal ☐ 9 → GO TO INTRODUCTION 16
- 

#### *2) Guidelines*

- **General concept:** occurrence of blood cholesterol measurement
- **Can be used for children below 15 (optional national initiative):** yes
- **Use of proxy interview:** not allowed
- **Use for institutionalized persons (optional national initiative):** to be completed

## **PA.7**

### *1) Question*

**When was the last time that your blood cholesterol was measured?**

- Within the past 12 months ☐ 1
  - 1-5 years ago ☐ 2
  - More than 5 years ago ☐ 3
  
  - don't know ☐ 8
  - refusal ☐ 9
- 

### *2) Guidelines*

- **General concept:** moment of last blood cholesterol measurement
- **Can be used for children below 15 (optional national initiative):** yes
- **Use of proxy interview:** not allowed
- **Use for institutionalized persons (optional national initiative):** to be completed

## Introduction 16

Now I would like to ask you some questions about your blood sugar (glycaemia).

### **PA.8**

#### *1) Question*

**Has your blood sugar ever been measured?**

- Yes ☐ 1
  - No ☐ 2 → GO TO FILTER 5
  - don't know ☐ 8 → GO TO FILTER 5
  - refusal ☐ 9 → GO TO FILTER 5
- 

#### *2) Guidelines*

- **General concept:** occurrence of blood sugar measurement
- **Can be used for children below 15 (optional national initiative):** yes
- **Use of proxy interview:** not allowed
- **Use for institutionalized persons (optional national initiative):** to be completed

## **PA.9**

### *1) Question*

**When was the last time that your blood sugar was measured?**

- Within the past 12 months ☐ 1
  - 1-5 years ago ☐ 2
  - More than 5 years ago ☐ 3
  - don't know ☐ 8
  - refusal ☐ 9
- 

### *2) Guidelines*

- **General concept:** moment of last blood sugar measurement
- **Can be used for children below 15 (optional national initiative):** yes
- **Use of proxy interview:** not allowed
- **Use for institutionalized persons (optional national initiative):** to be completed

## **FILTER 5**

NEXT QUESTIONS ARE FOR **WOMEN**. FOR MEN GO TO INTRODUCTION 19.

### **Introduction 17**

The next questions are about mammography.

## **PA.10**

### ***1) Question***

**Have you ever had a mammography, which is an X-ray of one or both of your breasts?**

- Yes ☐ 1
  - No ☐ 2 → GO TO INTRODUCTION 18
  - don't know ☐ 8 → GO TO INTRODUCTION 18
  - refusal ☐ 9 → GO TO INTRODUCTION 18
- 

### ***2) Guidelines***

- **General concept:** lifetime occurrence of mammography
- **Can be used for children below 15 (optional national initiative):** no
- **Use of proxy interview:** not allowed
- **Use for institutionalized persons (optional national initiative):** to be completed
- Mammography is a procedure used to generate a mammogram, an X-ray image of the breast.

## **PA.11**

### *1) Question*

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

- Within the past 12 months ☐ 1
  - More than 1 year, but not more than 2 years ☐ 2
  - More than 2 years, but not more than 3 years ☐ 3
  - Not within the past 3 years ☐ 4
  - don't know ☐ 8
  - refusal ☐ 9
- 

### *2) Guidelines*

- **General concept:** moment of last mammography
- **Can be used for children below 15 (optional national initiative):** no
- **Use of proxy interview:** not allowed
- **Use for institutionalized persons (optional national initiative):** to be completed

## **PA.12**

### *1) Question*

**What was the reason for this last mammography?**

INTERVIEWER: MULTIPLE ANSWERS ARE POSSIBLE.
---

- Myself or my GP/family doctor or a specialist noticed something not quite right in my breast (e.g a lump) ☐ 1
  - My GP/family doctor or a specialist advised me to have it without there being something wrong ☐ 2
  - Because of breast cancer in my family ☐ 3
  - Invitation from a national or local screening programme ☐ 4
  - Other reason ☐ 5
  
  - don't know ☐ 8
  - refusal ☐ 9
- 

### *2) Guidelines*

- **General concept:** reason of last mammography
- **Can be used for children below 15 (optional national initiative):** no
- **Use of proxy interview:** not allowed
- **Use for institutionalized persons (optional national initiative):** to be completed



## [Introduction 18](#)

Now I would like to ask you some questions about cervical smear tests.

### **PA.13**

#### *1) Question*

**Have you ever had a cervical smear test?**

- Yes ☐ 1
  - No ☐ 2 → GO TO INTRODUCTION 19
  
  - don't know ☐ 8 → GO TO INTRODUCTION 19
  - refusal ☐ 9 → GO TO INTRODUCTION 19
- 

#### *2) Guidelines*

- **General concept:** lifetime occurrence of a cervical smear test (Pap smear)
- **Can be used for children below 15 (optional national initiative):** no
- **Use of proxy interview:** not allowed
- **Use for institutionalized persons (optional national initiative):** to be completed
  
- **a cervical smear test:** test to screen for uterus cancer.

## **PA.14**

### *1) Question*

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

- Within the past 12 months ☐ 1
  - More than 1 year, but not more than 2 years ☐ 2
  - More than 2 years, but not more than 3 years ☐ 3
  - Not within the past 3 years ☐ 4
  
  - don't know ☐ 8
  - refusal ☐ 9
- 

### *2) Guidelines*

- **General concept:** moment of last cervical smear test (Pap smear)
- **Can be used for children below 15 (optional national initiative):** no
- **Use of proxy interview:** not allowed
- **Use for institutionalized persons (optional national initiative):** to be completed

## **PA.15**

### *1) Question*

**What was the reason for this last cervical smear test?**

- Because of symptoms ☐ 1
  - Because I visited a gynaecologist ☐ 2
  - Invitation from a national or local screening programme ☐ 3
  - Other medical reason ☐ 4
  - For another reason (not especially medical) ☐ 5
  
  - don't know ☐ 8
  - refusal ☐ 9
- 

### *2) Guidelines*

- **General concept:** reason of last cervical smear test (Pap smear)
- **Can be used for children below 15 (optional national initiative):** no
- **Use of proxy interview:** not allowed
- **Use for institutionalized persons (optional national initiative):** to be completed

## Introduction 19

The next questions are about faecal occult blood test.

### **PA.16**

#### *1) Question*

**Have you ever had a faecal occult blood test?**

- Yes ☐ 1
  - No ☐ 2 → GO TO INTRODUCTION 20
  
  - don't know ☐ 8 → GO TO INTRODUCTION 20
  - refusal ☐ 9 → GO TO INTRODUCTION 20
- 

#### *2) Guidelines*

- **General concept:** lifetime occurrence of a faecal occult blood test
- **Can be used for children below 15 (optional national initiative):** no
- **Use of proxy interview:** not allowed
- **Use for institutionalized persons (optional national initiative):** to be completed
  
- This test is used for colorectal cancer screening.

## **PA.17**

### *1) Question*

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

- Within the past 12 months ☐ 1
  - More than 1 year, but not more than 2 years ☐ 2
  - More than 2 years, but not more than 3 years ☐ 3
  - Not within the past 3 years ☐ 4
  
  - don't know ☐ 8
  - refusal ☐ 9
- 

### *2) Guidelines*

- **General concept:** moment of last faecal occult blood test
- **Can be used for children below 15 (optional national initiative):** no
- **Use of proxy interview:** not allowed
- **Use for institutionalized persons (optional national initiative):** to be completed

## Introduction 20

Now I would like to ask you some questions about your satisfaction with the health care system in your country.

### **SA.1**

#### *1) Question*

**In general in your country, concerning the services provided by the following health care providers, would you say you are...**

INTERVIEWER: HAND SHOWCARD 9.

	Very satisfied	Fairly satisfied	Neither satisfied nor dissatisfied	Fairly dissatisfied	Very dissatisfied	Don't know	Refusal
Hospitals (including emergency departments)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 8	<input type="checkbox"/> 9
Dentists, orthodontists and other dental care specialists	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 8	<input type="checkbox"/> 9
Medical or surgical specialists	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 8	<input type="checkbox"/> 9
Family doctors or GPs	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 8	<input type="checkbox"/> 9
Home care services	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 8	<input type="checkbox"/> 9

#### *2) Guidelines*

- **General concept:** overall level of satisfaction with the services provided by specific health care providers (both in public and private sector)
- **Can be used for children below 15 (optional national initiative):** no
- **Use of proxy interview:** not allowed
- **Use for institutionalized persons (optional national initiative):** to be completed
  - The respondent is asked to make an overall judgement according to his/her knowledge, even he/she has personally not used the services of the health care providers mentioned by the question. Moreover, he/she should not think only to the health care services to which he/she is entitled to according to his/her medical insurance.

- Definitions and explanations concerning the health care providers mentioned by the question can be found in the previous questions.
- **In your country...**: it refers to the country of residence

IF EITHER HC9>0 OR HC11>01 OR HC13>0 OR MD1 = 1 THEN PROVIDE THE SELF-COMPLETION QUESTIONNAIRE "OUT-OF-POCKET EXPENSES".  
OTHERWISE GO TO INTRODUCTION 21

## SELF-COMPLETION FORM "OUT-OF-POCKET EXPENSES"

During the interview you indicated that in recent periods you have used health care services on your own behalf (that is, not while only accompanying a child, spouse, etc.). For these health care services you used recently, please indicate how much you finally had to pay out-of-pocket. Please read the questions attentively and use any element (such as bills, etc.) that can help you in providing the amount.

By out-of-pocket expenses we mean .....

*Each Member State shall give an explanation according to the situation of its national, local or specific health care and social protection systems<sup>20</sup>.*

For the care services you didn't use during the periods indicated, please tick the answer "DON'T APPLY".

Your answers will remain confidential.

### **OP.1-OP.3**

#### ***1) Questions***

**For the dental care on your own behalf during the past four weeks at the date of the interview, about how much did you pay out-of-pocket?**

- Amount |\_\_|\_\_|\_\_|\_\_|\_\_|\_\_| (national currency)
- Don't apply ☐

**For the visits to GPs, family doctors or medical or surgical specialists on your own behalf during the past four weeks at the date of the interview, about how much did you pay out-of-pocket?**

- Amount |\_\_|\_\_|\_\_|\_\_|\_\_|\_\_| (national currency)
- Don't apply ☐

**For the medicines prescribed to you by a doctor, that you used during the past two weeks at the date of the interview, about how much did you pay out-of-pocket?**

- Amount |\_\_|\_\_|\_\_|\_\_|\_\_|\_\_| (national currency)

<sup>20</sup> Are considered as out-of-pocket expenses the costs of any provision of care that is not free of charge and is not reimbursed by the social security or insurance company. If the access to care is mainly free of charge, only the additional costs the person may have to pay (including bribes, under-the-table/envelope payments, if the case arises) are out-of-pocket expenses. If the person has to pay first but later gets it fully or partly reimbursed, only the part not reimbursed is out-of-pocket expenses. Also, if the social security or insurance company pays first, but later charges the person a part of the expenses, this part is out-of-pocket expenses (the term "insurance" covers both compulsory and voluntary insurance). In the case of insurance systems, for reimbursements not yet paid to the person, the out-of-pocket expenses shall be estimated according to the total expenses paid and the usual reimbursement rate.



- Don't apply



---

## 2) Guidelines

- **General concept:** payments borne directly by a patient without the benefit of insurance. They include cost-sharing and informal payments to health care providers
- **Can be used for children below 15 (optional national initiative):** yes
- **Use of proxy interview:** not allowed
- **Use for institutionalized persons (optional national initiative):** to be completed
  
- **During the past four (respectively two) weeks at the date of the interview:** a period that started 4 (respectively, 2) weeks from yesterday.
- **How much did you pay out-of-pocket:** this includes also the situation when the medicines are paid by another member of the household (e.g., a man living together with his mother pays for her medicines). If the medicines are paid by a person who is not member of the household, no amount is reported.

# EUROPEAN HEALTH DETERMINANTS MODULE

## Introduction 21

Now I'm going to ask you about your height and weight.

### **BMI.1**

#### *1) Question*

**How tall are you without shoes?**

\_\_\_\_\_ cm

- don't know ☐ 998
- refusal ☐ 999

---

#### *2) Guidelines*

- **General concept:** body height
- **Can be used for children below 15 (optional national initiative):** yes
- **Use of proxy interview:** not allowed
- **Use for institutionalized persons (optional national initiative):** to be completed
- **How tall are you without shoes:** body length measured without wearing shoes.

## **BMI.2**

### *1) Question*

**How much do you weigh without clothes and shoes?**

\_\_\_ kg

- don't know ☐ 998
- refusal ☐ 999

---

### *2) Guidelines*

- **General concept:** body weight
- **Can be used for children below 15 (optional national initiative):** yes
- **Use of proxy interview:** not allowed
- **Use for institutionalized persons (optional national initiative):** to be completed
  
- **weigh without clothes and shoes:** bodyweight measured when the person is naked. Respondent is allowed to answer in kilograms, stones and pounds or pounds.
- **Check whether women ...:** women aged 50 or younger should be checked whether they are pregnant and weight before pregnancy should be noted.
- **Ask for an estimate:** an estimate should only be asked when respondent indicates that she/he doesn't know the exact answer.

## Introduction 22

Now I am going to ask you about the time you spent being physically active in the past 7 days. Please answer each question even if you do not consider yourself to be an active person. Think about the activities you do at work, as part of your house and yard work, to get from place to place, and in your spare time for recreation, exercise or sport.

---

### *Guidelines*

- **in the past seven days:** refers to a period, namely the previous seven days until today. It is not equal to a week, as this can be understood as a period that starts on a Monday.
- **Think about the activities you do at work, as part of your house and yard work, to get from place to place, and in your spare time:** all physical activities should be included in different domains, which could be leisure (recreation and competition), domestic and gardening (household), work or transportation.
- **moderate activities, vigorous activities and walking:** Activities are ordered in 2 groups, according to their energy requirements. Examples are given. Walking is a separate kind of activity that should not be included with moderate or vigorous activities.

## **PE.1**

### ***1) Question***

Think about all the *vigorous* activities which take *hard physical effort* that you did in the last 7 days. Vigorous activities make you breathe much harder than normal and may include heavy lifting, digging, aerobics, or fast bicycling. Think only about those physical activities that you did for at least 10 minutes at a time.

**During the past 7 days, on how many days did you do vigorous physical activities?**

☐ Days per week

- don't know ☐ 8
- refusal ☐ 9

**INTERVIEWER CLARIFICATION:** THINK ONLY ABOUT THOSE PHYSICAL ACTIVITIES THAT YOU DO FOR AT LEAST 10 MINUTES AT A TIME.

**INTERVIEWER NOTE:** IF RESPONDENT ANSWERS ZERO, REFUSES OR DOES NOT KNOW, SKIP TO QUESTION PE.3. OTHERWISE ASK PE.2.

---

### ***2) Guidelines***

- **General concept:** number of days with vigorous physical activity during the past 7 days
- **Can be used for children below 15 (optional national initiative):** no
- **Use of proxy interview:** not allowed
- **Use for institutionalized persons (optional national initiative):** to be completed
  
- **During the past 7 days how much time did you spend:** the total amount of time during the period, namely the previous seven days until today.
- **Vigorous activities:** activities that take hard physical effort and make the person to breathe much harder than normal. If better understood, "breathe much harder" could be replaced by "breath much more frequent".
- Examples of vigorous activities:
  - Job-related: heavy lifting, digging, heavy construction, climbing up stairs as part of work
  - Household: heavy lifting, chopping woods, shovelling snow, digging in the garden or yard
  - Leisure: aerobics, running, fast bicycling, fast swimming
- These examples of activities could be replaced by national relevant examples with the same level of physical effort.

## **PE.2**

### ***1) Question***

**During the past 7 days, how much time did you spend doing vigorous physical activities?**

INTERVIEWER PROMPT ONLY IF NECESSARY "AN ESTIMATE IS ACCEPTABLE".

\_\_ hours

\_\_ minutes

- |              |                             |                             |
|--------------|-----------------------------|-----------------------------|
| • don't know | <input type="checkbox"/> 98 | <input type="checkbox"/> 98 |
| • refusal    | <input type="checkbox"/> 99 | <input type="checkbox"/> 99 |

---

### ***2) Guidelines***

- **General concept:** duration of performing vigorous physical activity during the past 7 days
- **Can be used for children below 15 (optional national initiative):** no
- **Use of proxy interview:** not allowed
- **Use for institutionalized persons (optional national initiative):** to be completed
  
- **During the past 7 days how much time did you spend:** the total amount of time during the period, namely the previous seven days until today.

## **PE.3**

### ***1) Question***

Now think about activities which take *moderate physical effort* that you did in the past 7 days. Moderate physical activities make you breathe somewhat harder than normal and may include carrying light loads, bicycling at a regular pace, or doubles tennis. Do not include walking. Again, think about only those physical activities that you did for at least 10 minutes at a time.

**During the past 7 days, on how many days did you do moderate physical activities?**

☐ Days per week

- don't know ☐ 8
- refusal ☐ 9

**INTERVIEWER CLARIFICATION:** THINK ONLY ABOUT THOSE PHYSICAL ACTIVITIES THAT YOU DO FOR AT LEAST 10 MINUTES AT A TIME.

**INTERVIEWER NOTE:** IF RESPONDENT ANSWERS ZERO, REFUSES OR DOES NOT KNOW, SKIP TO QUESTION PE.5. OTHERWISE ASK PE.4.

---

### ***2) Guidelines***

- **General concept:** number of days with moderate physical activity during the past 7 days
- **Can be used for children below 15 (optional national initiative):** no
- **Use of proxy interview:** not allowed
- **Use for institutionalized persons (optional national initiative):** to be completed
  
- **During the past 7 days how much time did you spend:** the total amount of time during the period, namely the previous seven days until today.
- **Moderate activities:** activities that take moderate physical effort and make the person to breath somewhat harder than normal.
- Examples of moderate activities: carrying light loads, washing windows, ranking in the garden or yard, sweeping, bicycling or swimming at a regular pace, double tennis.
- The examples of activities could be replaced by national relevant examples with the same level of physical effort.



## **PE.4**

### ***1) Question***

**During the past 7 days, how much time did you spend doing moderate physical activities?**

INTERVIEWER PROMPT ONLY IF NECESSARY "AN ESTIMATE IS ACCEPTABLE".

\_\_ hours

\_\_ minutes

- |              |                             |                             |
|--------------|-----------------------------|-----------------------------|
| • don't know | <input type="checkbox"/> 98 | <input type="checkbox"/> 98 |
| • refusal    | <input type="checkbox"/> 99 | <input type="checkbox"/> 99 |

---

### ***2) Guidelines***

- **General concept:** duration of performing moderate physical activity during the past 7 days
- **Can be used for children below 15 (optional national initiative):** no
- **Use of proxy interview:** not allowed
- **Use for institutionalized persons (optional national initiative):** to be completed
  
- **During the past 7 days how much time did you spend:** the total amount of time during the period, namely the previous seven days until today.

## **PE.5**

### ***1) Question***

Now think about the time you spent walking in the past 7 days. This includes at work and at home, walking to travel from place to place, and any other walking that you might do solely for recreation, sport, exercise, or leisure.

**During the past 7 days, on how many days did you walk for at least 10 minutes at a time?**

☐ Days per week

- don't know ☐ 8
  - refusal ☐ 9
- 

### ***2) Guidelines***

- **General concept:** number of days walking for at least 10 minutes at a time during the past 7 days
- **Can be used for children below 15 (optional national initiative):** no
- **Use of proxy interview:** not allowed
- **Use for institutionalized persons (optional national initiative):** to be completed
- **During the past 7 days how much time did you spend:** the total amount of time during the period, namely the previous seven days until today.

## **PE.6**

### ***1) Question***

**INTERVIEWER CLARIFICATION:** THINK ONLY ABOUT THE WALKING THAT YOU DO FOR AT LEAST 10 MINUTES AT A TIME.

**INTERVIEWER NOTE:** IF RESPONDENT ANSWERS ZERO, REFUSES OR DOES NOT KNOW, SKIP TO INTRODUCTION 23. OTHERWISE ASK PE.6.

**During the past 7 days, how much time did you spend walking?**

INTERVIEWER PROMPT ONLY IF NECESSARY "AN ESTIMATE IS ACCEPTABLE".

hours

minutes

• don't know ☐ 98

☐ 98

• refusal ☐ 99

☐ 99

---

### ***2) Guidelines***

- **General concept:** duration of walking for at least 10 minutes at a time during the past 7 days
- **Can be used for children below 15 (optional national initiative):** no
- **Use of proxy interview:** not allowed
- **Use for institutionalized persons (optional national initiative):** to be completed
- **During the past 7 days how much time did you spend:** the total amount of time during the period, namely the previous seven days until today.

## Introduction 23

Next questions concern the consumption of fruits and vegetables

### **FV.1**

#### *1) Question*

**How often do you eat fruits (excluding juice)?**

- Twice or more a day ☐ 1
  - Once a day ☐ 2
  - Less than once a day but at least 4 times a week ☐ 3
  - Less than 4 times a week, but at least once a week ☐ 4
  - Less than once a week ☐ 5
  - Never ☐ 6
  
  - don't know ☐ 8
  - refusal ☐ 9
- 

#### *2) Guidelines*

- **General concept:** frequency of eating fruits (juice excluded)
- **Can be used for children below 15 (optional national initiative):** yes
- **Use of proxy interview:** not allowed
- **Use for institutionalized persons (optional national initiative):** to be completed
  
- The fruits can be fresh, frozen, canned or dried. Also, they can be cut in small pieces or mashed (puréed).
- In case the respondent eats regularly, in one occasion, a considerable quantity of fruits (for instance, more than 2 handfuls of fruits) it should be considered as several times consumption.

## **FV.2**

### ***1) Question***

**How often do you eat vegetables or salad (excluding juice and potatoes)?**

- Twice or more a day ☐ 1
  - Once a day ☐ 2
  - Less than once a day but at least 4 times a week ☐ 3
  - Less than 4 times a week, but at least once a week ☐ 4
  - Less than once a week ☐ 5
  - Never ☐ 6
  
  - don't know ☐ 8
  - refusal ☐ 9
- 

### ***2) Guidelines***

- **General concept:** frequency of eating vegetables or salad (juice and potatoes excluded)
- **Can be used for children below 15 (optional national initiative):** yes
- **Use of proxy interview:** not allowed
- **Use for institutionalized persons (optional national initiative):** to be completed
  
- The vegetables can be fresh, frozen, canned or cooked.

## **FV.3**

### *1) Question*

#### **How often do you drink fruit- or vegetable - juice?**

- Twice or more a day ☐ 1
  - Once a day ☐ 2
  - Less than once a day but at least 4 times a week ☐ 3
  - Less than 4 times a week, but at least once a week ☐ 4
  - Less than once a week ☐ 5
  - Never ☐ 6
  
  - don't know ☐ 8
  - refusal ☐ 9
- 

### *2) Guidelines*

- **General concept:** frequency of drinking fruit- or vegetable- juice
- **Can be used for children below 15 (optional national initiative):** yes
- **Use of proxy interview:** not allowed
- **Use for institutionalized persons (optional national initiative):** to be completed
  
- Only the 100% fruit- or vegetable- juice is considered.

## Introduction 24

Next questions concern the environment where you live and work and social support.

### **EN.1**

#### *1) Question*

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

INTERVIEWER: HAND SHOWCARD 10 WITH THE RESPONSE CATEGORIES.

	Severely exposed	Somewhat exposed	Not exposed	Don't know	Refusal
• Noise (as road traffic, train traffic, airplane traffic, factories, neighbours, animals, restaurant/bars/disco)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 8	<input type="checkbox"/> 9
• Air pollution (fine dust, grime, dust, fume, ozone)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 8	<input type="checkbox"/> 9
• Bad smells (from the industry, from the agriculture, sewer, waste)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 8	<input type="checkbox"/> 9

---

#### *2) Guidelines*

- **General concept:** whether the respondent feels as being exposed at home to any of the mentioned factors
- **Can be used for children below 15 (optional national initiative):** yes
- **Use of proxy interview:** not allowed
- **Use for institutionalized persons (optional national initiative):** to be completed
- **Thinking about the past 12 months:** a period of 12 months that started one year from the month of the interview.
- **Exposed** means the existence of the mentioned conditions.
- Only the noise from factors external to the household premises have to be considered (i.e. the noise produced by the household or one member of the household is excluded).
- Air pollution means that the breathing air is contaminated by agents such as fine dust, grime, dust, fume, ozone.

## EN.2

### *1) Question*

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

INTERVIEWER: HAND SHOWCARD 10 WITH THE RESPONSE CATEGORIES.

	Severely exposed	Somewhat exposed	Not exposed	Don't know	Refusal
• Crime, violence or vandalism in the area	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 8	<input type="checkbox"/> 9

---

### *2) Guidelines*

- **General concept:** whether the respondent feels as being exposed to ‘crime, violence or vandalism at home or in the area’
- **Can be used for children below 15 (optional national initiative):** yes
- **Use of proxy interview:** not allowed
- **Use for institutionalized persons (optional national initiative):** to be completed
- **Thinking about the past 12 months:** a period of 12 months that started one year from the month of the interview.
- **Area** refers to the place situated close to the place of residence.
- **Violence** refers to the use of physical force against another person or group that results in physical, sexual or psychological harm. Both real experiences of such actions and a feeling of the threat of such actions are covered.



INTERVIEWER: QUESTION EN.3 IS TO BE ASKED ONLY FOR RESPONDENTS WORKING (CODE 1 IN HH.8 IN THE BACKGROUND MODULE). FOR THE OTHERS, GO TO QUESTION EN.4.

## EN.3

### 1) Question

**At your workplace, to what extent are you exposed to ...?**

INTERVIEWER: HAND SHOWCARD 10 WITH THE RESPONSE CATEGORIES.

	Severely exposed	Somewhat exposed	Not exposed	Don't know	Refusal
• Harassment or bullying	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 8	<input type="checkbox"/> 9
• Discrimination	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 8	<input type="checkbox"/> 9
• Violence or threat of violence	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 8	<input type="checkbox"/> 9
• Time pressure or overload of work	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 8	<input type="checkbox"/> 9
• Chemicals, dust, fumes, smoke or gases	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 8	<input type="checkbox"/> 9
• Noise or vibration	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 8	<input type="checkbox"/> 9
• Difficult work postures, work movements or handling of heavy loads	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 8	<input type="checkbox"/> 9
• Risk of accident	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 8	<input type="checkbox"/> 9

### 2) Guidelines

- **General concept:** whether at the workplace the person has particular exposure to any of the mentioned factors. So the question refers to a personal exposure, not to the existence of such situations, but affecting other persons/colleagues at the workplace
- **Can be used for children below 15 (optional national initiative):** no
- **Use of proxy interview:** not allowed
- **Use for institutionalized persons (optional national initiative):** to be completed
- **Workplace** refers to the usual geographical environment of work, usually it is the local unit or establishment where the respondent carries out his/her work activities, but for certain workers (e.g. forestry workers, firemen) it should be taken as the general environment where the work is usually carried out.

- **Exposed** refers to existence of the mentioned factors (harassment or bullying, violence or threat of violence, etc.). These factors may be due to either other people working in the same workplace or clients etc. not working but visiting the workplace. The following definitions apply to the exposures mentioned:
  - **Harassment and bullying** refer to an intentional behaviour against another person or group that can result in harm to physical, mental, spiritual, moral or social development (a term psychological violence is also sometimes used and is included in this category).
  - **Discrimination** refers to a special treatment or consideration given to a person because of his/her personal characteristics or the category of persons to which he/she belongs to.
  - **Violence or threat of violence** refers to the use of physical force against another person or group that results in physical, sexual or psychological harm. Both real experiences of such actions and a feeling of the threat of such actions are covered. Violence is not necessarily from a colleague, superior or subordinated person, but also from another person interacting with the respondent while he is at work (for instance, a client or a supplier).
  - **Time pressure and overload of work** refer to demands concerning either the time during which the work needs to be executed or demands concerning the amount of work to be executed and these demands going beyond the abilities and resources of the person.
  - **Chemicals, dust, fumes, smoke or gases** refer to handling, touching, inhaling etc. of agents (chemicals, dusts, fumes etc.)
  - **Noise or vibration:** the noise is not necessarily from the place where the person works. The source of noise can be outside the premises where the person works (e.g. street noise).
- Factors such as radiation, magnetic fields, thermal discomfort (extremely high or low temperatures or radical changes in temperature) and visual discomfort (reflected glare, bright sunlight, unshaded lamps and etc) are not counted.
- A person with more than one job should consider all of them when answering.

## **EN.4**

### ***1) Question***

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

- |               |                            |
|---------------|----------------------------|
| • None        | <input type="checkbox"/> 1 |
| • 1 or 2      | <input type="checkbox"/> 2 |
| • 3 to 5      | <input type="checkbox"/> 3 |
| • More than 5 | <input type="checkbox"/> 4 |
| • don't know  | <input type="checkbox"/> 8 |
| • refusal     | <input type="checkbox"/> 9 |
- 

### ***2) Guidelines***

- **General concept:** number of persons on whom the respondent can rely on when help is needed
- **Can be used for children below 15 (optional national initiative):** no
- **Use of proxy interview:** not allowed
- **Use for institutionalized persons (optional national initiative):** to be completed
  
- **How many people:** both family and non-family members (neighbours, colleagues, friends) are considered.
- **Serious personal problems:** the respondent can count on for help, advice, money

## SELF-COMPLETION FORM

The questions have to be answered personally. Before giving an answer, read attentively the question and its response categories. Place an X in one box that best describes your answer to each question or write figures in the open boxes   .

Instructions following the sign "→" near a box indicate the question to which you should go after marking the answer into that box. In case that the marked box is not followed by the sign "→", you should go to the next question.

Mark one box per question, unless suggested otherwise (i.e. 'more answers are possible').

Your answers will remain confidential so please be honest.

---

### *Note*

The indication of allowing or not a proxy interview for the questions included in this part should be considered only in those cases where the questions are not included in a self-completion form.

## Questions on smoking

### SK.1

#### *1) Question*

**Do you smoke at all nowadays?**

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

#### *2) Guidelines*

- **General concept:** occurrence of current smoking
- **Can be used for children below 15 (optional national initiative):** no
- **Use of proxy interview:** allowed
- **Use for institutionalized persons (optional national initiative):** to be completed
  
- **Do you smoke at all nowadays:** asks whether respondent currently/actual smokes, regardless of the amount.
- **smoke:** breathing in and out of the smoke of tobacco products (manufactured cigarettes, hand-rolled cigarettes, cigars, pipes, etc.)

## **SK.2**

### *1) Question*

**What tobacco product do you smoke each day?**

More answers are possible

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

### *2) Guidelines*

- **General concept:** the tobacco product(s) that is (are) smoked every day
- **Can be used for children below 15 (optional national initiative):** no
- **Use of proxy interview:** allowed
- **Use for institutionalized persons (optional national initiative):** to be completed
  
- The term “**pipeful**” refers to the content of a full pipe.
- Other - water-pipe, other national specific products

## **SK.3**

### *1) Question*

**On average, how many cigarettes, cigars or pipefuls do you smoke each day?**

Manufactured cigarettes     

Hand-rolled cigarettes     

Cigars       → GO TO SK.5

Pipefuls of tobacco     

Other     

---

### *2) Guidelines*

- **General concept:** amount of tobacco smoked per day
- **Can be used for children below 15 (optional national initiative):** no
- **Use of proxy interview:** allowed
- **Use for institutionalized persons (optional national initiative):** to be completed
- **On average:** Prefer the mathematical term average above terms such as “generally” or “usually”.
- **pipefuls of tobacco:** the full content of a pipe, regardless of smoking intervals.
- **per day:** during a complete day that ends when the person goes to bed again, regardless of the time (even after midnight).

## **SK.4**

### *1) Question*

Have you ever smoked (cigarettes, cigars, pipes) daily, or almost daily, for at least one year?

- Yes ☐ 1
  - No ☐ 2 → GO TO SK.6
- 

### *2) Guidelines*

- **General concept:** occurrence of 1 year daily smoking during lifetime
- **Can be used for children below 15 (optional national initiative):** no
- **Use of proxy interview:** allowed
- **Use for institutionalized persons (optional national initiative):** to be completed
  
- **ever smoked daily, or almost daily, for at least one year:** refers to a period of at least one year while smoking daily or almost daily, regardless of the daily amount.



## **SK.5**

### *1) Question*

**For how many years have you smoked daily? Count all separate periods of smoking daily. If you don't remember the exact number of years, please give an estimate.**

\_\_\_ years

---

### *2) Guidelines*

- **General concept:** number of years of daily smoking
- **Can be used for children below 15 (optional national initiative):** no
- **Use of proxy interview:** not allowed
- **Use for institutionalized persons (optional national initiative):** to be completed

## **SK.6**

### *1) Question*

**How often are you exposed to tobacco smoke indoors at home?**

- Never or almost never ☐ 1
  - Less than 1 hour per day ☐ 2
  - 1-5 hours a day ☐ 3
  - More than 5 hours a day ☐ 4
- 

### *2) Guidelines*

- **General concept:** frequency of exposure to indoor smoke at home
- **Can be used for children below 15 (optional national initiative):** yes
- **Use of proxy interview:** allowed
- **Use for institutionalized persons (optional national initiative):** to be completed
  
- **How often are you exposed to tobacco smoke:** aims to measure whether respondent is (more or less) frequently in rooms where other people smoke or have smoked.
- **indoors at home:** refers to inside the house where the person lives.

## **SK.7**

### *1) Question*

**How often are you exposed to tobacco smoke indoors in public places and transport (bars, restaurants, shopping malls, arenas, bingo halls, bowling alleys, trains, metro, bus)?**

- Never or almost never ☐ 1
  - Less than 1 hour per day ☐ 2
  - 1-5 hours a day ☐ 3
  - More than 5 hours a day ☐ 4
- 

### *2) Guidelines*

- **General concept:** frequency of exposure to indoor smoke at home
- **Can be used for children below 15 (optional national initiative):** yes
- **Use of proxy interview:** not allowed
- **Use for institutionalized persons (optional national initiative):** to be completed
  
- **How often are you exposed to tobacco smoke:** aims to measure whether respondent is (more or less) frequently in rooms where other people smoke or have smoked.
- **indoors in public places and transport:** refers to inside the public places or transport where the person stays.

## **SK.8**

### *1) Question*

**How often are you exposed to tobacco smoke indoors at your workplace?**

- Never or almost never ☐ 1
  - Less than 1 hour per day ☐ 2
  - 1-5 hours a day ☐ 3
  - More than 5 hours a day ☐ 4
  - Not relevant (don't work or don't work indoors) ☐ 5
- 

### *2) Guidelines*

- **General concept:** frequency of exposure to indoor smoke at the workplace
- **Can be used for children below 15 (optional national initiative):** no
- **Use of proxy interview:** not allowed
- **Use for institutionalized persons (optional national initiative):** to be completed
  
- **How often are you exposed to tobacco smoke:** aims to measure whether respondent is (more or less) frequently in indoor areas where other people smoke or have smoked.
- **indoors at your workplace:** refers to inside the building where the person works.

## Questions on drinking alcohol

### Introduction

The following questions are about your use of alcoholic beverages during the past 12 months.

### AL.1

#### *1) Question*

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

- |                        |  |
|------------------------|--|
| • Never                | <input type="checkbox"/> 1 → GO TO QUESTIONS ON USE OF DRUGS |
| • Monthly or less      | <input type="checkbox"/> 2 → GO TO QUESTIONS ON USE OF DRUGS |
| • 2 to 4 times a month | <input type="checkbox"/> 3 → GO TO AL.3                      |
| • 2 to 3 times a week  | <input type="checkbox"/> 4                                   |
| • 4 or 6 times a week  | <input type="checkbox"/> 5                                   |
| • Every day            | <input type="checkbox"/> 6                                   |

---

#### *2) Guidelines*

- **General concept:** frequency of alcohol use during the past 12 months
- **Can be used for children below 15 (optional national initiative):** no
- **Use of proxy interview:** allowed
- **Use for institutionalized persons (optional national initiative):** to be completed
- **During the past 12 months:** a period of 12 months that started one year from the date of the interview (ex: the time period between the 15 April N-1 and the 14 April N for an interview carried out on 15 April N).
- **How often have you had an alcoholic drink of any kind:** aims to measure frequency of use (the number of drinking days) of all drinks that contain alcohol, regardless of the kind of drink or the quantity.
- **that is, beer, lager, shandy, wine, spirits, liqueurs or other alcoholic beverages:** a list of kinds of alcoholic drinks that are more popular in a specific country. Should be adapted accordingly.
- **“never” to “every day”:** 6 response categories that are mutual exclusive and that describe the continuum from never to daily.

## AL.2

### 1) Question

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

		No. of drinks		No. of drinks		No. of drinks		No. of drinks		No. of drinks
Monday	Beer	<input type="text"/>	Wine	<input type="text"/>	Liqueur	<input type="text"/>	Spirits	<input type="text"/>	Other local alcoholic beverage <sup>21</sup>	<input type="text"/>
Tuesday	Beer	<input type="text"/>	Wine	<input type="text"/>	Liqueur	<input type="text"/>	Spirits	<input type="text"/>	Other local alcoholic beverage	<input type="text"/>
Wednesday	Beer	<input type="text"/>	Wine	<input type="text"/>	Liqueur	<input type="text"/>	Spirits	<input type="text"/>	Other local alcoholic beverage	<input type="text"/>
Thursday	Beer	<input type="text"/>	Wine	<input type="text"/>	Liqueur	<input type="text"/>	Spirits	<input type="text"/>	Other local alcoholic beverage	<input type="text"/>
Friday	Beer	<input type="text"/>	Wine	<input type="text"/>	Liqueur	<input type="text"/>	Spirits	<input type="text"/>	Other local alcoholic beverage	<input type="text"/>
Saturday	Beer	<input type="text"/>	Wine	<input type="text"/>	Liqueur	<input type="text"/>	Spirits	<input type="text"/>	Other local alcoholic beverage	<input type="text"/>
Sunday	Beer	<input type="text"/>	Wine	<input type="text"/>	Liqueur	<input type="text"/>	Spirits	<input type="text"/>	Other local alcoholic beverage	<input type="text"/>

### 2) Guidelines

- **General concept:** amount of alcohol on a drinking day
- **Can be used for children below 15 (optional national initiative):** no
- **Use of proxy interview:** not allowed
- **Use for institutionalized persons (optional national initiative):** to be completed
- **How many drinks:** specific units of alcohol are measured
- **"drinks"** could be replaced by "glasses" in case there is no national term for it. The drinks or the glasses have to be indicated by the countries for each type of alcoholic beverages.
- **Typical week when you are drinking:** refers to a week when respondent drinks any alcohol, regardless of dose or kind.

**Each country has to indicate the meaning of drink<sup>22</sup> for each type of alcoholic beverage, knowing that 1 drink contains 10 g of pure alcohol**

<sup>21</sup> Shall be replaced by the name of a specific local alcoholic beverage.

## AL.3

### *1) Question*

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

- Never ☐ 1
  - Less than monthly ☐ 2
  - Monthly ☐ 3
  - Weekly ☐ 4
  - Daily or almost daily ☐ 5
- 

### *2) Guidelines*

- **General concept:** frequency of binge drinking
- **Can be used for children below 15 (optional national initiative):** no
- **Use of proxy interview:** not allowed
- **Use for institutionalized persons (optional national initiative):** to be completed
  
- **During the past 12 months, how often:** refers to the frequency during the period of 12 months that started one year from the date of the interview (ex: the time period between the 15 April N-1 and the 14 April N for an interview carried out on 15 April N).
- **6 or more drinks:** specific units of alcohol are measured
- **"drinks"** could be replaced by "glasses" in case there is no national term for it. The drinks or the glasses have to be indicated by the countries for each type of alcoholic beverages.
- **on one occasion:** this refers to a situation when the person had 6 or more drinks (in a bar, party, etc.). It doesn't necessarily refer to a full day.
- "monthly" means approximately one time per month.

---

<sup>22</sup> Serve sizes or container sizes, as well as the strength of the beverages might differ from a country to another. Therefore, it is proposed that each country defines a 'drink' on the basis of typical servings of beer, wine, liqueurs, spirits and other local alcoholic beverages and their strength, knowing that 1 drink is equivalent to 10 grams of pure alcohol (chemically known as ethanol). Information on how to calculate the content of pure alcohol in a drink can be found in the WHO paper "AUDIT. The Alcohol Use Disorders Identification Test. Guidelines for Use in Primary Care" ([http://whqlibdoc.who.int/hq/2001/WHO\\_MSD\\_MSB\\_01.6a.pdf](http://whqlibdoc.who.int/hq/2001/WHO_MSD_MSB_01.6a.pdf)). Useful information might provide also the WHO paper "International guide for monitoring alcohol consumption and related harm" ([http://whqlibdoc.who.int/hq/2000/WHO\\_MSD\\_MSB\\_00.4.pdf](http://whqlibdoc.who.int/hq/2000/WHO_MSD_MSB_00.4.pdf)).

Illustrative examples of 1 drink could be found at (in French):  
<http://www.irdes.fr/Publications/Bulletins/QuestEco/pdf/qesnum97.pdf>

## Questions on use of drugs

### Introduction

I would now like to ask about the use of drugs, such as hashish/ marijuana (also known as cannabis), cocaine, etc.

## CN.1

### *1) Question*

**Do you personally know people who take cannabis (or term best understood by respondent<sup>23</sup>)?**

- Yes ☐ 1
  - No ☐ 2
- 

### *2) Guidelines*

- **General concept:** occurrence of cannabis use among relatives, friends or acquaintances
- **Can be used for children below 15 (optional national initiative):** no
- **Use of proxy interview:** not allowed
- **Use for institutionalized persons (optional national initiative):** to be completed
  
- **hashish and marijuana, also known as cannabis:** hashish and marijuana are the 2 kinds of cannabis.
- **(or term best understood by respondent):** Local groups know hashish, marijuana and cannabis also by other names (such as, hash, weed). These names should be written here.
- **Do you personally know people who take cannabis:** aims to measure whether respondent herself/himself knows at least one person who takes cannabis.
- In many countries, herbal cannabis and cannabis resin are formally known as marijuana and hashish (or just 'hash') respectively. Cannabis cigarettes may be termed reefers, joints or spliffs. Street terms for cannabis/cannabis resin include bhang, charas, pot, dope, ganja, hemp, weed, blow, grass and many others (source: EMCDDA).

---

<sup>23</sup> Countries might suggest specific terms to the interviewers to be used in this question - local and temporary slang – hash, weed.



## CN.2

### *1) Question*

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

- Yes ☐ 1
  - No ☐ 2
- 

### *2) Guidelines*

- **General concept:** occurrence of a cannabis use
- **Can be used for children below 15 (optional national initiative):** no
- **Use of proxy interview:** not allowed
- **Use for institutionalized persons (optional national initiative):** to be completed
  
- **During the past 12 months:** a period of 12 months that started one year from the date of the interview (ex: the time period between the 15 April N-1 and the 14 April N for an interview carried out on 15 April N).
- **have you taken any ...:** refers to use of a specific illicit drug, regardless of the amount.

## **CN.3**

### *1) Question*

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

- Yes ☐ 1
  - No ☐ 2
- 

### *2) Guidelines*

- **General concept:** occurrence of other drugs use user among relatives, friends or acquaintances
- **Can be used for children below 15 (optional national initiative):** no
- **Use of proxy interview:** not allowed
- **Use for institutionalized persons (optional national initiative):** to be completed
  
- **Do you personally know people who take cannabis:** aims to measure whether respondent herself/himself knows at least one person who takes other drugs.
- Cocaine, ecstasy, amphetamines, opioids (largely heroin), LSD, hallucinogenic mushrooms

## CN.4

### *1) Question*

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

- Yes ☐ 1
  - No ☐ 2
- 

### *2) Guidelines*

- **General concept:** occurrence of other drugs use
- **Can be used for children below 15 (optional national initiative):** no
- **Use of proxy interview:** not allowed
- **Use for institutionalized persons (optional national initiative):** to be completed
  
- **During the last 12 months:** a period of 12 months ending today.
- **have you taken any ...:** refers to use of a other illicit drugs, regardless of the amount.
- In illicit use, cocaine is typically snorted (insufflated), following which it is absorbed through the nasal mucosa. Crack is a smokable form of cocaine. Injection of cocaine is less common. Street terms include coke, snow, charlie and a wide variety of others in use depending on location and setting. (source: EMCDDA web site).
- Amphetamine is a synthetic substance that may be ingested, snorted and, less commonly, injected.
- Ecstasy: is almost always used orally (ingested), but the powdered form could also be snorted, inhaled or injected. Street terms include Adam and XTC.
- Heroin: A large number of street terms are in use, including horse, smack, shit and brown
- Other similar substances: A substance that produces as a main effect perceptual distortions, especially visual and auditory. The effects can also extend beyond perceptions to changes of thought, mood and personality integration (self-awareness).

# EUROPEAN BACKGROUND VARIABLES MODULE

## SECOND PART

INTERVIEWER: NEXT QUESTIONS WILL BE ASKED TO THE:

- HOUSEHOLD REFERENCE PERSON OR SPOUSE/PARTNER IN THE CASE OF A SAMPLE OF HOUSEHOLDS
- INTERVIEWED PERSON IN THE CASE OF A SAMPLE OF INDIVIDUALS

### Introduction

I would like to ask some questions about the income of your household.

### **IN.1**

#### *1) Question*

**This card shows various possible sources of income. Can you please tell me which kinds of income you and the other members of your household receive?**

INTERVIEWER: HAND SHOWCARD 11; THE SOURCES OF INCOME FOR ALL HOUSEHOLD MEMBERS HAVE TO BE REPORTED. MULTIPLE ANSWERS ARE POSSIBLE

- Income from work (as employee or self-employed) ☐ 01
- Unemployment benefits ☐ 02
- Old-age or survivor's benefits ☐ 03
- Sickness or disability benefits ☐ 04
- Family/children related allowances ☐ 05
- Housing allowances ☐ 06
- Education-related allowance ☐ 07
- Other regular benefits ☐ 08
- No source of income ☐ 09
- Don't know ☐ 98
- Refusal ☐ 99

---

## 2) Guidelines

- **General concept:** sources of income of the household
- **Can be used for children below 15 (optional national initiative):** no
- **Use of proxy interview:** allowed
- **Use for institutionalized persons (optional national initiative):** to be completed
- *Household income:* The income of all persons who are currently members of the household at the date of the interview as well as the income received by the household as a whole are to be taken into account.
- **Sources of income:**
  - (a) Income from work:
    - Wages and salary earnings (including bonuses regularly paid at the time of each payment – such as regular overtime hours, bonuses for team, night or weekend work, tips and commissions) for the most recent month before the interview (or the monthly average for a recent period if this is easier to collect or estimate); net of amounts deducted at source for tax and contributions to social insurance and pensions;
    - For income from self-employment, the respondents can be asked for an estimate of their (usual) monthly disposable income, taking into account drawings from their own business. Alternatively, monthly trading profit estimates could be supplied, together with an estimate for income tax payable. Negative income (eg. trading losses) should be treated as zero amounts.
  - PLUS
  - (b) Income from social benefits (unemployment benefits, old age and survivors' benefits, sickness and disability benefits, family/children related allowances, social exclusion allowances not classified elsewhere, housing allowances and education-related allowances).
- For practical reasons, the following income sources are not considered: Income from capital and investments (property, assets, savings, stocks, shares, etc); Imputed rent for owner-occupied accommodation; Value of goods produced for own consumption; Income transfers from other households (for example alimony payments); Employment bonuses that are not paid at each pay period (for instance annual profit shares); End-of-year adjustment(s) for under-/over-deduction of tax and contributions to social insurance and pensions.

## IN.2

### *1) Question*

Thinking of the sources you have mentioned before for you and the other members of your household, do you know what is your household's total net monthly income (that is after deductions for tax, National Insurance etc. )?

- Yes ☐ 1
  - No ☐ 2 → GO TO IN.4
  - refusal ☐ 9
- 

### *2) Guidelines*

- **General concept:** whether the respondent knows the household's total net monthly income
- **Can be used for children below 15 (optional national initiative):** no
- **Use of proxy interview:** allowed
- **Use for institutionalized persons (optional national initiative):** to be completed
  
- **Household's total net monthly income:** income received by the household from different sources
- **Net income** means amounts as the household receives them, which is normally after deduction of tax and contributions to social insurance and pensions, and thus represents the amount available for consumption expenditure.
- **Monthly income** should refer to the monthly average for a recent period or the last monthly payment received before the interview (if this is easier to report); net of any amounts deducted at source for tax and contributions to social insurance and pensions.

## **IN.3**

### ***1) Question***

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

- Amount |\_\_|\_\_|\_\_|\_\_|\_\_|\_\_|\_\_| (national currency) → END OF INTERVIEW
- Refuse to answer ☐ 9999999

INTERVIEWER PROMPT ONLY IF NECESSARY "AN ESTIMATE IS ACCEPTABLE".

---

### ***2) Guidelines***

- **General concept:** net monthly income of the household
- **Can be used for children below 15 (optional national initiative):** no
- **Use of proxy interview:** allowed
- **Use for institutionalized persons (optional national initiative):** to be completed
- In reporting the total net monthly income of the household, the respondent should be consider only the sources indicated in question IN.1
- The exact amount should be asked in a first stage. Only in case the respondent doesn't know or doesn't want to say the exact amount for his household, an approximate amount should be requested instead.



## IN.4

### *1) Question*

Perhaps you can provide the approximate range instead. Would you (please look at this card and) tell me which group represents your household's total net monthly income from all these sources after deductions for income tax, National Insurance etc. Is it ...

INTERVIEWER: HAND SHOWCARD 12

(N.B. THE VALUES OF THE DECILES' LIMITS FOR EACH MEMBER STATE COULD BE TAKEN FROM A NATIONAL SURVEY ON INCOME, SUCH AS EU-SILC SURVEY)

- below 1st decile ☐ 01
- between 1st decile and 2nd decile ☐ 02
- between 2nd decile and 3rd decile ☐ 03
- between 3rd decile and 4th decile ☐ 04
- between 4th decile and 5th decile ☐ 05
- between 5th decile and 6th decile ☐ 06
- between 6th decile and 7th decile ☐ 07
- between 7th decile and 8th decile ☐ 08
- between 8th decile and 9th decile ☐ 09
- above 9th decile ☐ 10
- Refuse to answer ☐ 99

---

### *2) Guidelines*

- **General concept:** the group representing the net monthly income of the household
- **Can be used for children below 15 (optional national initiative):** no
- **Use of proxy interview:** allowed
- **Use for institutionalized persons (optional national initiative):** to be completed
- If the respondent doesn't know the exact or approximate amount for their household, he/she should be requested to indicate the income range (decile) corresponding to the total household net income per month.

# DEN EUROPEISKE HELSEUNDERSØKELSEN

## BAKGRUNNSKJENNETEGN

**IP.1 Land**  BOSTED (LAND) PÅ INTERVJUTIDSPUNKTET

**IP.2 Fylke**  NUTS 2-siffernivå  
REGISTRERES AV INTERVJUER

**IP.3 Urbaniseringsgrad**

- ☐ Tettsted eller by med minst 50 000 innbyggere \_ 1  
☐ Tettsted eller by med færre enn 50 000 innbyggere \_ 2  
☐ Spredtbygd strøk \_ 3

**IP.4 Dato for intervju**  (ddmmåååå)

### DEL B: Personlige kjennetegn

Jeg vil først stille noen spørsmål om husholdet:

**HH.1 Hvor mange personer bor det i husholdet?**

antall personer

**HH.2 Medlemmer av husholdet:**

Person nr	Navn	Kjønn	Fødselsdato	Relasjon til andre i husholdningen			Nåværende økonomisk status2)
				Ektefelles nummer	Mors nummer	Fars nummer	
01							
02							
03							
04							
05							
06							

\* Kod '00' hvis han eller hun ikke er medlem av husholdningen

Kjønn 1. mann, 2. kvinne

Økonomisk status 1. ansatt, sysselsatt, 2. ikke sysselsatt, inaktiv

2) Stilles bare når spørsmål HH.8 ikke stilles til alle husholdsmedlemmer

**HH.3 Hvilket land er du født i?**

- ☐ norsk/født i Norge \_ 1  
☐ født i annet EU/EØS-land \_ 2  
☐ født utenfor EU/EØS-området \_ 3

**HH.4 Hvilke(t) land er du statsborger i?**

- |  |     |
|--|-----|
| <input type="checkbox"/> norsk statsborger | _ 1 |
| <input type="checkbox"/> i et EU/EØS-land  | _ 2 |
| <input type="checkbox"/> i et annet land   | _ 3 |

## HH.5

**Hva er din formelle ekteskapelige status? Er du .....**

**KOD DEN FØRSTE KATEGORIEN SOM PASSER**

- |   |     |
|---|-----|
| <input type="checkbox"/> .. single/enslig, aldri vært gift                            | _ 1 |
| <input type="checkbox"/> .. gift eller i partnerskap                                  | _ 2 |
| <input type="checkbox"/> .. enke/enkemann og ikke gift på nytt                        | _ 3 |
| <input type="checkbox"/> .. skilt, separert, oppløst partnerskap og ikke gift på nytt | _ 4 |

## FILTER 1

ENPERSONHUSHOLD GÅR TIL HH.7

**HH.6 Bor du sammen med noen (i husholdet) som et par?**

- |  |     |
|--|-----|
| <input type="checkbox"/> ja, lever i registrert/i formelt ekteskap/partnerskap | _ 1 |
| <input type="checkbox"/> ja, er samboer/uten å være gift/registrert partner    | _ 2 |
| <input type="checkbox"/> nei   | _ 3 |

**HH.7 Hva er den høyeste utdanningen du har fullført og fått vitemål fra?**

- |  |     |
|--|-----|
| <input type="checkbox"/> ingen formell utdanning, ikke fullført grunnskole (ISCED 0)                                   | _ 1 |
| <input type="checkbox"/> grunnskole (ISCED 1)  | _ 2 |
| <input type="checkbox"/> videregående grunntdanning (grunnkurs, VK1) (ISCED 2)   | _ 3 |
| <input type="checkbox"/> videregående, avsluttende utdanning (VK2,VK3) (ISCED 3)                                       | _ 4 |
| <input type="checkbox"/> påbygging til videregående utdanning<br>(etter videregående, men ikke høyskolenivå) (ISCED 4) | _ 5 |
| <input type="checkbox"/> universitets- og høyskoleutdanning nivå 1 (Bachelor, Master) (ISCED 5)                        | _ 6 |
| <input type="checkbox"/> universitets- og høyskoleutdanning nivå 2 (Forskerutdanning, Phd) (ISCED 6)                   | _ 7 |

Nå følger noen spørsmål om din nåværende arbeidssituasjon.

**HH.8 Hvordan vil du beskrive din nåværende arbeidsstatus? Er du .....**

- |  |                |
|--|----------------|
| <input type="checkbox"/> i lønnsarbeid/mottar lønn*                            | _ 1 → FILTER 2 |
| <input type="checkbox"/> ikke sysselsatt/arbeidsledig                          | _ 2            |
| <input type="checkbox"/> elev, student eller har ulønnet arbeidspraksis        | _ 3            |
| <input type="checkbox"/> førtids- (pensjonert), gått ut av yrkeslivet          | _ 4            |
| <input type="checkbox"/> varig uføretrygdet                                    | _ 5            |
| <input type="checkbox"/> inne til førstegangs militærtjeneste/samfunnstjeneste | _ 6            |
| <input type="checkbox"/> hjemmeværende   | _ 7            |
| <input type="checkbox"/> Annet. Angi   | _ 8            |

\*omfatter ulønnet arbeid i familiebedrift eller foretak, eller som lærling. Omfatter også personer i svangerskapspermisjon, sykefravær og ferie

**HH.9 Har du noen gang hatt inntektsgivende arbeid?**

- |                              |                          |
|------------------------------|--------------------------|
| <input type="checkbox"/> ja  | _ 1                      |
| <input type="checkbox"/> nei | _ 2 → HS.1 (Neste modul) |

## FILTER 2

INTERVJUER: DERSOM HH.8 = 1 SPØR ETTER NÅVÆRENDE ARBEID,  
DERSOM HH.9 = 1 SPØR ETTER TIDLIGERE ARBEID.

**HH.10 Er (var) du ansatt, selvstendig eller arbeidet du uten lønn i en familiebedrift/et familieforetak**

- ☐ ansatt \_ 1  
☐ selvstendig \_ 2 → HH.12  
☐ arbeider i familiebedrift \_ 3 → HH.12

**HH.11 Har (hadde) du fast eller midlertidig ansettelse?**

- ☐ Fast ansettelse, ikke tidsbegrenset \_ 1  
☐ Midlertidig ansettelse, tidsbegrenset \_ 2

**HH.12 Arbeider (arbeidet) du heltid eller deltid? Jeg tenker på arbeid i hovedyrket ditt.**

- ☐ heltid \_ 1  
☐ deltid \_ 2

**HH.13**

**Hvilke yrke har (hadde) du?**

yrkestittel : \_ \_ \_ \_ \_

Beskriv hva du vanligvis gjør (gjorde) i jobben din \_ \_ \_ \_ \_  
\_ \_ \_ \_ \_

(ISCO-88 COM, 2 sifre)

**HH.14**

**Innenfor hvilken bransje/næring jobber du? Da mener jeg hva bedriften/organisasjonen hovedsakelig produserer eller utfører (for eksempel kjemikalier, fiskeri, hotell/restaurant, helse og sosialt arbeid etc)?**

-----  
-----  
\_ \_ \_ \_ \_

(NACE Rev. 2, 2 siffer)

BESKRIV FULLSTENDIG – BRUK PROBING FOR Å FINNE UT OM  
BEDRIFTEN/ORGANISASJONEN DRIVER PRODUKSJON ELLER DISTRIBUTJON ETC. OG  
VIKTIGSTE VARER PRODUSERT, MATERIALER SOM INNGÅR, OM DET ER EN GROS  
ELLER DETALJHANDEL ETC

**HELSESTATUS**

**HS.1**

**Hvordan vurderer du helsen din sånn i alminnelighet? Vil du si at den er ...**

- ☐ .. meget god \_ 1  
☐ .. god \_ 2  
☐ ..verken god eller dårlig \_ 3

- |  |     |
|--|-----|
| <input type="checkbox"/> ..dårlig        | — 4 |
| <input type="checkbox"/> .. meget dårlig | — 5 |
| <input type="checkbox"/> vet ikke        | — 8 |
| <input type="checkbox"/> vil ikke svare  | — 9 |

## HS.2

**Har du varig sykdom eller varige helseproblemer? Med varige mener jeg sykdom eller helseproblemer som har vart eller forventes å vare 6 måneder eller lengre.**

- |   |     |
|---|-----|
| <input type="checkbox"/> ja             | — 1 |
| <input type="checkbox"/> nei            | — 2 |
| <input type="checkbox"/> vet ikke       | — 8 |
| <input type="checkbox"/> vil ikke svare | — 9 |

## HS.3

**Hvis du tenker på hverdagsaktiviteter som folk vanligvis utfører, har du hatt vansker med å utføre slike aktiviteter i de siste 6 månedene på grunn av helseproblemer? Ta bare med vansker som har vart i hele 6-månedersperioden eller lenger.**

**Vil du si at du har hatt...**

- |   |        |
|---|--------|
| <input type="checkbox"/> store vansker                  | -1     |
| <input type="checkbox"/> moderate vansker eller         | -2     |
| <input type="checkbox"/> ingen vansker i det hele tatt? | -3     |
| <br><input type="checkbox"/> Vet ikke                   | <br>-8 |
| <input type="checkbox"/> Vil ikke svare                 | -9     |

## HS.4

Her er en liste over sykdommer og helseproblemer  
VIS KORT MED LISTE OVER SYKDOMMER

**Har du eller har noen gang hatt [.....]?**

- |   |     |
|---|-----|
| <input type="checkbox"/> ja             | — 1 |
| <input type="checkbox"/> nei            | — 2 |
| <input type="checkbox"/> vet ikke       | — 8 |
| <input type="checkbox"/> vil ikke svare | — 9 |

KORT 1

## HS.5

**Har en lege noen gang sagt at du har [.....]?**

- |   |     |
|---|-----|
| <input type="checkbox"/> ja             | — 1 |
| <input type="checkbox"/> nei            | — 2 |
| <input type="checkbox"/> vet ikke       | — 8 |
| <input type="checkbox"/> vil ikke svare | — 9 |

## HS.6

**Har du hatt denne sykdommen i løpet av de siste 12 månedene?**

- ☐ ja \_ 1  
☐ nei \_ 2  
☐ vet ikke \_ 8  
☐ vil ikke svare \_ 9

	HS.4	HS.5	HS.6
Astma (også allergisk astma)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Kronisk bronkitt, (kronisk obstruktiv lungesykdom), emfysem	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hjerteinfarkt, myocarditt?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Iskemisk hjertesykdom? Hjertekramper? (angina pectoris)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Høyt blodtrykk (hypertensjon)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Slag (hjerneblødning, blodpropp i hjernen)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Revmatisk artritt (betennelse i ledd)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Artrose (slitasjegikt, slitasje ledd)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lidelse i korsrygg (nedre rygg) eller annen kronisk rygglidelse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Nakkelidelse eller annen kronisk nakkeskade	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Diabetes/sukkersyke	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Allergi, rhinitt, øyebetennelse, hudutslett eller matallergi (ikke allergisk astma)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Magesår/sår på magesekk eller tolvfingertarm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Leverkirrose, leverproblemer (skrumplever?)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Kreft (ondartet svulst, også leukemi og lymfekreft)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Kraftig hodepine slik som migrene eller annen alvorlig hodepine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Urinlekkasje, inkontinens	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Kronisk angst	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Kronisk depresjon	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Andre psykiske helseproblemer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Varig skade forårsaket av ulykke	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## HS.7

**Har du i løpet av de 12 siste månedene vært involvert i [ .....] som har medført (indre eller ytre) skade?**

VIS KORT 2.

- ☐ ja \_ 1  
☐ nei \_ 2 -> filter3  
☐ vet ikke \_ 8  
☐ vil ikke svare \_ 9

FLERE SVAR ER MULIG

	HS.7	HS.8
Type ulykke:		
Trafikkulykke	<input type="checkbox"/>	<input type="checkbox"/>
Uhell/ulykke på arbeidssted	<input type="checkbox"/>	<input type="checkbox"/>
Uhell/ulykke på skolen	<input type="checkbox"/>	<input type="checkbox"/>
Uhell/ulykke i andre sammenhenger eks. hjemme eller i nærmiljøet	<input type="checkbox"/>	<input type="checkbox"/>

## HS.8

**Var du hos lege, sykepleier eller på legevakt som følge av uhellet eller ulykken?**

- Ja - > HS.8a
- nei

- Vet ikke
- Vil ikke svare

#### HS.8a: Var du hos ...

- |  |     |
|--|-----|
| <input type="checkbox"/> ..lege/sykepleier       | _ 1 |
| <input type="checkbox"/> ..legevakt, akuttmottak | _ 2 |
| <input type="checkbox"/> ..ingen av delene       | _ 3 |
| <input type="checkbox"/> ..vet ikke              | _ 8 |
| <input type="checkbox"/> ..vil ikke svare        | _ 9 |

#### FILTER 3

ER I ARBEID ELLER HAR VÆRT I ARBEID TIDLIGERE (DE SOM ER KODET SOM 1 I H.8 ELLER H.9 I BAKGRUNNSMODULEN)

#### HS.9

**Har du hatt sykdom eller helseplager i løpet av de siste 12 måneder som er forverret av arbeidet ditt eller av arbeid du har hatt tidligere?**

- |   |     |
|---|-----|
| • Nei, (Jeg har ikke vært syk siste 12 måneder)                                     | _ 1 |
| • Nei, (jeg har vært syk siste 12 måneder, men det henger ikke sammen med arbeidet) | _ 2 |
| • Ja, (jeg har vært syk siste 12 måneder og dette henger sammen med arbeidet mitt)  | _ 3 |
| • Vet ikke  | _ 8 |
| • Vil ikke svare  | _ 9 |

#### FILTER 4

TIL PERSONER SOM ER I ARBEID (KODE 1 I H.8 I BAKGRUNNSMODULEN)

#### HS.10

**Har du i løpet av de 12 siste månedene hatt fravær fra jobben på grunn av helseproblemer?**

Tenk på alle typer sykdommer, skader eller helseproblemer som du har hatt og som resulterte i fravær fra arbeidet.

- |   |                      |
|---|----------------------|
| <input type="checkbox"/> ja             | _ 1                  |
| <input type="checkbox"/> nei            | _ 2 → INTRODUKSJON 3 |
| <input type="checkbox"/> vet ikke       | _ 8 →                |
| <input type="checkbox"/> vil ikke svare | _ 9 →                |

#### HS.11

**Hvor mange dager har du hatt fravær fra jobben til sammen siste 12 måneder?**

ET ESTIMAT ER TILSTREKKELIG

- |   |              |
|---|--------------|
| <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> | antall dager |
| <input type="checkbox"/> vet ikke   | _ 998        |
| <input type="checkbox"/> vil ikke svare   | _ 999        |

**De neste spørsmålene handler om situasjoner du står overfor i hverdagen. Se bort fra forbigående problemer.**

DERSOM IO ER BLIND, KOD 3 I PL.1. ANDRE GÅ TIL PL.4

### PL.1

#### Bruker du briller eller kontaktlinser?

- |   |     |            |
|---|-----|------------|
| <input type="checkbox"/> ja             | _ 1 | → UTSAGN 1 |
| <input type="checkbox"/> nei            | _ 2 | → PL.2     |
| <input type="checkbox"/> blind          | _ 3 | → PL.4     |
| <input type="checkbox"/> vet ikke       | _ 8 | → PL.2     |
| <input type="checkbox"/> vil ikke svare | _ 9 | → PL.2     |

Utsagn 1

Dersom PL.2 = 1: Svar på spørsmålene ut fra normal bruk av briller eller kontaktlinser.

VIS KORT 3 I SPØRSMÅL PL.2 TO PL.11 (UNNTATT PL.4)

### PL.2

**Kan du se vanlig tekst i aviser...** uten vansker, med noe vansker, med store vansker eller ikke i det hele tatt?

- |   |     |
|---|-----|
| <input type="checkbox"/> uten vansker         | _ 1 |
| <input type="checkbox"/> med noe vansker      | _ 2 |
| <input type="checkbox"/> med store vansker    | _ 3 |
| <input type="checkbox"/> ikke i det hele tatt | _ 4 |
| <input type="checkbox"/> vet ikke             | _ 8 |
| <input type="checkbox"/> vil ikke svare       | _ 9 |

### PL.3

**Kan du se ansiktet til noen som er 4 meter unna (eks. på andre siden av veien) ....** uten vansker, med noe vansker, med store vansker eller ikke i det hele tatt? Ta eventuelle hjelpemidler med i betraktningen

- |   |     |
|---|-----|
| <input type="checkbox"/> uten vansker         | _ 1 |
| <input type="checkbox"/> med noe vansker      | _ 2 |
| <input type="checkbox"/> med store vansker    | _ 3 |
| <input type="checkbox"/> ikke i det hele tatt | _ 4 |
| <input type="checkbox"/> vet ikke             | _ 8 |
| <input type="checkbox"/> vil ikke svare       | _ 9 |

DERSOM IO ER DØV KOD 3 I PL.4. ANDRE GÅ TIL PL.6

### PL.4

#### Bruker du høreapparat?

- |   |     |            |
|---|-----|------------|
| <input type="checkbox"/> ja             | _ 1 | → UTSAGN 2 |
| <input type="checkbox"/> nei            | _ 2 | → PL.5     |
| <input type="checkbox"/> er døv         | _ 3 | → PL.6     |
| <input type="checkbox"/> vet ikke       | _ 8 | → PL.5     |
| <input type="checkbox"/> vil ikke svare | _ 9 | → PL.5     |

Utsagn 2

Hvis PL.4 = 1: Svar på spørsmålene ut fra normal bruk av høreapparat.

### PL.5



**Kan du h re hva som blir sagt i en samtale mellom flere personer ...** uten vansker, med noe vansker, med store vansker eller ikke i det hele tatt?

- |   |     |
|---|-----|
| <input type="checkbox"/> uten vansker         | _ 1 |
| <input type="checkbox"/> med noe vansker      | _ 2 |
| <input type="checkbox"/> med store vansker    | _ 3 |
| <input type="checkbox"/> ikke i det hele tatt | _ 4 |
| <input type="checkbox"/> vet ikke             | _ 8 |
| <input type="checkbox"/> vil ikke svare       | _ 9 |

#### **PL.6**

**Kan du g  500 meter i flatt terreng uten st kk, hjelpemidler eller annen st tte...** uten vansker, med noe vansker, med store vansker eller ikke i det hele tatt?

- |   |     |
|---|-----|
| <input type="checkbox"/> uten vansker         | _ 1 |
| <input type="checkbox"/> med noe vansker      | _ 2 |
| <input type="checkbox"/> med store vansker    | _ 3 |
| <input type="checkbox"/> ikke i det hele tatt | _ 4 |
| <input type="checkbox"/> vet ikke             | _ 8 |
| <input type="checkbox"/> vil ikke svare       | _ 9 |

#### **PL.7**

**Kan du g  opp og ned en trapp en etasje uten   bruke rekkverket og uten st kk, hjelpemidler eller annen st tte...** uten vansker, med noe vansker, med store vansker eller ikke i det hele tatt?

- |   |     |
|---|-----|
| <input type="checkbox"/> uten vansker         | _ 1 |
| <input type="checkbox"/> med noe vansker      | _ 2 |
| <input type="checkbox"/> med store vansker    | _ 3 |
| <input type="checkbox"/> ikke i det hele tatt | _ 4 |
| <input type="checkbox"/> vet ikke             | _ 8 |
| <input type="checkbox"/> vil ikke svare       | _ 9 |

#### **PL.8**

**Kan du b ye deg eller g  ned p  kne uten hjelpemidler eller annen st tte...** uten vansker, med noe vansker, med store vansker eller ikke i det hele tatt?

- |   |     |
|---|-----|
| <input type="checkbox"/> uten vansker         | _ 1 |
| <input type="checkbox"/> med noe vansker      | _ 2 |
| <input type="checkbox"/> med store vansker    | _ 3 |
| <input type="checkbox"/> ikke i det hele tatt | _ 4 |
| <input type="checkbox"/> vet ikke             | _ 8 |
| <input type="checkbox"/> vil ikke svare       | _ 9 |

#### **PL.9**

**Kan du b re en (full) handlepose (ca. 5kg) med armene, si 10 meter, uten hjelpemidler eller annen st tte...** uten vansker, med noe vansker, med store vansker eller ikke i det hele tatt?

- |  |     |
|--|-----|
| <input type="checkbox"/> uten vansker      | _ 1 |
| <input type="checkbox"/> med noe vansker   | _ 2 |
| <input type="checkbox"/> med store vansker | _ 3 |

- |   |     |
|---|-----|
| <input type="checkbox"/> ikke i det hele tatt | _ 4 |
| <input type="checkbox"/> vet ikke             | _ 8 |
| <input type="checkbox"/> vil ikke svare       | _ 9 |

#### PL.10

**Kan du håndtere en liten gjenstand, eks. en penn med fingrene uten hjelpemidler...** uten vansker, med noe vansker, med store vansker eller ikke i det hele tatt?

- |   |     |
|---|-----|
| <input type="checkbox"/> uten vansker         | _ 1 |
| <input type="checkbox"/> med noe vansker      | _ 2 |
| <input type="checkbox"/> med store vansker    | _ 3 |
| <input type="checkbox"/> ikke i det hele tatt | _ 4 |
| <input type="checkbox"/> vet ikke             | _ 8 |
| <input type="checkbox"/> vil ikke svare       | _ 9 |

#### PL.11

**Kan du bite av og tygge hard mat, eks et fast/hardt eple uten hjelpemidler, eks. tannprotese, gebyss...** uten vansker, med noe vansker, med store vansker eller ikke i det hele tatt?

- |   |     |
|---|-----|
| <input type="checkbox"/> uten vansker         | _ 1 |
| <input type="checkbox"/> med noe vansker      | _ 2 |
| <input type="checkbox"/> med store vansker    | _ 3 |
| <input type="checkbox"/> ikke i det hele tatt | _ 4 |
| <input type="checkbox"/> vet ikke             | _ 8 |
| <input type="checkbox"/> vil ikke svare       | _ 9 |

De neste spørsmålene handler om daglig egenpleie. Se bort fra forbigående problemer. Her er en liste over aktiviteter.

#### VIS KORT 4 OG KOD FOR ALLE AKTIVITETER

#### PC.1

**Klarer du å [ .....] selv ...** uten vansker, med noe vansker, med store vansker eller ikke i det hele tatt)? **Tenk på hva du vanligvis gjør**

- |  |     |
|--|-----|
| <input type="checkbox"/> uten vansker      | _ 1 |
| <input type="checkbox"/> med noe vansker   | _ 2 |
| <input type="checkbox"/> med store vansker | _ 3 |
| <input type="checkbox"/> nei               | _ 4 |
| <input type="checkbox"/> vet ikke          | _ 8 |
| <input type="checkbox"/> vil ikke svare    | _ 9 |

#### Aktiviteter PC.1

- |  |                          |
|--|--------------------------|
| .. spise                               | <input type="checkbox"/> |
| .. reise deg fra en seng eller en stol | <input type="checkbox"/> |
| .. kle på /kle av deg                  | <input type="checkbox"/> |
| .. bruke toalett <sup>1</sup>          | <input type="checkbox"/> |

.. bade eller dusje

└┐

DERSOM PC.1 =2,3 (noe eller store vansker) ELLER 4 (nei) FOR MINST EN AV AKTIVITETENE:

Utsagn 3

**Tenk på aktiviteter eller gjøremål du synes er vanskelig å gjøre selv.**

## PC.2

**Får du vanligvis hjelp?**

☐ ja, (til minst ett av gjøremålene/aktivitetene)

☐ nei

**HVIS JA: Hva slags hjelp får du? Er det ...**

*FLERE SVAR ER MULIG*

.. personlig hjelp eller assistanse

\_ 1

.. tekniske hjelpemidler

\_ 2

.. praktisk tilrettelegging hjemme

\_ 3

.. Trenger ikke hjelp?

\_ 4 → PC.4

☐ vet ikke

\_ 8 → PC.4

☐ vil ikke svare

\_ 9 → PC.4

## PC.3

**Får du nok hjelp?**

☐ ja

\_ 1 → INTRODUKSJON 5

☐ nei,

**VIS NEI. Hva slags hjelp får du for lite av?**

*FLERE SVAR ER MULIG*

.. Personlig hjelp/assistanse

\_ 1

.. (tekniske) hjelpemidler

\_ 2

.. praktisk tilrettelegging hjemme

\_ 3

Trenger ikke hjelp

\_ 4 → PC.5

☐ vet ikke

\_ 8 → PC.5

☐ vil ikke svare

\_ 9 → PC.5

## PC.4

**Kunne du trenge hjelp?**

☐ ja, til minst ett gjøremål/aktivitet

☐ nei

**HVIS JA: Hva slags hjelp kunne du trenge?**

*FLERE SVAR ER MULIG*

.. Personlig hjelp/assistanse

\_ 1

.. (tekniske) hjelpemidler

\_ 2

.. praktisk tilrettelegging hjemme

\_ 3

Trenger ikke hjelp

\_ 4

☐ vet ikke

\_ 8

☐ vil ikke svare

\_ 9

Her er en liste over ulike gjøremål [Vis kort].

KORT 5 OG KOD ALLE AKTIVITETER

### HA.1

**Har du (vanligvis) vansker/problemer med å utføre noen av disse aktivitetene selv?** Tenk på gjøremål og aktiviteter i hverdagen. Se bort fra midlertidige problemer jf.

- ☐ nei, ingen vansker/problemer \_ 1
- ☐ ja, noe vansker/problemer \_ 2
- ☐ ja, store vansker/problemer \_ 3
- ☐ klarer ikke å gjøre det selv \_ 4
- ☐ vet ikke \_ 8
- ☐ vil ikke svare \_ 9

HVIS HA.1=2,3,4,8 (noe, store vansker, kan ikke eller vet ikke) OG STILL HA.2. DERSOM INGEN VANSKER HA.1 ELLER 9 GÅ TIL INTRODUKSJON 6.

### HA.2

**Hvorfor?**

- ☐ Hovedsakelig pga helseproblemer, funksjonsvansker (uførhet) eller høy alder \_ 1
- ☐ Hovedsakelig pga andre årsaker (ikke relevant) \_ 2
- ☐ vet ikke \_ 8
- ☐ vil ikke svare \_ 9

### Aktiviteter/gjøremål:

	HA.1	HA.2
Lage mat	<input type="checkbox"/>	<input type="checkbox"/>
Bruke telefonen	<input type="checkbox"/>	<input type="checkbox"/>
Gjøre innkjøp	<input type="checkbox"/>	<input type="checkbox"/>
Ta medisiner når du skal	<input type="checkbox"/>	<input type="checkbox"/>
Lett husarbeid	<input type="checkbox"/>	<input type="checkbox"/>
Tyngre husarbeid	<input type="checkbox"/>	<input type="checkbox"/>
Betale regninger	<input type="checkbox"/>	<input type="checkbox"/>

DERSOM HA.2=1 FOR MINST EN AKTIVITET GÅ TIL HA.3 -5

Utsagn 4

**Tenk på aktiviteter og gjøremål hjemme som du har vansker med å klare selv/alene.**

### HA.3

**Får du vanligvis hjelp?**

- ☐ Ja, til minst ett gjøremål eller aktivitet
- ☐ nei

**HVIS JA: Hva slags hjelp får du?**

FLERE SVAR ER MULIG

- ☐ ..Personlig hjelp/assistanse \_ 1
- ☐ .. tekniske hjelpemidler \_ 2
- ☐ .. praktisk tilrettelegging hjemme \_ 3
- ☐ Trenger ikke hjelp \_ 4 → HA.5
- ☐ vet ikke \_ 8 → HA.5
- ☐ vil ikke svare \_ 9 → HA.5

### HA.4

**Får du nok hjelp?**

- ☐ ja \_ 1 → INTRODUKSJON 6  
☐ nei, til minst en aktivitet

**DERSOM NEI: Hva slags oppgaver/gjøremål/aktiviteter får du for lite hjelp til?**

FLERE SVAR ER MULIG

- |  |                      |
|--|----------------------|
| <input type="checkbox"/> Personlig hjelp/assistanse      | _ 1 → INTRODUKSJON 6 |
| <input type="checkbox"/> (tekniske) hjelpemidler         | _ 2 →                |
| <input type="checkbox"/> praktisk tilrettelegging hjemme | _ 3 →                |
| Trenger ikke hjelp                                       | _ 4 →                |
| <input type="checkbox"/> vet ikke                        | _ 8 →                |
| <input type="checkbox"/> vil ikke svare                  | _ 9 →                |

**HA.5**

**Kunne du trenge hjelp?**

- ☐ ja, til minst en aktivitet

**HVIS JA: Hva slags hjelp kunne du trenge?**

FLERE SVAR ER MULIG

- |  |     |
|--|-----|
| <input type="checkbox"/> Personlig hjelp/assistanse      | _ 1 |
| <input type="checkbox"/> (tekniske) hjelpemidler         | _ 2 |
| <input type="checkbox"/> praktisk tilrettelegging hjemme | _ 3 |
| Trenger ikke hjelp                                       | _ 4 |
| <input type="checkbox"/> vet ikke                        | _ 8 |
| <input type="checkbox"/> vil ikke svare                  | _ 9 |

**De neste spørsmålene handler om hvordan du har hatt det de siste 4 ukene. Prøv å svare det alternativet som ligger nærmest opp til hvordan du har følt deg.**

**SF.1 Hvor mye smerter eller fysisk ubehag har du hatt siste 4 ukene? VIS KORT 6**

- |   |     |
|---|-----|
| <input type="checkbox"/> ingen          | _ 1 |
| <input type="checkbox"/> milde          | _ 2 |
| <input type="checkbox"/> moderate       | _ 3 |
| <input type="checkbox"/> sterke         | _ 4 |
| <input type="checkbox"/> svært sterke   | _ 5 |
| <input type="checkbox"/> vet ikke       | _ 8 |
| <input type="checkbox"/> vil ikke svare | _ 9 |

**SF.2-10**

VIS KORT 7

**Hvor mye av tiden de siste 4 ukene [.....]?**

- |                      |     |
|----------------------|-----|
| Hele tiden           | _ 1 |
| det meste av tiden   | _ 2 |
| noe/en del av tiden  | _ 3 |
| Litt av tiden        | _ 4 |
| Ikke i det hele tatt | _ 5 |
| Vet ikke             | _ 8 |
| Vil ikke svare       | _ 9 |

**SF.2 Har du følt deg full av tiltakslyst?**

- SF.3 Har du følt deg veldig nervøs?**
- SF.4 Har du vært så langt nede at ingenting har kunnet muntre deg opp?**
- SF.5 Har du følt deg rolig og harmonisk?**
- SF.6 Har du hatt mye overskudd?**
- SF.7 Har du følt deg nedfor og trist?**
- SF.8 Har du følt deg utslitt?**
- SF.9 Har du følt deg glad?**
- SF.10 Har du følt deg trøtt?**

## HELSETJENESTER

**De neste spørsmålene gjelder sykehusopphold du eventuelt har hatt siste år. Det gjelder ikke besøk på akuttmottak (legevakt), eller konsultasjoner på poliklinikk hvis du ikke har vært innlagt.**

KVINNER UNDER 50 ÅR: Sykehusopphold i forbindelse med fødsel uten komplikasjoner skal ikke regnes med.

**HC.1 Har du i løpet av de siste 12 månedene ligget på sykehus over natten?** Da mener jeg at du har fått seng og ligget der over natten. Regn ikke med normal fødsel.

- Ja 1
- Nei 2 → HC.4
- vet ikke 8 →
- vil ikke svare 9 →

**HC.2 Hvor mange ganger har du vært innlagt på sykehus de siste 12 månedene?**

Regn med alle døgnopphold som er avsluttet i perioden.

 antall ganger

- vet ikke \_ 98
- vil ikke svare 99

### HC.3 Hvor mange netter lå du på sykehus til sammen de siste 12 månedene?


netter

- vet ikke — 98
- vil ikke svare 99

**HC.4 Har du i løpet av de siste 12 månedene vært innlagt som dagpasient på sykehus? Da mener jeg at du har fått seng, men ikke ligget der over natten.**

- ja \_ 1
- nei \_ 2 → HC.6
- vet ikke \_ 8 →
- vil ikke svare \_ 9 →

**HC.5 Hvor mange dager var du innlagt som dagpasient de siste 12 månedene?**

 dager

- vet ikke \_ 98
- vil ikke svare 99

**HC.6 Har du i løpet av de siste 12 månedene hatt behov for sykehusinnleggelse, men ikke vært innlagt?** Med behov for sykehusinnleggelse mener jeg at en lege har anbefalt deg behandling på sykehus.

- ja \_ 1
- nei \_ 2 → HC.8
- vet ikke \_ 8 →
- vil ikke svare \_ 9 →

**HC.7 Hva var den viktigste grunnen til at du ikke ble innlagt?**

- venteliste, for lang ventetid \_ 2
- hadde ikke anledning på grunn av arbeid, omsorgsforpliktelser \_ 3
- for langt å reise / problemer med transport \_ 4
- engstelig for inngrep / behandling \_ 5
- hadde ikke råd \_ 1
- andre grunner \_ 6
- vet ikke \_ 8
- vil ikke svare \_ 9

**De neste spørsmålene gjelder tannpleie og behandling hos tannlege eller reguleringsstannlege.**

**HC.8 Når var du hos tannlege sist? Er det .....** GJELDER IKKE TILFELLER DER DU FULGTE BARN, EKTEFELLE ELLER LIGNENDE

- .. mindre enn 12 måneder siden \_ 1
- .. 1 til 2 år siden \_ 2 → HC.10
- .. mer enn 2 år siden \_ 3 →
- ALDRI \_ 4 →
- VET IKKE \_ 8 →
- VIL IKKE SVARE \_ 9 →

**HC.9 Hvor mange ganger var du hos tannlegen siste 4 uker?**

ganger

☐ INGEN = 0

- vet ikke \_ 98
- vil ikke svare \_ 99

**De neste spørsmålene gjelder konsultasjoner med fastlege eller annen allmennlege. De gjelder både besøk på allmennlegens kontor, hjemmebesøk eller telefonkonsultasjoner med lege.**

**HC.10 Når var du i kontakt med fastlege eller annen allmennlege sist? Er det ....**

Da tenker jeg både på besøk på allmennlegens kontor, hjemmebesøk og telefonkonsultasjoner med lege. GJELDER IKKE TILFELLER DER DU FULGTE BARN, EKTEFELLE ELLER LIGNENDE

- .. mindre enn 12 måneder siden \_ 1



- .. 1 til 2 år siden \_ 2 → HC.12
- .. mer enn 2 år siden \_ 3 →
- ALDRI \_ 4 →
- VET IKKE \_ 8 →
- VIL IKKE SVARE \_ 9 →

**HC.11 Hvor mange ganger hadde du kontakt med fastlege eller annen allmennlege siste fire uker?**

ganger

- vet ikke \_ 98
- vil ikke svare \_ 99

**De neste spørsmålene gjelder konsultasjoner med legespesialist på poliklinikk eller legevakt. Det gjelder ikke innleggelse på sykehus som heldøgns- eller dagpasient. Omfatter også konsultasjoner med lege på skole eller arbeidsplass.**

**HC.12 Når var du sist hos legespesialist? GJELDER IKKE TILFELLER DER DU FULGTE ET BARN, EKTEFELLE ELLER LIKNENDE.**

- .. mindre enn 12 måneder siden \_ 1
- .. 1 til 2 år siden \_ 2 → HC.14
- .. mer enn 2 år siden \_ 3 →
- ALDRI \_ 4 →
- VET IKKE \_ 8 →
- VIL IKKE SVARE \_ 9 →

**HC.13 Hvor mange ganger var du hos legespesialist siste 12 måneder? GJELDER IKKE TILFELLER DER DU FULGTE ET BARN, EKTEFELLE ELLER LIGNENDE.**

ganger

- VET IKKE \_ 98
- VIL IKKE SVARE \_ 99

**HC.14 Har du i løpet av de siste 12 månedene hatt behov for behandling eller undersøkelse hos legespesialist, men likevel ikke tatt kontakt?**

- ja \_ 1
- nei \_ 2 → HC.16
- vet ikke \_ 8 →
- vil ikke svare \_ 9 →

### HC.15 Hva var den viktigste grunnen til at du ikke tok kontakt?

- venteliste, (hadde ikke henvisning) \_ 2
- hadde ikke anledning på grunn av arbeid, omsorgsforpliktelser \_ 3
- for langt å reise / problemer med transport \_ 4
- hadde ikke råd \_ 1
- engstelig for inngrep / behandling \_ 5
- andre grunner \_ 6
- vet ikke \_ 8
- vil ikke svare \_ 9

### HC.16 Har du i løpet av de siste 12 månedene vært [.....]?

GJELDER IKKE TILFELLER DER DU FULGTE ET BARN, EKTEFELLE ELLER LIGNENDE

- ja \_ 1
- nei \_ 2
- vet ikke \_ 8
- vil ikke svare \_ 9

- .. på medisinsk laboratorium, røntgeninstitut \_ 1 \_ 2 \_ 8 \_ 9
- .. hos ernæringsfysiolog \_ 1 \_ 2 \_ 8 \_ 9
- .. hos logoped \_ 1 \_ 2 \_ 8 \_ 9
- .. hos fysioterapeut eller manuell terapeut \_ 1 \_ 2 \_ 8 \_ 9
- .. hos kiropraktor \_ 1 \_ 2 \_ 8 \_ 9
- .. hos ergoterapeut \_ 1 \_ 2 \_ 8 \_ 9
- .. hos helsesøster eller jordmor på helsestasjon, skole/bedrift \_ 1 \_ 2 \_ 8 \_ 9
- .. hos psykolog eller psykoterapeut \_ 1 \_ 2 \_ 8 \_ 9

### HC.17 Har du i løpet av de siste 12 månedene vært hos [.....]?

GJELDER IKKE TILFELLER DER DU FULGTE ET BARN, EKTEFELLE ELLER LIGNENDE

- ja \_ 1
- nei \_ 2
- vet ikke \_ 8
- vil ikke svare \_ 9

- ..homeopat \_ 1 \_ 2 \_ 8 \_ 9
- ..akupunktør \_ 1 \_ 2 \_ 8 \_ 9
- ..biopat/naturmedisiner \_ 1 \_ 2 \_ 8 \_ 9
- ..annen alternativ behandler \_ 1 \_ 2 \_ 8 \_ 9

### HC.18 Har du i løpet av de siste 12 månedene benyttet (kommunale) omsorgstjenester hjemme som [.....] ?

- ja \_ 1
- nei \_ 2
- vet ikke \_ 8
- vil ikke svare \_ 9

.. hjemmesykepleie	_ 1 _ 2 _ 8 _ 9
.. hjemmehjelpstjenester	_ 1 _ 2 _ 8 _ 9
.. matombringing	_ 1 _ 2 _ 8 _ 9
.. transporttjenester*	_ 1 _ 2 _ 8 _ 9
.. andre omsorgstjenester i hjemmet	_ 1 _ 2 _ 8 _ 9

\* dør-til-dør transport som dekkes av kommunen (eks. handicap kjøring, tt-kort kjøring med taxi mv.)

**Videre følger noen spørsmål om bruk av medisiner og kosttilskudd de to siste ukene.**

**MD.1 Har du i løpet av de to siste ukene brukt medisiner som var anbefalt av lege eller som du har fått på resept?** REGN OGSÅ MED KOSTTILSKUDD SOM URTEMEDISIN OG VITAMINER.  
KVINNER: OMFATTER P-PILLER OG HORMONPREPARATER.

- ja \_ 1
- nei \_ 2 → MD.3
- vet ikke \_ 8 →
- vil ikke svare \_ 9 →

**MD.2 Var dette medisiner eller tilskudd for ...?**

STILL SPØRSMÅLET OG KOD DET FOR HVER KATEGORI FR A TIL O

- ja \_ 1
- nei \_ 2
- vet ikke \_ 8
- vil ikke svare \_ 9

A. .. astma	_ 1 _ 2 _ 8 _ 9
B. .. kronisk bronkitt, KOLS, emfysem	_ 1 _ 2 _ 8 _ 9
C. .. høyt blodtrykk	_ 1 _ 2 _ 8 _ 9
D. .. å redusere kolesterolnivået i blodet	_ 1 _ 2 _ 8 _ 9
E. .. annen hjertesykdom, slik som slag eller hjerteinfarkt	_ 1 _ 2 _ 8 _ 9
F. .. smerter i ledd (slitasjegikt, leddbetennelse)	_ 1 _ 2 _ 8 _ 9
G. .. smerter i nakke eller rygg	_ 1 _ 2 _ 8 _ 9
H. .. hodepine eller migrene	_ 1 _ 2 _ 8 _ 9
I. .. andre smerter	_ 1 _ 2 _ 8 _ 9
J. .. diabetes/sukkersyke	_ 1 _ 2 _ 8 _ 9
K. .. allergiske symptomer (eksem, tett nese, rennende øyne)	_ 1 _ 2 _ 8 _ 9
L. .. fordøyelsesproblemer	_ 1 _ 2 _ 8 _ 9
M. .. kreft (cellegiftbehandling)	_ 1 _ 2 _ 8 _ 9
N. ... depresjon	_ 1 _ 2 _ 8 _ 9
O. .. anspenhet eller angst	_ 1 _ 2 _ 8 _ 9

**Har du brukt andre reseptbelagte medisiner, slik som [.....]?**

STILL SPØRSMÅLET OG KOD DET FOR HVER KATEGORI FRA P TIL T

P. .. sovetabletter	_ 1 _ 2 _ 8 _ 9
Q. .. antibiotika, penicillin	_ 1 _ 2 _ 8 _ 9
KUN TIL KVINNER I FRUKTBAR ALDER, 50 ÅR ELLER YNGRE:	
R. .. P-piller	_ 1 _ 2 _ 8 _ 9

KUN KVINNER I OVERGANGSALDER, 45 ÅR OG ELDRE:

S. ...hormonpreparater (østrogentilskudd)

\_ 1 \_ 2 \_ 8 \_ 9

T. ... eller andre medisiner som er foreskrevet av lege

(Hvis ja): Hvilken type medisin var dette? Angi \_ \_ \_ \_ \_

**MD.3 Har du i løpet av de siste to ukene brukt medisiner uten at det har vært anbefalt eller foreskrevet av lege?** Regn også med kosttilskudd slik som urter eller vitaminer.

- ja \_ 1
- nei \_ 2 → PA.1
- vet ikke \_ 8 →
- vil ikke svare \_ 9 →

**MD.4 Var dette medisiner eller kosttilskudd for [.....]?**

VIS KORT 8 OG KOD SVARET FOR HVER KATEGORI FRA A TIL H.

- ja \_ 1
- nei \_ 2
- vet ikke \_ 8
- vil ikke svare \_ 9

A. ...smerter i ledd (slitasjegikt, leddbetennelse) \_ 1 \_ 2 \_ 8 \_ 9

B. ...hodepine eller migrene \_ 1 \_ 2 \_ 8 \_ 9

C. ...andre smerter \_ 1 \_ 2 \_ 8 \_ 9

D. ...forkjølelse, influensa eller sår hals \_ 1 \_ 2 \_ 8 \_ 9

E. ...allergiske symptomer (eksem, tett nese, rennende øyne) \_ 1 \_ 2 \_ 8 \_ 9

F. ...fordøyelsesproblemer \_ 1 \_ 2 \_ 8 \_ 9

G. ...forebygging \_ 1 \_ 2 \_ 8 \_ 9

\_\_\_\_\_ H. eller var det medisin eller kosttilskudd for andre plager?

Angi \_ \_ \_ \_ \_

I det følgende stiller vi noen spørsmål om vaksiner, prøver og screeningprogrammer:

**PA.1 Er du noen gang vaksinert mot influensa?**

- ja \_ 1
- nei \_ 2 → PA.4
- vet ikke \_ 8 →
- vil ikke svare \_ 9 →

**PA.2 Når ble du sist vaksinert?**

- Etter 1. januar i år                    \_ 1
- i fjor                                        \_ 2
- tidligere år                                \_ 3 → PA.4
- vet ikke                                    \_ 8 →
- vil ikke svare                            \_ 9 →

**PA.3 I hvilken måned ble du vaksinert?**

\_\_\_ måned (01 ...12; vet ikke = 99).

**PA.4 Er blodtrykket ditt noen gang målt av lege eller sykepleier?**

- ja    \_ 1
- nei    \_ 2 → PA.6
- vet ikke                                    \_ 8 →
- vil ikke svare                            \_ 9 →

**PA.5 Når ble blodtrykket sist målt? Var det ...**

- .. mindre enn 12 måneder siden        \_ 1
- ~ 1-5 år siden                                \_ 2
- ~ mer enn 5 år siden                        \_ 3
- vet ikke                                        \_ 8
- vil ikke svare                                \_ 9

**PA.6 Er kolesterolnivået i blodet ditt noen gang målt?**

- ja    \_ 1
- nei    \_ 2 → PA.8
- vet ikke                                    \_ 8 →
- vil ikke svare    \_ 9 →

**PA.7 Når ble kolesterolnivået sist målt? Var det ...**

- .. mindre enn 12 måneder siden        \_ 1
- ~ 1-5 år siden                                \_ 2
- ~ mer enn 5 år siden                        \_ 3
- vet ikke                                        \_ 8
- vil ikke svare                                \_ 9

**PA.8 Er blodsukkeret ditt noen gang målt?**

- ja    \_ 1
- nei    \_ 2 → FILTER 5
- vet ikke                                    \_ 8 →
- vil ikke svare                            \_ 9 →

**PA.9 Når ble blodsukkeret sist målt? Var det ...**

- .. mindre enn 12 måneder siden        \_ 1
- ~ 1-5 år siden                                \_ 2

- ..mer enn 5 år siden \_ 3
- ..vet ikke \_ 8
- ..vil ikke svare \_ 9

**FILTER 5 DE NESTE SPØRSMÅLENE STILLES KUN TIL KVINNER. MENN GÅR TIL P.A16**

**PA.10 Har du noen gang vært til mammografi (og tatt røntgenbilder av ett eller begge bryster)?**

- ..ja \_ 1
- ..nei \_ 2 → PA.18
- ..vet ikke \_ 8 →
- ..vil ikke svare \_ 9 →

**PA.11 Når var du sist til mammografi? Var det ..**

- ..mindre enn 12 måneder siden \_ 1
- ..mer enn ett år, men mindre enn 2 år siden \_ 2
- ..mer enn 2 år, men mindre enn 3 år siden \_ 3
- ..mer enn 3 år siden \_ 4
- ..vet ikke \_ 8
- ..vil ikke svare \_ 9

**PA.12 Hva var grunnen til at du var til mammografi?**

**FLERE SVAR ER MULIG**

- ..jeg eller legen oppdaget uregelmessigheter i brystet (for eksempel en kul) \_ 1
- ..jeg ble rådet til å gå til mammografi av lege (uten at det var noe galt) \_ 2
- ..fordi det er brystkreft i familien \_ 3
- ..fikk innkalling til screening \_ 4
- ..andre grunner \_ 5
- ..vet ikke \_ 8
- ..vil ikke svare \_ 9

**PA.13 Har du noen tatt celleprøve for å undersøke om du har livmorhalskreft?**

- ..ja \_ 1
- ..nei \_ 2 → PA.16
- ..vet ikke \_ 8 →
- ..vil ikke svare \_ 9 →

**PA.14 Når tok du en slik celleprøve sist? Var det ...**

- ..mindre enn 12 måneder siden \_ 1
- ..mer enn ett år, men mindre enn 2 år siden \_ 2
- ..mer enn 2 år, men mindre enn 3 år siden \_ 3
- ..mer enn 3 år siden \_ 4
- ..vet ikke \_ 8
- ..vil ikke svare \_ 9

**PA.15 Hva var grunnen til at du tok celleprøven?**

- fordi jeg hadde symptomer \_ 1
- fordi jeg var hos gynekolog \_ 2
- fordi jeg fikk påminnelse fra Kreftregisteret \_ 3
- annen medisinsk årsak \_ 4
- annen ikke-medisinsk årsak \_ 5
- vet ikke \_ 8
- vil ikke svare \_ 9

**PA.16 Har du noen gang tatt prøve for å undersøke om du har usynlig blod i avføringen?**

- ja \_ 1
- nei \_ 2 → SA.1
- vet ikke \_ 8 →
- vil ikke svare \_ 9 →

**PA.17 Når tok du avføringsprøve sist? Var det ...**

- .. mindre enn 12 måneder siden \_ 1
- .. mer enn ett år, men mindre enn 2 år siden \_ 2
- .. mer enn 2 år, men mindre enn 3 år siden \_ 3
- .. mer enn 3 år siden \_ 4
- vet ikke \_ 8
- vil ikke svare \_ 9

Til slutt følger et spørsmål om tilfredshet med ulike helsetjenester i Norge.

**SA.1 Generelt når det gjelder helsetjenesten i Norge, vil du si at du er svært fornøyd, ganske fornøyd, verken fornøyd eller misfornøyd, ganske misfornøyd eller svært misfornøyd med [.....]**

INTERVJUER: VIS KORT 9.

- **Svært fornøyd**
- **Ganske fornøyd**
- **Verken fornøyd eller misfornøyd**
- **Ganske misfornøyd**
- **Svært misfornøyd**

Sykehus tjenester (omfatter også akuttavdelinger)	_ 1 _ 2 _ 3 _ 4 _ 5 _ 8 _ 9
Tannlegetjenester, også reguleringstannlege	_ 1 _ 2 _ 3 _ 4 _ 5 _ 8 _ 9
Legespesialister eller kirurger	_ 1 _ 2 _ 3 _ 4 _ 5 _ 8 _ 9
Fastlege, annen allmennlege	_ 1 _ 2 _ 3 _ 4 _ 5 _ 8 _ 9
Omsorgstjenester i hjemmet	_ 1 _ 2 _ 3 _ 4 _ 5 _ 8 _ 9

DERSOM ENTEN HC9>0 ELLER HC11>01 ELLER HC13>0 ELLER MD1=1 SKAL  
SELVUTFYLLINGSSKJEMAET OM UTGIFTER TIL HELSETJENESTER FYLLES UT.  
ANDRE GÅR TIL INNLEDNING 21

## **SELVUTFYLLINGSSKJEMA OM UTGIFTER TIL HELSETJENESTER**

I intervjuet kom det frem at du har benyttet ulike helsetjenester. Hvis du tenker på helsetjenester du har benyttet de siste 4 ukene, kan du antyde hvor mye du har betalt for disse tjenestene som du ikke får dekket gjennom Folketrygden. Les spørsmålene nøye og gå gjerne gjennom kvitteringer som du måtte ha og som kan hjelpe deg til å anslå et beløp.

..... med kontantutlegg til helsetjenester mener vi alt du har betalt og som ikke vil bli refundert.....  
Svar "IKKE AKTUELT" på spørsmål om helsetjenester du ikke har benyttet de siste 4 ukene. Svarene du gir er konfidensielle.

**OP.1 Tenk på de siste 4 ukene: Kan du anslå hvor mye du har betalt til sammen for tannhelsetjenester?**

- Til sammen |\_|\_|\_|\_|\_|\_|\_|\_| kroner
- Ikke aktuelt \_

**OP.2 Tenk på de siste 4 ukene: Kan du anslå hvor mye du har betalt til sammen for behandling hos lege (fastlege, allmennlege, legespesialist). Gjelder kun utgifter som du ikke får tilbake av trygdekontoret**

- til sammen |\_|\_|\_|\_|\_|\_|\_|\_| kroner



- Ikke aktuelt \_

Spørsmålet om medisiner gjelder utlegg du har hatt de siste 2 ukene.

**OP.3 Tenk på de siste 2 ukene: Kan du anslå hvor mye du har betalt til sammen i egenandeler til reseptbelagte medisiner.** Gjelder kun utgifter som du ikke får tilbake av trygdekontoret

- til sammen |\_|\_|\_|\_|\_|\_|\_| kroner
- Ikke aktuelt \_

## RISIKOFAKTORER

Først vil jeg stille deg noen spørsmål om høyde og vekt.

**BMI.1 Hvor høy er du, uten sko?**

OPPGI I CENTIMETER

|\_|\_|\_| cm

- vet ikke \_ 998
- vil ikke svare \_ 999

**BMI.2 Hvor mye veier du, uten klær og sko?**

HVIS IO ER GRAVID SPØR OM VEKT FORUT FOR GRAVIDITET

|\_|\_|\_| kg

- vet ikke \_ 998
- vil ikke svare \_ 999

De neste spørsmålene gjelder tiden du har vært fysisk aktiv eller i bevegelse de siste 7 dagene. Vi begynner med å spørre om aktiviteter som er meget fysisk anstrengende, dernest om aktiviteter som er moderat anstrengende og til slutt om vanlig gange. Det gjelder både på jobben, og hjemme, og når du beveger deg fra sted til sted eller i aktiviteter på fritiden. Vi ønsker svar på hvert spørsmål, selv om du mener du ikke er en aktiv person.

**PE.1 Tenk på aktiviteter som meget anstrengende og gjør at du puster mye tyngre enn vanlig.** Det kan være å løfte eller bære tungt, tungt husarbeid, rask jogging/sykling eller ballspill. Hvor mange av de siste 7 dagene holdt du på med slike meget anstrengende aktiviteter sammenhengende i 10 minutter eller mer?

|\_| (antall dager siste 7 dager)

- vet ikke \_ 8
- vil ikke svare \_ 9

DERSOM IO SVARER 0,8 ELLER 9 GÅ TIL PE.3.

**PE.2** Hvor lenge holdt du på med slike aktiviteter i gjennomsnitt per dag på de dagene (den dagen) du har nevnt?

DET ER GJENNOMSNIITTSVARIGHETEN EN DAG MED AKTIVITET/ARBEID VI ER UTE ETTER. HVIS IO IKKE KAN SVARE PGA STORE VARIASJONER I AKTIVITETS-MØNSTERET MELLOM ULIKE DAGER. BE OM TID IO HAR VÆRT AKTIV PÅ DEN SISTE DAGEN IO VAR FYSISK AKTIV

timer  minutter

- vet ikke  8
- vil ikke svare  9

**PE.3.** Tenk på moderat anstrengende aktiviteter. Dette er aktiviteter som gjør at du puster litt tyngre enn vanlig, for eksempel lette løft, svømming, sykling eller rask gange, mv. Regn ikke med vanlig gange eller turgåing.

**Hvor mange av de 7 siste dagene holdt du på med slike moderat anstrengende aktiviteter i 10 minutter eller mer sammenhengende?**

antall dager siste 7 dager

- vet ikke  98
- vil ikke svare  99

DERSOM IO SVARER 0, 8 ELLER 9 GÅ TIL PE.5.

**PE.4** Hvor lenge holdt du på med slike aktiviteter i gjennomsnitt per dag på de dagene (den dagen) du har nevnt ? **REGN KUN MED AKTIVITETER/ARBEID SOM VARTE SAMMENHENGENDE I 10 MINUTTER ELLER MER.**

Et estimat er tilstrekkelig

timer  minutter

- vet ikke  98
- vil ikke svare  99

**PE.5** Tenk på tiden du har gått eller spasert hjemme, på jobb eller på fritiden de siste 7 dagene. Regn med all gange uansett fart og anstrengelse, men regn bare med de gangene du gikk 10 minutter eller mer sammenhengende.

**Hvor mange av de siste 7 dagene har du gått eller spasert i minst 10 minutter sammenhengende?**

antall dager siste 7 dager

- vet ikke  98
- vil ikke svare  99

DERSOM IO SVARER 0,8 ELLER 9 GÅ TIL PE.6.

**PE.6** Hvor lenge spaserte eller gikk du i gjennomsnitt per dag på de dagene (den dagen) du har nevnt? **REGN KUN MED AKTIVITETER/ARBEID SOM VARTE SAMMENHENGENDE I 10 MINUTTER ELLER MER.**

\_\_\_\_ timer \_\_\_\_ minutter

- vet ikke \_ 98
- vil ikke svare \_ 99

De neste spørsmålene handler om hvor ofte du spiser frukt og grønnsaker

**FV.1 Hvor ofte spiser du frukt (regn ikke med juice eller fruktsaft)?**

- To eller flere ganger om dagen \_ 1
- En gang om dagen \_ 2
- Sjeldnere enn en gang om dagen, men oftere enn 4 ganger i uken \_ 3
- Sjeldnere enn 4 ganger i uken, men oftere enn gang i uken \_ 4
- Sjeldnere enn en gang i uken \_ 5
- Aldri \_ 6
- vet ikke \_ 8
- vil ikke svare \_ 9

**FV.2 Hvor ofte spiser du grønnsaker eller salat (regn ikke med grønnsaksjuice eller poteter)?**

- To eller flere ganger om dagen \_ 1
- En gang om dagen \_ 2
- Sjeldnere enn en gang om dagen, men oftere enn 4 ganger i uken \_ 3
- Sjeldnere enn 4 ganger i uken, men oftere enn gang i uken \_ 4
- Sjeldnere enn en gang i uken \_ 5
- Aldri \_ 6
- vet ikke \_ 8
- vil ikke svare \_ 9

**FV.3 Hvor ofte drikker du frukt- eller grønnsaksjuice?**

- To eller flere ganger om dagen \_ 1
- En gang om dagen \_ 2
- Sjeldnere enn en gang om dagen, men oftere enn 4 ganger i uken \_ 3
- Sjeldnere enn 4 ganger i uken, men oftere enn gang i uken \_ 4
- Sjeldnere enn en gang i uken \_ 5
- Aldri \_ 6
- vet ikke \_ 8
- vil ikke svare \_ 9

De neste spørsmålene gjelder miljøet der du bor og arbeider og om sosial forhold.

**EN.1 I hvilken grad har du i løpet av de siste 12 månedene følt deg utsatt for [. ....] hjemme eller i området der du bor?**

#### KORT 10.

- .. i stor grad
- .. i noen grad
- .. ikke i det hele tatt
- Vet ikke
- Vil ikke svare

- ☐ **Støy** (for eksempel fra trafikk, tog, fly, industri, naboer, dyr eller utested),  
☐ **Luftforurensning** (for eksempel fint støv, skitt og møkk, røyk eller ozone)  
☐ **Vond lukt** (for eksempel fra industri, jordbruk, kloakk eller søppel)

**EN.2 I hvilken grad har du i løpet av de siste 12 månedene følt deg truet eller vært utsatt for vold, tyveri, eller hærverk hjemme eller i området der du bor?**

#### KORT 10.

- .. i stor grad
- .. i noen grad
- .. ikke i det hele tatt
- Vet ikke
- Vil ikke svare

EN.3 SKAL KUN STILLEST IL RESPONDENTER SOM ER I JOBB HH.8=1.

**EN.3 Har du i løpet av de siste 12 månedene vært utsatt for [.....] på arbeidsplassen din?**

Hvis ja: **I hvilken grad har du vært utsatt for [.....]?**

#### KORT 10.

- .. i stor grad
- .. i noen grad
- .. ikke i det hele tatt
- Vet ikke
- Vil ikke svare

- ☐ **Trakassering eller mobbing**  
☐ **Diskriminering** (på grunn av kjønn, alder, hudfarge, helseproblemer eller annet)  
☐ **Vold eller trusler om vold**  
☐ **Tidspress eller overarbeid**  
☐ **Kjemikalier, støv, lukt, røyk eller gass**  
☐ **Støy eller vibrasjon**  
☐ **Ukomfortable arbeidsstillinger, ensidige bevegelser eller tunge tak**  
☐ **Stor risiko for ulykker**

**EN.4 Hvor mange personer står deg så nær at du kan regne med dem hvis du har store personlige problemer? REGN OGSÅ MED NÆRMESTE FAMILIE**

- Ingen
- 1 eller 2
- 3, 4 eller 5
- flere enn 5

- vet ikke
- vil ikke svare

## SELVUTFYLLINGSSKJEMA

Det er viktig at disse spørsmålene besvares av deg. Les spørsmålene og svarkategoriene nøye før du svarer. Svar så ærlig du kan. Svarene dine behandles fortrolig.

### SK.1 Røyker du for tiden?

- Ja, daglig
- Ja, av og til → SK.4
- Nei → SK.4

### SK.2 Hvilke tobakkprodukter røyker du daglig?

*Flere svar er mulig*

- ☐ Ferdigsigaretter
- ☐ Håndrullede sigaretter
- ☐ Sigarer
- ☐ Piper med tobakk
- ☐ Annet

### SK.3 Hvor mange sigaretter, sigarer eller piper røyker du i gjennomsnitt hver dag? LKU: per uke.

Ferdigsigaretter	<input type="text"/>	→ SK.5
Håndrullede sigaretter	<input type="text"/>	→ SK.5
Sigarer	<input type="text"/>	→ SK.5
Piper med tobakk	<input type="text"/>	→ SK.5
Annet	<input type="text"/>	→ SK.5

### SK.4 Har du noen gang røykt daglig, eller nesten daglig i minst ett år?

- ja \_ 1
- nei \_ 2 → SK.6

### SK.5 I hvor mange år har du røykt daglig? Regn med alle lengre perioder du har røyket daglig. Hvis du ikke husker det nøyaktige antall år, forsøk å gi et anslag.

antall år

### SK.6 Hvor ofte er du utsatt for sigaretttrøyk innendørs hjemme?

- Aldri eller nesten aldri
- Mindre enn en time om dagen
- 1-5 timer om dagen

- Mer enn 5 timer om dagen

**SK.7 Hvor ofte er du utsatt for sigarettøyk innendørs på offentlige steder eller transportmidler** (barer, restauranter, kjøpesentre, idrettsarenaer, bingo lokaler, bowlingbaner, tog, t-bane eller buss)?

- Aldri eller nesten aldri
- Mindre enn en time om dagen
- 1-5 timer om dagen
- Mer enn 5 timer om dagen

**SK.8 Hvor ofte er du utsatt for tobakkøyk innendørs der du arbeider?**

- Aldri eller nesten aldri
- Mindre enn en time om dagen
- 1-5 timer om dagen
- Mer enn 5 timer om dagen

De neste spørsmålene handler om alkoholbruk i de siste 12 månedene.

**AL.1 Hvor ofte har du drukket alkoholholdig drikk de siste 12 månedene** (det kan være øl, vin, sprit eller andre drikker som inneholder alkohol)?

- |                                     |     |               |
|-------------------------------------|-----|---------------|
| • Aldri                             | _ 1 | → GÅ TIL CN.1 |
| • En gang i måneden eller sjeldnere | _ 2 | → GÅ TIL CN.1 |
| • 2-4 ganger i måneden              | _ 3 | → AL.3        |
| • 2 til 3 ganger i uken             | _ 4 |               |
| • 4 or 6 ganger i uken              | _ 5 |               |
| • Hver dag                          | _ 6 |               |

**AL.2 Tenk på typisk uke du drakk alkohol: Kan du angi hvor mange drinker/glass med alkoholholdig innhold du drikker per dag i slike uker? Se tabell. Start med mandag og kryss av for en dag av gangen.**

**.. antall drinker/glass med .....**

- Øl
- Vin
- Liqueur Spirits ?? Sprit
- Andre lokale alkoholholdige drikker

*Hvert land må angi mening med "drink" for hver type alkoholholdig drikk, en drink inneholder 10 gram ren alkohol*

**AL.3 Hvis du tenker på de siste 12 månedene, hvor ofte drakk du 6 eller flere drinker/glass ved samme anledning?**

- Aldri
- En gang i måneden eller sjeldnere
- Månedlig
- Ukentlig

- Daglig eller nesten daglig

De neste spørsmålene gjelder bruk av narkotiske stoffer, slik som cannabis (hasj, marijuana), kokain, amfetamin, ecstasy mv.

**CN.1 Kjenner du noen som bruker cannabis (hasj/marijuana)?**

- ja        \_ 1
- nei        \_ 2

**CN.2 Har du selv brukt cannabis (hasj, marijuana) de siste 12 månedene?**

- ja        \_ 1
- nei        \_ 2

**CN.3 Kjenner du noen som bruker narkotiske stoffer, slik som kokain, amfetamin, ecstasy eller lignende stoffer?**

- ja        \_ 1
- nei        \_ 2

**CN.4 Har du selv brukt narkotiske stoffer, slik som kokain, amfetamin, ecstasy eller lignende stoffer de siste 12 månedene?**

- ja        \_ 1
- nei        \_ 2





- |  |      |
|--|------|
| <input type="checkbox"/> mellom 1 desil og 2 desil | _ 08 |
| <input type="checkbox"/> mellom 1 desil og 2 desil | _ 09 |
| <input type="checkbox"/> mer enn 9 desil           | _ 10 |
| <input type="checkbox"/> vil ikke svare            | _ 99 |

# KORT

## Kort 1

- Astma (også allergisk astma)
- Kronisk bronkitt, (kronisk obstruktiv lungesykdom), emfysem
- Hjerterinfarkt, myocarditt?
- Iskemisk hjertesykdom? Hjertekramper? (angina pectoris)
- Høyt blodtrykk (hypertensjon)
- Slag (hjerneblødning, blodpropp i hjernen)
- Revmatisk artritt (betennelse i ledd)
- Artrose (slitasjegikt, slitasje i ledd)
- Lidelse i korsrygg (nedre rygg) eller annen kronisk rygglidelse
- Nakkelidelse eller annen kronisk nakkeskade
- Diabetes/sukkersyke
- Allergi, rhinitt, øyebetennelse, hudutslett eller matallergi (ikke allergisk astma)
- Magesår/sår på magesekk eller tolvfingertarm
- Leverkirrose, leverproblemer (skrumplever?)
- Kreft (ondartet svulst, også leukemi og lymfekreft)
- Kraftig hodepine slik som migrene/Migrene eller annen alvorlig hodepine
- Urinlekkasje, inkontinens
- Kronisk angst
- Kronisk depresjon
- Andre psykiske helseproblemer
- Varig skade forårsaket av ulykke

## Kort 2

- Trafikkulykke
- Arbeidsulykke
- Ulykke på skole
- Andre ulykker (hjemme eller fritidsulykker)

## Kort 3

- Ja, uten vansker
- Med noe vansker
- Med store vansker
- Nei

## Kort 4

Aktiviteter/gjøremål:

- Spise
- Komme opp av seng eller stol
- Av- og påkledning
- Bruke toalettet
- Bade eller dusje

**Kort 5**

- Lage mat
- Bruke telefonen
- Gjøre innkjøp
- Ta medisiner når du skal
- Lett husarbeid
- Tyngre husarbeid
- Betale regninger

**Kort 6**

- Ingen
- Milde
- Moderate
- Sterke
- Veldig sterke

**Kort 7**

- Hele tiden
- Mesteparten av tiden
- En del av tiden
- Litt av tiden
- Nei??

**Kort 8**

- A. ...smerter i ledd (slitasjegikt, leddbetennelse)
- B. ...hodepine eller migræne
- C. ...andre smerter
- D. ...forkjølelse, influensa eller sår hals
- E. ...allergiske symptomer (eksem, tett nese, rennende øyne)
- F. ...fordøyelsesproblemer
- G. ...forebygging

**Kort 9**

- Veldig fornøyd
- Ganske fornøyd
- Verken fornøyd eller misfornøyd
- Ganske misfornøyd
- Veldig misfornøyd

**Kort 10**

- Veldig utsatt
- Ganske utsatt
- Ikke utsatt

**Kort 11**

- Arbeidsinntekt (som ansatt eller selvstendig)
- Arbeidsledighetstrygd
- Alders- og enkepensjon
- Uførhetstrygd/rehabiliteringspenger
- Barnetrygd
- Bostøtte
- Studiestipend
- Andre trygder eller overføringer
- Har ingen inntekt

#### **Kort 12**

- under 1te desil
- mellom 1 desil og 2 desil
- mellom 2 desil og 3 desil
- mellom 3 desil og 4 desil
- mellom 4 desil og 5 desil
- mellom 5 desil og 6 desil
- mellom 6 desil og 7 desil
- mellom 7 desil og 8 desil
- mellom 8 desil og 9 desil
- over 9 desil

## Vedlegg 1

Det skal samles inn opplysninger om alle personer som bor i private hushold og om slektskapsrelasjoner med andre medlemmer av husholdet. Indirekte svar anbefales når ikke alle husholdsmedlemmer blir intervjuet.

En metode som er utviklet for å identifisere husholds sammensetning er en slektskapsmatrise. Slektskapsmatrisen åpner for registrering av slektskapet til alle medlemmene av husholdet.

Et annet alternativ er å registrere slektskapet med hvert medlem og et "nøkkelmedlem" i husholdet (eks. husholdsreferanseperson). Når referansepersonen velges ut med omhu, vil denne metoden gi presis informasjon for de fleste typer hushold og familier. I noen tilfeller eks. i hushold med flere familier vil denne metoden ikke alltid gi informasjonen som kreves.

### Koding

#### o #1 Husholdsstørrelse

Antall personer i husholdet

Antall barn i alderen 4 år eller yngre

Antall barn i alderen 5-13 år\*

Antall barn i alderen 14-15 år\*

Antall forsørgede barn i alderen 16-24 år

Antall andre medlemmer av husholdet i alderen 16-24 år

Antall personer i alderen 25 -64 år

Antall personer 65 år eller mer

\* Opplysninger om personer i alderen 14 år eller over kreves for å anvende standard ekvivalensskala (jf. OECD) for å justere verdier samlet inn for kjernevariable som "samlet månedlig husholdsinntekt".

#### o #2 Overgangskoder for husholdstype

Koder	Labeler
1	En-person hushold
2	Fler-person hushold
2.1.	Aleneforsørger
2.2.	Per uten forsørgeransvar for barn
2.3.	Par med forsørgeransvar for barn
2.4.	Andre* uten avhengige barn
2.5	Andre* med avhengige barn

\* Kategorien "andre" omfatter alle hushold med personer utenom kjernefamilien (gift eller samboende), slik som andre enn foreldre-barn eller annen partner forhold i husholdet (eks. personer som ikke er i slekt, også barn som ikke bor med foreldre/forelder).

o #3 Aktivitet

Antall personer i husholdet i alderen 16-24 år som er i arbeid

Antall personer i husholdet i alderen 16-24 år som er arbeidsledige eller inaktive\*\*

\*\* inkluderer forsørgede barn.

Et “forsørget barn” er en person under 16 år, eller en person mellom 16-24 som er økonomisk inaktiv og bor sammen med minst en av foreldrene sine.

"Par" refererer til gifte par, registrerte partnere og samboende par – med eller uten barn.



EUROPEAN COMMISSION  
EUROSTAT



and

PARTNERSHIP ON PUBLIC HEALTH STATISTICS  
GROUP HIS

**DEN EUROPEISKE HELSEUNDERSØKELSEN (EHIS)**

**1ST RUNDE 2007-2008**

**VEILEDER FOR OVERSETTELSE OG  
FORTOLKNING**

**UTGAVE 23/07/2007**

Denne veilederen er en guide til oversettelse av modulene i den Europeiske Helseundersøkelsen. Den er utarbeidet fordi sammenlignbarhet mellom land ikke oppnås gjennom direkte oversetting fra original språket til det respektive språk, men ved at man forstår innholdet i hva det spørres etter og for å få tak i det underliggende begrepet om helse. I forbindelse med hvert spørsmål er det referert noen notater. Disse forklaringene bør leses og oversettes for å forsikre seg om at innholdet i og intensjonen med spørsmålet er forstått.

### **GENERELLE ANBEFALINGER**

I noen tilfeller, for noen spørsmål, må intervjueren administrere kort. Det kan hende at IO har problemer med synet og synes det er vanskelig å lese kategoriene som er listet på kortet. I slike tilfeller kan intervjueren lese opp kortet for IO med en liten pause mellom hver svarkategori

Svarkategoriene ”vet ikke” og ”vil ikke svare” bør ikke refereres på kortene og heller ikke leses opp av intervjuerne.



# DEN EUROPEISKE BAKGRUNNSKJENNETEGN MODULEN

## FØRSTE DEL (DEL 2 I SLUTTEN AV SPØRRESKJEMAET)

### PART A: INTERVJU PROTOKOLL<sup>1</sup>

#### IP.1

□ **Mål:** IOs bosted (land) på intervjutidspunktet.

#### IP.2

□ **Mål:** bosted dvs. Fylket/kommunen der IO vanligvis bor.

#### IP.3

□ **Mål:** type lokalitet der IO bor, om det er et tettbygd eller spredtbygd område (eller noe midt i mellom)

**By:** ca 500 innbyggere per kvadratkilometer, minst. 50.000 innbyggere

**Tettbygd område:** områder med om lag 100 innbyggere per kvadratkilometer, maks. 50 000 innbyggere befolkningstetthet på minst 100 per kvadratkilometer,. Der befolkningen i området er minst 50.000, eller grenser opp til et område med minst 50.000 innbyggere.

**Spredtbygd område:** Områder som verken er tettbygd eller middels tettbygd. Eurostat har konverteringstabeller for statistikkbyråene, som oversetter kommunekode til urbaniseringsgrad. Dermed blir det bare å slå opp i tabellen for å finne urbaniseringsgraden for en gitt kommune.

#### IP.4

□ **Mål:** dato for intervjuet

### PART B: Personlige kjennetegn

#### HH.1

□ **Mål:** antall personer som bor i husholdet (se HH.2 for å vite hvem som anses som medlemmer av husholdet).

#### HH.2

□ Vanlig bostedsadresse er anbefalt brukt som basis for **husholdsmedlemskap**. At medlemmene er sammen om utgifter skal brukes som kriterium for å bestemme hvorvidt IO er medlem av husholdet. IO (person 1) er vanligvis medlem av husholdet og utgangspunkt for registrering av slektskapsrelasjoner

Person 2 er vanligvis beboer og ikke i slekt med andre husholdsmedlemmer;

Person 3. leietaker, hybelboer mv. (et år eller mer) som ikke har adresse annet sted.

Person 4. besøkende, uten privat adresse andre steder (et år eller mer);

Person 5. tjenere, au pair etc. som ikke har privat adresse andre steder (et år eller mer)

Person 6. personer som vanligvis bor i husholdet, men som er midlertidig bortreist (ferie, arbeid utdanning eller lignende) uten privat adresse andre steder (mindre enn et år);

Person 7. barn av husholdsmedlemmer som tar utdanning hjemmefra, uten privat adresse andre steder og som har tette bånd til husholdet

Person 8. personer som er fraværende for lengre perioder, men som har bånd til husholdet (f.eks. personer som arbeider borte, barn eller et annet husholdsmedlems partner uten privat adresse andre steder, og som har tette bånd til husholdet).

Person 9. personer som er midlertidig fraværende, men som har band til husholdet (eks. På sykehus, pleiehjem eller andre institusjoner), med klare finansielle band til husholdet (fravær på mindre enn et år).

En person skal regnes som "vanligvis beboer" dersom IO tilbringer mesteparten av sin fritid i boligen over et år. Personer som stifter nytt hushold eller blir medlem av eksisterende hushold skal normalt bli ansett som medlemmer på sitt nye bosted dersom IO tar sikte på å bo der mer enn et år. Tilsvarende vil de som forlater

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<sup>1</sup> Information not asked to the respondents

husholdet for å bo annet sted ikke lengre anses som medlem av husholdet. Et barn som flytter mellom to hushold (eks etter skilsmisse) tilhører det husholdet hvor det tilbringer mest tid. Dersom det tilbringer like mye tid begge steder bør det være det stedet hvor barnet kan kontaktes.

- **Indirekte intervju:** tillatt

PERSON NUMMER

☐ **Mål:** personer i rekken over husholdsmedlemmer.

☐ Alle personer blir tilordnet et tosifret nummer

KJØNN

☐ **Mål:** IO's kjønn. Registreres av intervjuer.

FØDSELSDATO

☐ **Mål:** IOs fødselsdag (se ID bevis).

SLEKTSKAP

☐ **Mål:** nummer på ektefelle eller samboer, far eller mor

☐ Disse variablene kan konstruere familiekjernen. Hvert medlem av husholdet, hans/hennes ektefelle eller samboer, far eller mor skal identifiseres dersom de er medlemmer av samme hushold. Nummeret til ektefelle skal reflektere "de facto" situasjonen. Dette korresponderer ikke nødvendigvis med "de jure" situasjonen til husholdet med tanke på bofellesskap.

### HH.3

☐ **Mål:** Fødeland til IO, dvs. Det landet hans/hennes mor oppholdt seg ved fødselen

- **Kan stilles til barn under 15 år:** ja

- **Indirekte intervju:** tillatt

- **Kan stilles til personer i institusjon:** fylles ut

☐ I feltarbeidet, skal klassifikasjonen av fødeland gjøres med utgangspunkt i FN Statistisk Divisjon, Standard for Landkoder, ST/ESA/STAT/SER.M/49/Rev.4/, klassifikasjonen utviklet på grunnlag av ISO 3166. Som foreslått av the Conference of European Statisticians Recommendations for the 2010 Censuses of Population and Housing skal tresiffer alfabetisk kode brukes.

**Født i Norge** — Person som er født i landet IO er registrert bosatt i

**Utenlandsfødt** — Person som er født i andre land enn landet IO er registrert bosatt i

☐ Informasjon om fødeland skal hentes inn i overensstemmelse med nasjonale grenser på datainnsamlingstidspunktet.

### HH.4

☐ **Mål:** statsborgerskap, enten ved fødsel eller senere eks. Ved ekteskapsinngåelse i hht nasjonale lover.

☐ Informasjon om statsborgerskap skal kodes, basert på klassifikasjonen fra FN Statistical Division, Standard for Landkoder ST/ESA/STAT/SER.M/49/Rev.4/., en klassifikasjon utviklet fra ISO 3166. Som foreslått av the Conference of European Statisticians Recommendations for the 2010 Censuses of Population and Housing brukes tre-siffer alfabetisk kode.

**Nasjonal** – Den bosatte IO har statsborgerskap i oppholdsland

**Ikke-nasjonale (utlendinger)** – Den bosatte IO har ikke statsborgerskap i oppholdslandet.

- **Kan stilles til barn under 15 år:** ja

- **Indirekte intervju:** tillatt

- **Kan stilles til personer i institusjon:** fylles ut

☐ Informasjonen som ønskes er landet der vedkommende person er statsborger. Informasjon om bør være i overensstemmelse med administrativ status på tidspunktet for datainnsamling.

☐ I tilfeller der det er dobbelt statsborgerskap skal følgende tilnærming velges::

1. Dersom IO har statsborgerskap i et land der vedkommende bor til vanlig, skal dette ha første prioritet.
2. Dersom vedkommende ikke har statsborgerskap i bostedsland, har statsborgerskap i land med EU-medlemskap fortrinn..
3. I andre tilfeller kan IO velge hvilket statsborgerskap som skal registreres.

### HH.5

- **Mål:** juridisk status for hvert individ i relasjon til ekteskapsloven eller ekteskapstradisjoner i bostedslandet (i.e. *de jure* status)

- **Kan stilles til barn under 15 år:** nei

- **Indirekte intervju:** tillatt

- **Kan stilles til personer i institusjon:** fylles ut
- Målet er å oppnå juridisk ekteskapelig status, uavhengig av de facto arrangementer.
- Personer der eneste eller siste ekteskap er annullert (erklært ugyldig) skal klassifiseres i henhold til ekteskapelig status forut for det annullerte ekteskapet.
- Personer som bor i samboerforhold skal klassifiseres som aldri gift, gift, enke eller skilt i henhold til deres de jure (legal) status.
- I tilfeller av registrert/juridisk partnerskap eller der personer av samme kjønn lever i et forhold, registreres de som "gift"..

#### **HH.6**

- **Mål:** de facto ekteskapelig status. Med dette menes ekteskapelig status for hvert individ slik det faktisk er. De faktiske forhold i husholdet.
- **Kan stilles til barn under 15 år:** nei
- **Indirekte intervju:** tillatt
- **Kan stilles til personer i institusjon:** fylles ut
- **I dette husholdet:** bare de som bor sammen i dette husholdet skal regnes med..
- To personer anses som å leve som et par når de deler bosted, ikke er gift eller har ekteskapslignende relasjoner.

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#### **HH.7**

- **Mål:** det høyeste utdanningsnivået som er gjennomført.
- **Kan stilles til barn under 15 år:** nei
- **Indirekte intervju:** tillatt
- **Kan stilles til personer i institusjon:** fylles ut
- **Høyeste utdanningsnivå oppnådd:** med dette menes nivået som er gjennomført og der vitnemål foreligger. Når høyeste nivå skal fastsettes skal både yrkesfaglig og teoretisk utdanning tas med i betraktningen. Personer som ikke har fullført sine studier skal kodes i henhold til høyeste oppnådde nivå. (ikke blank). Personer under utdanning må indikere siste dokumenterte fullførte nivå.
- **Ta med lærlingeordninger:** alle kvalifikasjoner som er oppnådd i relasjon til arbeid skal tas med uavhengig av type kvalifikasjon, uavhengig av hvem som finansierte for utdanningen eller om utdanningen ble tatt i en bedrift eller lignende.
- **Svarkategoriene skal benevnes ....:** kategoriene må gis en kulturell utforming i henhold til utdanningssystemet i det respektive land. Svarkategoriene må være kompatible med ISCED klassifikasjonen.

#### **HH.8**

- **Mål:** en persons egen oppfatning av sin nåværende hovedaktivitet (nåværende arbeidsstatus i hoved beskjeftigelsen). Dette avviker fra ILO<sup>2</sup> begrepet i at det er IOs egen oppfatning av hva som er hovedbeskjeftigelsen som skal legges til grunn. For eksempel blir mange mennesker som anser seg selv som fulltidsstudenter eller hjemmeværende klassifisert som ansatt i hht. ILO hvis de er i redusert stilling. Tilsvarende blir noen mennesker som anser seg selv om "ikke i arbeid" ikke ansett som arbeidssøkende i hht. ILO's strenge kriterier.
- **Kan stilles til barn under 15 år:** nei
- **Indirekte intervju:** tillatt
- **Kan stilles til personer i institusjon:** fylles ut
- **Nåværende:** enhver endring i beskjeftigelse blir tatt i betraktning. Dersom en person har mistet jobben eller nylig gått over på trygd/pensjon eller arbeidsstatusen på annen måte er endret skal situasjonen på intervju tidspunktet registreres. På denne måten blir "nåværende" status gjeldende og ikke status sett i lengre tidsperspektiv.

<sup>2</sup> I henhold til ILO er ansatte personer 15 år eller eldre som i løpet av en referanseuke har utført arbeid mot lønn, fortjeneste eller "familie fortjeneste" i minst en time, eller som ikke var på arbeid, men som er ansatt eller selvstendig næringsdrivende i arbeid som de var borte fra pga sykdom, ferie, utdanning eller andre engasjementer. Arbeidsledige personer er personer 15-74 år som er uten arbeid i referanseuken, men som er tilgjengelig og/eller som aktivt søker arbeid eller skal begynne i en jobb innen de neste tre månedene.

- **Fravær fra arbeidet grunnet svangerskapspermisjon, foreldrepermisjon, sykdom eller ferie:** fravær fra arbeidsstedet (eks. sykdom, ferie mv) der IO er ansatt.
- **'førstegangstjeneste eller samfunnstjeneste'**
- Selvrapportert arbeidsstatus, I prinsipp, bestemt av hvor man tilbringer mesteparten av tiden, men ingen eksplisitte kriterier.

## **HH.9**

- **Mål:** om vedkommende som arbeider for lønn eller fortjeneste har vært I arbeid tidligere
- **Kan stilles til barn under 15 år:** nei
- **Indirekte intervju:** tillatt
- **Kan stilles til personer i institusjon:** fylles ut
- **Lønn:** omfatter kontantutbetalinger eller lønn i naturalia (i varer og tjenester heller enn penger).
- **En jobb** er definert som et sett oppgaver eller plikter som skal utføres. Ferdigheter er evne til å utføre oppgavene og pliktene i en jobb. Ferdigheter består av to dimensjoner: ferdighetsnivå og områdespesifikasjon eller fag. Ferdighetsnivået bestemmes av utdanningsnivå.
- **Hovedbeskjeftigelse:** dersom vedkommende har flere jobber bestemmer IO selv hvilken jobb som anses for å være hovedbeskjeftigelsen. I tvilstilfeller er det den jobben som medføre flest arbeidstimer som skal rapporteres.

## **HH.10**

- **Mål:** arbeidsstatus
- **Kan stilles til barn under 15 år:** nei
- **Indirekte intervju:** tillatt
- **Kan stilles til personer i institusjon:** fylles ut
- **Ansatte** er de som har lønnet arbeid dvs. Arbeid der det foreligger en kontrakt (muntlig eller skriftlig) som gir dem rettigheter som ikke er avhengig av bedriftens fortjeneste. Dette kan være en bedrift, en ideell organisasjon, administrative enhet eller et hushold. Utstyret som benyttes kan være eid av andre og IO kan arbeide under direkte veiledning. Personer i lønnet arbeid kan lønnes av akkord, overskudd fra salg, bonuser eller naturalia.
- Ansatte kan deles inn I følgende grupper:
  - Betalt arbeid i familiebedrift eller gårdsdrift.
  - Andre arbeidstakere
  - Lærlinger eller trainees som mottar betaling
  - Personer på arbeidsmarkedstiltak som mottar lønn
- En ansatt arbeider vanligvis for en arbeidsgiver, men en sønn eller datter, som eks. arbeider i foreldres virksomhet og som mottar regelmessig lønn skal registreres som ansatt. Dette er ikke angitt i ICSE-93. Denne gruppen er viktig å registrere i inntekts- eller arbeidskretsundersøkelsen siden avlønning og arbeidsforholdene til denne gruppen kan være vesentlig forskjellig fra ansatte som arbeider for andre. I mange tilfeller er timebetalingen lavere enn forventet sammenlignet med en person som går inn som medeier/partner i virksomheten.
- **Selvstendig næringsdrivende** avlønnes etter fortjenesten i virksomheten (eller etter mulighet for fortjeneste) som beregnes ut fra varer og tjenester som produseres (eget forbruk anses som å være en del av fortjenesten). Selvstendig næringsdrivende tar beslutninger som angår virksomheten eller delegerer slike beslutninger til betrodd medarbeidere. I denne konteksten omfattes også enmannsforetak.

Selvstendig næringsdrivende kan deles inn i

- Arbeidsgivere (som har ansatt en eller flere personer til å arbeide for seg på regelmessig basis)
- enmannsforetak (som ikke har ansatte på regelmessig basis)
- Medlemmer i produsentkooperativer (som er selvstendige, men med i et kooperativ for produksjon av varer eller tjenester). Medlemmene stiller på like fot og forholder seg til

kooperativets beslutninger om organisering av produksjonen, salg og eller arbeid i etablisementet. Investeringer og fordeling bestemmes av kooperativet ie. medlemmene. I tilfeller der kooperativet leier inn arbeidskraft og disse har arbeidskontrakt som gir dem godtgjørelse (som ikke er direkte avhengig av kooperativets fortjeneste), registreres de som ansatte i kooperativet.

- **Ansatte i familiebedrift/foretak:** personer som er selvstendig næringsdrivende i et markedsorientert selskap som ledes av en slektning eller en i samme hushold og som ikke kan anses å være en partner pga graden av forpliktelse til virksomheten og driften av denne i forhold til arbeidstid eller andre faktorer som ikke er sammenlignbare med den som eier virksomheten/personer som hjelper andre familiemedlemmer til å drive eks. en gård eller annen virksomhet, gitt at de ikke anses som ansatte.

- **Grensetilfeller:**

En person som passer et eller flere barn som ikke er egne på privat basis og som får lønn for dette skal betraktes som selvstendig. En person som ser etter barn i eget hjem skal klassifiseres som ansatt dersom vedkommende betales for dette av lokale myndigheter eller annen offentlig instans og vedkommende ikke tar beslutninger som påvirker virksomheten (eg. ang. antall barn) skal klassifiseres som selvstendig hvis dette skjer på privat basis.

En freelancer skal generelt sett klassifiseres som selvstendig. Hvis en freelancer jobber for en enkelt arbeidsgiver og får rettigheter fra arbeidsgiver (eks. feriepenger) skal vedkommende registreres som ansatt.

En person som gir privattimer skal anses som selvstendig dersom vedkommende får lønn av sine studenter.

Prester (uavhengig av religiøs tilknytning) anses som ansatte.

Persons som arbeider i en familiebedrift eller gårdsbruk uten lønn og som bor i samme hushold som eieren eller i hus på eierens eiendom og med samme interesser og som får godtgjørelse i form av frynsegoder og utbetalinger... Ulønnet frivillig arbeid utført for veldedighet skal ikke inkluderes. Eksempler på ulønnede familiearbeidere.

En sønn/datter som bor utenfor husholdet og som arbeider i foreldres virksomhet eller på familiens gård uten lønn.

En kone som assisterer sin ektefelle i hans virksomhet uten formell lønn.

En slektning som bor annet sted men som hjelper til i virksomheten eks. sesongarbeid uten lønn skal ikke inkluderes. Dersom en slektning mottar godtgjørelse skal arbeidsstatus kodes som ansatt..

## **HH.11**

- **Mål:** om jobben er permanent eller midlertidig. Spørsmålene skal fange om jobben en har er tidsbegrenset og regulert av en avtale – ikke om IO har vurdert å ta et avbrekk for å reise eller studere.
- **Kan stilles til barn under 15 år:** nei
- **Indirekte intervju:** tillatt
- **Kan stilles til personer i institusjon:** fylles ut
- Ansatte på **midlertidig arbeidskontrakt** er ansatte med en hovedbeskjeftigelse som vil avsluttes etter en avtalt periode, eller et tidsrom som ikke er kjent på forhånd, men som likevel definert med objektive kriterier, slik som oppfyllelse av en kontrakt eller avsluttet vikariat. I tilfeller der en arbeidskontrakt er midlertidig er avslutningsdato ofte angitt i kontrakten.
- Dette spørsmålet går kun til ansatte. I de fleste tilfeller har ansatte en skriftlig arbeidskontrakt. I noen land finnes kun kontrakter for særskilte tilfeller (eks. i offentlig sektor, for læringer, eller for andre som deltar i et opplæringsprogram i en bedrift).
- Kontraktsvarighet - **grensetilfeller:**
  - Svarkategorien “midlertidige kontrakter” omfatter:
    - Personer med sesongarbeide

- Personer som er midlertidige engasjert av et byrå og leid ut til en tredje part for å utføre en arbeidsoppgave (med mindre det er arbeidskontrakter uten tidsangivelse med et vikarbyrå)
- Personer med særskilte lærling- eller opplæringskontrakter.
- Respondenter som er kontraktet til å gjøre en jobb, som forventes skal bli fornyet, eks. for ett år, skal kodes i henhold til om respondentene selv anser jobben for å ha ubegrenset varighet.
- En person som har kontrakt i prøveperioden skal anses som å ha en midlertidig kontrakt.
- Om en person er forflyttet fra en fast jobb skal personen regnes som fast ansatt, hvis han/hun har en garanti for å få tilbake sin tidligere jobb.

#### **HH.12**

- **Generelt begrep:** Heltids/deltidsarbeid
- **Kan stilles til barn under 15 år:** nei
- **Indirekte intervju:** tillatt
- **Kan stilles til personer i institusjon:** fylles ut
- En **deltidsansatt** er ”en ansatt med normal arbeidstid som er kortere enn arbeidstiden til sammenliknbare heltidsarbeidende” (International Labour Conference, 81<sup>st</sup> session, 1994).
- Skillet mellom heltids og deltidsarbeid bør trekkes på grunnlag av respondentens spontane svar. Det er umulig å lage et mer eksakt skille mellom deltid- og heltidsarbeid, på grunn av forskjeller i arbeidstid mellom medlemsland, og mellom ulike næringer.
- Variabelen gjelder hovedyrke.

#### **HH.13**

- **Generelt begrep:** Personens yrke i hovedjobben
- **Kan stilles til barn under 15 år:** nei
- **Indirekte intervju:** tillatt
- **Kan stilles til personer i institusjon:** fylles ut
- **Beskriv....:** beskrivelse av arbeidsoppgavene
- The ISCO-88 (COM) er standard yrkesklassifisering som brukes på EU-nivå. Den er basert på ISCO-88: International Standard Classification of Occupations’ published by ILO (Geneva 1990).
- Grunnlaget for klassifisering i ISCO-88 er arbeidets karakter og de ferdigheter som kreves.

#### **HH.14**

- **Generelt begrep:** økonomisk virksomhet i den lokale enheten der personen hovedsaklig arbeider. Økonomisk virksomhet karakteriseres av input av varer og tjenester, en produksjonsprosess og output av varer/tjenester. Disse kjennetegnene ved virksomheten skal beskrives i svaret.
- **Kan stilles til barn under 15 år:** nei
- **Indirekte intervju:** tillatt
- **Kan stilles til personer i institusjon:** fylles ut
- Hvis informasjon om den ”lokale enheten” ikke er tilgjengelig, kan opplysninger om ”foretaket” brukes isteden. Denne tilnærmingen kan være relevant for land som henter denne informasjonen fra administrative register (for eksempel gjennom å knytte respondenten til et foretak gjennom å bruke et register med personnummer).
- Hvis den lokale enheten har mer enn en ”økonomisk virksomhet” er det den dominerende virksomheten som skal registreres. Det ideelle mål for å bestemme den dominerende virksomheten ville være *antall ansatte* for de ulike virksomhetene, heller enn mer økonomiske begrep som merverdi eller omsetning.

- Den "lokale enheten" gjelder det geografiske området der arbeidet i hovedsak blir utført, eller i tilfelle ambulerende yrker der enheten kan sies å være basert; Vanligvis består den av en enkelt bygning eller del av en bygning, eller for de største enhetene en avgrenset gruppe av bygninger. Den "lokale enheten" er derfor den gruppen av ansatte i virksomheten som geografisk er lokalisert på samme beliggenhet.

# EUROPEAN HEALTH STATUS MODULE

## HS.1

- **Mål:** egenvurdert helse
- **Kan stilles til barn under 15 år:** ja
- **Indirekte intervju:** ikke tillatt
- **Kan stilles til personer i institusjon:** fylles ut
- Referansen skal være helse generelt heller enn nåværende helsestatus, siden spørsmålet ikke er ment å fange opp midlertidige helseproblemer.
- Det er ment å fange opp ulike dimensjoner ved helse, ie. Fysisk, sosial og emosjonelle funksjoner og biomedisinske signaler og symptomer. Det finnes ingen referanse til alder siden IO ikke bes om å sammenlikne egen helse til andre på samme alder eller med tidligere eller fremtidig helse hos IO selv. Det er ikke tidsbegrenset.
- **Verken god eller dårlig:** denne mellomkategorien skal være en nøytral kategori.;

## HS.2

- **Mål:** egenrapportert langvarig sykdom eller varige helseproblemer
- **Kan stilles til barn under 15 år:** ja
- **Indirekte intervju:** tillatt
- **Kan stilles til personer i institusjon:** fylles ut
- Det er viktig å huske på at ordbruken I spørsmålet åpner for alternativer. For eksempel:
  - ‘kronisk’ eller ‘varig’ bør velges etter hva som er mest gangbart I en nasjonal kontekst
  - Ønsket er å fange opp om IO har en kronisk lidelse, ikke om de virkelig lider av den. På noen språk passer det ikke å spørre om man *har* en sykdom. Om man lider av sykdommen reflekterer det samme.
- En kronisk tilstand er varig og forventes å medføre oppfølging over lengre tid.
- **Varig (eller kronisk):** sykdom eller helseproblemer som har vart eller forventes å vare I 6 måneder eller lengre, midlertidige tilstander er ikke interessante I denne sammenheng.
- **Sykdom eller helseproblemer (eller tilstand):** kun problemer med nedsatt helse, men ikke bare sykdom.
- Begrepene “**funksjonshemming, handicap, impairment**” skal ikke omfattes av dette spørsmålet
- Hvis det er behov kan intervjueren presisere at spørsmålene viser til alle varige helseproblemer og sykdommer, ikke bare de som er diagnostisert av en lege.
- I tilfeller der IO har en varig sykdom som ikke plager ham eller som holdes under kontroll av medisinerings skal intervjueren kode verdien 1. Hvis for eksempel en person har høyt blodtrykk skal kode 1 brukes.
- Problemer som er sesongavhengige eller som kommer og går, selv om de blusser opp i kortere perioder enn seks måneder av gangen skal regnes med.

## HS.3

- **Mål:** En persons egen vurdering av hvorvidt IO påvirkes I daglige aktiviteter av fysisk eller psykiske helseproblemer, sykdom eller funksjonshemming.
- **Kan stilles til barn under 15 år:** ja (mer enn 2 år gamle)
- **Indirekte intervju:** tillatt
- **Kan stilles til personer i institusjon:** fylles ut



- En **aktivitet** defineres som: 'utøvelse av en oppgave eller aktivitet' og aktivitetsbegrensninger defineres som "vansker individet erfarer i utøvelsen av en aktivitet'.
- **I de siste 6 månedene eller lengre:** spørsmålet måler varige begrensninger. Tidsperioden viser til varigheten av aktivitetsbegrensningen og ikke varigheten av helseproblemet. Det er begrensningen som må ha vart i 6 måneder eller lengre.
- **I hvilken grad (hvor mye) har du opplevd begrensninger som skyldes et helseproblem:** viser bare til helserelaterte problemer eller ulykker som forårsaker begrensningen og måler ikke begrensninger som skyldes økonomiske, kulturelle eller forhold som ikke er helserelaterte.
- **I aktiviteter folk vanligvis gjør:** Spørsmålet skal vise at referansen er vanlige aktiviteter som de fleste gjør og ikke egne aktiviteter. Mennesker med varige begrensninger som skyldes helseproblemer har ofte tilpasset seg sin situasjon over lang tid og redusert aktiviteten. For å identifisere nåværende begrensninger er det nødvendig med en referanse og derfor måles aktivitetsbegrensningen mot en mer generell akseptert befolkningsstandard som er sosialt og kulturelt forankret i hva mennesker vanligvis gjør. Verken en liste med eksempler på aktiviteter eller en referanse til aldersgruppen IO tilhører skal med i spørsmålet. Det spørsmålet skal fange opp IOs egen vurdering og dermed skal det ikke gis restriksjonen av kulturell, aldersmessig, kjønnsmessig art og heller ikke til IOs ambisjonsnivå.
- **Store begrensninger...:** svarkategoriene er tredelt for å bedre differensiere mellom grad av problemer. 'Store' viser til en ekstremt vanskelig situasjon der IO har store vansker med å utføre aktiviteter folk vanligvis gjør. En spesifisering av helsebegrepet i retning av å vise til både fysisk og psykisk helse bør unngås.
- Hensikten med instrumentet er å måle tilstedeværelsen av varige begrensninger, siden konsekvensene av slike begrensninger (eks. omsorgsbehov) er mer alvorlige. En seks måneders periode blir ofte benyttet for å definere kronisk eller varig sykdom i spørreundersøkelser.
- Svaret på dette spørsmålet er ja(1 og 2) dersom IO har begrensninger nå og har opplevd begrensninger i minst 6 måneder.
- I svarkategoriene, skilles det mellom tre nivåer for alvorlighetsgrad (ja, store begrensninger, ja, noen begrensninger, eller ikke begrensning)
- Dersom problemet er sesongbetont eller tilbakevendende skal IO tenke på de siste seks månedene generelt og svare om IO har opplevd store, noen eller ingen begrensninger.

## Introduksjon 2

### HS.4

- **Kan stilles til barn under 15 år:** ja
- **Indirekte intervju:** tillatt
- **Kan stilles til personer i institusjon:** fylles ut
- **Sykdom** er en betegnelse for ethvert tilfelle som "svækker" normale funksjoner i kroppen.

### HS.5

- **Kan stilles til barn under 15 år:** ja
- **Indirekte intervju:** tillatt
- **Kan stilles til personer i institusjon:** fylles ut
- **Lege:** en lege som utfører medisinsk undersøkelse og setter diagnose, foreskriver medisin og gir behandling for diagnostiserte sykdommer, forstyrrelser eller skader, gir spesialisert medisinsk eller kirurgisk behandling for visse lidelser, forstyrrelser eller skader, gir råd og forestår forebyggende medisinske metoder og behandlinger.

### HS.6

- **Mål:** om IO har en underliggende tilstand, uavhengig av hans/hennes nåværende symptomer eller om sykdommen holdes i sjakk ved hjelp av medisiner eller ikke.
- **Kan stilles til barn under 15 år:** ja
- **Indirekte intervju:** tillatt
- **Kan stilles til personer i institusjon:** fylles ut
- **De siste 12 månedene** forut for intervjutidspunktet.
- Kjente (folkelige) betegnelser på sykdom/tilsand skal angis i intervjuerguiden.
- **Høyt blodtrykk (hypertensjon)** er når systolisk blodtrykk er over 140 mm Hg eller diastolisk blodtrykke er over 90 mm Hg.  
I tilfeller der respondenten er i tvil om svaret fordi symptomene på sykdommen/tilstanden ikke er tilstede pga. vellykket behandlingsregime, skal intervjueren kode 1 (ja)

### HS.7

- **Mål:** om IO i løpet av de siste 12 månedene har vært offer for en ulykke som medførte skade
- **Kan stilles til barn under 15 år:** ja (unntatt arbeidsulykker)
- **Indirekte intervju:** tillatt
- **Kan stilles til personer i institusjon:** fylles ut
- **De siste 12 månedene** forut for intervjutidspunktet skal tas i betraktning.
- En **ulykke** er en episode som ikke er intendert og som kan karakteriseres ved et kraftig støt eller påvirkning som medfører kroppslig skade. Begrepet ulykke inkluderer også tilfeller av akutt forgiftning eller villet skade påført av andre. Selvskading skal ikke regnes med. Skader som skyldes dyr eller insekter anses som ulykker.
- En **skade** er en kroppslig lesjon som er et resultat av akutt påvirkning av en kraft (mekanisk, temperaturmessig, elektrisk, kjemisk eller stråling) eller fra en mangel av et viktig element (drukning, kvelning eller forfrysning). Tiden mellom påført skade og virkning av skade skal være kort. Skader kan være ikke-intensjonelle (ulykker) eller intensjonelle (selvskading)<sup>3</sup>.
- Lidelser eller sykdommer skal ikke regnes med..

### HS.8

- **Mål:** om ulykken førte til besøk hos lege, sykepleier eller akuttenhet/legevakt
- **Kan stilles til barn under 15 år:** ja
- **Indirekte intervju:** tillatt
- **Kan stilles til personer i institusjon:** fylles ut
- **Lege:** en lege som utfører medisinsk undersøkelse og setter diagnose, foreskriver medisin og gir behandling for diagnostiserte sykdommer, forstyrrelser eller skader, gir spesialisert medisinsk eller kirurgisk behandling for visse lidelser, forstyrrelser eller skader, gir råd og forestår forebyggende medisinske metoder og behandlinger.
- En **sykepleier** er en person som har fullført sykepleierutdanning og er kvalifisert og autorisert til å utøve sykepleie.
- **Akuttenhet:** akuttmottak på sykehus.
- **Veitrafikkulykke:** gjelder ulykker på offentlig vei, offentlig eller private parkeringsplasser gitt at ulykken ikke skjedde i arbeidssammenheng. Offeret kan enten være i kjøretøyet (sjåfør, passasjer) eller fotgjenger.
- **Arbeidsulykke:** alle ulykker som har skjedd som ledd i utøvelse av arbeid. Med det menes mens vedkommende holder på med yrkesmessige oppgaver eller i arbeidstiden.
- **Ulykke på skolen:** alle ulykker som har skjedd på skolens område, også de som har skjedd under fysisk aktivitet/gymtimen.

<sup>3</sup> [http://ec.europa.eu/health/ph\\_determinants/environment/TPP/ipp\\_en.htm](http://ec.europa.eu/health/ph_determinants/environment/TPP/ipp_en.htm)

- **Hjemme og fritidsulykke:** alle ulykker som ikke anses som veitrafikkulykker, ulykker på skole eller arbeid. En hjemme eller fritidsulykke skjer i tilknytning til hjemmet (i eget eller andres hjem), i nærmiljøet (garasje, have eller oppkjørsel) eller på offentlig sted i utøvelse av fritidsaktiviteter.
- **Fritid:** tid som ikke er knyttet opp mot arbeid eller husholdsaktiviteter;
- Eksempelvis: gange, jogging, ballspill, dans, klatring, vedhugst, eller andre hobbyer, etc.
- **Arbeidsulykker**

Alle ulykker som har skjedd i arbeidstiden, selv om ulykken ikke har skjedd på vedkommendes arbeidsplass eller i utøvelse av vanlig arbeide. Alle typer ulykker på offentlig sted eller under transport skal regnes med.

De følgende ulykkene anses som arbeidsulykker (og ikke som veitrafikkulykker):

- Ulykker i lunsjtiden, eller andre pauser som tas på arbeidsplassens område; dersom IO forlater området i lunsjtiden for å gå hjem eller andre steder anses ulykken som veitrafikkulykke.
- Veitrafikkulykke i arbeidstiden: glipp, fall, aggresjon etc. på offentlig sted (fortau, trapper etc.) eller på innreise eller utreisested (stasjon, havn, flyplass mv.) eller annen form for transport i arbeidsøyemed (undergrunnsbane, trikk, båt, fly mv.)
- Ulykker som har skjedd under tjenestereise og ulykker som har skjedd i arbeidstiden hos en leverandør eller samarbeidspartner, eller som et ledd i arbeidet. Alle ulykker som skjer i arbeidstiden om avreise er fra eget hjem eller arbeidssted skal regnes med.
- Ulykker som skjer i forbindelse med bruk av maskiner utenfor offentlig vei, (truck, bulldozer, traktor mv.)
- Ulykker som skjer som skjer på arbeidsplassens område og på vei som ikke anses som offentlig.

Ulykker som skjer under transport og reise vanligvis mellom hjem og arbeid skal anses som **veitrafikkulykker**.

Eksempler:

Situasjon	Fortolkning
En person som spiser forgiftet sjømat (skjell).	Hjemme og fritidsulykke
En person som blir bitt av orm i skog/fjell.	Hjemme og fritidsulykke
En person som sykler på fritiden og faller uten at kjøretøy eller andre personer er involvert.	Hjemme og fritidsulykke
En syklist på vei hjem som kolliderer med bil	Veitrafikkulykke
En person som får vondt i ryggen av å bære tungt.	Helseproblem (ikke en ulykke)
En person som skader ryggen pga. brå bevegelse.	Arbeidsulykke (dersom det skjer i arbeidstiden) Ulykke på skolen Hjemme og fritidsulykke i alle andre tilfeller
Flere eksempler kan føyes til	

## HS.9

- **Mål:** om IO har en sykdom som er forårsaket eller som blir verre av arbeidet (nå eller tidligere) og som IO har hatt de siste 12 månedene
- **Kan stilles til barn under 15 år:** nei
- **Indirekte intervju:** ikke tillatt
- **Kan stilles til personer i institusjon:** fylles ut
- **Sykdom** er et betegnelse på en tilstand som påvirker vanlig funksjoner i kroppen.
- **De siste 12 månedene** før intervjutidspunktet
- Enhver sykdom som IO har hatt i løpet av de siste 12 månedene skal regnes med dersom IO anser plagene eller tilstanden som forverret av arbeid (nå eller tidligere). Dette betyr at arbeidsrelaterte sykdommer det spørres etter ikke skal begrenses til tilfeller rapportert som yrkessykdom til myndighetene, men alle tilfeller selv de som ikke har medført fravær fra arbeidet gitt at kriteriene over er oppfylt.. Ved smittsomme sykdommer eller infeksjonssykdom, som vanlig forkjølelse eller influensa, kan det være vanskelig for IO å identifisere når og hvor (arbeid, hjem eller annet sted) smitten (virus, bakterie mv.) fant sted. Ved slike

sykdomstilfeller oppmuntres IO til å tenke gjennom om arbeidet IO utfører kan ha forårsaket sykdommen (ie. Noen typer arbeid gir høyere sannsynlighet for at man blir forkjølet, får influensa sammenlignet med omgivelsene man ferdes i til vanlig eller andre typer arbeid.

- Alle typer arbeid på alle tidspunkter, selv om det ligger år tilbake i tid, skal regnes med. Dersom sykdommen slo ut for lenge siden og vedkommende fremdeles plages skal den regnes med. Dersom IO ikke har vært plaget av den arbeidsrelaterte sykdommen i de siste 12 månedene forut for intervjuet skal den ikke regnes med.
- Eksempler: Puste- eller lungeproblemer, hørselsproblemer, ryggplager, stress, depresjon eller angst, hjertelidelse eller slag, infeksjonssykdom (virus, bakteriell eller annen type infeksjon), etc.

### **HS.10**

- **Mål:** fravær fra arbeidet på grunn av helseproblemer
- **Kan stilles til barn under 15 år:** nei
- **Indirekte intervju:** ikke tillatt
- **Kan stilles til personer i institusjon:** fylles ut
- **Årsak til helseproblemene:** alle typer fysiske eller psykiske lidelser (midlertidige, kroniske eller yrkesrelaterte), skader, eller andre helseproblemer.
- Kun heltidsfravær fra arbeidet skal regnes med
- Tidsperioden viser til fraværet og ikke tidspunktet da IO ble syk (det kan være at helseproblemet startet for mer enn en måned siden).
- Fravær fra arbeidet pga regelmessige kontroller, som ikke kan knyttes til et bestemt helseproblem som angår IO, skal ikke regnes med.
- **De siste 12 månedene** forut for intervjutidspunktet.

### **HS.11**

- **Mål:** antall kalenderdager med fravær fra arbeidet på grunn av helseproblemer til sammen siste 12 måneder.
- **Kan stilles til barn under 15 år:** nei
- **Indirekte intervju:** ikke tillatt
- **Kan stilles til personer i institusjon:** fylles ut
- Alle dager IO var borte fra arbeidet pga. helseproblemer (ie. Fra dagen IO ikke kunne arbeide til og med dagen IO kunne arbeide, også delvis må regnes med (vanlige arbeidsdager eller ikke, inkludert søndag, feriedager mv.). Dersom IO på intervjudagen, fremdeles er fraværende fra arbeidet pga. helseproblemer, skal IO kun rapportere de fraværsdagene som var forut for intervjudagen.
- Det er kun dager som er tapt på grunn av helseproblemer som skal regnes med. Dager IO har vært borte som ikke gjelder helseproblemer skal ikke regnes med. Fraværet trenger ikke være legemeldt.
- Dersom IO ikke arbeidet i en gitt periode, og så startet å jobbe deltid, er det kun dager da IO ikke arbeidet som teller med.
- Det spiller ingen rolle om IO har legeerklæring for fraværet
- **De siste 12 månedene** forut for intervjutidspunktet.

## **Introduksjon 3**

- **Tenk på situasjoner:** en fysisk eller sansemessig begrensning som kan måles med referanse til mange handlinger/situasjoner; kontekstene er et hjelpemiddel til å finne et uttrykk for IOs funksjonsnivå. Av denne grunn er avstanden (4 meter, 500 meter), antall trappetrinn, vekt på handlepose en referanse og en skala for plassering av nivået.
- **Står overfor i dagliglivet:** funksjonsnivået skal fastsettes etter kapasitet (kan du hvis du må i stedet for gjør du) siden eksemplene som gis trolig ikke er relevante for alle
- **Overse midlertidige problemer:** her ønsker vi å måle varige (kroniske) begrensninger. Denne passusen er valgt for å ikke måtte gi tidsreferanse;
- Målet for de følgende spørsmålene er å vurdere IOs kapasitet (kan du ...). Situasjonene eller eksemplene som er referert skal hjelpe IO og intervjueren til å fastsette funksjonsnivået. I noen tilfeller skal bruk av tekniske innretninger/hjelpemidler regnes med og i andre tilfeller ikke.

- **uten hjelpemidler:** målet er å fange opp begrensinger som ikke skyldes økonomi som årsak til at man ikke har de vanligste typene tekniske hjelpemidler for mennesker med funksjonelle begrensninger (slik som spaserstokk)
- **assistanse** betyr hjelp fra en annen person (eks. hjelp til å vaske seg). Det kan være hjelp fra noen som ikke bor i husholdet.

### PL.1

- **Mål:** om IO bruker briller eller kontaktlinser for å kunne se bedre
- **Kan stilles til barn under 15 år:** ja (over ett år)
- **Indirekte intervju:** tillatt
- **Kan stilles til personer i institusjon:** fylles ut

### PL.2

- **Mål:** graden av vansker med å se bokstavene
- **Kan stilles til barn under 15 år:** nei
- **Indirekte intervju:** tillatt
- **Kan stilles til personer i institusjon:** fylles ut
- Målet er å vurdere IOs egen kapasitet (kan du ..). Konteksten skal kun bidra til å hjelpe IO, og intervjueren, til å vurdere funksjonsnivået. Bruk av tekniske hjelpemidler skal tas med i vurderingen. Om IO kan se avistekst selv med bruk av briller/kontaktlinser eller andre hjelpemidler (eks. forstørrelsesglass).
- "Lese" kan bytes ut med "se" hvis dette gjør det enklere for IO å forstå spørsmålet.
- Hvis intervjueren blir spurt kan IO informere om at det gjelder funksjonsnivå under gode lysforhold.
- I tilfeller der IO sier at IO kan lese/se avistekst hvis IO bruker forstørrelsesglass skal IO svare på spørsmålet med bruk av dette.

### PL.3

- **Mål:** vurdere graden av vansker en person har med å se ansiktet til en person 4 meter unna.
- **Kan stilles til barn under 15 år:** nei
- **Indirekte intervju:** tillatt
- **Kan stilles til personer i institusjon:** fylles ut
- Formålet med spørsmålet er å vurdere en persons egen kapasitet (**Kan du...**). Konteksten skal kun hjelpe IO, og intervjuer, til å vurdere funksjonsnivået. Bruk av hjelpemidler skal tas i betraktning når det svares.

### PL.4

- **Mål:** om IO bruker eller ikke bruker høreapparat
- **Kan stilles til barn under 15 år:** ja (over ett år)
- **Indirekte intervju:** tillatt
- **Kan stilles til personer i institusjon:** fylles ut

### PL.5

- **Mål:** vurdere grad av vansker en person har med å høre hva som blir sagt i en samtale med flere mennesker.
- **Kan stilles til barn under 15 år:** nei
- **Indirekte intervju:** tillatt
- **Kan stilles til personer i institusjon:** fylles ut
- Formålet med spørsmålet er å vurdere en persons egen kapasitet (**Kan du...**). Konteksten skal hjelpe IO, og intervjueren, med å vurdere funksjonsnivået. Bruk av tekniske hjelpemidler skal tas i betraktning når svare avgis.
- Spørsmålet angir en normalsituasjon der det ikke er eller er lite bakgrunnsstøy som kan gjøre det vanskelig å høre hva en annen person sier.
- Dersom IO er døv på ett øre, skal svaret angis ut fra en "gjennomsnittssituasjon".

### **PL.6**

**Mål:** vurdere grad av vansker en person har med å gå 500 meter på et flatt underlag uten hjelpemidler eller assistanse/støtte.

- 
- **Kan stilles til barn under 15 år:** nei
- **Indirekte intervju:** tillatt
- **Kan stilles til personer i institusjon:** fylles ut
- Formålet med spørsmålet er å vurdere IOs egen kapasitet (**Kan du...**). Konteksten skal hjelpe IO, og intervjueren, til å vurdere funksjonsnivået. Bruk av tekniske hjelpemidler eller assistanse/støtte skal tas med i betraktingen.
- Spørsmålet ser på begrensninger i fysisk utfoldelse som å gå, og ikke begrensninger i mobilitet som et resultat av andre funksjonsproblemer. Eks.: For en blind person skal ikke førerhunden anses som hjelpemiddel.
- **Hjelpemidler** omfatter: ortopedisk fottøy, staver/stokker, gåstol, brodder, skinner, krykker, proteser. Det å støtte seg til en annen person eller å holde vedkommendes arm regnes som assistanse.

### **PL.7**

- **Mål:** vurdere graden av vansker som en person har med å gå en trapp opp eller ned en etasje uten noen form for hjelpemiddel eller assistanse (både det å gå opp og det å gå ned en etasje omfattes av spørsmålet)
- **Kan stilles til barn under 15 år:** nei
- **Indirekte intervju:** tillatt
- **Kan stilles til personer i institusjon:** fylles ut
- Formålet med spørsmålet er å vurdere IOs egen kapasitet (**Kan du...**). Konteksten skal hjelpe IO, og intervjuere, til å vurdere funksjonsnivået. Bruk av tekniske hjelpemidler eller assistanse skal ikke tas med i betraktningen.
- **En trapp:** Et gitt antall trinn mellom to etasjer.

### **PL.8**

- **Mål:** vurdering av graden av vansker en person har med å bøye seg eller gå ned på kne uten hjelpemidler og uten assistanse.
- **Kan stilles til barn under 15 år:** nei
- **Indirekte intervju:** tillatt
- **Kan stilles til personer i institusjon:** fylles ut
- Formålet med spørsmålet er å vurdere IOs egen kapasitet (**Kan du...**). Konteksten skal hjelpe IO, og intervjueren til å vurdere funksjonsnivået. Bruk av tekniske hjelpemidler eller assistanse skal IKKE tas med i betraktningen.
- Begge aktiviteter (bøye seg eller gå ned på kne) skal omfattes. Dette fordi det en fysisk funksjon heller enn en aktivitet.

### **PL.9**

- **Mål:** vurdere graden av vansker en person har med å bære en handlepose som veier 5 kilo 10 meter uten hjelpemidler eller assistanse.
- **Kan stilles til barn under 15 år:** nei
- **Indirekte intervju:** tillatt
- **Kan stilles til personer i institusjon:** fylles ut
- Formålet er å vurdere en persons egen kapasitet (**Kan du...**). Konteksten skal hjelpe IO, og intervjueren til å vurdere funksjonsnivået. Bruk av tekniske hjelpemidler eller assistanse skal tas med i betraktingen når IO svarer.
- **Bruke armene:** bruk av trillebag eller ryggsekk skal ikke regnes med her. Heller ikke hjelp fra en annen person.
- Dersom det stilles spørsmål om terrenget skal funksjon i et flatt landskap refereres.
- Personer med bare en arm skal svare med utgangspunkt i den armen de har.

### PL.10

- **Mål:** vurdere graden av vansker en person har med å bruke fingrene til å gripe eller håndtere en liten gjenstand uten hjelpemidler
- **Kan stilles til barn under 15 år:** nei
- **Indirekte intervju:** tillatt
- **Kan stilles til personer i institusjon:** fylles ut
- Formålet med spørsmålet er å vurdere en persons egen kapasitet (**Kan du...**). Konteksten skal hjelpe IO, og intervjueren til å vurdere funksjonsnivået. Bruk av tekniske hjelpemidler eller assistanse skal IKKE tas med i betraktningen.
- Dersom nivået på å utføre de to aktivitetene er forskjellig skal intervjueren registrere svaret som korresponderer til den aktiviteten som er lettest å utføre for IO
- Personer med bare en arm skal svare med utgangspunkt i den armen de har.

### PL.11

- **Mål:** vurdere graden av vansker en person har med å bite av eller tygge hard mat uten hjelpemidler
- **Kan stilles til barn under 15 år:** nei
- **Indirekte intervju:** tillatt
- **Kan stilles til personer i institusjon:** fylles ut
- Formålet med spørsmålet er å vurdere IOs egen kapasitet (**Kan du...**). Konteksten skal hjelpe IO, og intervjueren til å vurdere funksjonsnivået. Bruk av tekniske hjelpemidler eller assistanse skal IKKE tas med i betraktningen når IO svarer på dette spørsmålet.
- Begrepet "**tannprotese**" viser i denne sammenhengen til spørsmålet om IO har et fullt sett av kunstige tenner i enten under- eller overkjeve (gebiss).

## Introduksjon 4

### PC.1

- **Mål:** måle graden av uavhengighet med å utføre aktiviteter knyttet til personlig pleie.
- **Kan stilles til barn under 15 år:** nei
- **Indirekte intervju:** tillatt
- **Kan stilles til personer i institusjon:** fylles ut
- **Gjør du:** aktivitetene er essensielle for egenomsorg i dagliglivet som IOe må utføre. Uavhengighet korresponderer til hva IO gjør (ikke hva de tror de kan gjøre) og derfor spør vi om hva de gjør (gjør/utfører du ..), som ligger nærmere faktisk handling.
- **Vanligvis** er inkludert for å utelukke midlertidige problemer. Begrepet benyttes fordi det da ikke er behov for tidsreferanse.
- **Har vansker:** uten noen vansker
- **På egenhånd eller selv:** hjelp fra en annen person, bruk av tekniske hjelpemidler og ergonomiske tilpasninger hjemme skal ikke tas med i betraktningen når IO svarer. Målet er å påse at begrensningene som IO har ikke skyldes økonomiske eller andre grunner (eks. mangel på personlig hjelp).  
**Spise selv** – at IO er i stand til å få maten fra tallerken til egen munn, løfte et glass til munnen, skjære opp mat, bruke gaffel, skje, smøre smør eller syltetøy på en brødskeiv, tilsette salt. Disse aktivitetene/gjøremaalene omfatter ikke å handle inn mat eller tilberede mat (ie. koke/steke).  
**Komme deg opp av seng eller stol** – at IO ikke trenger hjelp til å komme seg opp fra en seng eller stol til stående stilling. I tilfeller IO har vansker med å utføre disse to aktivitetene skal intervjueren registrere svaret som korresponderer til aktiviteten som er den vanskeligste å utføre.  
**Kle av/på** – hente klær fra skap og skuffer, ta dem på, ta dem av eller knytte skolisser, kneppe knapper. I tilfeller der IO har vansker med de to aktivitetene skal intervjueren registrere svaret som korresponderer til aktiviteten som er vanskeligst å utføre for IO.  
**Bruke toalettet** – de følgende aktiviteter omfattes: bruke toalettpapir/tørke seg nedentil, ta på igjen klær etter toalettbesøk.  
**Bade og dusje** – de følgende aktiviteter omfattes: vask og tørking av hele kroppen; komme seg inn og ut av badekar. I tilfeller der IO har ulikt nivå på utførelse av de to aktivitetene, skal intervjueren registrere svaret som korresponderer til aktiviteten som er enklest for IO å utføre.

### PC.2

- **Mål:** vurdere om IO har hjelp til en aktivitet/gjøre mål og identifisere hva slags hjelp IO mottar.
- **Kan stilles til barn under 15 år:** nei
- **Indirekte intervju:** tillatt
- **Kan stilles til personer i institusjon:** fylles ut
- **Personlig assistanse** betyr hjelp fra en annen person (eks. hjelp fra noen som hjelper funksjonshemmede med å vaske seg). Dette kan være hjelp fra en person som ikke bor i husholdet.
- **Tekniske hjelpemidler** kan eks. være en rullestol, stokk etc.
- Begrepet **ergonomisk tilpasning** viser til tilpasning av stedet der den funksjonshemmede personen bor. Eks. tilpasning av toalett, kjøkken, bredere dører (for rullestolbrukere) mv.

### PC.3

- **Mål:** vurdere om hjelpen som mottas er tilstrekkelig for å identifisere om IO trenger mer hjelp.
- **Kan stilles til barn under 15 år:** nei
- **Indirekte intervju:** ikke tillatt
- **Kan stilles til personer i institusjon:** fylles ut

### PC.4

- **Mål:** vurdere om IO trenger hjelp og identifisere type hjelp som trengs (behov for hjelp).
- **Kan stilles til barn under 15 år:** nei
- **Indirekte intervju:** ikke tillatt
- **Kan stilles til personer i institusjon:** fylles ut

### HA.1

- **Mål:** måler graden av uavhengighet med å utføre husholdsaktiviteter eller gjøre mål
- **Kan stilles til barn under 15 år:** nei
- **Indirekte intervju:** tillatt
- **Kan stilles til personer i institusjon:** fylles ut
- **Gjør du:** som for personlig pleie (6) spør vi etter hva IO klarer (gjør du...) heller enn selvrapportert kapasitet (kan du...), som er nærmere til faktisk evne. IO kan imidlertid velge hvorvidt aktiviteten skal utføres av andre, eks. vaskehjelp. Dette adresseres i et senere spørsmål.
- **Vanligvis** omfattes av midlertidige problemers. Begrepet er valgt slik at det ikke er nødvendig med tidsreferanse.
- **Har vansker:** uten noen vansker
- **På egenhånd:** hjelp fra andre personer, bruk av tekniske hjelpemidler eller huslig tilpasning skal ikke tas i betraktning i spørsmålet. Målet er å forsikre om at opplevde begrensninger ikke skyldes økonomiske eller andre forhold (slik som manglende tilgjengelighet til personlig hjelp).

### HA.2

- **Mål:** årsak til at IO har vansker med å utføre husholdsaktiviteter/gjøre mål
- **Kan stilles til barn under 15 år:** nei
- **Indirekte intervju:** tillatt
- **Kan stilles til personer i institusjon:** fylles ut
- Spørsmålet skal skille mellom de som ikke utfører aktiviteten/gjøre målet og ikke har begrensninger knyttet til å utføre aktiviteten/gjøre målet og de som har begrensninger.
- Noen aktiviteter/gjøre mål utføres ikke alltid av IO selv. Årsaken kan henge sammen med arbeidsdelingen i husholdet:  
**Tilberede måltider** – om IO kan lage mat til seg selv..  
**Bruke telefonen** – at IO kan slå numre og svare i telefonen.  
**Innkjøp** – at IO kan gjøre innkjøp uten hjelp av andre.  
**Ta medisiner til riktig tid** – at IO ikke trenger hjelp av andre for å ta medisiner. Denne oppgaven angår kun om IO klarer å ta medisiner sine og ikke om IO klarer å gå på apoteket for å bringe medisinen hjem.



**Lett husarbeid** – om IO klarer å gjøre følgende oppgaver: lage mat, vaske opp, stryke, passe barn.

**Sporadisk tungt husarbeid** – om IO klarer å gjøre følgende oppgaver. Bære en tung handlepose i mer enn 5 minutter, flytte tunge møbler, gjøre hovedrengjøring, skure gulv, vaske vinduer eller gjøre annet tungt husarbeid.

**Betale regninger eller holde orden på økonomien** – betale regninger, ....

### HA.3

- **Mål:** måler hvorvidt IO får hjelp til å utføre oppgaver eller aktiviteter og identifiserer type hjelp det er behov for.
- **Kan stilles til barn under 15 år:** nei
- **Indirekte intervju:** tillatt
- **Kan stilles til personer i institusjon:** fylles ut

### HA.4

- **Mål:** vurdere om IO får nok hjelp og identifisere hva slags hjelp IO trenger mer av.
- **Kan stilles til barn under 15 år:** nei
- **Indirekte intervju:** ikke tillatt
- **Kan stilles til personer i institusjon:** fylles ut

### HA.5

- **Mål:** vurdere om IO trenger hjelp og identifisere type hjelp det er behov for (utilfredsstilt behov)
- **Kan stilles til barn under 15 år:** nei
- **Indirekte intervju:** ikke tillatt
- **Kan stilles til personer i institusjon:** fylles ut

### SF.1

**Mål:** fysiske smerter eller fysisk ubehag som IO har opplevd de siste 4 ukene, i gjennomsnitt.

☐ **I de siste 4 ukene...** IO bes om å tenke på alle uttrykk for fysisk smerte eller fysisk ubehag som IO har hatt, inkludert varigheten av smertene/ubehaget og gi et svar på det som beskriver en gjennomsnitts-opplevelse av smerter/ubehag i 4 ukers perioden.

- **Kan stilles til barn under 15 år:** nei
- **Indirekte intervju:** ikke tillatt
- **Kan stilles til personer i institusjon:** fylles ut

☐ **I løpet av de siste 4 ukene:** de siste 4 ukene regnet fra dagen i går.

☐ **Smerter** kan ha forskjellig uttrykk fra et mildt, lokalisert ubehag til kraftige smerter (agony)

☐ Med **ubehag** menes fysisk "distress" som skyldes sykdom eller skade; fysisk ubehag.

☐ IO som har hatt smerter flere steder eller med forskjellig uttrykk må ta i betraktning alle smerter/ubehag i svaret.

### SF.2-10

☐ **Mål:** fysiske smerter eller fysisk ubehag som IO har opplevd de siste 4 ukene, i gjennomsnitt.

- **Kan stilles til barn under 15 år:** nei
- **Indirekte intervju:** ikke tillatt
- **Kan stilles til personer i institusjon:** fylles ut

Disse spørsmålene er hentet fra SF36 som er et livskvalitetsmål som er oversatt til de fleste språk som lar seg sammenligne over landegrenser. Spørsmålene som er valgt ut korresponderer til mental helse dimensjonen som er satt sammen av fire underskalaer for å måle følelsesmessig innvirkning på roller, fortegnelsen for mental helse (MHI-5) som måler psykologisk "distress", vitalitetsskalaen som måler positiv velbefinnende og sosial fungering. Fordi SF36 er oversatt til mange språk, bør den offisielle oversettelsen benyttes – se IQOLA prosjektet (<http://www.iqola.org/>) eller på web-siden til SF36. Instrumentet er revidert av forfatteren (Ware) i 1996 for å "ameliorate" oversettelsen (versjon 2 har fått benevnelsen internasjonal versjon). Noen av oversettelsene korresponderer imidlertid med den originale versjonen. Forskjellen er liten og berører i

første rekke ett av spørsmålene: full of pep er oversatt til full of life i tillegg er kodingen redusert til 5 i stedet for 6 svaralternativer og harmonisert mellom underskalaene.

**I løpet av de siste 4 ukene:** de siste 4 ukene regnet fra dagen i går.

Nervøs: følelsesmessig spenning, rastløshet, sinne mv.

# DEN EUROPEISKE MODULEN OM HELSETJENESTER

## Introduksjon 8

De neste spørsmålene er om sykehusopphold. Det gjelder opphold på alle typer sykehus, men ikke besøk på akuttmottak, legevakt eller konsultasjoner med lege uten å være innlagt.

☐ **Sykehus** omfatter autoriserte institusjoner som tilbyr medisinske, diagnostiske og behandlingstjenester som omfatter legetjenester, pleie eller andre helsetjenester til inneliggende pasienter, samt andre spesialiserte tjenester som kreves av inneliggende pasienter.

☐ Sykehus tilbyr tjenester til inneliggende pasienter, det gjelder høyspesialiserte tjenester og avansert utstyr. I noen land er det krav om en viss størrelse på tilbudet (eks. antall senger) for å bli registrert som sykehus (SHA-definisjon).

☐ Sykehus tilbyr også polikliniske tjenester (at en pasient har konsultasjon med akutt lege på sykehus) som en sekundær tjeneste, men poliklinisk virksomhet skal ikke regnes med i dette spørsmålet.

☐ Alle typer sykehus skal regnes med: det er denne generelle termen som foretrekkes. Hvis nødvendig skal intervjueren forklare at alle typer sykehus skal regnes med, også psykiatriske sykehus. Pleiehjem og institutter som gir tilbud til personer med lærevansker skal ikke regnes med.

☐ Sykehusopphold i utlandet skal regnes med.

## HC.1

☐ **Mål:** forekomst av heldøgns sykehusopphold

- **Kan stilles til barn under 15 år:** ja
- **Indirekte intervju:** tillatt
- **Kan stilles til personer i institusjon:** fylles ut

☐ En **inneliggende pasient** er innskrevet ved sykehuset eller annen behandlingsinstitusjon for behandling eller pleie og oppholder seg der i minimum ett døgn, eller mer enn 24 timer.

☐ **De siste 12 månedene:** En periode på 12 måneder som regnes fra intervjutidspunktet.

☐ **Har du ligget på sykehus ett eller flere døgn:** måler om IO har hatt heldøgnsopphold på sykehus minst en natt.

☐ Dagpasienter (pasienter som er innskrevet for medisinsk behandling eller kirurgi om morgenen og som reiser hjem samme kveld).

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## HC.2

☐ **Mål:** antall sykehusopphold som har vart ett eller flere døgn.

- **Kan stilles til barn under 15 år:** ja
- **Indirekte intervju:** tillatt
- **Kan stilles til personer i institusjon:** fylles ut

☐ **Hvor mange enkeltopphold på sykehus har du hatt:** måler antall enkeltopphold som heldøgns pasient. Ikke antall dager.

## HC.3

☐ **Mål:** antall heldøgnsopphold på sykehus.

- **Kan stilles til barn under 15 år:** ja
- **Indirekte intervju:** tillatt
- **Kan stilles til personer i institusjon:** fylles ut

☐ Hvis du tenker på oppholdene du har fortalt om, **hvor mange døgn til sammen lå du på sykehus:** tar sikte på å måle antall heldøgnsopphold i det angitte tidsrommet.

☐ I tilfeller der IO ligger på sykehus, regnes antall døgn til nå.

## HC.4

☐ **Mål:** forekomst av innskrivning som dagpasient.

- **Kan stilles til barn under 15 år:** ja

- **Indirekte intervju:** tillatt
- **Kan stilles til personer i institusjon:** fylles ut
- ☐ **Dagpasient:** det å være dagpasient innebærer medisinske eller paramedisinske tjenester som tilbys pasienter som blir innlagt for diagnostisering, behandling eller annen type helsetjenester med den hensikt at behandlingen avsluttes samme dag. For eksempel, et kirurgisk inngrep som krever noen timers oppfølging. En innleggelse som dagpasient, men som medfører døgnopphold klassifiseres som heldøgnsopphold eller sykehusopphold i tradisjonell forstand (Eurostat-definisjon).
- ☐ **De siste 12 månedene:** en periode på 12 måneder regnet fra intervjudtidspunktet.
- ☐ **Har du vært innlagt som dagpasient, fått seng, men ikke overnattet på sykehuset:** måler om IO var på sykehuset som dagpasient, men ikke tilbrakte natten på sykehuset.

## HC.5

- ☐ **Mål:** antall dager på sykehus som dagpasient.
- **Kan stilles til barn under 15 år:** ja
- **Indirekte intervju:** tillatt
- **Kan stilles til personer i institusjon:** fylles ut
- ☐ **Hvor mange ganger har du vært innskrevet som dagpasient:** måler antall enkeltdager IO har vært dagpasient.

## HC.6

- ☐ **Mål:** en persons opplevelse av om IO har hatt behov for innleggelse på sykehus, men ikke blitt innlagt.
- **Kan stilles til barn under 15 år:** ja
- **Indirekte intervju:** ikke tillatt
- **Kan stilles til personer i institusjon:** fylles ut
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## HC.7

- ☐ **Mål:** hovedårsak til at man ikke ble innlagt på sykehus, til tross for behov.
  - **Kan stilles til barn under 15 år:** ja
  - **Indirekte intervju:** ikke tillatt
  - **Kan stilles til personer i institusjon:** fylles ut
- Spørsmålet skal fange opp begrenset tilgang til helsetjenester ved å spørre om begrensninger knyttet til rasjonaliseringer, ventelister, økonomiske begrensninger hos IO selv, eller andre årsaker.
- ☐ Ikke dekket av forsikringsmidler skal kodes som “har ikke råd” dersom IO ikke har råd til å betale for behandlingen/undersøkelsen selv.
  - ☐ Svarkategorien 2 (venteliste) skal benyttes for dem som står på venteliste og som ikke fikk hjelp, og for intervjupersoner som ikke søkte hjelp fordi de mente ventelistene var for lange, så vel som de som har “søkt” og venter på innleggelse.

## Introduksjon 9

- ☐ **Tannlege:** tilbyr behandling/pleie av tenner eller munnhule. Det omfatter forebyggende behandling, diagnose og behandling av lidelser eller forstyrrelser.
- ☐ **Ortodontolog/reguleringstannlege:** tannlegespesialist som diagnostiserer, forebygger og korrigerer uregelmessigheter i tenner eller kjeve (for eksempel reguleringstannlege).
- ☐ **Andre tannhelsetjenester** (tannhygieniker). Deres oppgaver kan variere fra ett land til et annet. I noen tilfeller praktiserer de under tilsyn av en tannlege. De utfører mindre komplekse tann- eller munnhulebehandling, slik som veiledning av pasienter for å utvikle og opprettholde god munnhygiene, undersøke pasienters tenner og gummer, fjerne belegg/tannsten, forberede fyllinger, ta røntgenbilder eller sette lokalbedøvelse, etc.

## HC.8

- ☐ **Mål:** tidspunkt for siste besøk hos tannlege.
- **Kan stilles til barn under 15 år:** ja
- **Indirekte intervju:** tillatt
- **Kan stilles til personer i institusjon:** fylles ut

☐ **Der du selv:** viser til besøk som handler om IOs helse.

## **HC.9**

☐ **Mål:** antall besøk hos tannlege, odontolog eller tannpleier.

- **Kan stilles til barn under 15 år:** ja
- **Indirekte intervju:** tillatt
- **Kan stilles til personer i institusjon:** fylles ut

☐ **De siste fire ukene:** fire uker regnet fra intervjutidspunktet.

☐ **Har du selv** (det vil si, ikke tilfeller der du har fulgt et barn eller ektefelle etc): viser til besøk som gjelder IOs helse.

## **Introduksjon 10**

De neste spørsmålene handler om konsultasjoner med fastlegen eller annen allmennlege. De omfatter både besøk på allmennlegens kontor, hjemmekonsultasjoner og telefonkonsultasjoner.

☐ **Konsultasjoner med fastlege eller annen allmennlege:** alle typer konsultasjoner skal regnes med (ansikt-til-ansikt, telefon eller e-post).

☐ **Legens kontor.**

☐ **Hjemmebesøk:** konsultasjoner i eget hjem.

☐ **Fastlege eller annen allmennlege** er leger som praktiserer bredt og som tar ansvar for et helhetlig og sammenhengende tilbud. IO henviser til andre helsetjenester og spesialister. I noen land, er allmennmedisin en spesialitet.

## **HC.10**

☐ **Mål:** tidspunkt for siste konsultasjon hos fastlege eller annen allmennlege.

- **Kan stilles til barn under 15 år:** ja
- **Indirekte intervju:** tillatt
- **Kan stilles til personer i institusjon:** fylles ut

☐ **Når var du der sist:** viser til tidspunktet for siste konsultasjon.

☐ **Du selv:** viser til besøk som handler om IOs helse.

☐ Kontakter med sykepleier på vegne av allmennlegen, for eksempel for en resept skal ikke regnes med.

## **HC.11**

☐ **Mål:** antall konsultasjoner hos fastlegen eller annen allmennlege de siste 4 ukene.

- **Kan stilles til barn under 15 år:** ja
- **Indirekte intervju:** tillatt
- **Kan stilles til personer i institusjon:** fylles ut

☐ **De siste fire ukene:** fire uker forut for intervjutidspunktet.

☐ **Hvor mange ganger konsulterte du:** antall konsultasjoner.

☐ **Du selv;** viser til besøk som handler om IOs helse.

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## **Introduksjon 11**

De neste spørsmålene handler om konsultasjoner med helsepersonell. Omfatter besøk hos lege på poliklinikk eller legevakt, men omfatter ikke innleggelse på sykehus som heldøgns- eller dagpasient. Konsultasjoner hos lege på arbeidsplass eller skole skal regnes med.

☐ **Medisinske spesialister eller kirurger:** viser til leger som er medisinske spesialister, inkludert tannlegespesialister (odontologer) eller andre kirurger, men ikke vanlige tannleger. Oppgavene som omfattes er medisinsk undersøkelse og det å stille diagnose, foreskrive medisin og det å gi behandling for diagnostiserte sykdommer, forstyrrelser eller skader, samt å gi spesialisert medisinsk eller kirurgisk behandling for særskilte lidelser, forstyrrelser, eller å gi råd om eller anvende forebyggende medisinske metoder eller behandlinger.

☐ **Polikliniske klinikker:** avdelinger på sykehus for konsultasjoner. Det viser til besøk/konsultasjon hos spesialister på sykehus.

☐ **Akuttenheter:** avdeling på sykehus for akutt behandling.

### HC.12

☐ **Mål:** tidspunkt for siste konsultasjon hos legespesialist.

- **Kan stilles til barn under 15 år:** ja
- **Indirekte intervju:** tillatt
- **Kan stilles til personer i institusjon:** fylles ut

☐ Når besøkte du spesialist sist. Viser til tidspunktet for siste konsultasjon.

☐ Legespesialist: viser til leger som har spesialisering, inkludert tannhelse eller andre kirurger, men ikke vanlige tannleger.

☐ **Du selv:** viser til besøk som fokuserer IOs helse.

☐ Konsultasjoner hos lege i utlandet omfattes av målet.

### HC.13

☐ **Mål:** antall konsultasjoner hos lege-/tannlegespesialist.

- **Kan stilles til barn under 15 år:** ja
- **Indirekte intervju:** tillatt
- **Kan stilles til personer i institusjon:** fylles ut

☐ **De siste fire ukene:** en 4-ukers periode forut for intervjuet.

☐ **Hvor mange ganger konsulterte du:** antall konsultasjoner.

☐ Legespesialist: viser til leger som er medisinske spesialister, inkludert tannspesialister/kirurger eller andre kirurger.

- **Du selv:** viser til besøk som har handler om IOs helse.

### HC.14

☐ **Mål:** IOs vurdering av om IO hadde behov for å snakke med en spesialist, men ikke *tatt kontakt*..

- **Kan stilles til barn under 15 år:** ja
- **Indirekte intervju:** ikke tillatt
- **Kan stilles til personer i institusjon:** fylles ut

### HC.15

☐ **Mål:** hovedårsak til at man ikke har konsultert lege/tannlegespesialist ved behov.

- **Kan stilles til barn under 15 år:** ja
- **Indirekte intervju:** ikke tillatt
- **Kan stilles til personer i institusjon:** fylles ut

☐ Dette spørsmålet forsøker å fange inn årsaker til begrenset tilgang til helsetjenester ved å inkludere ikke bare formelt helsetjenestedekning, men også begrensninger som skyldes rasjonaliseringer, ventelister, personlig økonomi, eller andre grunner.

☐ Ikke dekket av forsikringsselskap kodes som “har ikke råd” dersom IO ikke har råd til å betale for behandling/undersøkelse.

☐ Svarkategorien “har ikke råd (for dyrt)” skal ikke omfatte tilfeller der IO mener at for dyrt betyr dyrere enn før, mv. , men kun tilfeller der IO ikke er i stand til å betale for tjenesten, at IO ikke har penger. Dersom helsetjenesten er forsikringsbasert er dette særlig viktig å fange opp.

☐ I de foreslåtte svarkategoriene skal kode 2 (lengde på venteliste) brukes dersom IOe står på en venteliste og ikke fått hjelp, for intervjupersoner som blir demotivert av det de tror er lange ventelister, så vel som intervjupersoner som har “søkt” og fremdeles venter på time hos spesialist.

### HC.16

☐ **Mål:** om IO har vært på et laboratorium eller ulike typer behandlere.

- **Kan stilles til barn under 15 år:** ja
- **Indirekte intervju:** tillatt
- **Kan stilles til personer i institusjon:** fylles ut

□ **De siste 12 månedene:** 12 måneder forut for intervju tidspunktet.

□ **Prøvetakingslaboratorium, radiologisk institutt:** medisinske etableringer der tester, analyser eller radiologiske undersøkelser blir utført for å få informasjon om pasientens helse.

□ Et radiologisk institutt som tilbyr et bredt spekter av tjenester og prosedyrer for å diagnostisere sykdom eller helseproblemer (eksempler.....).

□ **Fysioterapi** er et helsetilbud som tar sikte på å forbedre eller restaurere motoriske funksjoner: bevegelsesterapi, massasje og fysisk terapi i streng forstand, dvs. anvendelse av fysiske stimuli, elektroterapi, ultralyd, termoterapi, hydroterapi, badeterapi og elektrodiagnostisering unntatt anvendelse av ioniserende stråling. Terapien gis i ulike settinger, slik som sykehus, privat praksis, poliklinikker, hjemmetjenester, skoler, treningssentre, etc. Fysioterapeuter og beslektede profesjoner behandler forstyrrelser i skjelett, muskler og deler av sirkulasjons- eller nervesystemet ved manipulative metoder, og ultralyd, varme, laser eller lignende teknikker og anvender fysioterapi og relaterte terapier som en del av behandlingen for (midlertidig) fysiske funksjonshemmede, mentalt syke eller ubalanserte.

□ En **sykepleier** har fullført grunnleggende sykepleierutdanning og er kvalifisert og autorisert i sitt land til å utøve som sykepleier i alle sammenhenger.

□ En **jordmor** har fullført jordmorutdanning som er anerkjent i landet der IO bor og som har oppnådd nødvendige kvalifikasjoner for å bli registrert og/eller autorisert til å praktisere som jordmor.

□ Sykepleiere og jordmødre assisterer leger i deres oppgaver, tar seg av akutttilfeller i deres fravær, og gir profesjonell omsorg for syke, skadede og fysisk og mentalt funksjonshemmede, og andre som trenger slik omsorg, eller de er aktive eller assisterer under barnefødsler, gir spedbarnsomsorg og veileder foreldre i omsorg for barn.

□ **Ernæringsfysiolog** eller kostholdsekspert er spesialist i mat og ernæring og gir veiledning angående spisevaner. Ved å anbefale særskilte dietter (kosthold)/endring i spisevaner hjelper de til å behandle særskilte sykdommer.

□ Taleterapeuter eller **logopeder** er setter diagnose, behandler og hjelper til med å forebygge vansker knyttet til språk, kognitiv kommunikasjon, stemmebruk, svelging, språklig flyt og andre forstyrrelser. En taleterapeut eller logoped arbeider med mennesker som ikke kan uttrykke språklige lyder, eller ikke kan uttrykke seg klart; de med språkrytme og -flyt problemer, slik som stamming, mennesker med stemmeforstyrrelser, slik som upassende høy eller grov stemme; de med problemer med å forstå og uttrykke seg med språk; de som ønsker å forbedre sin kommunikative ferdigheter ved å modifisere en dialekt, og de med kognitive kommunikasjonsproblemer, slik som oppmerksomhet, hukommelse eller problemløsningsvansker. De arbeider også med mennesker som har vansker med å svelge.

□ **Kiropraktor** diagnostiserer og behandler unormale tilstander i kroppen som anses for å være forårsaket av tilstander knyttet til nervesystemet. Behandlingen omfatter vanligvis manipulasjon av ryggspylen og andre kroppsstrukturer, inkludert muskel-skjelettsystemet.

□ **Manuell terapeut** er en fysioterapeut som har spesialisert seg i manuellterapeutiske inngrep og bruker teknikker for å behandle bevegelsesvansker som gir smerter. Det brukes i tilfeller av rygg og nakkesmerter, muskelspennings hodepiner, hofte og kne osteoartritt (betennelse i ledd og knokler), og skulder smerter.

□ **Ergoterapeuter** hjelper mennesker til å forbedre sin evne til å utføre oppgaver i sitt daglige virke og arbeidsmiljø. De arbeider med enkeltmennesker som har tilstander som er mentalt, fysisk, utviklingsmessig eller følelsesmessig begrensende.

Ergoterapeuter hjelper pasienter til å utføre aktiviteter av alle typer, fra å bruke pc til å utføre daglige gjøremål slik som påkledning, matlaging, og bespisning. Fysiske øvelser er en del av terapien for å øke visuell helhet og evne til å gjenkjenne mønstre. Et eksempel kan være en pasient med kortvarig hukommelsessvikt som oppmuntres til å lage lister for å øve opp evnen til å huske, og en person som har koordineringsvansker som ledsages med øvelser som kan øve opp og forbedre hånd-øye koordinasjonsevne. Terapeuter instruerer personer med varige funksjonsnedsettelse, slik som ryggspylen, cerebrallammelse, muskelatrofi, dystrofi, i bruk av hjelpemidler. Det kan være rullestoler, "orthotics" og hjelp til bespisning eller påkledning. De designer også spesialutstyr til hjem eller arbeid. Terapeutene utvikler pc-baserte verktøy og underviser pasienter med store vansker i bruk av utstyr for at de skal klare å kommunisere bedre og kunne kontrollere ulike aspekter av omgivelsene. Noen ergoterapeuter behandler mennesker som har redusert funksjon i arbeidslivet. Disse praktikerne legger til rette for arbeid, evaluerer arbeidsmiljøet, planlegger arbeidsaktiviteter og vurderer pasientens fremgang. Terapeutene samarbeider også med pasienten og arbeidsgiver for å tilrettelegge arbeidet slik at arbeidet kan utføres. Terapeutene hjelper eldre gjennom bruk av ulike metoder slik at de blir mer produktive, aktive og kan leve et uavhengig liv. Det omfatter også bruk av hjelpemidler. Ergoterapeuter behandler også mennesker som er mentalt syke, mentalt tilbakestående,

eller følelsesmessig forstyrret. For å behandle disse problemene og vanskene legges det til rette for aktiviteter som hjelper mennesker til å mestre dagliglivet. Aktivitetene omfatter tidsbruk, budsjettering, innkjøp, ta vare på hjemmet og bruk av offentlig transport. Ergoterapeuter arbeider også med mennesker som har problemer med alkohol, narkotikamisbruk, depresjon, spiseforstyrrelser eller stressrelaterte forstyrrelser.

☐ **Psykolog eller psykoterapeut.**

☐ **Andre behandlere:** lungeterapeuter, audiologer, ortoptister, orthesist, fotpleier, orthotist, prostetikk etc.

☐ En **lungeterapeut** vurderer, behandler og pleier pasienter med pustevansker eller andre lunge/hjertevansker.

☐ En “**audiolog**” er autorisert til å diagnostisere, evaluere og behandle hørevansker og kommunikasjonsproblemer.

☐ **Ortoptist** vurderer og behandler synsforstyrrelser og korrigerer øyebevegelse hos barn og voksne. En ortoptist utfører en serie diagnostiske tester og målinger av pasienter med synsproblemer, inkludert ”slapt” øye, strabisme (skjeling), og dobbeltsyn. Gjennom fortolkning og testprosedyrer og klinisk evaluering, kan ortoptisten hjelpe ”ophtalmologen” (øyespesialisten) med å designe en behandlingsplan som involverer behandling hos ortoptist, kirurgisk behandling hos ophtalmoloent, eller en kombinasjon av de to.

☐ En **orthesist** har kunnskap som bidrar til vurdering av problemer som gjelder uregelmessigheter i føttene. Det dreier seg om pasientens levevaner. En orthesist undersøker føttene og dens bevegelse så vel som fotøyet som brukes. Som følge av vurderingen gir orthesisten personlig råd om øvelser eller fotorthotics, etter behov.

☐ En podiatrist har spesialisert seg i medisinsk behandling av fot, ankel og legg. Podiatristen diagnostiserer, behandler eller utfører kirurgi for ”lidelser” i foten og ankelen.

☐ En **orthotist** tilpasser proteser for pasienter som trenger støtte for kroppsdeler som har blitt svakere som et resultat av skade, sykdom eller lidelse i nerver, muskler eller skjelett. Orthotister samarbeider med lege for å tilpasse proteser eller for å utvikle særskilte proteser. Protesene blir ofte benevnt etter kroppsdelen de støtter eller erstatter.

☐ En **protesemaker**, tilpasser kunstige lemmer (proteser) for pasienter med funksjonshemming. Dette omfatter kunstige ben og armer for pasienter som har amputert pga. kreft, diabetes eller skade.

## HC.17

☐ **Mål:** om IO har konsultert en alternativ behandler

- **Kan stilles til barn under 15 år:** ja
- **Indirekte intervju:** tillatt
- **Kan stilles til personer i institusjon:** fylles ut

☐ **Homeopat:** utøver behandling ved å gi veldig små doser av stoffer som i høyere og mer konsentrerte doser fremprovoserer samme eller lignende symptomer på sykdom hos en frisk person, ikke bare symptomer, men livsstil, følelsesmessig og mentale tilstander, og andre faktorer.

☐ En **akupunktør** behandler sykdom ved å bruke nåler i huden på spesielle punkter som korresponderer med ulike organer i kroppen.

☐ En **biopat/urteterapeut** bruker plantematerialer og ekstrakter for å behandle sykdom og for å fremme god helse.

☐ En **alternativ behandler** bruker metoder og preparater som ikke anses som å være en del av skolemedisinen, dette omfatter ikke homeopati, akupunktur eller biopati/urtemedisin.

☐ En art terapeut hjelper mennesker til å forstå problemene de har og veileder dem til løsninger gjennom en kreativ prosess. En art terapeut er opptatt av behandling og rehabilitering av mennesker med mentale, følelsesmessige, medisinske eller fysiske funksjonshemminger.

☐ En musikk terapeut tilbyr behandling for fysiske, psykologiske, kognitive og sosiale behov hos individet gjennom strukturert og spesialisert bruk av musikk. En musikkterapeut gjør vurderinger av følelsesmessig velvære, fysisk helse, sosial fungering, kommunikasjonsevner og kognitive ferdigheter gjennom bruk av musikk.

☐ **I løpet av de siste 12 månedene:** en periode på 12 måneder forut for intervjuetidspunktet.

## HC.18

☐ **Mål:** om IO har benyttet hjemmetjenester.

- **Kan stilles til barn under 15 år:** ja
- **Indirekte intervju:** tillatt



- **Kan stilles til personer i institusjon:** fylles ut

☐ **Hjemmetjenester:** viser til medisinske eller ikke-medisinske hjemmetjenester for mennesker som har fysiske eller psykiske lidelser eller funksjonshemming på grunn av høy alder og som ikke er i stand til å utføre personlige eller husholdsmessige aktiviteter eller gjøremål eller som er bundet til hjemmet. Det omfatter hjemmetjenester av typen hjemmesykepleie eller besøk av jordmor eller andre frivillige som tilbyr tjenester hjemme.

☐ **Hjemmetjenester fra sykepleier eller jordmor:** medisinske eller ikke-medisinske tjenester som tilbys av sykepleiere eller jordmødre for mennesker som trenger personlig pleie på grunn av fysisk eller psykisk lidelse eller funksjonshemming, eller høy alder. Eksempler på medisinske tjenester: oppfølging etter sykehusopphold, hjelp til mennesker med kroniske lidelser som trenger hjelp til egenpleie over lengre tid, hjemmedialyse, spedbarnsveiledning eller oppfølging etter fødsel til foreldre, mv. Eksempler på ikke-medisinske tjenester kan være hjelp for å ivareta personlig hygiene, spising, påkledning, bading, mv. Tjenestene tilbys til trengende personer i eget hjem.

☐ **Hjemmehjelp/hjemmetjenester for eldre mennesker:** dette omfatter tjenester knyttet til husholdsmessige oppgaver og gjøremål (tilberede måltider, husarbeid, tøyvask, stryking, medisinformvaltning, forvaltning av personlig økonomi, innkjøp mv). Disse tjenestene gis av kommunen eller private organisasjoner for at IO kan bli boende i eget hjem.

☐ **Matombringning:** leverer mat til personer som ikke kan gjøre innkjøp selv eller har vansker med å forberede måltider for seg selv på grunn av fysisk eller psykisk sykdom, funksjonshemming eller på grunn av vansker knyttet til høy alder.

☐ **Transporttjenester:** dør-til-dør og noen ganger særlig tilpasset transport som tillater dem som er bundet til hjemmet på grunn av funksjonshemming eller høy alder å gjøre ulike ærend, slik som legeavtaler, til innkjøp eller rekreasjon etc.

☐ **Andre støttetjenester/oppmuntring hjemme:** omfatter kan være tilbud som gis fysisk eller psykisk sykdom er sosialt isolert (for å overkomme barrierer i forhold til å søke arbeid, utdanning eller delta i fritidsaktiviteter). Dette gjelder også moralsk støtte, både generelt og fra familien.

## Introduksjon 12

Videre følger noen spørsmål om bruk av medisiner eller kosttilskudd i de to siste 2 ukene.

☐ **Bruk av medisiner eller kosttilskudd:** måler bruk av produkter som går under betegnelsen medisiner eller kosttilskudd.

☐ **De siste 2 ukene:** to uker forut for intervjuet.

## MD.1

☐ **Mål:** bruk av medisiner som er foreskrevet eller anbefalt av lege.

- **Kan stilles til barn under 15 år:** ja
- **Indirekte intervju:** ikke tillatt
- **Kan stilles til personer i institusjon:** fylles ut

☐ **Har du brukt medisiner:** tar sikte på å måle faktisk bruk av medisiner og kosttilskudd (urter/vitaminer) som lege har anbefalt. Det gjelder både produkter som selges "over disk" og selvbetjeningsprodukter.

☐ **Medisin:** produkter som brukes for å dempe symptomer, forebygge sykdom, eller forbedre dårlig helse, og som vanligvis kjøpes på apotek.

☐ **Lege** viser til en allmennlege eller tannlege.

☐ **De siste to ukene:** To uker forut for intervjutidspunktet.

☐ **Foreskrevet:** medisiner som blir skrevet på resept fra lege. Dette gjelder medisiner som er foreskrevet nå og tidligere dvs. også tilfeller der IO ikke har oppsøkt legen for å fornye resepten.

☐ **Anbefalt:** medisiner som ikke er foreskrevet på resept av en lege, men der legen IO har konsultert anbefaler bruk.

☐ Medisiner som tas på anbefaling av en apoteker skal ikke regnes med.

## MD.2

☐ **Mål:** bruk av medisiner for særskilte helseproblemer.

- **Kan stilles til barn under 15 år:** ja

- **Indirekte intervju:** ikke tillatt
  - **Kan stilles til personer i institusjon:** fylles ut
- ☐ IO blir spurt om å angi helseproblemet som er årsak til at IO tar medisiner.

### MD.3

☐ **Mål:** bruk av medisiner eller kosttilskudd som ikke er foreskrevet eller anbefalt av lege.

- **Kan stilles til barn under 15 år:** ja
- **Indirekte intervju:** ikke tillatt
- **Kan stilles til personer i institusjon:** fylles ut

☐ **De siste to ukene:** De to ukene forut for intervjuet.

☐ **Ikke foreskrevet eller anbefalt av lege:** medisiner som IO har brukt på eget initiativ, uten å konsultere lege.

### MD.4

☐ **Mål:** bruk av medisiner eller tilskudd for særskilte helseproblemer.

- **Kan stilles til barn under 15 år:** ja
- **Indirekte intervju:** ikke tillatt
- **Kan stilles til personer i institusjon:** fylles ut

## Introduksjon 13

Nå følger noen spørsmål om influensavaksine.

### PA.1

☐ **Mål:** Livstidsprevalens av influensavaksinering.

- **Kan stilles til barn under 15 år:** ja
- **Indirekte intervju:** ikke tillatt
- **Kan stilles til personer i institusjon:** fylles ut

### PA.2

- ☐ **Generelt begrep:** **Mål:** tidspunkt for siste influensavaksine
- **Kan stilles til barn under 15 år:** ja
- **Indirekte intervju:** ikke tillatt
- **Kan stilles til personer i institusjon:** fylles ut

### PA.3

☐ **Mål:** angivelse av måned for siste influensavaksine.

- **Kan stilles til barn under 15 år:** ja
- **Indirekte intervju:** ikke tillatt
- **Kan stilles til personer i institusjon:** fylles ut

## Introduksjon 14

Nå følger noen spørsmål om blodtrykket.

### PA.4

☐ **Mål:** forekomst av blodtrykksmålinger av helsepersonell.

- **Kan stilles til barn under 15 år:** ja
  - **Indirekte intervju:** ikke tillatt
  - **Kan stilles til personer i institusjon:** fylles ut
- ☐ Svarene skal vise til blodtrykk som er målt av helsepersonell og ikke av IO selv.

### PA.5

☐ **Mål:** tidspunkt for siste blodtrykksmåling av helsepersonell.

- **Kan stilles til barn under 15 år:** ja

- **Indirekte intervju:** ikke tillatt
- **Kan stilles til personer i institusjon:** fylles ut

### Introduksjon 15

Nå følger noen spørsmål om ditt kolesterolnivå.

#### PA.6

☐ **General. Mål:** forekomst av kolesterolmålinger i blodet.

- **Kan stilles til barn under 15 år:** ja
- **Indirekte intervju:** ikke tillatt
- **Kan stilles til personer i institusjon:** fylles ut

#### PA.7

- ☐ **Mål:** tidspunkt for siste kolesterolmåling
- **Kan stilles til barn under 15 år:** ja
- **Indirekte intervju:** ikke tillatt
- **Kan stilles til personer i institusjon:** fylles ut

### Introduksjon 16

Nå følger noen spørsmål om blodsukkeret ditt.

#### PA.8

☐ **Mål:** forekomst av blodsukkermåling.

- **Kan stilles til barn under 15 år:** ja
- **Indirekte intervju:** ikke tillatt
- **Kan stilles til personer i institusjon:** fylles ut

#### PA.9

☐ **Mål:** tidspunkt for siste blodsukkermåling.

- **Kan stilles til barn under 15 år:** ja
- **Indirekte intervju:** ikke tillatt
- **Kan stilles til personer i institusjon:** fylles ut

### Introduksjon 17

De neste spørsmålene handler om mammografi.

☐ **Mål:** livstidsforekomst av mammografi

☐ Mammografi er en undersøkelse der det tas bilder av brystene.

#### PA.10

- **Generelt begrep:** lifetime occurrence of mammography
- **Kan stilles til barn under 15 år:** nei
- **Indirekte intervju:** ikke tillatt
- **Kan stilles til personer i institusjon:** fylles ut
- Mammografi er en prosedyre som brukes til å lage et mammogram, et røntgenbilde av brystet.

#### PA.11

☐ **Mål:** tidspunkt for siste mammografi

- **Kan stilles til barn under 15 år:** nei
- **Indirekte intervju:** ikke tillatt
- **Kan stilles til personer i institusjon:** fylles ut

#### PA.12

☐ **Mål:** Årsak til siste mammografi.

- **Kan stilles til barn under 15 år:** nei
- **Indirekte intervju:** ikke tillatt
- **Kan stilles til personer i institusjon:** fylles ut

#### Introduksjon 18

Nå følger noen spørsmål om test for livmorhalskreft.

#### PA.13

☐ **Mål:** Livstidsprevalens av livmorhalskreft tester.

☐ **Livmorhalskreft test:** en test for å påvise livmorhalskreft.

- **Kan stilles til barn under 15 år:** nei
- **Indirekte intervju:** ikke tillatt
- **Kan stilles til personer i institusjon:** fylles ut

#### PA.14

☐ **Mål:** tidspunkt for siste livmorhalskreft.

- **Kan stilles til barn under 15 år:** nei
- **Indirekte intervju:** ikke tillatt
- **Kan stilles til personer i institusjon:** fylles ut

#### PA.15

☐ **Mål:** Årsak til siste livmorhalstest

- **Kan stilles til barn under 15 år:** nei
- **Indirekte intervju:** ikke tillatt
- **Kan stilles til personer i institusjon:** fylles ut

#### Introduksjon 19

De neste spørsmålene dreier seg om “occult” blodprøve, for å avdekke usynlig blod i avføring

#### PA.16

☐ **Mål:** Livstidsprevalens av tarmkreftprøvetaking

- **Kan stilles til barn under 15 år:** nei
- **Indirekte intervju:** ikke tillatt
- **Kan stilles til personer i institusjon:** fylles ut

☐ Denne testen brukes for å påvise tarmkreft.

#### PA.17

• ☐ **Mål:** tidspunkt for siste tarmkreftprøve

- **Kan stilles til barn under 15 år:** nei
- **Indirekte intervju:** ikke tillatt
- **Kan stilles til personer i institusjon:** fylles ut

#### Introduksjon 20

Nå følger noen spørsmål om tilfredshet med ulike helsetjenester i Norge.

#### SA.1

☐ **Mål:** generell tilfredshet med tjenestene som tilbys av ulike helseprofesjoner (både i privat og offentlig sektor).

- **Kan stilles til barn under 15 år:** nei
- **Indirekte intervju:** ikke tillatt
- **Kan stilles til personer i institusjon:** fylles ut

☐ IO bes gjøre en generell vurdering basert på egne synspunkter, selv om IO ikke har benyttet seg av tjenestene som inngår i spørsmålet. Resten er ikke relevant for norske forhold.

☐ Definisjoner og forklaringer knyttet til de ulike helseprofesjonene er omtalt i det foregående.

☐ **In your country...**: referer til land en er bosatt i.

## INTRODUKSJON 21

### SELVUTFYLLINGSSKJEMA OM UTGIFTER TIL HELSETJENESTER

#### OP.1-OP.3

Utgiftene som skal angis er utgifter for tjenester som er mottatt som ikke er gratis og som ikke blir refundert av trygdekontoret eller forsikringsordninger. Dersom tilgangen til tjenester i hovedsak er gratis, skal bare tilleggskostnader som personer må betale inngå (omfatter også svart eller ”under bordet” betalinger dersom det er aktuelt). Dersom IO må dekke eventuelle kostnader og siden får disse delvis eller helt tilbake, er det kun utgifter som ikke blir refundert som inngår i målet. Dersom trygdekontoret eller forsikringsselskapet betaler først, og senere krever deler av beløpet innbetalt vil dette omfattes av målet (forsikring omfatter både frivillige og ikke-frivillige ordninger). I tilfeller der forsikringsordninger ikke ennå har refundert utgiftene skal disse estimeres i henhold til totale utgifter som er dekket etter vanlige refusjonsregler.

☐ **Generelt begrep:** pasientens egne utgifter som ikke blir refundert gjennom forsikring (og folketrygd). Det omfatter utgiftsdeling og uformell betaling til helsearbeidere??

- **Kan stilles til barn under 15 år:** ja
- **Indirekte intervju:** tillatt
- **Kan stilles til personer i institusjon:** fylles ut
- 

☐ ☐ **Mål:** utbetalinger som kommer direkte til pasienten utenom eventuelle forsikringsordninger. Det omfatter deling av utgifter og uformelle utbetalinger til helsepersonellet

☐ **I løpet av de siste fire ukene (eller to ukene) fra intervjutidspunktet:** en periode som startet 4 (eller 2 uker) fra intervjutidspunktet

☐ **Hvor mye betalte du fra egen lomme:** Dette omfatter også tilfeller der medisinen er betalt for av et annet husholdsmedlem (eks. en sønn som lever sammen med sin mor betaler medisinenes hennes). Dersom medisinen er betalt av en person som ikke er medlem av husholdet, skal ikke summen rapporteres.

## DEN EUROPEISKE MODULEN OM RISIKOFAKTORER

### Introduksjon 21

Nå følger noen spørsmål om høyde og vekt.

#### BMI.1

- **Mål:** kroppshøyde
- **Kan stilles til barn under 15 år:** ja
- **Indirekte intervju:** ikke tillatt
- **Kan stilles til personer i institusjon:** fylles ut
- **Hvor høy er du uten sko på:** kroppslengde målt uten sko.

#### BMI.2

- **Mål:** Kroppsvekt
- **Kan stilles til barn under 15 år:** ja
- **Indirekte intervju:** ikke tillatt
- **Kan stilles til personer i institusjon:** fylles ut
- **Vekt uten klær og sko:** kroppsvekt i kilo målt når IO er avkledd.
- **Sjekk om kvinner ...:** kvinner 50 år og yngre som er gravide angir vekt før graviditet.
- **Be om et estimat:** et estimat er tilstrekkelig dersom IO ikke vet det eksakte svaret.

### Introduksjon 22

De neste spørsmålene gjelder tiden du har vært i fysisk aktivitet de siste 7 dagene. Vi begynner med å spørre om aktiviteter som krever stor fysisk innsats, dernest moderat fysisk innsats og til slutt mindre fysisk innsats. Tenk på alle typer fysisk aktivitet som en del av arbeidsdagen, arbeid i hus eller hage, når du beveger deg fra sted til sted, i aktiviteter på fritiden, trenings- eller sportsaktiviteter.

- **I løpet av de siste syv dagene:** viser til en periode, de siste 7 dagene forut for intervju tidspunktet. Det er ikke en vanlig uke som begynner på en mandag.
- **Tenk på aktiviteter som du gjør på jobben, som en del av hus- eller havearbeid, eller når du beveger deg fra sted til sted, og på din fritid:** all fysisk aktivitet på alle arenaer skal regnes med. Det kan være fritid (rekreasjon, konkurranse), huslige sysler, havearbeid, arbeid eller transport.
- **moderate aktiviteter, anstrengende aktiviteter og gange:** Aktiviteter kan deles inn i to grupper, etter energibruk. Eksempler blir gitt. Gange måles for seg og skal ikke inkluderes i moderate eller anstrengende aktiviteter.

### PE.1

- **Mål:** antall dager med fysisk anstrengende aktiviteter i løpet av de siste syv dagene
- **Kan stilles til barn under 15 år:** nei
- **Indirekte intervju:** ikke tillatt
- **Kan stilles til personer i institusjon:** fylles ut
- **I løpet av de siste 7 dagene hvor mye tid brukte du:** samlet tid i løpet av de siste syv dagene forut for intervjuet.
- **Anstrengende aktiviteter:** aktiviteter som krever stor fysisk innsats og gjør at IO puster mye fortere enn normalt. Dersom det er lettere å forstå kan "puster mye fortere" benyttes.
- Eksempler på fysisk anstrengende aktiviteter:
  - Jobb-relaterte: tunge løft, gravearbeid, tungt byggearbeid, gå i trapper i arbeidstiden
  - Huslige: tunge løft, vedhugst, snømåking, gravearbeid i hagen
  - Fritid: aerobics, løping, rask sykling, rask svømming
- Disse eksemplene kan byttes ut med nasjonalt tilpassede aktiviteter som krever samme fysiske innsats.

### PE.2

- **Mål:** varighet av utøvelse av fysisk anstrengende aktiviteter siste 7 dager.
- **Kan stilles til barn under 15 år:** nei
- **Indirekte intervju:** ikke tillatt
- **Kan stilles til personer i institusjon:** fylles ut
- **I løpet av de siste 7 dagene hvor mye tid brukte du:** summen av tid i de siste syv dagene før intervjuet.

### PE.3

- **Mål:** antall dager med moderate aktiviteter i de siste syv dagene
- **Kan stilles til barn under 15 år:** nei
- **Indirekte intervju:** ikke tillatt
- **Kan stilles til personer i institusjon:** fylles ut
- **I løpet av de siste 7 dagene hvor mye tid brukte du:** summen av tid i løpet av de syv siste dagene før intervjuet.
- **Moderate aktiviteter:** aktiviteter som krever moderat fysisk innsats og som gjør at IO puster litt tyngre enn normalt.
- Eksempler på moderate aktiviteter: bære lette bærer, vindusvask, rake i hagen, vasking, sykling eller svømming i vanlig tempo, double tennis.
- Eksemplene kan bytes ut med relevante nasjonale eksempler med samme fysiske innsats.

### PE.4

- **Mål:** varighet av utøvelse av moderate fysiske aktiviteter i løpet av de siste 7 dagene
- **Kan stilles til barn under 15 år:** nei
- **Indirekte intervju:** ikke tillatt
- Kan stilles til personer i institusjon: fylles ut
- **I løpet av de siste 7 dagene hvor mye tid brukte du:** summen av tid brukt i løpet av de siste syv dagene før intervjuet.

### PE.5

- **Mål:** antall dager IO har gått ti 10 minutter av gangen I løpet av de siste 7 dagene
- **Kan stilles til barn under 15 år:** nei
- **Indirekte intervju:** ikke tillatt
- **Kan stilles til personer i institusjon:** fylles ut
- **I løpet av de siste 7 dagene hvor mye tid brukte du:** summen av tid I de siste 7 dagene forut for intervjuet.

### PE.6

- **Mål:** varigheten av gange i 10 minutter eller mer av gangen i løpet av de siste 7 dagene.
- **Kan stilles til barn under 15 år:** nei
- **Indirekte intervju:** ikke tillatt
- **Kan stilles til personer i institusjon:** fylles ut
- **I løpet av de siste 7 dagene hvor mye tid brukte du:** summen at tid I løpet av de siste 7 dagene forut for intervjuet

## Introduksjon 23

De neste spørsmålene handler om hvor ofte du spiser frukt og grønnsaker

### FV.1

- **Mål:** hyppighet av inntak av frukt (ikke juice)
- **Kan stilles til barn under 15 år:** ja
- **Indirekte intervju:** ikke tillatt
- **Kan stilles til personer i institusjon:** fylles ut
- Frukten kan være frisk, frossen, hermetisk eller tørket. Det kan også være oppdelt frukt eller most (puré).
- I tilfeller der IO spiser regelmessig, ved en anledning, en betydelig mengde frukt (eks. mer enn to håndfuller frukt) skal det anses som flere gangers konsumpsjon

### FV.2

- **Mål:** hyppighet av inntak av grønnsaker eller salat (ikke juice og poteter)
- **Kan stilles til barn under 15 år:** ja
- **Indirekte intervju:** ikke tillatt
- Kan stilles til personer i institusjon: fylles ut
- Grønnsakene kan være friske, frosne, hermetiske eller kokt/stekt..

### FV.3

- **Mål:** hyppighet av inntak av frukt- eller grønnsaksjuice
- **Kan stilles til barn under 15 år:** ja
- **Indirekte intervju:** ikke tillatt
- Kan stilles til personer i institusjon: fylles ut
- Omfatter kun 100% frukt- eller grønnsaksjuice.



## Introduksjon 24

De neste spørsmålene handler om miljøet du bor og jobber i, og støtte fra personer som står deg nær.

### EN.1

- **Mål:** om IO opplever å være utsatt for noen av de nevnte faktorene hjemme
- **Kan stilles til barn under 15 år:** ja
- **Indirekte intervju:** ikke tillatt
- **Kan stilles til personer i institusjon:** fylles ut
- **I løpet av de siste 12 månedene:** en periode på 12 måneder forut for intervjudtidspunktet.
- **Med utsatt** menes tilstedeværelse av nevnte forhold.
- Bare støy fra faktorer utenfor husholdet skal regnes med (støy i selve husholdet eller fra et medlem av husholdet skal ikke regnes med)
- Med luftforurensning menes at luften IO puster inn er forurensset med fint støv, lukt eller ozon.

### EN.2

- **Mål:** om IO opplever å være utsatt for kriminalitet, vold eller vandalisme hjemme eller i nærmiljøet
- **Kan stilles til barn under 15 år:** ja
- **Indirekte intervju:** ikke tillatt
- **Kan stilles til personer i institusjon:** fylles ut
- **I løpet av de siste 12 månedene:** en periode på 12 måneder forut for intervjudtidspunktet.
- **Nærmiljøet** viser til område rundt IOs bolig.
- **Vold** viser til bruk av fysisk makt mot en annen person eller gruppe som resulterer i fysisk, seksuell eller psykisk skade. Det gjelder både reelle episoder og opplevelse av å være truet.

### EN.3

- **Mål:** om IO er utsatt for noen av de nevnte faktorer på arbeidsplassen. Spørsmålet viser til personlig erfaring, ikke tilstedeværelse av slike faktorer eller erfaringer andre personer eller kollegaer har hatt.
- **Kan stilles til barn under 15 år:** nei
- **Indirekte intervju:** ikke tillatt
- Kan stilles til personer i institusjon: fylles ut
- **Arbeidsplassen** viser til arbeidsplassens geografiske beliggenhet. Stedet der respondents utfører arbeidsaktivitetene. For bestemte grupper (eks. Skogsarbeidere, brannmenn mv.) skal det miljøet der arbeidet vanligvis blir utført tas i betraktning.
- **Utsatt for** viser til tilstedeværelsen av nevnte faktorer (mobbing, vold eller trusler om vold etc.). Dette kan komme fra andre mennesker som arbeider på samme sted eller klienter etc som ikke arbeider der men som besøker arbeidsstedet. Følgende definisjoner gjelder for faktorene som er nevnt.
  - **Mobbing** viser til en type atferd mot en annen person som med overlegg er ment å ramme IO og som kan skade fysisk, mental, åndelig, moralsk eller sosial utvikling (psykologisk vold er noen ganger brukt og skal inkluderes her)

Psykologisk vold viser til alle former for intensjonell atferd, regelmessig eller systematisk atferd, ord, handlinger, gester eller skriftlig som er nedlatende og som rammer personlighet, selvrespekt eller fysisk eller psykologisk velvære. Den kommer i mange forkledninger: erting, fiendskap, press, fornærmelser, og kommunikasjonsnekt – alt dette er eksempler på uakseptabel atferd som isolert sett kan virke ubetydelig. Når det skjer regelmessig er dette en type atferd som kan skade IO som er utsatt for det. Seksuell trakassering er uønsket atferd med seksuelle undertoner, eller annen atferd som er seksuelt motivert som påvirker selvrespekten til den det gjelder. Dette kan være uønskete verbale, ikke-verbale eller fysisk atferd. Det er tale om atferd som er uønsket av mottakeren.
  - **Diskriminering** viser til atferd eller oppmerksomhet mot en person og som henger sammen med personlige kjennetegn eller gruppen som IO hører til.

- **Vold eller trusler om vold** viser til bruk av fysisk makt mot en annen person eller gruppe av personer som resulterer i fysisk, seksuell eller psykologisk skade. Både reelle erfaringer og opplevelse av å være truet av slike forhold skal regnes med. Vold er ikke nødvendigvis fra en kollega, overordnet eller underordnet, men også fra andre personer som IO samhandler med i arbeidet (eks. En klient eller leverandør).
- **Tidspress og overarbeid** viser til krav til effektivitet eller krav til mengde arbeid som skal utføres innen snevre tidsrammer og som går ut over arbeidstakerens kapasitet, evner eller ressurser.
- **Kjemikalier, støv, lukt, røyk eller gasser** viser til behandling, berøring, inhalering etc av stoffer (kjemikalier, støv, lukt etc)
- **Støy eller vibrasjon**: støyen er ikke nødvendigvis fra stedet hvor IO arbeider. Kilden til støy kan være utenfor arbeidsstedet (eks. Støy fra vei/gate).
- Faktorer som stråling, magnetisme, temperatur (ekstremt høy eller lav temperatur eller radikale endringer i temperatur), lys (refleksjon, sterkt sollys, sterke lamper mv.) skal ikke regnes med.
- En person med mer enn en jobb bør vurdere alle jobbene når svaret avgis.

#### **EN.4**

- **Mål**: antall personer som IO kan stole på ved behov for hjelp
- **Kan stilles til barn under 15 år**: nei
- **Indirekte intervju**: ikke tillatt
- **Kan stilles til personer i institusjon**: fylles ut
- **Hvor mange mennesker**: både familiemedlemmer og naboer, kollegaer, venner mv. skal regnes med.
- **Alvorlige personlige problemer**: IO kan regne med hvis behov for hjelp, råd eller penger.

## SELF-COMPLETION FORM

I denne delen er indirekte intervju bare tillatt for de spørsmålene som ikke inngår i et selvutfyllingsskjema.

### SK.1

- **Mål:** Forekomst av røyking
- **Kan stilles til barn under 15 år:** nei
- **Indirekte intervju:** tillatt
- **Kan stilles til personer i institusjon:** fylles ut
- **Røyker du for tiden:** spør om IO røyker nå, uavhengig av mengde
- **Røyke:** puste inn og ut røyk fra tobakkprodukter (ferdigproduserte sigaretter, sigarer, pipe, etc).

### SK.2

**Mål:** tobakksprodukter som røykes hver dag.

- **Kan stilles til barn under 15 år:** nei
- **Indirekte intervju:** tillatt
- Kan stilles til personer i institusjon: fylles ut
- Begrepet **pipefuller** viser til tobakksinnholdet i en pipe
- Andre – vannpipe, eller andre nasjonalt betingede produkter

### SK.3

- **Mål:** mengde tobakk som røykes per dag
- **Kan stilles til barn under 15 år:** nei
- **Indirekte intervju:** tillatt
- Kan stilles til personer i institusjon: fylles ut
- **I gjennomsnitt:** Foretrekk den matematiske termen gjennomsnitt fremfor “generelt” eller “vanligvis”
- **Pipefuller med tobakk:** en full pipe, uavhengig av røykeintervaller.
- **Per dag:** I løpet av en hel dag (til sengetid, uavhengig av når IO går til sengs, selv etter midnatt).

### SK.4

**Mål:** forekomst av daglig røyking av ett års varighet i løpet av livet

- **Kan stilles til barn under 15 år:** nei
- **Indirekte intervju:** tillatt
- Kan stilles til personer i institusjon: fylles ut
- **Noen gang røyket daglig, eller nesten daglig i minst ett år:** viser til et tidsrom på minst ett år som IO har røykt daglig eller nesten daglig, uavhengig av mengde.

### **SK.5**

- **Mål:** Antall år med dagligrøyking
- **Kan stilles til barn under 15 år:** nei
- **Indirekte intervju:** ikke tillatt
- **Kan stilles til personer i institusjon:** fylles ut

### **SK.6**

**Mål:** Hyppighet for utsatthet av sigarettøyk innendørs hjemme.

- **Kan stilles til barn under 15 år:** ja
- **Indirekte intervju:** tillatt
- **Kan stilles til personer i institusjon:** fylles ut
- **Hvor ofte er du utsatt for sigarettøyk:** hensikten er å fange opp om IOe ofte oppholder seg i rom hvor andre mennesker røyker eller har røyket
- **Innendørs hjemme:** viser til inne i huset der IO bor..

### **SK.7**

- **Mål:** Hvor ofte man er utsatt for røyking innendørs på offentlige steder eller transportmidler
- **Kan stilles til barn under 15 år:** ja
- **Indirekte intervju:** ikke tillatt
- **Kan stilles til personer i institusjon:** fylles ut
- **Hvor ofte er du utsatt for tobakksrøyk:** hensikten er å måle om IO ofte er i rom der andre mennesker røyker eller har røyket.
- **Innendørs på offentlige steder og transportmidler:** viser til offentlige bygg og transportmidler der IO oppholder seg.

### **SK.8**

- **Mål:** Hvor ofte IO utsatt for tobakksrøyk innendørs på arbeidsplassen
- **Kan stilles til barn under 15 år:** nei
- **Indirekte intervju:** ikke tillatt
- **Kan stilles til personer i institusjon:** fylles ut
- **Hvor ofte er du utsatt for tobakksrøyk:** hensikten er å måle om IO mer eller mindre hyppig er i områder der andre mennesker røyker eller har røyket.
- **Innendørs på arbeidsplassen:** viser til inne i bygningen der IO arbeider.

### **AL.1**

- **Mål:** Hyppighet av alkoholbruk i de siste 12 måneder.
- **Kan stilles til barn under 15 år:** nei
- **Indirekte intervju:** tillatt
- **Kan stilles til personer i institusjon:** fylles ut
- **De siste 12 månedene:** Et tidsrom på 12 måneder som regnes tilbake fra intervjudtidspunktet
- **Hvor ofte har du drukket en alkoholholdig drikk:** har til hensikt å måle frekvens eller hyppighet av bruk (antallet dager IO har drukket alkohol). Det gjelder alle alkoholholdige drikker, uavhengig av type drikk eller mengde.
- **Det kan være øl, vin, rusbrus, sprit, likører?? eller andre alkoholholdige drikker:** en liste med alkoholholdige drikker som er populære/vanlige i ulike land bør legges til grunn.
- **“Aldri” til “hver dag”:** seks kategorier som er gjensidig utelukkende og som beskriver skalaen fra aldri til daglig.

## AL.2

- **Mål:** Mengde alkohol på en dag du drikker alkohol
- **Kan stilles til barn under 15 år:** nei
- **Indirekte intervju:** ikke tillatt
- **Kan stilles til personer i institusjon:** fylles ut
- **Hvor mange drinker:** spesifikke alkoholenheter måles
- **Drinker** kan byttes ut med glass i tilfeller der det ikke finnes et nasjonalt begrep. Drinkene eller glassene må indikeres av de enkelte landene for hver type alkoholholdig drikk.
- **En typisk uke der du drikker:** viser til en uke der IO drikker alkohol, uavhengig av mengde eller type.

## AL.3

- **Mål:** Forekomst av stort alkoholinntak
- **Kan stilles til barn under 15 år:** nei
- **Indirekte intervju:** ikke tillatt
- **Kan stilles til personer i institusjon:** fylles ut
- **De siste 12 månedene, hvor ofte:** viser til hyppighet i løpet av 12 månedersperioden regnet forut for intervjutidspunktet.
- **6 eller flere drinker:** målt med alkoholenheter
- **“Drinker”** kan byttes ut med “glass” i tilfeller der det ikke finnes et nasjonalt begrep for drink.
- **Ved én anledning:** dette viser til en situasjon der IO har drukket 6 eller flere drinker (i en bar, et selskap mv). Det viser ikke nødvendigvis til en hel dag.
- **”Månedlig”** viser til anslagsvis en gang i måneden..

## CN.1

- **Mål:** bruk av cannabis blant slekt, venner eller bekjente
- **Kan stilles til barn under 15 år:** nei
- **Indirekte intervju:** ikke tillatt
- **Kan stilles til personer i institusjon:** fylles ut
- **Hasj og marijuana, også kjent som cannabis:** hasj og marijuana er to typer cannabis.
- Lokale grupper kjenner hasj, marijuana og cannabis også som hasj, weed etc. Disse betegnelseene bør også inngå her..
- **Kjenner du noen som bruker cannabis:** tar sikte på å måle om IO selv kjenner minst en person som bruker cannabis..

I mange land er herbal cannabis og cannabis resin formelt kjent som marijuana og hasj. Cannabis sigaretter blir noen steder referert til som reefers, joints eller spliffs. Gatespråk for cannabis/cannabis resin inkluderer benevnelse som bhang, charas, pot, dope, ganja, hemp, weed, blow (blås), gras (gress) og mange andre (kilde: EMDDA)

## CN.2

- **Mål:** Forekomst av cannabisbruk
- **Kan stilles til barn under 15 år:** nei
- **Indirekte intervju:** ikke tillatt
- **Kan stilles til personer i institusjon:** fylles ut
- **De siste 12 månedene, hvor ofte:** viser til hyppighet i løpet av 12 månedersperioden regnet forut for intervjudtidspunktet.
- **Har du brukt...:** viser til bruk av spesifikke illegale narkotiske stoffer, uavhengig av mengde.

## CN.3

- **Mål:** Forekomst av bruk av andre narkotiske stoffer blant slektninger, venner eller bekjente
- **Kan stilles til barn under 15 år:** nei
- **Indirekte intervju:** ikke tillatt
- Kan stilles til personer i institusjon: fylles ut
- **Kjenner du noen personlig som bruker andre narkotiske stoffer:** har til hensikt å måle om IO selv kjenner minst en person som tar andre narkotiske stoffer
- Kokain, ecstasy, amfetamin, opiat (heroin), LSD, hallusinogenisk sopp

## CN.4

- **Mål:** Forekomst av narkotikabruk
- **Kan stilles til barn under 15 år:** nei
- **Indirekte intervju:** ikke tillatt
- Kan stilles til personer i institusjon: fylles ut
- **De siste 12 månedene:** et tidsrom på 12 måneder forut for intervjudtidspunktet.
- **Har du brukt ...:** viser til bruk av andre illegale stoffer, uavhengig av mengde.
- I illegal bruk blir kokain sniffet (inhalert) og dermed absorbert gjennom nesen (mucosa). Crack er en røykbar form for kokain. Injeksjon av kokain er mindre vanlig. Gatespråk på kokain er coke, snow, Charlie og en mengde andre uttrykk avhengig av lokalitet og kontekst. (kilde: EMCDDA web site).
- Amfetamin er et syntetisk stoff som kan spises? (ingested?), sniffes og/eller injiseres, men det er mindre vanlig.
- Ecstasy: blir nesten alltid brukt oralt (spist? ingested), men i pulverform kan det også sniffes, inhaleres eller injiseres.
- Heroin: Et stort antall gatebenevnelse er i bruk, inkludert horse, smack, shit og brown
- Andre liknende stoffer: Et stoff som produserer som hovedeffekt forestillingsforvrengninger, spesielt visuelt og hørselsmessig (auditory). Effekten kan også gå på tankeendringer, humør og selvoppfattelse.

# EUROPEAN BACKGROUND VARIABLES MODULE

## DEL 2

### BAKGRUNNSVARIABLE

## IN.1

- **Mål:** kilder til husholdsinntekt
- **Kan stilles til barn under 15 år:** nei
- **Indirekte intervju:** tillatt
- **Kan stilles til personer i institusjon:** fylles ut
- *Husholdningsinntekt:* Det er inntekten til alle medlemmer av husholdet på intervjudtidspunktet som skal telles men også inntekt fra husholdet som helhet.
- **Kilder til inntekt:**
  - (a) Lønnsinntekt:

- Lønn (inkl. Bonus som utbetales regelmessig – slik som regelmessig overtid, teambonuser, natt tillegg eller helgejobbing, tips eller provisjonsjobbing) for måneden før intervjuet (eller gjennomsnittet for perioden dersom det er lettere å estimere fra dette). Det er nettobeløp etter skatt og trygd som skal angis.
- For selvstendige og inntekt kan respondenten bes om et estimate av deres vanlige månedsinntekt, ta i betraktning eventuelle uttak fra egen virksomhet. Alternativt kan månedlig handelsoverskudd gis, sammen med et estimate av skattbar inntekt. Negativ inntekt (eks. salgslap) skal angis som null.

#### PLUSS

(b) Inntekt fra sosiale overføringer (arbeidsledighetsstrygd, høy alder og enkepensjon, syke eller uførhetstrygd, barnetrygd, barnebidrag, kontantstøtte, bostøtte eller andre støtteordninger knyttet til utdanning). Av praktiske grunner, blir ikke følgende inntektskilder vurdert. Inntekt fra kapital og investeringer (eiendom, aksjer, sparing etc.); Utleiemidler, Verdi av varer tile get forbruk, inntektsoverføringer fra andre hushold (eks. ektefellebidrag, forsørgelsesbidrag); Utdanningsbonus utbetales ikke I hver inntektsperiode (eks. forsørgelsesbidrag); etc. etc.

### IN.2

- **Mål:** om respondenten kjenner husholdningens netto månedlig inntekt.
- **Kan stilles til barn under 15 år:** nei
- **Indirekte intervju:** tillatt
- **Kan stilles til personer i institusjon:** fylles ut
- **Husholdets netto månedlig inntekt:** inntekt mottatt av husholdet frau like kilder
- **Netto inntekt** betyr størrelsen på inntekten etter skatt er trukket fra. Det er mao. Et uttrykk for beløpet som IP har tilgjengelig for forbruk.
- **Månedlig inntekt** skal referere til månedlig gjennomsnittlig inntekt for en gitt periode eller den siste månedlige utbetalingen før intervjuet (hvis dette er lettere å rapportere)

### IN.3

- **Mål:** netto månedlig husholdningsinntekt
- **Kan stilles til barn under 15 år:** nei
- **Indirekte intervju:** tillatt
- **Kan stilles til personer i institusjon:** fylles ut
- I rapportering at samlet netto inntekt for husholdet, bør respondenten vurdere kun kildene indikert I spørsmål IN.1
- Den eksakte summen bør kartlegges først. Bare i tilfeller respondenten ikke vet eller ikke ønsker å svare eksakt sum for sitt hushold, kan en et omtrentlig beløp oppgis i stedet.

### IN.4

- **Mål:** Gruppen som angir månedlig husholdsinntekt
- **Kan stilles til barn under 15 år:** nei
- **Indirekte intervju:** tillatt
- **Kan stilles til personer i institusjon:** fylles ut
- Dersom IO ikke kjenner nøyaktig eller omtrentlig inntekt for husholdet, skal IO bes indikere inntektsintervallet (desilen) som korresponderer til husholdets netto inntekt per måned.

# Interview guide for cognitive interviews

Elisabeth Gulløy, 20. august 2008

## Kognitiv kartlegging - intervjuguide:

### Oppvarming

Har du noen gang vært med på en undersøkelse fra SSB før? Hvordan syntes du det var?  
Husker du at du tenkte noe spesielt om skjemaet den gangen?  
Har du vært med på slike intervjuer før? Hvordan var det?

### Innledning/rammesetting (ca 10 minutter)

Bakgrunnen for at vi har bedt deg komme i dag er at SSB skal gjennomføre en spørreundersøkelse til høsten som handler om levekår og helse. Formålet med undersøkelsen er å få innsikt i befolkningens livssituasjon og levekår, med særlig vekt på helse og sosialt liv. Vi gjennomfører slike undersøkelser hvert år, men helse er tema bare hvert 5.år.

Levekårsundersøkelser gjøres for å kunne sammenligne hvordan ulike befolkningsgrupper i Norge har det, og hvordan situasjonen er i Norge sammenlignet med andre land i Europa. I tillegg er resultatene viktige for myndighetene når de skal planlegge og styre helsesektoren.

I år er det planlagt å innføre flere nye spørsmål som handler om sykdom, funksjonsevne, bruk av ulike helsetjenester osv, og noen av disse ønsker vi å teste ut før vi legger dem inn. Noen av spørsmåla er også "arva" fra europeiske undersøkelser, og vi ønsker å se om folk reagerer på samme måten i Norge som i andre land.

Hensikten med den samtalen vi to skal ha, er altså å høre hvordan du oppfatter enkelte begreper, ord og spørsmål som vi kanskje skal benytte i undersøkelsen. Spørsmålene vi lager skal jo helst være enkle å svare på. Da blir det også enklere å skrive om resultatet etterpå. For å få til det, er det viktig at vi tester dem ut på folk som ikke jobber med spørreskjema til daglig. Vi trenger hjelp av deg til å forstå hvordan spørsmåla fungerer.

Samtalen vil ta omlag 1,5 time. Som du allerede vet, får du et gavekort på 400 kroner for å hjelpe oss med dette.

Til sist må jeg også si at dette ikke er noen kunnskapstest! Det er skjemaet og spørsmåla som skal testes, ikke deg.

Vi planlegger å gjennomføre seks slike intervjuer. Det foregår ved at vi går igjennom en del spørsmål fra skjemaet, og så stopper vi opp og jeg spør deg om du kan fortelle oss hvordan du tenkte, hva du synes og så videre.

Er det noe du lurer på så langt?



## Formaliteter

Jeg kan si noe om oppgaven til hver av oss. Jeg kommer til å lede samtalen, mens XX er med som sekretær. Sekretærens rolle er å ta notater av det som blir sagt, og ellers følge med på om vi glemmer informasjon, eller om det er noe vi kanskje bør snakke mer om. Det er godt mulig at sekretæren kommer med noen spørsmål mot slutten av testen.

For at vi skal få anledning til å tenke gjennom og ta hensyn til de kommentarene du gir, ønsker vi å ta opp samtalen på video. Årsaken til at vi ønsker å ta opp samtalen på video, er at det er mye enklere for oss å analysere samtalen etterpå. Dersom det er noe vi er usikre på, har vi muligheten til å gå tilbake til kilden å se hva som egentlig ble sagt. Vi er bare noen få personer som vil se på videoen og videoen vil bli slettet senest i løpet av 1 måned. VIS KAMERA

Har du spørsmål om dette eller synes du at det er greit at vi setter i gang?

*(START VIDEOEN)*

## Oppvarmingsøvelse

Da skal vi begynne med å se på noen kort som jeg har liggende. Jeg vil at du skal se på kortene ett for ett, og beskrive for meg hva de betyr, eller hvordan du forstår dem.

Poliklinikk	Diskriminering	Kosttilskudd
Sykestue	Dagpasient	Livskvalitet
Legespesialist	Mammografi	Omsorgstjenester i hjemmet

Da skal du få en bunke med kort av meg igjen. Jeg vil at du skal beskrive for meg hva disse forskjellige yrkesgruppene driver med.

Kiropraktor	Refleksolog	Naprapat
Ergoterapeut	Aromaterapeut	Osteopat
Manuell terapeut	Healer	Psykiater
Homeopat	Massasjeterapeut	

Er det noen av disse gruppene som driver med det samme, slik du ser det? Kan du sortere dem slik at de som driver med noe som er beslektet legges sammen?

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Da skal vi gå løs på selve intervjuet. Vi deler det i to slik at du får litt pause fra selve utspørringen innimellom.

Nå skal vi tenke oss i en situasjon der jeg er en intervjuer som er kommet på besøk og stiller deg en rekke spørsmål fra et skjema. Etter en stund stopper jeg opp. Så får du utdelt skjemaet til å titte på, og får anledning til å kommentere fritt hva du synes om disse spørsmålene, og om det var noe du synes var spesielt vanskelig eller lett, rart eller morsomt eller hva som helst. Vi er interessert i alle slags kommentarer du måtte ha. Deretter vil jeg gå tilbake bolk for bolk og stille deg noen oppfølgingsspørsmål. Når dette er ferdig, skal vi ha en lignende runde på siste del av skjema. Er du klar?

## FYSISK AKTIVITET OG MOSJON

## Intro

De neste spørsmålene gjelder tiden du har vært fysisk aktiv eller i bevegelse de siste 7 dagene. Vi begynner med å spørre om aktiviteter som er meget fysisk anstrengende, dernest om aktiviteter som er moderat anstrengende og til slutt om vanlig gange. Det gjelder både på jobben, og hjemme, og når du beveger deg fra sted til sted eller i aktiviteter på fritiden. Vi ønsker svar på hvert spørsmål, selv om du mener du ikke er en aktiv person.

### PE.1

Tenk på aktiviteter som meget anstrengende og gjør at du puster mye tyngre enn vanlig. Det kan være å løfte eller bære tungt, tungt husarbeid, rask jogging/sykling eller ballspill.

**Hvor mange av de siste 7 dagene holdt du på med slike meget anstrengende aktiviteter sammenhengende i 10 minutter eller mer?**

(ANTALL DAGER SISTE 7 DAGER)

Hvis PE.1 = 1 eller mer

### PE.2

**Hvor lenge holdt du på med *slike aktiviteter* i gjennomsnitt per dag på de dagene (den dagen) du har nevnt?/ TA KUN MED AKTIVITETER/ARBEID SOM VARTE I 10 MINUTTER SAMMENHENGENDE ELLER MER.**

TIMER  MINUTTER

DET ER GJENNOMSNITTSVARIGHETEN EN DAG MED AKTIVITET/ARBEID VI ER UTE ETTER. HVIS RESPONDENTEN IKKE KAN SVARE PGA STORE VARIASJONER I AKTIVITETSMØNSTERET MELLOM ULIKE DAGER. BE OM TID HAN/HUN HAR VÆRT AKTIV PÅ DEN SISTE DAGEN HAN/HUN VAR FYSISK AKTIV

alle

### PE.3

Tenk på moderat anstrengende aktiviteter. Dette er aktiviteter som gjør at du puster litt tyngre enn vanlig, for eksempel lette løft, svømming, sykling eller rask gange, mv. Regn ikke med vanlig gange eller turgåing.

**Hvor mange av de 7 siste dagene holdt du på med slike moderat anstrengende aktiviteter i 10 minutter eller mer sammenhengende?**

ANTALL DAGER SISTE 7 DAGER

Hvis PE.3 = 1 eller mer

### PE.4

**Hvor lenge holdt du på med *slike aktiviteter* i gjennomsnitt per dag på de dagene (den dagen) du har nevnt TA KUN MED AKTIVITETER/ARBEID SOM VARTE SAMMENHENGENDE I 10 MINUTTER ELLER MER.**

ET ESTIMAT ER TILSTREKKELIG

TIMER   MINUTTER

alle

**PE.5**

Tenk på tiden du har gått eller spasert hjemme, på jobb eller på fritiden de siste 7 dagene. Regn med all gange uansett fart og anstrengelse, men regn bare med de gangene du gikk 10 minutter eller mer sammenhengende.

**På hvor mange av de siste 7 dagene har du gått eller spasert i minst 10 minutter sammenhengende?**

ANTALL DAGER SISTE 7 DAGER

*HVIS PE.5 = 1 eller mer*

**PE.6**

**Hvor lenge spaserte eller gikk du i gjennomsnitt per dag på de dagene (den dagen) du har nevnt? TA KUN MED AKTIVITETER/ARBEID SOM VARTE SAMMENHENGENDE I 10 MINUTTER ELLER MER.**

TIMER   MINUTTER      ET ESTIMAT ER TILSTREKKELIG

---

*Har du noen umiddelbare kommentarer til skjemaet. Nå får du en papirversjon av skjemaet å tittle på mens du tenker deg om. Jeg har noen oppfølgingsspørsmål til deg, også.*

**Oppfølgingsspørsmål om fysisk aktivitet**

*Hva slags konkrete aktiviteter hadde du faktisk i tankene da jeg spurte om det første spørsmålet PE.1? Og hvilke aktiviteter tenkte du på da vi kom til den neste sekvensen med spørsmål, om meget anstrengende aktiviteter, moderat anstrengende aktiviteter osv. ? Når du svarte, hadde du da i tankene hva du har gjort både på jobb og i fritida di, eller bare i fritida? Hvordan regnet du om til timer og minutter? Har du oppgitt bare det som er sammenhengende aktiviteter, eller har du lagt sammen samme type aktivitet som er utført til ulike tider i løpet av uka?*

**KORT PAUSE**

**BRUK AV HELSETJENESTER**

Alle

**HC.1 Har du i løpet av de siste 12 måneder vært innlagt på sykehus eller sykestue over natten?**

REGN MED FØDSEL

JA → HC\_1A

NEI

*Hvis H17a=ja*

**HC.2 Hvor mange opphold har du hatt?**

ANTALL OPPHOLD

**HC.4 Har du i løpet av de siste 12 månedene vært innlagt som dagpasient på sykehus?**  
Da mener jeg at du har fått seng, men ikke ligget der over natten.

JA → HC\_5  
NEI

**HC.5 Hvor mange dager var du innlagt som dagpasient de siste 12 månedene?**

□ □ □ ANTALL DAGER

**HC.6 Har du i løpet av de siste 12 månedene hatt behov for sykehusinnleggelse, men ikke vært innlagt?** Med behov for sykehusinnleggelse mener jeg at en lege har anbefalt deg behandling på sykehus.

JA, VED MINST EN ANLEDNING	_ 1
NEI	_ 2 → HC.8
VET IKKE	_ 8 → HC.8
VIL IKKE SVARE	_ 9 → HC.8

**HC.7 Hva var den viktigste grunnen til at du ikke ble innlagt?**

- . HADDE IKKE RÅD
- . VENTELISTE, FOR LANG VENTETID
- . HADDE IKKE ANLEDNING PGA ARBEID, OMSORGSFORPLIKTELSE
- . FOR LANGT Å REISE / PROBLEMER MED TRANSPORT
- . ENGSTELIG FOR INNGREP / BEHANDLING
- . ANDRE GRUNNER
- . VET IKKE
- . VIL IKKE SVARE

**De neste spørsmålene gjelder konsultasjoner med legespesialist eller tannlegespesialist på poliklinikk eller legevakt. Det gjelder ikke innleggelse på sykehus som heldøgns- eller dagpasient.**

**HC.12 Når var du sist hos legespesialist?** Regn ikke med besøk hos vanlig lege eller tannlege. **GJELDER IKKE TILFELLER DER DU FULGTE ET BARN, EKTEFELLE ELLER LIKENDE.**

- |                               |             |
|-------------------------------|-------------|
| • mindre enn 12 måneder siden | _ 1         |
| • mer enn 12 måneder siden    | _ 2 → HC.14 |
| • aldri                       | _ 5 → HC.14 |
| • vet ikke                    | _ 8 → HC.14 |
| • vil ikke svare              | _ 9 → HC.14 |

**HC.14 Har du i løpet av de siste 12 månedene hatt behov for behandling eller undersøkelse hos legespesialist, men likevel ikke tatt kontakt?**

- |                                |     |
|--------------------------------|-----|
| • . ja, ved minst en anledning | _ 1 |
|--------------------------------|-----|

- $\neg$  nei, det har ikke skjedd  $\quad \neg 2 \rightarrow \text{HC.16}$
- $\neg$  vet ikke  $\quad \neg 8 \rightarrow \text{HC.16}$
- $\neg$  vil ikke svare  $\quad \neg 9 \rightarrow \text{HC.16}$

### HC.15 Hva var den viktigste grunnen til at du ikke tok kontakt?

- HADDE IKKE RÅD
- VENDELISTE, HADDE IKKE HENVISNING
- HADDE IKKE ANLEDNING PGA ARBEID, OMSORGSFORPLIKTELSE
- FOR LANG REISEVEI/ IKKE TRANSPORT
- ENGSTELIG FOR LEGE/SYKEHUS/UNDERSØKELSE/BEHANDLING
- VIL VENTE OG SE OM PROBLEMET GIKK OVER AV SEG SELV
- VET IKKE OM NOEN GOD SPESIALIST
- ANNEN GRUNN
- VET IKKE
- VIL IKKE SVARE

**HC.16 Har du i løpet av de siste 12 månedene vært [.....]?**

GJELDER IKKE TILFELLER DER DU FULGTE ET BARN, EKTEFELLE ELLER LIGNENDE

JA  
NEI

## VIS KORT!

- .. på medisinsk laboratorium, røntgeninstitutt
- .. hos fysioterapeut
- .. hos helsesøster eller jordmor (på helsestasjon, skole-/student-, bedriftshelsetjeneste)
- .. hos ernæringsfysiolog
- .. hos logoped
- .. hos kiropraktor/manuell terapeut
- .. hos ergoterapeut
- .. hos psykolog

Hvis JA i spørgsmålet over;

**Hvor mange ganger har du vært** **siste 12 måneder.**

ANTALL GANGER

**HC. 17 Har du i løpet av de siste 12 månedene vært til behandling hos ...**

## VIS KORT

JA  
NEI

- ## .. homeopat

.. akupunktør  
.. fotsoneterapeut eller refleksolog  
.. aromaterapeut  
.. massasjeterapeut  
.. naprapat  
.. osteopat  
.. healer

Hvis JA i spørsmålet over;  
Hvor mange ganger har du vært til behandling hos \_\_\_\_\_ siste 12 måneder.

\_\_\_\_\_ ANTALL GANGER

## Spørsmål om mammografi

Kun til kvinner

**PA.10 Har du noen gang vært til mammografi?**

JA

NEI

VET IKKE

VIL IKKE SVARE

HVIS JA OVER

**PA.11 Når var du sist til mammografi? Var det...**

- I løpet av de siste 12 månedene,
- mer enn ett år, men mindre enn 2 år siden,
- mer enn 2 år, men mindre enn 3 år siden,
- mer enn 3 år siden
- VET IKKE
- VIL IKKE SVARE

**PA.12 Hva var grunnen til at du var til mammografi?**

FLERE SVAR ER MULIG

- JEG/LEGEN OPPDAGET UREGELMESSIGHETER I BRYSTET (EX. EN KUL)
- BLE RÅDET Å GÅ TIL MAMMOGRAFI AV LEGE UTEN AT NOE VAR GALT
- FORDI DET ER BRYSTKREFT I FAMILIEN
- FIKK INNKALLING TIL SCREENING
- ANDRE GRUNNER
- VET IKKE
- VIL IKKE SVARE

## MEDISINBRUK

**MD.1 Har du i løpet av de to siste ukene brukt medisiner som var anbefalt av lege eller som du hadde fått på resept? REGN OGSÅ MED KOSTTILSKUDD SOM**

## URTEMEDISIN OG VITAMINER. KVINNER: OMFATTER P-PILLER OG HORMONPREPARATER.

- .ja \_ 1
- .nei \_ 2  $\rightarrow$  MD.3
- .vet ikke \_ 8  $\rightarrow$  MD.3
- .vil ikke svare \_ 9  $\rightarrow$  MD.3

## MD.2 Var det medisiner for ...?

- ja \_ 1
- nei \_ 2
- vet ikke \_ 8
- vil ikke svare 9

- |   |   |   |   |   |
|---|---|---|---|---|
| <b>A.</b> .. astma  | 1 | 2 | 8 | 9 |
| <b>B.</b> .. kronisk bronkitt, KOLS, emfysem                        | 1 | 2 | 8 | 9 |
| <b>C.</b> .. høyt blodtrykk   | 1 | 2 | 8 | 9 |
| <b>D.</b> .. å redusere kolesterolnivået i blodet                   | 1 | 2 | 8 | 9 |
| <b>E.</b> .. annen hjertesykdom, slik som slag eller hjerteinfarkt  | 1 | 2 | 8 | 9 |
| <b>F.</b> .. smerter i ledd (slitasjegikt, leddbetennelse)          | 1 | 2 | 8 | 9 |
| <b>G.</b> .. smerter i nakke eller rygg                             | 1 | 2 | 8 | 9 |
| <b>H.</b> .. hodepine eller migrene                                 | 1 | 2 | 8 | 9 |
| <b>I.</b> .. andre smerter  | 1 | 2 | 8 | 9 |
| <b>J.</b> .. diabetes/sukkersyke                                    | 1 | 2 | 8 | 9 |
| <b>K.</b> .. allergiske symptomer (eksem, tett nese, rennende øyne) | 1 | 2 | 8 | 9 |
| <b>L.</b> .. fordøyelsesproblemer                                   | 1 | 2 | 8 | 9 |
| <b>M.</b> .. kreft (cellegiftbehandling)                            | 1 | 2 | 8 | 9 |
| <b>N.</b> ... depresjon   | 1 | 2 | 8 | 9 |
| <b>O.</b> .. anspenthet eller angst                                 | 1 | 2 | 8 | 9 |

**Har du brukt andre reseptbelagte medisiner, slik som [.....]?**

STILL SPØRSMÅLET OG KOD DET FOR HVER KATEGORI FRA P TIL T

- P.** ... sovetabletter \_ 1 \_ 2 \_ 8 \_ 9
- Q.** ... antibiotika, penicillin \_ 1 \_ 2 \_ 8 \_ 9
- KUN TIL KVINNER I FRUKTBAR ALDER, 50 ÅR ELLER YNGRE:**
- R.** ... P-piller \_ 1 \_ 2 \_ 8 \_ 9
- KUN KVINNER I OVERGANGSALDER, 45 ÅR OG ELDRE:**
- S.** ...hormonpreparater (østrogentilskudd) \_ 1 \_ 2 \_ 8 \_ 9
- T.** ... eller andre reseptbelagte medisiner som er foreskrevet av lege
- (Hvis ja): Hvilken type medisin var dette? Angi

**MD.3 Har du i løpet av de siste to ukene brukt medisiner uten at det har vært anbefalt eller foreskrevet av lege? Regn også med kosttilskudd slik som urter eller vitaminer.**

□ ja 1

- ☐ nei                                \_ 2 → PA.1  
☐ vet ikke                            \_ 8 → PA.1  
☐ vil ikke svare                      \_ 9 → PA.1

**MD.4 Var dette medisiner eller kosttilskudd de siste to ukene for [.....]?**  
**VIS KORT 8 OG KOD SVARET FOR HVER KATEGORI FRA A TIL H.**

- ☐ ja                                        \_ 1  
☐ nei                                        \_ 2  
☐ vet ikke                                \_ 8  
☐ vil ikke svare                        \_ 9

- A. ..smerter i ledd (slitasjegikt, leddbetennelse)                                \_ 1 \_ 2 \_ 8 \_ 9  
 B. ..hodepine eller migrene    \_ 1 \_ 2 \_ 8 \_ 9  
 C. ..andre smerter    \_ 1 \_ 2 \_ 8 \_ 9  
 D. ..forkjølelse, influensa eller sår hals    \_ 1 \_ 2 \_ 8 \_ 9  
 E. ..allergiske symptomer (eksem, tett nese, rennende øyne)                    \_ 1 \_ 2 \_ 8 \_ 9  
 F. ..fordøyelsesproblemer     \_ 1 \_ 2 \_ 8 \_ 9  
 G. ..forebygging    \_ 1 \_ 2 \_ 8 \_ 9  
 H. eller var det medisin eller kosttilskudd for andre plager?  
 Angi \_ \_ \_ \_ \_

## TANNHELSETJENESTER

**HC.8 Når var du sist hos tannlege, reguleringstannlege eller tannpleier?** Regn med alle besøk. **GJELDER IKKE TILFELLER DER DU FULGTE BARN, EKTEFELLE ELLER LIGNENDE**

- mindre enn 4 uker siden    \_ 1
- mer enn 4 uker, men mindre enn 12 måneder siden                                \_ 2
- 1 til 2 år    \_ 3 – SA.1
- mer enn 2 år    \_ 4 → SA.1
- aldri    \_ 5 → SA.1
- vet ikke    \_ 8 → SA.1
- vil ikke svare    \_ 9 → SA.1

**HC.9 Hvor mange ganger var du hos tannlege, reguleringstannlege eller tannpleier siste 12 måneder?**

     ganger ☐ INGEN = 0 ☐

**OP.1 Kan du anslå hvor mye du har betalt for tannhelsetjenester de siste 12 måneder?**

Til sammen |      |      |      |      |      |      |



*Ikke aktuelt \_*

**SA.1 Nå skal jeg nevne ulike helsetjenester i Norge, og for hver av dem vil jeg at du skal si om du er svært fornøyd, ganske fornøyd, verken fornøyd eller misfornøyd, ganske misfornøyd eller svært misfornøyd med [.....]**

INTERVJUER: VIS KORT 9.

Svært fornøyd  
Ganske fornøyd  
Verken fornøyd eller misfornøyd  
Ganske misfornøyd  
Svært misfornøyd

**Er du svært fornøyd, ganske fornøyd, verken fornøyd eller misfornøyd, ganske misfornøyd eller svært misfornøyd med...**

**Sykehustjenester** (omfatter også akuttavdelinger)  
**Tannlegetjenester** (også reguleringsstannlege)  
**Legespesialister eller kirurger**  
**Fastlege, annen allmennlege**  
**Omsorgstjenester i hjemmet**

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### ***Oppfølgingsspørsmål om helsetjenester***

*Da går vi tilbake til bolken om bruk av helsetjenester. Ta en titt på spørsmålene HC1-HC6. Synes du det var vanskelig eller enkelt å svare på disse spørsmålene? Hvordan synes du det er å huske akkurat når slike hendelser som har med helsa di å gjøre, fant sted?*

*Var det lett eller vanskelig å huske hvor mange dager det dreide seg om da du var innlagt? Ta en titt på spørsmål HC.6 igjen. Hva synes du om det spørsmålet? Synes du det var greit å svare på? Hvorfor var det ev ikke greit å svare på?*

*Husker du hvordan du tenkte da du fikk det? Tenkte du på noen spesielle situasjoner du har opplevd?*

*Har du opplevd å være i nettopp denne situasjonen, at en lege anbefaler deg behandling på sykehus, men at du ikke har fått det? Har du hørt om andre som har opplevd det?*

*Ta en titt på spørsmål HC.12 om besøk hos legespesialist. Hvilke hendelser tok du med når du svarte på dette spørsmålet? Var det noe ved spørsmålet som du synes var vanskelig å forstå? Hva synes du om svaralternativene her? Synes du de var for detaljerte eller for grove? Er det vanskelig eller enkelt å vite forskjell på en poliklinikk og en legevakt?*

*De to spørsmålene HC.16 og HC.17 om bruk av ulike helsetjenester – hva synes du om dem? Er det noen av disse tjenestene du synes er vanskeligere å huske antall besøk osv fra enn andre? Er det noen av gruppene som skiller seg ut på noe vis? Synes du det er noen av disse gruppene vi kunne ha slått i sammen?*

### ***Oppfølging om mammografi***

*Synes du denne bolken/dette spørsmålet var ubehagelig å svare på, eller var det uproblematisk?*

*Hvorfor er den ev ubehagelig å svare på?*

*Synes du det er vanskelig å huske når du sist var til mammografi? Hvordan kom du fram til svaret?*

*Hva synes du om inndelingen – er den lett å ”hekte seg på” og huske etter, eller vanskelig å bestemme?*

*Kan du tenke deg andre årsaker som ikke er nevnt på dette kortet? VIS KORT*

### **Oppfølging om medisinbruk**

*Gå tilbake til MD.1. Var det vanskelig eller lett å svare på?*

*Var det vanskelig å vite om hvilke medisiner osv du skulle ta med og hvilke du ikke skulle ta med?*

*Dersom jeg sa at du også skulle regne med kosttilskudd, som urtemedisin og vitaminer, og hormonpreparater, ville du da ha forandret svaret ditt?*

*Hva synes du det ville være naturlig å ta med?*

*Regner du kosttilskudd og vitaminer som medisiner eller som ”dagligvare”?*

*Vi spurte om ”siste to uker”. Var det noe du godt la merke til da vi sa det, eller tenkte du mer på det som er det vanlige for deg?*

*Ville det være lettere om vi spurte om siste uke eller siste måned, eller betyr ikke det noe for deg?*

*Er det lett eller vanskelig å forstå hva som ligger i spørsmålet om andre reseptbelagte medisiner?*

*Tar du noen, eller har du tatt noen, medisiner som du nå er usikker på om du skal regne med eller ikke i noen av spørsmåla? Hva slags medisiner er ev det?*

### **Oppfølging om tannhelsetjenester**

*Er det generelt vanskelig eller lett å huske når man var hos tannlegen sist?*

*Var det vanskelig å svare på de to siste spørsmåla om antall ganger og hvor mye penger som ble brukt?*

*Når det gjelder betaling – svarte du ut fra hva du selv hadde betalt, eller på vegne av husholdningen din?*

### **Oppfølging om tilfredshet med helsetjenestene**

*Hva synes du om dette spørsmålet? Var det lett eller vanskelig å svare på?*

*Hva synes du om skalaen? Er det for mange eller for få alternativer å velge mellom?*