



MINISTERIE VAN VOLKSGEZONDHEID
EN LEEFMILIEU



Health Interview Survey 1997
Self-administered questionnaire

RESPONDENT

N° of the respondent

First name :

INTERVIEWER

Name of the interviewer:

Code of the interviewer:

Date interview: / / 19

These questions have to be answered personally

Indicate your choice by marking the appropriate check box.

Make one choice per question, unless indicated otherwise.

Example

VR.01. How many times do you get up after 9 o'clock during the week?

- 1 Always
- 2 Sometime
- 3 Rarely
- 4 Never

Perceived health

PE.01. In general, would you say your health is:

- 0 1 Very good
- 0 2 Good
- 0 3 Fair (reasonable)
- 0 4 Bad
- 0 5 Very bad

PE.02. Compared to one year ago, how would you rate your health in general now?

- 0 1 Much better than last year
- 0 2 Somewhat better
- 0 3 About the same
- 0 4 Somewhat worse
- 0 5 Much worse

Health complaints

MO.01. Are you regularly bothered by coughing?	0 1 Yes	0 2 No
MO.02. Do you regurly suffer from palpitations?	0 1 Yes	0 2 No
MO.03. Is your stomach regularly upset?	0 1 Yes	0 2 No
MO.04. Do you often have sneezing fits?	0 1 Yes	0 2 No
MO.05. Is your nose often blocked?	0 1 Yes	0 2 No
MO.06. Do you often feel tight in the chest ?	0 1 Yes	0 2 No
MO.07. Do you often have a tingling feeling in the nose?	0 1 Yes	0 2 No
MO.08. Do you get to sleep easily and do you sleep well?	0 1 Yes	0 2 No
MO.09. Do your bones or muscles ever ache ?	0 1 Yes	0 2 No
MO.10. Are you often troubled by back-ache ?	0 1 Yes	0 2 No
MO.11. Do you often have pains in the chest or heart region ?	0 1 Yes	0 2 No
MO.12. Do you often feel tired ?	0 1 Yes	0 2 No
MO.13. Do you often have headaches?	0 1 Yes	0 2 No
MO.14. Do you often have stomach trouble?	0 1 Yes	0 2 No
MO.15. Do you often feel dizzy ?	0 1 Yes	0 2 No
MO.16. Do your arms and legs often go dead or get pins-and-needles ?	0 1 Yes	0 2 No
MO.17. Do you often get upset ?	0 1 Yes	0 2 No
MO.18. Do you often feel listless ?	0 1 Yes	0 2 No
MO.19. Are you rheumatic ?	0 1 Yes	0 2 No
MO.20. Do you regularly have pains in the stomach region ?	0 1 Yes	0 2 No
MO.21. Do you often feel nervous ?	0 1 Yes	0 2 No
MO.22. Do you get tired sooner than you would consider normal ?	0 1 Yes	0 2 No
MO.23. Are you often irritable?	0 1 Yes	0 2 No

MO.24. During the past 4 weeks, to what extend has your physical or emotional problems interfered with your normal social activities with family, friends, neighbours, or groups ?

- 0 1 Not at all
- 0 2 Slightly
- 0 3 Moderately
- 0 4 Quite a bit
- 0 5 Extremely

MO.25. How much bodily pain have you had during the past 4 weeks?

- 0 1 None
- 0 2 Very mild
- 0 3 Mild
- 0 4 Moderate
- 0 5 Severe
- 0 6 Very severe

MO.26. During the past 4 weeks, how much did pain interfere with your normal work (including both work outside the home and housework)?

- 0 1 Not at all
- 0 2 Slightly
- 0 3 Moderately
- 0 4 Quite a bit
- 0 5 Extremely

Consumption of tobacco

TA.01. Do you smoke?

- 0 1 Yes, every day
- 0 2 Yes, now and then
- 0 3 No – go to **TA.09. (at page 6)**

TA.02. How many cigarettes do you smoke on average per day?

- 0 1 Do not smoke cigarettes
- 0 2 Less than 20
- 0 3 20 or more

TA.03. How many cigars do you smoke on average per day?

- 0 1 Do not smoke cigars
- 0 2 Smoke on average cigars per day

TA.04. How much pipe tobacco do you smoke on average per week?

- 0 1 Do not smoke pipes
- 0 2 Smoke on average grammes per week

TA.05. Would you say you smoke less than two years ago?

- 0 1 Yes – go to **TA.07.**
- 0 2 No

TA.06. Would you say you smoke more than two year ago?

- 0 1 Yes
- 0 2 No

TA.07. Have you ever tried to stop smoking ?

- 0 1 Yes
- 0 2 No - go to **AL.01. (on page 7)**

TA.08. Have you ever tried to stop smoking?

(Multiple answers are possible)

- | | | | |
|----|---|---------|--------|
| 1. | Because you are/were sick | 0 1 Yes | 0 2 No |
| 2. | To improve your sports | 0 1 Yes | 0 2 No |
| 3. | Because you are/were pregnant | 0 1 Yes | 0 2 No |
| 4. | Because you feared the consequences of the use of tobacco for your health | 0 1 Yes | 0 2 No |
| 5. | Under influence of your environment | 0 1 Yes | 0 2 No |
| 6. | Because of financial reasons | 0 1 Yes | 0 2 No |
| 7. | For another reason : | 0 1 Yes | 0 2 No |
| | What reason ?..... | | |

After answering question **TA.08** - go to **AL.01. (on page 7)**

TA.09. Did you ever smoke?

- 0 1 Yes, every day
- 0 2 Yes, now and than
- 0 3 No - go to **AL.01. (on page 7)**

TA.10. When did you stop smoking?

- 0 1 Less than 2 years ago
- 0 2 Two years ago or longer

TA.11. Why did you stop smoking?)

(Multiple answers are possible).

- | | | | |
|----|---|---------|--------|
| 1. | Because you are/were sick | 0 1 Yes | 0 2 No |
| 2. | To improve your sports | 0 1 Yes | 0 2 No |
| 3. | Because you are/were pregnant | 0 1 Yes | 0 2 No |
| 4. | Because you feared the consequences of the use of tobacco for your health | 0 1 Yes | 0 2 No |
| 5. | Under influence of your environment | 0 1 Yes | 0 2 No |
| 6. | Because of financial reasons | 0 1 Yes | 0 2 No |
| 7. | For another reason : | 0 1 Yes | 0 2 No |
| | What reason?..... | | |

Consumption of alcoholic beverages

AL.01. Indicate on the following list which alcoholic beverages you drank during the last twelve months (even if you drank it only once)?

- | | | | |
|----|--|---------|--------|
| 1. | Beer (low alcohol level beer excluded) | 0 1 Yes | 0 2 No |
| 2. | Wine, sherry, porto, vermouth | 0 1 Yes | 0 2 No |
| 3. | Liquor, advocaat, kir | 0 1 Yes | 0 2 No |
| 4. | Gin, brandy, cognac, whisky, vodka | 0 1 Yes | 0 2 No |
| 5. | Long-drinks, cocktails | 0 1 Yes | 0 2 No |
| 6. | Drinks with a low percentage of alcohol (for example low alcohol level beer) | 0 1 Yes | 0 2 No |
| 7. | Other alcoholic beverages:
Which ?..... | 0 1 Yes | 0 2 No |

AL.02. During the last six months, have you ever had 6 or more glasses (possible different) alcoholic beverages in one day?

- 0 1 Yes
0 2 No - go to AL.04.

AL.03. During the last six months, how often have you had 6 or more (possible different) alcoholic beverages in one day?

- 0 1 Every day
0 2 5 to 6 times a week
0 3 3 to 4 times a week
0 4 1 to 2 times a week
0 5 1 to 3 times a month
0 6 3 to 5 times in six months
0 7 1 to 2 times in six months

AL.04. Do you usually drink alcoholic beverages during the days of the week (Monday till Thursday)

- 0 1 Yes
0 2 No – go to AL.08. (on page 8)

AL.05. During how many days of the week (Monday till Thursday) do you usually drink alcoholic beverages?

- 0 1 1 day
0 2 2 days
0 3 3 days
0 4 4 days

AL.06. How many glasses on average do you drink during weekdays (Monday till Thursday)?

- 0 1 1 glass
- 0 2 2 glasses
- 0 3 3 glasses
- 0 4 4 of 5 glasses
- 0 5 6 glasses
- 0 6 7 to 10 glasses
- 0 7 More than 10 glasses

AL.07. Which alcoholic beverage do you usually drink the most during weekdays (Monday till Thursday) ?

- 0 1 Beer (low alcohol level beer excluded)
- 0 2 Wine, sherry, porto, vermouth
- 0 3 Liquor, advocaat, kir
- 0 4 Gin, brandy, cognac, whisky, vodka
- 0 5 Long-drinks, cocktails
- 0 6 Drinks with a low percentage of alcohol (for example low alcohol level beer)
- 0 7 Other alcoholic beverages:
Which ?.....

AL.08. Do you usually drink alcoholic beverages during weekdays (Friday till Sunday)?

- 0 1 Yes
- 0 2 No – go to HI.01. (on page 10)

AL.09. During how many days of the weekend (Friday till Sunday) do you usually drink alcoholic beverages?

- 0 1 1 day
- 0 2 2 days
- 0 3 3 days

AL.10. How many glasses on average do you drink during the days of the weekend (Friday till Sunday)?

- 0 1 1 glass
- 0 2 2 glasses
- 0 3 3 glasses
- 0 4 4 of 5 glasses
- 0 5 6 glasses
- 0 6 7 to 10 glasses
- 0 7 More than 10 glasses

AL.11. Which alcoholic beverage do you usually drink the most during the days of the week-end(Monday till Thursday) ?

- 0 1 Beer (low alcohol level beer excluded)
 - 0 2 Wine, sherry, porto, vermouth
 - 0 3 Liquor, advocaat, kir
 - 0 4 Gin, brandy, cognac, whisky, vodka
 - 0 5 Long-drinks, cocktails
 - 0 6 Drinks with a low percentage of alcohol (for example low alcohol level beer)
 - 0 7 Other alcoholic beverages:
- What others?.....

AIDS

HI.01. Can one, according to your opinion, get contaminated with AIDS ... ?

	Yes	No	One says no, but I take care	Don't know
1. by sitting on a toilet seat	0 1	0 2	0 3	0 9
2. by drinking from some ones glass	0 1	0 2	0 3	0 9
3. by kissing some one on the mouth	0 1	0 2	0 3	0 9
4. by receiving blood in Belgium nowadays	0 1	0 2	0 3	0 9
5. by giving blood in Belgium nowadays	0 1	0 2	0 3	0 9

HI.02. Are the next methods safe to protect against AIDS?

	Complete safe	Rather safe	Rather un-safe	Totally not safe	Don't know
1. withdrawal before ejaculation	0 1	0 2	0 3	0 4	0 9
2. choose partnes who look healthy	0 1	0 2	0 3	0 4	0 9
3. use the (contraceptive) pill	0 1	0 2	0 3	0 4	0 9
4. wash one self after sexual inter-course	0 1	0 2	0 3	0 4	0 9

HI.03. Have you ever been tested for HIV ?

- 0 1 Yes, several times
- 0 2 Yes, once
- 0 3 No - go to **HI.07.**
- 0 9 Don't know - go to **HI.07.**

HI.04. When were you last tested for HIV ?

Month: Year : 19.....

HI.05. Who took the initiative for this HIV-test ?

- 0 1 Own initiative
- 0 2 My physician
- 0 3 Someone else :
Who ?

HI.06. Why were you tested for HIV ?

- 0 1 Because of physical complaints
- 0 2 Because I wanted to get pregnant
- 0 3 In the context of a prenatal follow-up
- 0 4 In a context of a global physical check-up
- 0 5 Because I had to undergo surgery
- 0 6 Because I was worried I could have been infected with the AIDS-virus
 - 0 A After sexual intercourse
 - 0 B For other reason
 Which ?
- 0 7 For administrative reasons (insurance, employment, visa, ...)
- 0 8 Because I started a new relation or I was planning to get married
- 0 9 Other reason
 - Which ?

HI.07. Would you accept to... ?

	Yes	Yes, but I would be scared	No (I would be too scared)	Don't know
1. to work or study with a HIV-infected person	0 1	0 2	0 3	0 9
2. to let your children pay in the company of a HIV-infected person (nanny, other HIV-infected children)?	0 1	0 2	0 3	0 9

HI.08. Do you agree that... ?

	I agree completely	I rather agree	I rather not agree	I disagree completely	Don't know
1. an employer must fire a AIDS-infected person	0 1	0 2	0 3	0 4	0 9
2. I must be informed in case one of my colleagues is HIV-positive, even without his permission	0 1	0 2	0 3	0 4	0 9
3. persons who know they are HIV-positive and have unsafe sex without telling their partner should be brought before court	0 1	0 2	0 3	0 4	0 9

Nutrition

NU.01. For the moment, do you try to slim, to gain weight or to keep your weight stable? Or doesn't it bother you?

- 0₁ I try to slim
- 0₂ I try to keep my weight stable
- 0₃ I try to gain weight – go to **ON.01. (on page 13)**
- 0₄ I don't bother about my weight - go to **ON.01. (on page 13)**

NU.02. For the moment, what do you do to slim or to keep your weight stable ? (Multiple answers are possible)

- | | | |
|---|--------------------|-------------------|
| 1. I take care about the food I eat | 0 ₁ Yes | 0 ₂ No |
| 2. I eat less calories | 0 ₁ Yes | 0 ₂ No |
| 3. I pay more attention to my food | 0 ₁ Yes | 0 ₂ No |
| 4. I move more | 0 ₁ Yes | 0 ₂ No |
| 5. I skip meals | 0 ₁ Yes | 0 ₂ No |
| 6. I fast 24 hours or longer | 0 ₁ Yes | 0 ₂ No |
| 7. I use diet products | 0 ₁ Yes | 0 ₂ No |
| 8. I use slimming products | 0 ₁ Yes | 0 ₂ No |
| 9. I use laxatives | 0 ₁ Yes | 0 ₂ No |
| 10. I take part in group sessions (for example Weight Watchers) | 0 ₁ Yes | 0 ₂ No |
| 11. Something else:
What ? | 0 ₁ Yes | 0 ₂ No |

NU.03. Who advised you to do something about your weight?

- | | | |
|--|--------------------|-------------------|
| 1. General practitioner | 0 ₁ Yes | 0 ₂ No |
| 2. Specialist | 0 ₁ Yes | 0 ₂ No |
| 3. Dietician | 0 ₁ Yes | 0 ₂ No |
| 4. Own initiative | 0 ₁ Yes | 0 ₂ No |
| 5. On advice of someone else:
Who ? | 0 ₁ Yes | 0 ₂ No |

Accidents

ON.01. During the last two months, did you have one or more accidents (for which you had to stop your daily activities for at least one day)?

- 0 1 Yes
- 0 2 No - go to **ON.03.**
- 0 9 Don't know - go to **ON.03.**

ON.02. Were (was) these (this) accident(s)...
(More than one answer possible)

- 0 1 A labour accident or an accident at school
- 0 2 A traffic accident
- 0 3 A sports accident
- 0 4 A domestic accident
- 0 5 Another kind of accident
Which ?

ON.03. Do you wear your safety belt when you're in the front of a car (as driver or passenger)?

- 0 1 Always
- 0 2 Sometimes
- 0 3 Never
- 0 4 Not applicable (never sit in the front of a car)

ON.04. Do you wear your safety belt when you're in the back of a car?

- 0 1 Always
- 0 2 Sometimes
- 0 3 Never, although safety belts are available in the back of the car
- 0 4 Never, for there are no safety belts available in the back of the car
- 0 5 Not applicable (never sit in the back of a car, never use a car, ...)

ON.05. What is the legally permitted alcohol level in the blood for a driver of a vehicle?

..... gr/l. (promille)

General Health

Now we're going to ask you some questions about your current general health and your health of the past weeks

WB.01. Have you recently lost much sleep over worry?

- 0 1 Not at all
- 0 2 No more than usual
- 0 3 Rather more than usual
- 0 4 Much more than usual

WB.02. Have you recently felt constantly under strain?

- 0 1 Not at all
- 0 2 No more than usual
- 0 3 Rather more than usual
- 0 4 Much more than usual

WB.03. Have you recently been able to concentrate on whatever you're doing?

- 0 1 Better than usual
- 0 2 Same as usual
- 0 3 Less than usual
- 0 4 Much less than usual

WB.04. Have you recently felt you were playing a useful part in things?

- 0 1 More so than usual
- 0 2 Same as usual
- 0 3 Less useful than usual
- 0 4 Much less useful

WB.05. Have you recently been able to face up to your problems?

- 0 1 More so than usual
- 0 2 Same as usual
- 0 3 Less able than usual
- 0 4 Much less able

WB.06. Have you recently felt capable of making decisions about things?

- 0 1 More so than usual
- 0 2 Same as usual
- 0 3 Less so than usual
- 0 4 Much less capable

WB.07. Have you recently felt you couldn't overcome your difficulties?

- 0 1 Not at all
- 0 2 No more than usual
- 0 3 Rather more than usual
- 0 4 Much more than usual

WB.08. Have you recently been feeling reasonably happy, all things considered?

- 0 1 More happy than usual
- 0 2 About same as usual
- 0 3 Less happy than usual
- 0 4 Much less happy than usual

WB.09. Have you recently been able to enjoy your normal day-to-day activities

- 0 1 More so than usual
- 0 2 Same as usual
- 0 3 Less so than usual
- 0 4 Much less than usual

WB.10. Have you recently been feeling unhappy and depressed?

- 0 1 Not at all
- 0 2 Same as usual
- 0 3 Less so than usual
- 0 4 Much less than usual

WB.11. Have you recently been losing confidence in yourself?

- 0 1 Not at all
- 0 2 No more than usual
- 0 3 Rather more than usual
- 0 4 Much more than usual

WB.12. Have you recently been thinking of yourself as a worthless person?

- 0 1 Not at all
- 0 2 No more than usual
- 0 3 Rather more than usual
- 0 4 Much more than usual

WB.13. During the past 4 weeks, how many times has your physical health or emotional problems interfered with your social activities (like visiting with friend or relatives)?

- 0 1 Always
- 0 2 Most of the time
- 0 3 Sometimes
- 0 4 A little of the time
- 0 5 Never

Social contacts

SO.01. How would you judge your social contacts?

- 0 1 Very satisfying
- 0 2 Rather satisfying
- 0 3 Rather unsatisfying
- 0 4 Really unsatisfying

SO.02. In general, how many times do you have contact with relatives, children, friends, ...?

- 0 1 More than once a week
- 0 2 Once a week
- 0 3 At least once a month
- 0 4 More or less once a year
- 0 5 Never

SO.03. In case of unexpected need for help, can you count on neighbours, friends or relatives?

- 0 1 Yes
- 0 2 No

SO.04. Is there someone amongst your relatives or family you can rely on, to whom you can speak freely about your problems ?

- 0 1 Yes
- 0 2 No

SO.05. In case you have a problem, can you rely on relatives or familie to help you?

- 0 1 Yes
- 0 2 No

SO.06. Do you consider yourself as:

- 0 1 Unbelieving
- 0 2 Liberal
- 0 3 Protestant
- 0 4 Catholic
- 0 5 Christian – not catholic
- 0 6 Jewish
- 0 7 Moslem
- 0 8 Other:
How ?
- 0 9 Do not know

Prevention

Blood Pressure

SC.01. Have you ever been checked for high blood pressure?

- 0 1 Yes
- 0 2 No - go to **SC.04.**
- 0 9 Don't know – go to **SC.04**

SC.02. When has your blood pressure last been checked ?

- 0 1 Less than one year ago
- 0 2 One to two years ago
- 0 3 Two to five years ago
- 0 4 More than five years ago
- 0 9 Don't know

SC.03. When checking your blood pressure, have you ever been told that you had a high blood pressure ?

- 0 1 Yes
- 0 2 No
- 0 9 Don't know

Cholesterol

SC.04. Have you ever been checked for blood cholesterol?

- 0 1 Yes
- 0 2 No –for **female** respondents – go to **SC.07. (on page 18)**
For **male** respondents – go to **SU.01. (on page 20)**
- 0 9 Don't know – For **female** respondents – go to **SC.07.(on page 18)**
-For **male** respondents – go to **SU.01. (on page 20)**

SC.05. When was your blood cholesterol last measured?

- 0 1 Less than one year ago
- 0 2 One to two years ago
- 0 3 Two to five years ago
- 0 4 More than five years ago
- 0 9 Don't know

SC.06. When measuring your blood cholesterol, has one ever told you that it was too high?

- 0 1 Yes
- 0 2 No
- 0 9 Don't know

For **male** respondents – go to **SU.01. (on page 20)**

Only for women

SC.07. Have you ever had mammography (radiographic photo of the breasts) ?

- 0 1 Yes
- 0 2 No – go to **SC.10.**
- 0 9 Don't know – go to **SC.10.**

SC.08. Delay since last mammography ?

- 0 1 Less than one year ago
- 0 2 One to two years ago
- 0 3 Two years ago or more
- 0 9 Don't know

SC.09 What was the reason for the mammographic screening ?

- 0 1 Following an invitation letter
- 0 2 You noticed an anomaly in your breast yourself (e.g. a tubercle)
- 0 3 Your physician noticed an anomaly in your breast during an examination
- 0 4 After advice of physician, without there being a complaint or anomaly
- 0 5 After advice of your gynecologist without there being a complaint or anomaly
- 0 6 Other reason :
Which ?

SC.10. Did you ever have a physical examination of your breasts? (no mammography)

- 0 1 Yes
- 0 2 No – go to **SC.12.**
- 0 9 Don't know – go to **SC.12.**

SC.11. When did you last have your breasts examined by a physician?

- 0 1 Less than one year ago
- 0 2 One to two years ago
- 0 3 Two years ago or more
- 0 9 Don't know

SC.12. Did you ever make breast self-examination ?

- 0 1 Yes
- 0 2 No – go to **SC.14.**

SC.13. How long ago did you examine your breasts yourself ?

- 0 1 Less than one month ago
- 0 2 One month ago or longer, but less than one year
- 0 3 A year ago or longer
- 0 9 Don't know

SC.14. Have you ever had a cervix cancer screening ?

- 0 1 Yes
- 0 2 No – go to **SC.16.**
- 0 9 Don't know – go to **SC.16.**

SC.15. When did you last have a cervix cancer screening ?

- 0 1 Less than one year ago
- 0 2 One to three years ago
- 0 3 Three or more years ago
- 0 9 Don't know

SC.16. Did you, in the last three years, receive an invitation letter advising you to have a cervix cancer screening ?

- 0 1 Yes
- 0 2 No – go to **SU.01. (on page 20)**
- 0 9 Don't know – go to **SU.01. (on page 20)**

SC.17. Following this letter, did you have a cervix cancer screening ?

- 0 1 Yes – go to **SU.01. (on page 20)**
- 0 2 No

SC.18. Why did you not get a cervix cancer screening following this invitation letter ?

- 0 1 Because I had a screening short before already
- 0 2 Because I did not have the time
- 0 3 Because such examination costs too much
- 0 4 Because I no longer have a womb
- 0 5 For other medical reasons
- 0 9 Don't know

To end we'd like to ask you a few questions on the questionnaire

SU.01. Did you find the questions difficult to answer?

- 0 1 Very difficult
- 0 2 Rather difficult
- 0 3 Not difficult, not easy
- 0 4 Rather easy
- 0 5 Very easy

SU.02. Did you find the questions too personal or intimate?

- 0 1 Yes
- 0 2 No

SU.03 How much time did you need to fill in the questionnaire

..... minutes

SU.04 Did you find this part of the interview too long?

- 0 1 Yes
- 0 2 No

THANK YOU FOR YOUR COOPERATION

Additional Information

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