Health Interview Survey, Belgium, 2013

Auto (self completed) questionnaire

Respondent:

Number of the person: ☐☐☐ - ☐ - ☐☐☐☐ - ☐☐ - ☐☐

First name: ______________________

Interviewer:

Number of the interviewer: ☐☐☐☐

Date of the interview: D D / M M / Y Y Y Y

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?**				
		Never	**Sometimes**	**Often**	**Every day**
		Encircle the figure that corresponds with your answer.			
01	train	(1)	2	3	4
02	métro	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?**
	Yes, more than once ☐ 1
	Yes, once ☐ 2
	No, never ☒ 3 ➡ ***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 …**
	Very good ☐ 1
	Good ☐ 2
	Fair ☐ 3
	Bad ☐ 4
	Very bad ☐ 5

SH.02.	**Do you suffer from (have) any chronic (long-standing) illness or condition (health problem)?**
	Yes ☐ 1
	No ☐ 2

SH.03.	**For the past 6 months or more have you been limited in activities people usually do because of health problem?**
	Yes, strongly limited ☐ 1
	Yes limited ☐ 2
	No, not limited ☐ 3

Stress and well-being

How have you been feeling the last few weeks?
Please report your current situation, not one you might have had in the past.

Have you recently:

WB.01.	**Been able to concentrate on whatever you're doing?**
	Better than usual ☐ 1
	Same as usual ☐ 2
	Less than usual ☐ 3
	Much less than usual ☐ 4

WB.02.	**Lost much sleep over worry?**
	Not at all ☐ 1
	No more than usual ☐ 2
	Rather more than usual ☐ 3
	Much more than usual ☐ 4

WB.03.	**Felt that you are playing a useful part in things?**
	More so than usual ☐ 1
	Same as usual ☐ 2
	Less useful than usual ☐ 3
	Much less useful ☐ 4

WB.04.	**Felt capable of making decisions about things?**
	Not at all ☐ 1
	No more than usual ☐ 2
	Rather more than usual ☐ 3
	Much more than usual ☐ 4

Have you recently:

WB.05.	Felt constantly under strain?
	Not at all ☐ 1
	No more than usual ☐ 2
	Rather more than usual ☐ 3
	Much more than usual ☐ 4

WB.06.	Felt you couldn't overcome your difficulties?
	Not at all ☐ 1
	No more than usual ☐ 2
	Rather more than usual ☐ 3
	Much more than usual ☐ 4

WB.07.	Been able to enjoy your normal day-to-day activities?
	More so than usual ☐ 1
	Same as usual ☐ 2
	Less so than usual ☐ 3
	Much less than usual ☐ 4

WB.08.	Been able to face up to your problems?
	More so than usual ☐ 1
	Same as usual ☐ 2
	Less able than usual ☐ 3
	Much less able ☐ 4

WB.09.	Been feeling unhappy or depressed?
	Not at all ☐ 1
	No more than usual ☐ 2
	Rather more than usual ☐ 3
	Much more than usual ☐ 4

Have you recently:

WB.10.	**Been loosing confidence in yourself?**
	Not at all ☐1
	No more than usual ☐2
	Rather more than usual ☐3
	Much more than usual ☐4

WB.11.	**Been thinking of yourself as a worthless person?**
	Not at all ☐1
	No more than usual ☐2
	Rather more than usual ☐3
	Much more than usual ☐4

WB.12.	**Been feeling reasonably happy, all things considered?**
	More so than usual ☐1
	About same as usual ☐2
	Less so than usual ☐3
	Much less than usual ☐4

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…**					
		All of the time	**Most of the time**	**Some of the time**	**A little of the time**	**None of the time**
		Encircle the figure that corresponds with your answer.				
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**

Social contacts

SO.01.	**How would you judge your social contacts?**
	Really satisfying ☐1
	Rather satisfying ☐2
	Rather unsatisfying ☐3
	Really unsatisfying ☐4

SO.02.	**In general, how many times do you have contact with relatives, children, friends, …?**
	At least once a week ☐1
	At least once a month ☐2
	At least 3 or 4 times a year ☐3
	At least once a year ☐4
	Never ☐5

SO.03.	**How many people are so close to you that you can count on them if you have serious personal problems?**
	None ☐1
	1 or 2 ☐2
	3 - 5 ☐3
	6 or more ☐4

SO.04.	**How much concern do people show in what you are doing?**
	A lot of concern and interest ☐1
	Some concern and interest ☐2
	Uncertain ☐3
	Little concern and interest ☐4
	No concern and interest ☐5

SO.05.	**How easy is it to get practical help from neighbours if you should need it?**
	Very easy ☐1
	Easy ☐2
	Possible ☐3
	Difficult ☐4
	Very difficult ☐5

Tobacco consumption

TA.01.	**Have you smoked at least 100 cigarettes (about 5 packets) or the equivalent amount of tobacco in your entire life?**
	Yes ☐ 1
	No ☐ 2 ➡ *Go to question 16*

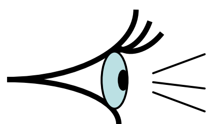
TA.02.	**How old were you when you smoked your first whole cigarette?**
	Age : ………… years old

TA.03.	**How old were you when you started smoking regularly?**
	Age : ………… years old
	I have never smoked regularly ☐ 99

TA.04.	**Have you ever smoked on a daily basis?**
	Yes ☐ 1
	No ☐ 2

TA.05.	**If yes, for how many years have you smoked daily?** *(Count all separate periods of smoking daily)*
	……………… years *(If it is less than a year, write "0")*
	I have never smoked daily ☐ 99

TA.06.	**Do you smoke at all nowadays?**
	Yes, daily ☐ 1 ➡ *Go to question 11*
	Yes, occasionally ☐ 2 ➡ *Go to question 13*
	Not at all ☐ 3 ➡ *Go to question 14*



DAILY SMOKERS

These questions are for respondents that currently smoke every day:

TA.07.	**On average, how many cigarettes, cigars, pipefuls,… do you smoke per day?** *(Multiple answer possible)*	
	Number ↓	***BEWARE! Please report the number of items, not the number of packs!***
01	………..	manufactured cigarettes
02	………..	hand-rolled cigarettes (without filter)
03	………..	self-stuffed cigarettes (with filter)
04	………..	cigars/cigarillos
05	………..	pipefuls of tobacco
06	………..	hookah, nargileh, waterpipes (number of sittings)
07	………..	electronic cigarettes with nicotine
08	………..	Other: ***specify***:

TA.08.	**When do you smoke your first cigarette, cigar, pipe,… after waking?**
	Within 5 minutes ☐ 1
	Within 6 to 30 minutes ☐ 2
	Within 31 to 60 minutes ☐ 3
	After 60 minutes ☐ 4

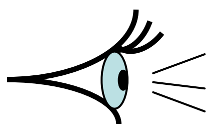
TA.09.	**Have you ever stopped smoking for 24 hours or more because you were trying to quit?**
	Yes, several times ☐ 1
	Yes, once ☐ 2
	No ☐ 3 ➨ ***Go to question 16***

TA.10.	**When was the last time you attempted to quit smoking for 24 hours or more?**
	Less than 6 montsh ago ☐ 1
	6 months ago or longer, but less than 12 months ago ☐ 2
	12 months ago or longer ☐ 3

TA.11.	**Think about the last time you stopped smoking for 24 hours or more because you were trying to quit. What method(s) (if any) did you use to help you quit?** *(Multiple answer possible)*
01	No particular method ☐ 1
02	Online service "Tabac Stop" ☐ 1
03	Individual or group counselling with a certified tabacologist ☐ 1
04	Consultation with a health professional ☐ 1 ***Which ?:*** ....
05	Use of prescribed medicine: Zyban® ☐ 1
06	Champix® ☐ 1
07	Other medicine ☐ 1
08	Electronic cigarette: with nicotine ☐ 1
09	without nicotine ☐ 1
10	Nicotine substitutes (patch, gums, spray, tablets,..) ☐ 1
11	Self-help materials through Internet, leaflets, books... ☐ 1
12	Other method ☐ 1 ***Specify:*** ....

TA.12.	**Think about the last time you stopped smoking for 24 hours or more because you were trying to quit. What reason(s) made you return to smoking?** *(Multiple answer possible)*
01	Stressful situation / emotional, relational turmoil ☐ 1
02	From habit / boredom ☐ 1
03	More social events, parties / alcool served ☐ 1
04	Lack of support / lack of information ☐ 1
05	To control my weight / weight gain ☐ 1
06	To concentrate / to keep focussed ☐ 1
07	My relatives and friends (still) smoke ☐ 1
08	Withdrawal symptoms ☐ 1
09	No reason / for plaisure, enjoyment ☐ 1
10	Other ☐ 1 ***Specify:*** ....

Daily smokers → go to page 16



OCCASIONAL SMOKERS

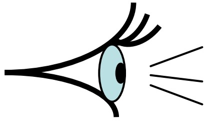
These questions are for respondents that currently smoke, but not every day.

TA.13.	**Do you currently smoke more, less or the same amount as 2 years ago?**
	I smoke more than 2 years ago ☐ 1
	I smoke less than 2 years ago ☐ 2
	I smoke as much as 2 years ago ☐ 3

TA.14.	**Have you ever tried to stop smoking completely?**
	Yes, several times ☐ 1
	Yes, once ☐ 2
	No ☐ 3

TA.15.	**Are you planing to stop smoking in the next 12 months?**
	Yes, most certainly ☐ 1
	Yes, probably ☐ 2
	No, not at all ☐ 3
	I don't know ☐ 4

Occasional smokers: ➔ go to page 16



EX-SMOKERS

These questions are for respondents that smoked in the past, but no longer smoke currently.

TA.16.	**How long is it since you have stopped smoking?**	
	Less than 1 month ago	☐ 1
	1 month ago or longer, but less than 6 months ago	☐ 2
	6 months ago or longer, but less than 1 year ago	☐ 3
	1 year ago or longer, but less than 2 years ago	☐ 4
	2 years ago or longer, but less than 10 years ago	☐ 5
	10 years ago or longer	☐ 6

TA.17.	**What were the reasons you stopped smoking?** *(Multiple answer possible)*	
01	Because of a disease you had	☐ 1
02	To improve your sport performance	☐ 1
03	Because of pregnancy / birth of a child	☐ 1
04	Because afraid of the consequences of tobacco for health	☐ 1
05	Under the influence / demand of relationships	☐ 1
06	For financial reasons (tobacco price)	☐ 1
07	Because smoking is socially less acceptable	☐ 1
08	Through the influence of anti-tobacco campaigns	☐ 1
09	Other reasons ***Which:***	☐ 1 ....

TA.18.	**What method (if any) did you use to help you quit smoking (for 24 hours or more)?** *(Multiple answer possible)*	
01	No particular method	☐ 1
02	Online service "Tabac Stop"	☐ 1
03	Individual or group counselling with a certified tabacologist	☐ 1
04	Consultation with a health professional	☐ 1
	Which ?:	....
05	Use of prescribed medicine: Zyban®	☐ 1
06	Champix®	☐ 1
07	Other medicine	☐ 1
08	Electronic cigarette*:* with nicotine	☐ 1
09	without nicotine	☐ 1
10	Nicotine substitutes (patch, gums, spray, tablets,..)	☐ 1
11	Self-help materials through Internet, leaflets, books...	☐ 1
12	Other method	☐ 1
	Specify:	....

TA.19.	**How often are you exposed to tobacco smoke indoors?** ***Indoors refers to inside the house where you live (at home), at work, at public places (bars, restaurants etc.)***
	Never or almost never ☐ 1 ➨ *Go to question ID.01*
	Less than 1 hour per day ☐ 2
	1-5 hours a day ☐ 3
	More than 5 hours a day ☐ 4

TA.20.	**Where are you generally exposed to tobacco smoking indoors ?** *(Multiple answer possible)*
01	At home ☐ 1
02	At work ☐ 1
03	In public places (Bars, restaurants, ...) ☐ 1
04	Other ☐ 1 ***Specify:*** ....

Consumption of other products

ID.01.	Have you ever taken cannabis (hashish or marijuana)?
	Yes ☐1
	No ☐2 ➨ *Go to question ID.06*

ID.02.	At what age did you take cannabis (hashish or marijuana) for <u>the first time</u>?
	Age : ………… years old

ID.03.	During <u>the last 12 months</u>, have you taken cannabis (hashish or marijuana)?
	Yes ☐1
	No ☐2 ➨ *Go to question ID.06*

ID.04.	During <u>the last 30 days</u>, have you taken cannabis (hashish or marijuana)?
	Yes ☐1
	No ☐2 ➨ *Go to question ID.06*

ID.05.	During <u>the last 30 days</u>, on how many days did you take cannabis (hashish or marijuana)?
	20 days or more ☐1
	10-19 days ☐2
	4-9 days ☐3
	1-3 days ☐4

ID.06.	**Have you ever taken cocaine, amphetamines, ecstasy or other similar substances?**	
	Yes	☐ 1
	No	☐ 2

ID.07.	**Which substances did you take in <u>the past 12 months</u>?** *(Multiple answer possible)*	
01	None	☐ 1
02	Cocaïne	☐ 1
03	Amphetamines, speed	☐ 1
04	Ecstasy (XTC, MDMA)	☐ 1
05	Legal Highs (new psychoactive substances such as synthetic cannabinoids, Spice, mephedrone, herbal ecstasy…)	☐ 1
06	LSD, acids	☐ 1
07	Heroïn	☐ 1
08	Méthadone	☐ 1
09	Buprenophrine (SUBUTEX®)	☐ 1
10	Other	☐ 1
	Which?:	....

Alcohol consumption

AL.01.	**<u>In the past 12 months</u>, how often have you had an alcoholic drink of any kind (beer, wine, cider, spirits, cocktails, premixes, liquor, homemade alcohol…)?**		
	Every day or almost	☐1	➨ *Go to question AL.02*
	5 - 6 days a week	☐2	
	3 - 4 days a week	☐3	
	1 - 2 days a week	☐4	
	2 - 3 days in a month	☐5	➨ *Go to question AL.06*
	Once a month	☐6	
	Less than once a month	☐7	
	Not in the past 12 months, as I no longer drink alcohol	☐8	➨ *Go to question AL.08*
	Never, or only a few sips or trials in my whole life	☐9	➨ *Go to page 22*

AL.02.	**Thinking of <u>Monday to Thursday</u>, on how many of these 4 days do you usually drink alcohol?**		
	On all 4 days	☐1	
	On 3 of the 4 days	☐2	
	On 2 of the 4 days	☐3	
	On 1 of the 4 days	☐4	
	On none of the 4 days	☐5	➨ *Go to question AL.04*

AL.03.	**From <u>Monday to Thursday</u>, how many drinks do you have on average on such a day when you drink alcohol?**	
	16 or more drinks a day	☐1
	10 - 15 drinks a day	☐2
	6 - 9 drinks a day	☐3
	4 - 5 drinks a day	☐4
	3 drinks a day	☐5
	2 drinks a day	☐6
	1 drink a day	☐7
	0 drink a day	☐8

AL.04.	Thinking of <u>Friday to Sunday</u>, on how many of these 3 days do you usually drink alcohol?
	On all 3 days ☐ 1
	On 2 of the 3 days ☐ 2
	On 1 of the 3 days ☐ 3
	On none of the 3 days ☐ 4 ➡ ***Go to question AL.06***

AL.05.	From <u>Friday to Sunday</u>, how many drinks do you have on average on such a day when you drink alcohol?
	16 or more drinks a day ☐ 1
	10 - 15 drinks a day ☐ 2
	6 - 9 drinks a day ☐ 3
	4 - 5 drinks a day ☐ 4
	3 drinks a day ☐ 5
	2 drinks a day ☐ 6
	1 drink a day ☐ 7
	0 drink a day ☐ 8

AL.06.	**In the past <u>12 months</u>, how often have you had 6 or more drinks containing alcohol on one occasion?** *For instance, during a party, a meal, an evening out with friends, alone at home,…*
	Every day or almost ☐ 1
	5 - 6 days a ☐ 2
	3 - 4 days a week ☐ 3
	1 - 2 days a week ☐ 4
	2 - 3 days in a month ☐ 5
	Once a month ☐ 6
	Less than once a ☐ 7
	Not in the past 12 months ☐ 8 ➡ ***Go to question AL.08***
	Never in my whole life ☐ 9 ➡ ***Go to question AL.08***

AL.07.	**Within what time period (hours), would you usually have six drinks (defined as above) on one occasion?**
	Less than 1 ☐ 1
	1-2 hours ☐ 2
	3-4 hours ☐ 3
	5-6 hours ☐ 4
	7-8 hours ☐ 5
	9 or more hours ☐ 6

AL.08.	**Not counting small sips, how old were you when you started drinking alcoholic beverages?**
	………… years old

AL.09.	**Have you ever felt the need to cut down on your drinking?**
	Yes ☐ 1
	No ☐ 2

AL.10.	**Have you ever felt annoyed by criticism of your drinking?**
	Yes ☐ 1
	No ☐ 2

AL.11.	**Have you ever felt guilty about drinking?**
	Yes ☐ 1
	No ☐ 2

AL.12.	**Did you ever take a morning eye opener?**
	Yes ☐ 1
	No ☐ 2

Eating behaviours

EB.01.	Have you recently lost more than 6 kilos in a 3-month period?
	Yes ☐ 1
	No ☐ 2

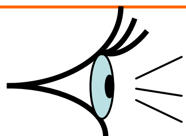
EB.02.	Do you worry that you have lost control over how much you eat?
	Yes ☐ 1
	No ☐ 2

EB.03.	Do you make yourself sick because you feel uncomfortably full?
	Yes ☐ 1
	No ☐ 2

EB.04.	Do you believe yourself to be too fat when others say you are too thin?
	Yes ☐ 1
	No ☐ 2

EB.05.	Would you say that food dominates your life?
	Yes ☐ 1
	No ☐ 2

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?**	
	.... days per week	***In case your answer is "0 days", go to question PA.03***

PA.02.	**How much time did you usually spend doing vigorous physical activities on one of those days?**
	.... hours .... minutes per day
	O I don't know ☐ 99

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 question PA.05***

PA.04.	**How much time did you usually spend doing moderate physical activities on one of those days?**
	.... hours .... minutes per day
	O I don't know ☐ 99

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 question PA.08***

PA.06.	**How much time did you usually spend walking on one of those days?**
	.... hours .... minutes per day
	O I don't know ☐ 99

PA.07.	**At what pace did you usually walk? Did you walk at:**
	a vigorous pace that makes you breathe much harder than normal ☐ 1
	a moderate pace that makes you breathe somewhat harder than normal ☐ 2
	a slower pace where there is no change in your breathing ☐ 3
	I don't know ☐ 9

Leisure time physical activities

The following question are only dealing with your leisure time physical activities

PA.08.	**What describes best your leisure time activities during the last year?** (only one answer possible!)
	Hard training and competitive sport more than once a week ☐ 1
	Jogging and other recreational sports or gardening, at least 4 hours per week ☐ 2
	Jogging and other recreational sports or gardening, at the most 4 hours per week ☐ 3
	Walking, bicycling or other light activities at least 4 hours a week ☐ 4
	Walking, bicycling or other light activities at the most 4 hours a week ☐ 5
	Reading, watching TV or other sedentary activities ☐ 6
	Don't know ☐ 9

Symptom list

SL.01.	How much have the following problems distressed you <u>during the past week</u>, including today.					
		Not at all	**A little bit**	**Mode rately**	**Quite a bit**	**Extre mely**
						Encircle the figure that corresponds with your answer.
01	Worrying too much about things	**1**	**2**	**3**	**4**	**5**
02	Feeling no interest in things	**1**	**2**	**3**	**4**	**5**
03	Feeling fearful	**1**	**2**	**3**	**4**	**5**
04	Heart pounding or racing	**1**	**2**	**3**	**4**	**5**
05	Trouble falling asleep	**1**	**2**	**3**	**4**	**5**
06	Nervousness or shakiness inside	**1**	**2**	**3**	**4**	**5**
07	Repeated unpleasant thoughts that won't leave your mind	**1**	**2**	**3**	**4**	**5**
08	Loss of sexual interest or pleasure	**1**	**2**	**3**	**4**	**5**
09	Feeling low in energy or slowed down	**1**	**2**	**3**	**4**	**5**
10	Thoughts of ending your life	**1**	**2**	**3**	**4**	**5**
11	Trembling	**1**	**2**	**3**	**4**	**5**
12	Poor appetite	**1**	**2**	**3**	**4**	**5**
13	Crying easily	**1**	**2**	**3**	**4**	**5**
14	Feelings of being trapped or caught	**1**	**2**	**3**	**4**	**5**
15	Suddenly scared for no reason	**1**	**2**	**3**	**4**	**5**
16	Blaming yourself for things	**1**	**2**	**3**	**4**	**5**
17	Feeling lonely	**1**	**2**	**3**	**4**	**5**
18	Feeling blue	**1**	**2**	**3**	**4**	**5**
19	Your mind going blank	**1**	**2**	**3**	**4**	**5**
20	Feeling hopeless about the future	**1**	**2**	**3**	**4**	**5**
21	Feeling tense or keyed up	**1**	**2**	**3**	**4**	**5**
22	Thoughts of death or dying	**1**	**2**	**3**	**4**	**5**
23	Awakening in the early morning	**1**	**2**	**3**	**4**	**5**
24	Sleep that is restless or disturbed	**1**	**2**	**3**	**4**	**5**

Liste de symptômes (suite)

SL.01.	How much have the following problems distressed you during the past week, including today.	Not at all	A little bit	Mode rately	Quite a bit	Extre mely
	Encircle the figure that corresponds with your answer.					
25	Feeling everything is an effort	1	2	3	4	5
26	Spells of terror or panic	1	2	3	4	5
27	Feeling so restless you couldn't sit still	1	2	3	4	5
28	Feelings of worthlessness	1	2	3	4	5
29	The feeling that something bad is going to happen to you	1	2	3	4	5
30	Thoughts and images of a frightening nature	1	2	3	4	5

The next questions are quite sensitive, as they are about suicide and suicidal thoughts…

SL.02.	Have you ever seriously thought of ending your life?
	Yes several times ☐ 1
	Yes once ☐ 2
	No neve ☐ 3 ➡ *Go to question SL.04*

SL.03.	Did you have such thoughts in the past 12 months?
	Yes ☐ 1
	No ☐ 2

SL.04.	Have you ever attempted to commit suicide?
	Yes several times ☐ 1
	Yes once ☐ 2
	No neve ☐ 3 ➡ *Go to question TR.01*

SL.05.	Did you make a suicide attempt in the past 12 months?
	Yes ☐ 1
	No ☐ 2

Violence

TR.01.	In the past 12 months, have you been a victim of burglary, robbery, or armed robbery, of verbal or psychological violence (eg. insults , threats, isolation), of physical violence (eg. being pushed, being beaten) or of sexual violence (eg. exhibitionisme, rape)?
	Yes ☐ 1
	No ☐ 2 ➡ Go to page 30

TR.02. **What type of violence have you personally experienced in the past 12 months, and where did it take place?**

(*Multiple answer possible*)

		At home	At work / school	In a public place/on the public road	Elsewhere
		Encircle the appropriate numbers in function of the type of violence experienced and where it took place			
01	Burglary, robbery or armed robbery	☐ 1	☐ 2	☐ 3	☐ 4
Verbal or psychological violence					
02	Insults, offense, blame, mockery, humiliations, sarcasm, constant criticism	☐ 1	☐ 2	☐ 3	☐ 4
03	Threats, intimidation, blackmail, stalking, denigration, sexual or racist comments/harassment	☐ 1	☐ 2	☐ 3	☐ 4
04	Isolation, deprivation of freedom	☐ 1	☐ 2	☐ 3	☐ 4
Physical violence					
05	Being knocked down, pushed, shaken, jolted,...	☐ 1	☐ 2	☐ 3	☐ 4
06	Being hit/beaten, wounded with a weapon, strangled,...	☐ 1	☐ 2	☐ 3	☐ 4
Sexual violence					
07	Exhibitionism	☐ 1	☐ 2	☐ 3	☐ 4
08	Sexual assault, forced intercourse, rape	☐ 1	☐ 2	☐ 3	☐ 4
Other					
09	***Specify :***	☐ 1	☐ 2	☐ 3	☐ 4

If you were victim of one or more above-mentionned acts of violence in the past 12 months, please refer to the worst incident when answering the next questions.

TR.03.	Was the offendor or perpetrator of this incident:		
	A man	☐1	
	A woman	☐2	
	A group of men	☐3	
	A group of women	☐4	
	Other ***Specify:***	☐5	
	I don't know	☐9	
	I prefer not to answer this question	☐0	

TR.04.	Do you personally know the offender(s) or perpetrator(s) of this incident?		
	Yes	☐1	
	No	☐2	➧ ***Go to question TR.06***
	I don't know	☐9	➧ ***Go to question TR.06***
	I prefer not to answer this question	☐0	➧ ***Go to question TR.06***

TR.05.	Was the offender(s) or the perpetrator(s) of this incident a member of your household?	
	Yes	☐1
	No	☐2
	I don't know	☐9
	I prefer not to answer this question	☐0

TR.06.	**As a result of this act of violence, did you consult or contact with one or more of the following persons, services or institutions?** *(Multiple answer possible)*	
01	Family (father, mother, brother, sister,...)	☐ 1
02	Friends	☐ 1
03	Trustee at work or in school, Confidential Doctors Bureau (CDB)	☐ 1
04	Police	☐ 1
05	Medical service (practitioner, hospital,…)	☐ 1
06	Psychologist	☐ 1
07	Law- or juridicial service agency, lawyer, courthouse	☐ 1
08	Victim assistance or support services, youth help services, shelter/safe house	☐ 1
09	Call-centers for assistance (télé-accueil, SOS children, SOS sexual abuse, Center for battered women)	☐ 1
10	Other ***Specify:***	☐ 1 ....
11	I didn't consulted or contacted anyone	☐ 1

Knowledge and attitudes towards AIDS

HI.01.	Can one, according to your opinion, get contaminated with the AIDS virus …				
		Yes	No	One says no but I take care	Don't know
		Encircle the figure that corresponds with your answer.			
01	By kissing someone on the mouth?	1	2	3	9
02	From mosquito bites?	1	2	3	9
03	By drinking from someone's glass?	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) …					
		Completly safe	Rather safe	Rather unsafe	Totally unsafe	Don't know
		Encircle the figure that corresponds with your answer.				
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 a 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)?		
	Yes, less than 1 week ago	☐ 1	
	Yes, more than 1 week ago, but less than 3 months ago	☐ 2	
	Yes, more than 3 months ago, but less than 1 year ago	☐ 3	
	Yes, more than one year ag	☐ 4	➧ *Go to question HI.05*
	No, never	☐ 5	➧ *Go to question HI.05*
	I don't know	☐ 9	➧ *Go to question HI.05*

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?**
	Yes ☐ 1
	No ☐ 2

HI.05.	**Do you agree that …**					
		I agree completely	**I rather agree**	**I rather disagree**	**I disagree completely**	**Don't know**
		Encircle the figure that corresponds with your answer.				
01	HIV/AIDS is not a serious disease anymore	**1**	**2**	**3**	**4**	**9**
02	New therapies can cure HIV/AIDS	**1**	**2**	**3**	**4**	**9**
03	There is an effective vaccine against HIV/AIDS	**1**	**2**	**3**	**4**	**9**
04	HIV/AIDS is no longer a problem in Belgium	**1**	**2**	**3**	**4**	**9**

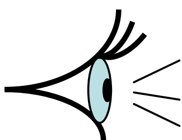
Cancer screening

SC.01.	**There is a screening test for intestinal (colorectal) cancer; it is aiming to detect blood in the stools. Have you ever had such a faecal occult blood test?**
	Yes ☐1
	No ☐2 ➧ *Go to question SC.03*
	I don't know ☐9 ➧ *Go to question SC.03*

SC.02.	**When was the last time you had a faecal occult blood test?**
	Within the past 1 year ☐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
	I don't know ☐9

SC.03.	**A more sophisticated examination consist in an internal investigation of the bowel using a flexible scope. It is called "colomoscopy". Have you ever had such a colonoscopy?**
	Yes ☐1
	No ☐2 ➧ *Women go to the question SC.05 page 33*
	I don't know ☐9 ➧ *Men go to the question RH.01 page 36*

SC.04.	**When was the last time you had a colonoscopy?**
	Within the past 1 year ☐1
	More than 1 year, but not more than 5 years ☐2
	More than 5 years, but not more than 10 years ☐3
	Not within the past 10 years ☐4
	I don't know ☐9



Attention !

Please note that the following questions are reserved to women.

Men can go directly to the question RH.01 page 36.

SC.05.	Have you ever had a mammography, which is an X-ray of one or both of your breasts?
	Yes ☐ 1
	No ☐ 2 ➨ Go to question SC.09
	I don't know ☐ 9 ➨ Go to question SC.09

SC.06.	When was the last time you had a mammography (breast X-ray)?
	Within the past 1 year ☐ 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
	I don't know ☐ 9

SC.07.	Did you also have an echography of the breasts the same day of this mammography?
	Yes ☐ 1
	No ☐ 2
	I don't know ☐ 9

SC.08.	What was the reason for this last mammography? *(Multiple answer possible)*
01	After advice of family practitioner, without there being a complaint or anomaly ☐ 1
02	After advice of your gynecologist without there being a complaint or anomaly ☐ 1
03	Breast cancer(s) among family members ☐ 1
04	You have already had yourself a breast cyst, tumor, cancer or a surgical procedure on the breast ☐ 1
05	Follow-up of a previous examination ☐ 1
06	Pain in the breast ☐ 1
07	You noticed an anomaly in your breast yourself (e.g. a lump) ☐ 1
08	Your physician noticed an anomaly in your breast during an examination ☐ 1
09	Following an invitation letter ☐ 1
10	Other reason ☐ 1 ***Specify:*** ....

SC.09.	**Did you, in the last two years, receive an invitation letter advising you to have a (mammographic) breast cancer screening examination free of charge?**
	Yes ☐ 1
	No ☐ 2 ➡ *Go to question SC.12*
	I don't know ☐ 9 ➡ *Go to question SC.12*

SC.10.	**Following this letter, did you have a (mammographic) breast cancer screening examination?**
	Yes ☐ 1 ➡ *Go to question SC.12*
	No ☐ 2
	I don't know ☐ 9 ➡ *Go to question SC.12*

SC.11.	**Why did you not get a breast (mammographic) cancer screening examination following this invitation letter?** *(Multiple answer possible)*
01	Because I already had a screening mammography short before ☐ 1
02	Because I didn't have the time ☐ 1
03	Because such an examination costs too much ☐ 1
04	Because I don't find it necessary ☐ 1
05	Because I find this examination unpleasant ☐ 1
06	Because I already had a surgical procedure on the breast ☐ 1
07	Advised against by the doctor to do a mammography ☐ 1
08	Other reason ☐ 1 ***Specify:*** ....

SC.12.	**Have you ever had a cervical smear test?**		
	Yes	☐ 1	
	No	☐ 2	➧ *Go to question RH.01*
	I don't know	☐ 9	➧ *Go to question RH.01*

SC.13.	**When was the last time you had a cervical smear test?**		
	Within the past 1 year	☐ 1	
	More than 1 year, but not more than 2 years	☐ 2	
	More than 2 years, but not more than 3 years	☐ 3	
	More than 3 years, but not more than 5 years	☐ 4	
	Not within the past 5 years	☐ 5	➧ *Go to question RH.01*
	I don't know	☐ 9	➧ *Go to question RH.01*

SC.14.	**What was the reason for the last cervical smear test?** *(Multiple answer possible)*	
01	After advice of family practitioner, without there being a complaint or anomaly	☐ 1
02	After advice of your gynaecologist without there being a complaint or anomaly	☐ 1
03	Follow-up of a previous examination	☐ 1
04	Because of abnormal bleeding	☐ 1
05	You noticed another anomaly yourself	☐ 1
06	Your physician noticed an anomaly during an examination	☐ 1
07	You already had yourself a tumour of the cervix	☐ 1
08	Following an invitation letter	☐ 1
09	Other reason	☐ 1
	Specify:	…………………………………………..

Health and Sexuality

The following questions may appear very personal to you.
They concern sexual behavior which is also an important health determinant..
You can be assured that anything you answer will remain strictly anonymous and confidential.

RH.01.	**Have you ever had sexual intercourse?**
	Yes ☐ 1
	No ☐ 2 ➡ *Go to question QL.01*

RH.02.	**How old were you when you first had sexual intercourse?**
	………… years old

RH.03.	**Au cours des 12 derniers mois, avez-vous eu des relations sexuelles?**
	Yes ☐ 1
	No ☐ 2 ➡ *Go to question QL.01*

RH.04.	**In the past 12 months, have you had sexual intercourse?**
	1 partner ☐ 1
	2 partners ☐ 2
	3 partners ☐ 3
	4 or more partners ☐ 4
	I don't know ☐ 9

RH.05.	**Did you use a condom the last time you had sexual intercourse?**
	Yes ☐ 1
	No ☐ 2
	I don't know ☐ 9

RH.06.	**During the last 12 months, did you - yourself or your partner(s) - use a contraceptive method (to avoid a pregnancy)?**	
	Yes	☐ 1
	No	☐ 2 ➨ ***Go to question QL.01***

RH.07.	**Which contraceptive method(s) did you or your partner(s) use during the last 12 months?** *(Multiple answer possible)*	
01	A contraceptive pill	☐ 1
02	A patch	☐ 1
03	An implant	☐ 1
04	Injectable contraceptives (such as Depo-Provera☐)	☐ 1
05	A vaginal ring (such as NuvaRing☐)	☐ 1
06	An IUD (intra-uterine device)	☐ 1
07	A morning after pill	☐ 1
08	A diaphragm	☐ 1
09	A spermicide or a contraceptive sponge	☐ 1
10	A male condom	☐ 1
11	A female condom	☐ 1
12	Periodical abstention	☐ 1
13	Withdrawal	☐ 1
14	Sterilization of the woman	☐ 1
15	Sterilization of the man	☐ 1
16	Other method ***Specify:***	☐ 1 ....

Quality of Life

Under each heading, please tick the ONE box that best describes your health TODAY.

QL.01.	Mobility
	I have no problems in walking about ☐ 1
	I have slight problems in walking about ☐ 2
	I have moderate problems in walking about ☐ 3
	I have severe problems in walking about ☐ 4
	I am unable to walk about ☐ 5

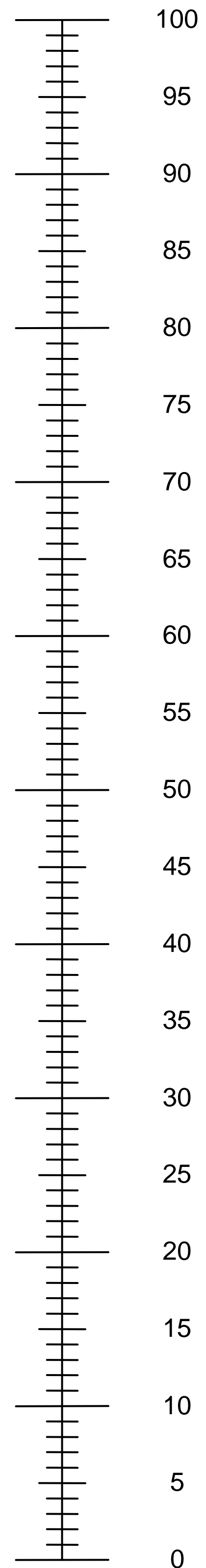
QL.02.	Self-Care
	I have no problems washing or dressing myself ☐ 1
	I have slight problems washing or dressing myself ☐ 2
	I have moderate problems washing or dressing myself ☐ 3
	I have severe problems washing or dressing myself ☐ 4
	I am unable to wash or dress myself ☐ 5

QL.03.	Usual activities *(e.g. work, study, housework, family or leisure activities)*
	I have no problems doing my usual activities ☐ 1
	I have slight problems doing my usual activities ☐ 2
	I have moderate problems doing my usual activities ☐ 3
	I have severe problems doing my usual activities ☐ 4
	I am unable to do my usual activities ☐ 5

QL.04.	Pain/Discomfort
	I have no pain or discomfort ☐ 1
	I have slight pain or discomfort ☐ 2
	I have moderate pain or discomfort ☐ 3
	I have severe pain or discomfort ☐ 4
	I have extreme pain or discomfort ☐ 5

QL.05.	Anxiety/Depression
	I am not anxious or depressed ☐ 1
	I am slightly anxious or depressed ☐ 2
	I am moderately anxious or depressed ☐ 3
	I am severely anxious or depressed ☐ 4
	I am extremely anxious or depressed ☐ 5

QL.06.	



- We would like to know how good or bad your health is TODAY.I
- This scale is numbered from 0 to 100.
- 100 means the best health you can imagine.
  0 means the worst health you can imagine.
- Mark an X on the scale to indicate how your health is TODAY.
- Now, please write the number you marked on the scale in the box below.

YOUR HEALTH TODAY = ☐

Useful informations:

Tele-Home offers a space for speaking and listening to anyone who lives a crisis or difficulty on the moral, social or psychological. This number is accessible 24h/24h and throughout the year. Confidentiality and anonymity are respected.	Tele-Homel Tel.: **107** Web: www.tele-accueil.be

THANK YOU VERY MUCH FOR YOUR COLLABORATION!

Do not forget to insert your completed questionnaire in the envelope!

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