

How to complete this questionnaire:

The questions have to be answered personally.

Read the question as well as all response categories attentively, before giving an answer.

Mark one response choice per question, unless suggested otherwise.

Here you see 2 different examples that explain how you should complete the questions.

Example 1: For this kind of questions, encircle the figures that correspond with your answers.

EX.01. How often do you use the following modes of transportation?

		<i>Encircle the figure that corresponds with your answer.</i>			
		Never	Sometimes	Often	Every day
01.	Train	①	2	3	4
02.	Metro	1	2	3	④
03.	Bus	1	②	3	4

Example 2: For this kind of questions, cross the response of your choice.

EX.02. Did you ever take a plane?

- 1 Yes, more than once
- 2 Yes, once
- 3 No, never → **Go to question SH.01.**

In some cases, like in example 2, next to your answer the indication is mentioned to “jump” a few questions in order to go directly to a question that is applicable for you. These “jumps” are indicated after a response with the mention “**Go to question...**” and the reference number of the question. If no jumps are mentioned, just pass to the following question.

If you don't understand a question or you have problems to answer a question, please ask the interviewer for help or clarification.

Perceived health

SH.01. How is your health in general? Is it ...

- 1 Very good
2 Good
3 Fair
4 Bad
5 Very bad

SH.02. Do you suffer have any longstanding illness or longstanding health problem?

- 1 Yes
2 No

SH.03. 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 ...

- 1 Yes, strongly limited
2 Yes limited
3 No, not limited

Symptom list

SL.01. How much have the following problems distressed you during the past week, including today.

<i>Circle the number that fits your answer most closely</i>		Not at all	A little bit	Moderately	Quite a bit	Extremely
01.	Headaches	1	2	3	4	5
02.	Faintness or dizziness	1	2	3	4	5
03.	Pains in heart or chest	1	2	3	4	5
04.	Pains in lower back	1	2	3	4	5
05.	Nausea or upset stomach	1	2	3	4	5
06.	Soreness of your muscles	1	2	3	4	5
07.	Trouble getting your breath	1	2	3	4	5
08.	Hot or cold spells	1	2	3	4	5
09.	Numbness or tingling in parts of your body	1	2	3	4	5
10.	Lump in your throat	1	2	3	4	5
11.	Feeling weak in parts of your body	1	2	3	4	5
12.	Heavy feelings in your arms or legs	1	2	3	4	5
13.	Nervousness or shakiness inside	1	2	3	4	5
14.	Repeated unpleasant thoughts that won't leave your mind	1	2	3	4	5
15.	Loss of sexual interest or pleasure	1	2	3	4	5
16.	Feeling low in energy or slowed down	1	2	3	4	5
17.	Thoughts of ending your life	1	2	3	4	5
18.	Trembling	1	2	3	4	5
19.	Poor appetite	1	2	3	4	5

Symptom list (continuation)

SL.01. How much have the following problems distressed you during the past week, including today.

<i>Circle the number that fits your answer most closely</i>		Not at all	A little bit	Moderately	Quite a bit	Extremely
20.	Crying easily	1	2	3	4	5
21.	Feelings of being trapped or caught	1	2	3	4	5
22.	Suddenly scared for no reason	1	2	3	4	5
23.	Blaming yourself for things	1	2	3	4	5
24.	Feeling lonely	1	2	3	4	5
25.	Feeling blue	1	2	3	4	5
26.	Worrying too much about things	1	2	3	4	5
27.	Feeling no interest in things	1	2	3	4	5
28.	Feeling fearful	1	2	3	4	5
29.	Heart pounding or racing	1	2	3	4	5
30.	Trouble falling asleep	1	2	3	4	5
31.	Your mind going blank	1	2	3	4	5
32.	Feeling hopeless about the future	1	2	3	4	5
33.	Feeling tense or keyed up	1	2	3	4	5
34.	Thoughts of death or dying	1	2	3	4	5
35.	Awakening in the early morning	1	2	3	4	5
36.	Sleep that is restless or disturbed	1	2	3	4	5

Symptom list (continuation)

SL.01. How much have the following problems distressed you during the past week, including today.

<i>Circle the number that fits your answer most closely</i>		Not at all	A little bit	Moderately	Quite a bit	Extremely
37.	Feeling everything is an effort	1	2	3	4	5
38.	Spells of terror or panic	1	2	3	4	5
39.	Feeling so restless you couldn't sit still	1	2	3	4	5
40.	Feelings of worthlessness	1	2	3	4	5
41.	The feeling that something bad is going to happen to you	1	2	3	4	5
42.	Thoughts and images of a frightening nature	1	2	3	4	5

Knowledge and attitude towards AIDS

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

<i>Circle the number that fits your answer most closely</i>		Yes	No	One says no but I take care	I don't know
01.	by kissing some one on the mouth?	1	2	3	9
02.	from mosquito bites?	1	2	3	9
03.	by eating a meal prepared by someone with AIDS or who is HIV positive?	1	2	3	9
04.	by giving blood in Belgium nowadays. That means, can the donor get contaminated by giving blood	1	2	3	9

HI.02. Are the next methods safe to protect against HIV (the AIDS virus)?

<i>Circle the number that fits your answer most closely</i>		Completely safe	Rather safe	Rather unsafe	Totally unsafe	I don't know
01.	Choose partners who look healthy	1	2	3	4	9
02.	Withdrawal before ejaculation	1	2	3	4	9
03.	Abstaining from having penetrative sex	1	2	3	4	9
04.	Using a condom for each sexual relation with penetration	1	2	3	4	9
05.	Having sex with only one faithful, uninfected partner	1	2	3	4	9

HI.03. Have you ever been tested for HIV (the AIDS virus)?

- 1 No, never —————→ **Go to question HI.05**
- 2 Yes, more than one year ago —————→ **Go to question HI.05**
- 3 Yes, more than 3 months ago, but less than 1 year ago
- 4 Yes, more than 1 week ago, but less than 3 months ago
- 5 Yes, less than 1 week ago
- 9 I don't know

HI.04. We don't want to know the results, but have you been told the results of this test or have you received them?

- 1 Yes
- 2 No

HI.05. Do you agree that....

<i>Circle the number that fits your answer most closely</i>		I agree completely	I rather agree	I rather disagree	I disagree completely	I don't know
01.	An employer must be able to fire a AIDS-infected person because of his/her infection/disease	1	2	3	4	9
02.	I must be informed in case one of my colleagues is infected by the AIDS virus, even without his/her permission	1	2	3	4	9

Social contacts

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

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

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

- 1 At least once a week
- 2 At least once a month
- 3 At least 3 or 4 times a year
- 4 At least once a year
- 5 Never

SO.03. How often did you take part in meetings or activities sponsored by organizations or associations such as a youth movement, sports club, recreational group (to play cards ...) parents' association, self-help group,... in the past 12 months?

- 1 At least once a week
- 2 At least once a month
- 3 At least 3 or 4 times a year
- 4 At least once a year
- 5 Never

SO.04. How many people are so close to you that you can count on them if you have serious personal problems?

- 1 None
2 1 or 2
3 3 - 5
4 6 or more

SO.05. How much concern do people show in what you are doing?

- 1 A lot of concern and interest
2 Some concern and interest
3 Uncertain
4 Little concern and interest
5 No concern and interest

SO.06. How easy is it to get practical help from neighbours if you should need it?

- 1 Very easy
2 Easy
3 Possible
4 Difficult
5 Very difficult

TOBACCO

TA.01. Have you ever smoked at least 100 cigarettes (about 5 packets) or the equivalent amount of tobacco in your lifetime?

- 1 Yes
- 2 No → **Go to question TA.05.**

TA.02. How old were you when you started smoking regularly?

		Years old
--	--	-----------

- 99 I have never smoked regularly

TA.03. Have you ever smoked (cigarettes, cigars, pipes...) daily or almost daily, for at least one year?

- 1 Yes
- 2 No → **Go to question TA.05.**

TA.04. 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 (If it is less than a year, write "0")
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TA.05. Do you smoke at all nowadays?

- 1 Yes, daily → **Continue with question TA.06.**
- 2 Yes, occasionally
- 3 Not at all



- - If you have ever **SMOKED DAILY IN THE PAST**, go to question TA.11 page 15.
- - If you have **NEVER SMOKED DAILY IN THE PAST**, jump to question TA.13 page 16.

Questions for <i>CURRENT</i> daily smokers:
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TA.06. On average, how many cigarettes, cigars, pipefuls,... do you smoke each day?

(More than 1 answer possible)

01. Manufactured cigarettes (in packs)
02. Hand-rolled cigarettes (without filter)
03. Self-stuffed cigarettes (with filter)
04. Cigars/cigarillos
05. Pipefuls of tobacco
06. Hookah, nargileh, water pipes (number of sittings)
07. Other, **specify** _____

TA.07. When do you smoke your first cigarette, cigar, pipe,... after waking?

- 1 Within 5 minutes
- 2 Within 6 to 30 minutes
- 3 Within 31 to 60 minutes
- 4 After 60 minutes

TA.08. Have you ever tried to stop smoking (quit for at least 24h)?

- 1 Yes, several times
- 2 Yes, once
- 3 No —————> **Go to question TA.13**

TA.09. For what reasons did you want to stop?

(More than 1 answer possible)

01. 1 Because of a disease you had
02. 1 To improve your sport performance
03. 1 Because of pregnancy / birth of a child
04. 1 Because afraid of the consequences of tobacco for health
05. 1 Through the influence of relationship
06. 1 For financial reasons (price of tobacco))
07. 1 Because smoking is socially less acceptable
08. 1 Through the influence of anti-tobacco campaigns
09. 1 Other reasons, **which:** _____

TA.10. On your last visit to the general practitioner, did he/she tackle the question of tobacco use?

1 Yes, on your own initiative

2 Yes, on his/her initiative

3 No

} **Daily smokers: go to question TA.13.**

Questions for ex-daily smokers

TA.11. How long is it since you've stopped smoking (daily)?

1 Less than 1 month ago

2 1 month ago or longer, but less than 6 months ago

3 6 months ago or longer, but less than 1 year ago

4 1 year ago or longer, but less than 2 years ago

5 2 years ago or longer.

TA.12. What were the reasons you stopped smoking (daily)?

(More than 1 answer possible)

01. 1 Because of a disease you had

02. 1 To improve your sport performance

03. 1 Because of pregnancy / birth of a child

04. 1 Because afraid of the consequences of tobacco for health

05. 1 Through the influence of relationships

06. 1 For financial reasons (price of tobacco)

07. 1 Because smoking is socially less acceptable

08. 1 Through the influence of anti-tobacco campaigns

09. 1 Other reasons, **which:** _____

All respondents: exposure to tobacco smoke.**TA.13. How often are you exposed to tobacco smoke indoors at home?**

- 1 Never or almost never
- 2 Less than 1 hour per day
- 3 1-5 hours a day
- 4 More than 5 hours a day

TA.14. How often are you exposed to tobacco smoke indoors at your workplace?

- 1 Never or almost never
- 2 Less than 1 hour per day
- 3 1-5 hours a day
- 4 More than 5 hours a day
- 5 Not relevant (don't work or don't work indoors)

TA.15. 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)?

- 1 Never or almost never
- 2 Less than 1 hour per day
- 3 1-5 hours a day
- 4 More than 5 hours a day

Consumption of other products

ID.01. Have you ever taken cannabis (hashish or marijuana)?

- 1 Yes
- 2 No **—————> Go to question ID.06.**
-

ID.02. At what age did you take cannabis (hashish or marijuana) for the first time?

		Years
--	--	-------

ID.03. During the last 12 months, have you taken cannabis (hashish or marijuana)?

- 1 Yes
- 2 No **—————> Go to question ID.06.**
-

ID.04. During the last 30 days, have you taken cannabis (hashish or marijuana)?

- 1 Yes
- 2 No **—————> Go to question ID.06.**
-

ID.05. During the last 30 days, on how many days did you take cannabis (hashish or marijuana)?

- 1 20 days or more
- 2 10-19 days
- 3 4-9 days
- 4 1-3 days
-

ID.06. Have you ever taken cocaine, amphetamines, ecstasy or other similar substances?

- 1 Yes
- 2 No **—————> Go to question AL.01.**
-

ID.07. Which substances did you take in the past 12 months?

(more than one answer possible)

01. 1 None
02. 1 Cocaine
03. 1 Amphetamines
04. 1 Ecstasy (XTC)
05. 1 LSD
06. 1 Heroine
07. 1 Methadone
08. 1 Buprenorphine (SUBUTEX®)
09. 1 Others, **which** : _____

Consumption of alcoholic beverages

AL.01. During the past 12 months, how often have you had alcoholic drinks of any kind (beer, wine, spirits, liqueurs or other alcoholic beverages)?

- 1 Never → **Go to question TR.01.**
- 2 Monthly or less → **Go to question AL.04**
- 3 2 to 4 times a month
- 4 2 to 3 times a week
- 5 4 or 6 times a week
- 6 Every day

AL.02. How many drinks containing alcohol do you have each day in a typical week?



Start with Monday and take one day at a time. Indicate the number of glasses per alcoholic beverage and per day.

NB: A bottle of wine contains about 6 wineglasses of 12cl. A bottle of spirits (70cl) contains about 23 glasses of 3cl

		glasses of beer pils, Palm®, Blanche, fruit beers ...	glasses of strong beer Leffe®, Duvel®, Trappistes, ...	glasses of wine rosé white, red, mousseux, champagne, ...	glasses of aperitif Sherry, porto, vermouth, martini pineau,...	glasses of liquor fruit or herbal liquors, creams, schnapps, bitter, anis	glasses of spirits Gin, vodka, cognac, whisky, rhum, genièvre,	glasses of cocktails Punch, long drinks, breezers, Alco pops, premix,...
		± 25cl	± 33cl	± 12cl	± 6cl	± 3cl	± 3cl	
01.	Monday							
02.	Tuesday							
03.	Wednesday							
04.	Thursday							
05.	Friday							
06.	Saturday							
07.	Sunday							

AL.03. During the past 12 months, how often did you have 6 or more drinks on one occasion?

- 1 Never
2 Less than monthly
3 Monthly
4 Weekly
5 Daily or almost daily

AL.04. Not counting small sips, how old were you when you started drinking alcoholic beverages?

Years old

AL.05. Have you ever felt the need to cut down on your drinking?

- 1 Yes
2 No

AL.06. Have you ever felt annoyed by criticism of your drinking?

- 1 Yes
2 No

AL.07. Have you ever felt guilty about drinking?

- 1 Yes
2 No

AL.08. Did you ever take a morning eye opener?

- 1 Yes
2 No

Trauma: violence

TR.01. 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?

- 1 Severely exposed
- 2 Somewhat exposed
- 3 Not exposed
- 9 Don't know
- 0 I prefer not to answer this question

TR.02. In the past 12 months, have you been a victim of verbal/psychological violence (insult, threats, harassment) or physical violence (hit, sexual assault) or burglary, robbery, hold-up?

- 1 Yes
- 2 No → **Go to question WB.01.**

TR.03. What type of violence did you personally experience in the past 12 months, and where did it take place?

(More than one answer possible)

Encircle the appropriate numbers in function of the type of violence experienced and where it took place

		At home	At work/school	Elsewhere
01.	Burglary, hold-up, racketeering	1	2	3
02.	Verbal or psychological violence, such as an insult, a humiliation, a threat, deprivation of freedom, blackmail, sexual or racist comments/harassment,...	1	2	3
03.	Physical violence, such as being pushed, hit/cut, sexual assaulted	1	2	3
04.	Other, Specify _____	1	2	3

Emotional well-being



How have you been feeling the ***last few weeks***?

Please report your ***current*** problems, not those you might have had in the past.

Have you recently:

WB.01. Been able to concentrate on whatever you're doing?

- 1 Better than usual
 - 2 Same as usual
 - 3 Less than usual
 - 4 Less than usual
-

WB.02. Lost much sleep over worry?

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

WB.03. Felt that you are playing a useful part in things?

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

WB.04. Felt capable of making decisions about things?

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

WB.05. Felt constantly under strain?

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

Have you recently :

WB.06. Felt you couldn't overcome your difficulties?

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

WB.07. Been able to enjoy your normal day-to-day activities?

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

WB.08. Been able to face up to your problems?

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

WB.09. Been feeling unhappy and depressed?

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

WB.10. Been loosing confidence in yourself?

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

Have you recently ,**WB.11. Been thinking of yourself as a worthless person?**

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

WB.12. Been feeling reasonably happy, all things considered?

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



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 comes closest to the way you have been feeling.

WB.13. How much during the past 4 weeks...

Circle the number that fits your answer most closely

		All of the time	Most of the time	Some of the time	A little of the time	None of the time
01.	did you feel full of life?	1	2	3	4	5
02.	did you have a lot of energy?	1	2	3	4	5
03.	did you feel worn out?	1	2	3	4	5
04.	did you feel tired?	1	2	3	4	5



The next questions are about suicide.

Suicide is sometimes considered as the only issue to one's problems.....

SL.02. Have you ever *seriously* thought of ending your life?

- 1 Yes several times
- 2 Yes once
- 3 No never **—————→ Go to question SL.04.**

SL.03. Did you have such thoughts in the past 12 months?

- 1 Yes
- 2 No

SL.04. Have you ever attempted to commit suicide?

- 1 Yes several times
- 2 Yes once
- 3 No never **—————→ Go to question PR.01.**

SL.05. Did you make a suicide attempt in the past 12 months?

- 1 Yes
- 2 No
- 3 I don't know

Medical prevention of cardiovascular diseases

Now I would like to ask you some questions about your blood cholesterol

PR.01. Has your blood cholesterol ever been measured?

- 1 Yes
- 2 No → *Go to question PR.05.*
- 9 I don't know → *Go to question PR.05.*
-

PR.02. When was the last time that your blood cholesterol was measured?

- 1 Within the past 12 months
- 2 1 year ago or more but less than 2
- 3 2 years ago or more but less than 3 years
- 4 3 years ago or more but less than 5 years
- 5 More than 5 years ago
- 9 I don't know
-

PR.03. When measuring your blood cholesterol, have you ever been told that you had high blood cholesterol ?

- 1 Yes
- 2 No → *Go to question PR.05.*
- 9 I don't know → *Go to question PR.05.*
-

PR.04. Because your cholesterol was too high, did a doctor advise you then to ...

(more than 1 answer possible)

01. 1 take drugs
02. 1 lose weight?
03. 1 adapt your nutritional habits
04. 1 increase physical activity
- 9 I don't know

Now I would like to ask you some questions about your blood sugar (glycaemia).

PR.05. Has your blood sugar ever been measured?1 Yes2 No → **Go to question PA.01.**9 I don't know → **Go to question PA.01.**

PR.06. When was the last time that your blood sugar was measured?1 Within the past 12 months2 1 year ago or more but less than 2 years3 2 years ago or more but less than 3 years4 3 years ago or more but less than 5 years5 More than 5 years ago9 I don't know

Physical activity

Please think about the physical 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.

Vigorous physical efforts



Vigorous physical activities refer to activities that take hard physical effort and make you breathe much harder than normal.

PA.01. During the last 7 days, on how many days did you do vigorous physical activities like heavy lifting, digging, aerobics, or fast bicycling?

dag(en) per
week



In case your answer is "0 days", go to PA03

PA.02. How much time did you usually spend doing vigorous physical activities on one of those days?

hours

minutes per day

⁹⁹ I don't know

Moderate physical efforts

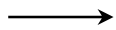


Moderate activities refer to activities that take moderate physical effort and make you breathe somewhat harder than normal.

PA.03. During the last 7 days, on how many days did you do moderate physical activities like carrying light loads, bicycling at a regular pace, or doubles tennis?

!!! Do not include walking!!

days per
week



In case your answer is "0 days", go to PA.05

PA.04. How much time did you usually spend doing moderate physical activities on one of those days?

Hours
per day

Minutes per day

⁹⁹ I don't know

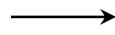
Walking



Think about the time you spent **walking** 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

PA.05. During the last 7 days, on how many days did you walk for at least 10 minutes at a time?

Days per week



In case your answer is "0 days", go to PA08

PA.06. How much time did you usually spend walking on one of those days?

hours per day

minutes per day

⁹⁹ I don't know

PA.07 At what pace did you usually walk? Did you walk at:

1 a vigorous pace that makes you breathe much harder than normal

2 a moderate pace that makes you breathe somewhat harder than normal

3 a slower pace where there is no change in your breathing

9 I don't know

Leisure time physical activities

The two following questions are only dealing with your leisure time physical activities.

PA.08. What describes best your leisure time activities during the last year?

- 1 Hard training and competitive sport more than once a week
- 2 Jogging and other recreational sports or gardening, at least 4 hours per week
- 3 Jogging and other recreational sports or gardening, at the most 4 hours per week
- 4 Walking, bicycling or other light activities at least 4 hours a week
- 5 Walking, bicycling or other light activities at the most 4 hours a week
- 6 Reading, watching TV or other sedentary activities
- 9 don't know

PA.09.

At least once a week do you engage in any regular activity such as jogging, cycling, ... etc. long enough to work up sweat?

- 1 Yes → ... *If yes,* Days per week...
specify
- 2 No
- 9 I don't know

Attitudes towards the end of life

The following questions concern your attitudes, preferences, and choices you would make if you were confronted with a life-threatening disease.

EL.01. If you were to be confronted with a life-threatening disease, would you like your physician to inform you about the following subjects?

<i>Encircle the figures that correspond to your answers.</i>		Yes, in principle always	Yes, only when I ask for it	No	Don't know
01.	Diagnosis (meaning: the name and characteristics of the disease)	1	2	3	9
02.	Incurability of the disease	1	2	3	9
03.	Life expectancy with the disease	1	2	3	9
04.	The different treatment options, their side effects, and the expected results (aim) of each treatment .	1	2	3	9
05.	Palliative care options (= options for comfort care providing relief to people whose disease cannot be cured)	1	2	3	9
06.	Options to hasten the end of my life or to shorten my life	1	2	3	9

EL.02. If you were to be confronted with a life-threatening disease, would you want your physician to inform your relatives (or other people important to you) about the following subjects?

<i>Encircle the figures that correspond to your answers.</i>		Yes, in principle always	Yes, only when I ask for it	No	Don't know
01.	Diagnosis (meaning: the name and characteristics of the disease)	1	2	3	9
02.	Incurability of the disease	1	2	3	9
03.	Life expectancy with the disease	1	2	3	9
04.	The different treatment options, their side effects, and the expected results (aim) of each treatment .	1	2	3	9
05.	Palliative care options (= options for comfort care providing relief to people whose disease cannot be cured)	1	2	3	9
06.	Options to hasten the end of my life or to shorten my life	1	2	3	9

EL.03. If you were to be confronted with a life-threatening disease, do you think that during the last weeks of life you would prefer:

- 1 to extend life as much as possible, even if it would mean more pain and discomfort
- 2 to relieve pain and discomfort as much as possible, even if that would mean not living as long
- 9 I don't know

EL.04. If you were to be confronted with a life-threatening disease, can you imagine asking your physician to...

<i>Encircle the figures that correspond to your answers.</i>		Yes	Probably yes	Perhaps yes / perhaps not	Probably not	No
01.	let you die as naturally as possible, without any artificial interventions (e.g. resuscitation, breathing machines, feeding tube)	1	2	3	4	5
02.	actively hasten your death by administering or prescribing a lethal drug	1	2	3	4	5
03.	administer drugs that keep you unconscious until death	1	2	3	4	5

EL.05. Did you ever talk to your physician about your wishes concerning medical treatment at the end of your life?

- 1 Yes
- 2 No

EL.06. Do you have an advance euthanasia directive (i.e. a document in which you request to end your life in the event that you are no longer able to make decisions yourself in the future)?

- 1 Yes
- 2 No

Cancer screening

SC.01. There is a screening examination for intestinal (colorectal) cancer; the test consists in the detection blood in the stools. Have you ever had such a faecal occult blood test?

- 1 Yes
- 2 No
- 9 I don't know
-

SC.02. When was the last time you had a faecal occult blood test?

- 1 Within the past 12 month
- 2 More than 1 year, but not more than 2 years
- 3 More than 2 years, but not more than 3 years
- 4 Not within the past 3 years
- 9 I don't know



Attention, please note that the following questions are reserved to women.
Men can go directly to the next module

SC.03. Have you ever had a mammography,(which is an X-ray of one or both of your breasts)?

- 1 Yes
- 2 No → **Go to question SC.07.**
- 9 I don't know → **Go to question SC.07.**

SC.04. When was the last time you had a mammography (breast X-ray)?

- 1 Within the past 12 months
- 2 More than 1 year, but not more than 2 years
- 3 More than 2 years, but not more than 3 years
- 4 Not within the past 3 years
- 9 I don't know

SC.05. Did you also have an echography of the breasts the same day of this mammography?

- 1 Yes
- 2 No
- 9 I don't know

SC.06. What was the reason for this last mammography?*Multiple answers possible*

- 01 After advice of family practitioner, without there being a complaint or anomaly
- 02 After advice of your gynaecologist without there being a complaint or anomaly
- 03 Breast cancer(s) among family members
- 04 You have already had yourself a breast cyst, tumour, cancer or a surgical procedure on the breast
- 05 Follow-up of a previous examination
- 06 Pain in the breast
- 07 You noticed an anomaly in your breast yourself (e.g. a lump)
- 08 Your physician noticed an anomaly in your breast during an examination
- 09 Following an invitation letter
- 10 Other reason, **Which reason:** _____

SC.07. Did you, in the last two years, receive an invitation letter advising you to have a (mammographic) breast cancer screening examination free of charge?

- 1 Yes
- 2 No → **Go to question SC.10.**
- 9 I don't know → **Go to question SC.10.**

SC.08. Following this letter, did you have a (mammographic) breast cancer screening examination?

- 1 Yes → **Go to question SC.10.**
- 2 No
- 9 I don't know → **Go to question SC.10.**

SC.09. Why did you not get a breast (mammographic) cancer screening examination following this invitation letter? (*Multiple possible answers*)

- 01 Because I already had a screening mammography short before
- 02 Because I didn't have the time
- 03 Because such an examination costs too much
- 04 Because I don't find it necessary
- 05 Because I find this examination unpleasant
- 06 Because I already had a surgical procedure on the breast
- 07 Advised against by the doctor to do a mammography
- 08 Another reason, **specify:** _____

SC.10. Have you ever had a cervical smear test ?

- 1 Yes
- 2 No → **Go to question SU.01.**
- 9 I don't know → **Go to question SU.01.**

SC.11. When was the last time you had a cervical smear test?

- 1 Within the past 12 months
- 2 More than 1 year, but not more than 2 years
- 3 More than 2 years, but not more than 3 years
- 4 More than 3 years, but not more than 5 years
- 5 Not within the past 5 years → **Go to question SU.01.**
- 9 I don't know
- 0 Not pertinent

SC.12. What was the reason for the last cervical smear test?*Multiple possible answers*

- 01 1 After advice of family practitioner, without there being a complaint or anomaly
- 02 1 After advice of your gynaecologist without there being a complaint or anomaly
- 03 1 Follow-up of a previous examination
- 04 1 Because of abnormal bleeding
- 05 1 You noticed another anomaly yourself
- 06 1 Your physician noticed an anomaly during an examination
- 07 1 You already had yourself a tumour of the cervix
- 08 1 Following an invitation letter
- 09 1 Other reason, **Specify:** _____



Finally, we'd like to ask you a few questions about this questionnaire

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

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

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

- 1 Yes
2 No

SU.03. Did you find this questionnaire too long?

- 1 Yes
2 No

SU.04. How much time did it take to complete this questionnaire?

minutes

**THANK YOU VERY MUCH FOR YOUR
COLLABORATION**

ADDITIONAL INFORMATION:

Stefaan Demarest
Johan Van der Heyden
Lydia Gisle

Scientific Institute of Public Health
Unit of Epidemiology
Juliette Wytsmans street 14
B - 1050 Brussels

Tel : 02/642.57.94
02/642.57.26
02/642.57.53

e-mail his@iph.fgov.be

<http://www.iph.fgov.be/epidemiologie/epien/index4.htm>

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