

Introductory score

Int. : *The next questions have to be put to persons older than 60. If the selected person has answered correctly at least two questions, the interview may continue. If not, the interview has to be continued using a proxy.*

To start with, I'll ask some general questions.

MM.01. How old are you? (error of ± 2 years is admitted)

1. Correct answer
2. Wrong answer

MM.02. On which date and in which month is your birthday?

1. Correct answer
2. Wrong answer

MM.03. In which year were you born?

1. Correct answer
2. Wrong answer

MM.04. What is your address? (street number, postal code and municipality, box number not required)

1. Correct answer
2. Wrong answer

Int. : *In case of two or more wrong answers, the interview has to be continued with a proxy*

In this case: Now we'll continue with more difficult questions. That's why it is better that ... helps us with the answers.

Information on selected person and respondent

Int. : The next question have to answered by the interviewer himself

NR.01. Who answered the interview?

1. The selected person - **go to MB.01.**
2. Another member of the household

Row number (in household questionnaire) :

3. A non-member of the household

Who?

NR.02. In case the selected person did not answer, why was a proxy used?

1. The selected person could not be reached despite of attempts because of the next reason :
 - a. Person absent, on the job
 - b. Person absent, in school or at the university
 - c. Person absent, is hospitalised
 - d. Person absent, on holiday
 - e. Person absent, in prison
 - f. Person temporarily institutionalised in a psychiatric institution
 - g. Person institutionalised in a home for the elderly
 - h. Person lives in a institution for handicapped persons
 - i. Person younger than 16 placed in a juvenile institution
 - j. Person is a runaway
 - k. Other reason, explain :
2. The selected person, refused to answer himself because of the next reasons:
 - a. This was related to the length of the interview (\pm 1 hour a person).
 - b. This was based on the method of interviewing (oral interview).
 - c. This is the case for all interviews
 - d. This was based on the content of the questionnaire
 - e. Other reason: explain:
3. The selected person was contacted, but he was unable to answer himself for the next reason:
 - a. The person is too young (younger than 15 years).
 - b. The person did not succeed for the introductory test
 - c. The person is permanently confined to bed or is sick and could answer himself
 - d. The person is in a severe way mentally retarded
 - e. An unexpected accident (accident, personal crisis) during the interview
 - f. Other reason: explain :

Illness and chronic conditions

Int. : Questions for everyone, proxies are admitted.

The next questions deal with longstanding illnesses, chronic conditions or handicaps

MB.01. Do you suffer from one or more longstanding illnesses, chronic conditions or handicaps ?

1. Yes
2. No - **go to MA.01.**
9. Don't know - **go to MA.01.**
- 1. No answer - **go to MA.01.**

MB.02. From which longstanding illness(es), chronic condition(s) or handicap(s) do you suffer?

.....

MB.03. Are you restricted in you daily activities due to this (these) illness(es), chronic condition(s) or handicaps?

1. Continually
2. At intervals
3. Not or seldom
9. Don' know
- 1. No answer

MB.04. Are you bedridden due to this (these) illness(es), chronic condition(s) or handicaps?

1. Continually
2. At intervals
3. Not or seldom
9. Don' know
- 1. No answer

MB.05. Do you have an invalidity or handicap which is officially recognised or for which a demand for recognition is current?

1. Yes, the handicap is officially recognised
2. Yes, a demand for recognition is current - **go to MB.07.**
3. Yes, but no demand for recognition is current - **go to MB.07.**
4. No, I don't have a handicap - **go to MA.01.**

MB.06. What is the recognised percentage of your handicap at this time?

%

999. Don't know
-1. No answer

MB.07. What caused your invalidity or handicap?

1. An industrial accident
2. An occupational disease
3. A domestic accident
4. A traffic accident
5. A sports accident
6. A sickness
7. A congenital disease
8. Other reason, explain :
9. Don't know
- 1. No answer

MA.01. I will run through a list of diseases and chronic conditions. Could you indicate whether you have a disease/condition or you had any of them during the last 12 months?

Int. : In case of 'yes' ask the questions **MA.02**, **MA.03**. and **MA.04**. All questions refer to the passed 12 months .

MA.01. Diseases or chronic conditions	MA.02. Are you (have you been) under treatment or surveillance by a general practitioner for this disease /condition?		MA.03. Are you (have you been) under treatment or surveillance by a specialist for this disease /condition?		MA.04. Did you take any medicines for this disease/condition during the last 12 months?			
	No	Yes	No	Yes	No	Yes		
01. Asthma, chronic bronchitis or chronic pulmonary disease	2	1	2	1	2	1	2	1
02. Allergy	2	1	2	1	2	1	2	1
03. Sinusitis	2	1	2	1	2	1	2	1
04. Serious heart disease or heart attack	2	1	2	1	2	1	2	1
05. Hypertension	2	1	2	1	2	1	2	1
06. Disorder of the large or the small bowel for longer than 3 months	2	1	2	1	2	1	2	1
07. Hepatitis, liver cirrhosis or other disease of the liver	2	1	2	1	2	1	2	1
08. Stones in the kidney	2	1	2	1	2	1	2	1
09. Serious disease of the kidney, other than stones in the kidney	2	1	2	1	2	1	2	1
10. Chronic cystitis	2	1	2	1	2	1	2	1
11. Diabetes mellitus	2	1	2	1	2	1	2	1
12. Thyroid trouble	2	1	2	1	2	1	2	1
13. Glaucoma	2	1	2	1	2	1	2	1
14. Cataract	2	1	2	1	2	1	2	1
15. Parkinson's disease	2	1	2	1	2	1	2	1
16. Depression	2	1	2	1	2	1	2	1
17. Epilepsy	2	1	2	1	2	1	2	1
18. Dizziness with falling	2	1	2	1	2	1	2	1
19. Migraine	2	1	2	1	2	1	2	1
20. Serious or chronic skin disease	2	1	2	1	2	1	2	1
21. Malignant neoplasm or cancer, which ?	2	1	2	1	2	1	2	1
22. Chronic spinal affection for longer than 3 months	2	1	2	1	2	1	2	1
23. Arthrosis of knees, hips or hands	2	1	2	1	2	1	2	1
24. Arthritis of hands or	2	1	2	1	2	1	2	1

feet								
25. Other rheumatoid arthritis for longer than 3 months	2	1	2	1	2	1	2	1
26. Stroke and complications of stroke	2	1	2	1	2	1	2	1
27. Stomach or duodenal ulcer	2	1	2	1	2	1	2	1
28. Gall-stones or inflammation of the gall-bladder	2	1	2	1	2	1	2	1
29. Osteoporosis	2	1	2	1	2	1	2	1
30. Wrist fracture	2	1	2	1	2	1	2	1
31. Hip fracture	2	1	2	1	2	1	2	1
32. Vertebral fracture	2	1	2	1	2	1	2	1
Other diseases:								
33.	2	1	2	1	2	1	2	1
34.	2	1	2	1	2	1	2	1
35.	2	1	2	1	2	1	2	1
Int. : Only for men older than 50 years	2	1	2	1	2	1	2	1
36. Prostate complaints								
Int. : Only for women older than 50 years	2	1	2	1	2	1	2	1
37. Prolapse of the womb								

Short term disabilities

Int : Questions for everyone, answers by proxy are admitted

I'm going to discuss potential problems that could have induced physical, mental or emotional disabilities during the last two weeks

Sort term disabilities due to physical problems

IC.01. Think about the two weeks ending yesterday. Have you cut down on any of the things you usually do about the house, at work or in your free time because of illness or injury?

1. Yes
2. No - go to IC.04.

IC.02. How many days was this in all during these two weeks, including Saturdays and Sundays?

days (01 - 14)

IC.03. On how many of these days were you in bed for all or most of the day?

days (00 - 14)

Sort term disabilities due to mental or emotional problems

IC.04. Think about the two weeks ending yesterday. Have you cut down on any of the things you usually do about the house, at work or in your free time because of emotional or mental health problems?

1. Yes
2. No - go to IL.01.

IC.05. How many days was this in all during these two weeks, including Saturdays and Sundays?

days (01 - 14)

IC.06. On how many of these days were you in bed for all or most of the day?

days (00 - 14)

Long-term disability

Int : Questions only for persons 15 years or older. Answers by proxy are allowed

In this chapter we ask questions on long-term physical disabilities. Some questions seem to be similar, but they are quite different.

The following items are about activities you might do during a typical day. Does your health now limit you in these activities. If so, how much?

	Yes, limited a lot	Yes, limited a little	No, not limited at all
IL.01. Vigorous activities, such as running, lifting heavy objects, participating in strenuous sports	1	2	3
IL.02. Moderate activities, such as moving a table, pushing a vacuum clean, swimming or cycling	1	2	3
IL.03. Lifting or carrying groceries	1	2	3
IL.04. Climbing several flights of stairs	1	2	3
IL.05. Climbing one flight of stairs	1	2	3
IL.06. Bending, kneeling or stooping	1	2	3
IL.07. Walking for more than a kilometre	1	2	3
IL.08. Walking a few hundred meters	1	2	3
IL.09. Walking one block	1	2	3
IL.10. Bathing, showering or dressing yourself	1	2	3

Int. : *If the selected person answered one of the above mentioned questions with YES and/or the selected person is older than 60 - go to IL.11. If not - go to IL.22. Answers by proxy are admitted*

IL.11. Are you permanently confined to bed even though there may be help to get you out ?

1. Yes
2. No

IL.12. Do you sit in a chair (not a wheelchair) all day even though there may be help for to walk?

1. Yes
2. No

IL.13. Are you confined to your house/flat and garden?

1. Yes
2. No

IL.14. What is the furthest you can walk on your own without stopping and without severe discomfort?

1. Only a few steps
2. More than a few steps, but less than 200 metres
3. 200 metres or more

IL.15. Can you get in and out of bed on your own ?

1. Yes, without difficulty
2. Yes, with some difficulty
3. I can only get in and out of bed with someone to help me

IL.16. Can you get in and out of a chair on your own?

1. Yes, without difficulty
2. Yes, with some difficulty
3. I can only get in and out of a chair with someone to help me.

IL.17. Can you dress and undress yourself on your own?

1. Yes, without difficulty
2. Yes, with some difficulty
3. I can only dress and undress myself with someone to help me

IL.18. Can you wash your hands and face on your own?

1. Yes, without difficulty
2. Yes, with some difficulty
3. I can only wash my hands and face with someone to help me

IL.19. Can you, without the help of someone else, feed yourself and cutting up food yourself?

1. Yes, without difficulty
2. Yes, with some difficulty
3. I can only feed and cutting up food myself with someone to help me

IL.20. Can you get to and use the toilet on your own?

1. Yes, without difficulty
2. Yes, with some difficulty
3. I only get to and use the toilet with someone to help me

IL.21.01. Do you sometimes lose control of your bladder?

1. Yes
2. No – go to IL.22.

IL.21.02. How often do you lose control of your bladder?

1. At least once a week
2. Less than once a week but at least once a month
3. Less than once a month

Int : *The next question (IL.22. till IL.26.) must be asked to everyone older than 15 years. For the questions on hearing and seeing hearing and seeing aids normally used by the respondent must be taken into account.*

IL.22. Is your hearing good enough to follow a TV programme at a volume others find acceptable ?

1. Yes – go to IL.24.
2. No

IL.23. Can you follow a TV programme with the volume turned up ?

1. Yes
2. No

IL.24. Can you see well enough to recognise a friend at a distance of four metres (across a road)?

1. Yes – go to IL.26.
2. No

IL.25. Can you see well enough to recognise a friend at a distance of one metre (at arms length)?

1. Yes
2. No

IL. 26. Can you bite and chew on hard foods, for instance a firm apple?

1. Yes, without difficulty
2. Yes, but with minor difficulty
3. Yes, but with major difficulty
4. No, I can't

Medical consumption

Int. : Questions on medical consumption are for everyone. Response by proxy is admitted

A. The general practitioner

The next questions refer to consultations of a general practitioner : at GP's practice, at home, but also by telephone.

GP.01. Do you have a steady general practitioner ?

1. Yes
2. No
9. Don't know
- 1. No answer

GP.02. Did you consult a general practitioner during the last two months, that is since __/__/19__ ?

1. Yes
2. No - **go to GP.04.**
9. Don't know - **go to GP.04.**
- 1. No answer - **go to GP.04.**

GP.03. How many times did you consult a general practitioner during the last 2 months ?

times - **go to GP.05.**

GP.04. When did you last consult a general practitioner ?




___/___/19___




(if date unknown, use next categories)




1. months ago
2. year ago
3. Never had a contact
9. Don't know
- 1. No answer




Int. : If date of consultation within the last two months, go to GP.05 - GP.10, otherwise go to SP.01.

The next questions refer to consultations of a general practitioner (at GP's practice, at home, by telephone) **during the last two months**. If there are more than 6 consultations, only the last 6 times must be considered. Start with the most recent consultations and go back in time.

	GP.05. Date of GP consultation.	GP.06. Why did you consult a GP ? Give the major reason for consultation. <i>Int. : Show card 1; indicate only one possibility</i>	GP.07. Short description of reason. If possible, mention disease or complaint, even when the answer for question GP.06. is 2 to 6	GP.08. Where did you consult the GP ?
1	___/___/19___	1. Due to a complaint, illness 2. Diagnostic or preventive examination, test 3 For a treatment or a prescription 4 For the result of an examination or test 5 For an administrative reason 6 Referred or because of other reason 9. Don't know -1. No answer	..... ..... ..... 9. Don't know -1. No answer 	1. At GPs practice 2. At home 3. By telephone 4. Otherwise: 9. Don't know -1. No answer
2	___/___/19___	1. Due to a complaint, illness 2. Diagnostic or preventive examination, test 3 For a treatment or a prescription 4 For the result of an examination or test 5 For an administrative reason 6 Referred or because of other reason 9. Don't know -1. No answer	..... ..... ..... 9. Don't know -1. No answer 	1. At GPs practice 2. At home 3. By telephone 4. Otherwise: 9. Don't know -1. No answer
3	___/___/19___	1. Due to a complaint, illness 2. Diagnostic or preventive examination, test 3 For a treatment or a prescription 4 For the result of an examination or test 5 For an administrative reason 6 Referred or because of other reason 9. Don't know -1. No answer	..... ..... ..... 9. Don't know -1. No answer 	1. At GPs practice 2. At home 3. By telephone 4. Otherwise: 9. Don't know -1. No answer

<p>GP.09. Who took the initiative to consult the GP?</p>	<p>GP.10. Were you referred to a specialist, a hospital or another health institution after this contact with the general practitioner? (If yes : to whom?)</p> <p><i>Int. : Show card 2. If referred to a specialist or outpatient clinic: show card 3 and ask to indicate the kind of specialist.</i></p>
<p>1. Myself 2. Contact already fixed with general practitioner 3. Referred by specialist or general practitioner 4. Called by physician 5. Referred by a non physician 9. Don't know -1. No answer</p>	<p>01. No, not referred 02. Referred to specialist or outpatient clinic (describe kind of specialist or name specialist + clinic) 03. Referred for making of pictures 04. Referred to lab for examination 05. Referred to hospital for admission 06. Referred to physiotherapist 07. Referred to home care 08. Referred to social service 09. Referred to other instance (describe other instance) 99. Don't know -1. No answer</p> <p>Description (02 or 09)</p> <p style="text-align: center;"></p>
<p>1. Myself 2. Contact already fixed with general practitioner 3. Referred by specialist or general practitioner 4. Called by physician 5. Referred by a non physician 9. Don't know -1. No answer</p>	<p>01. No, not referred 02. Referred to specialist or outpatient clinic (describe kind of specialist or name specialist + clinic) 03. Referred for making of pictures 04. Referred to lab for examination 05. Referred to hospital for admission 06. Referred to physiotherapist 07. Referred to home care 08. Referred to social service 09. Referred to other instance (describe other instance) 99. Don't know -1. No answer</p> <p>Description (02 or 09)</p> <p style="text-align: center;"></p>
<p>1. Myself 2. Contact already fixed with general practitioner 3. Referred by specialist or general practitioner 4. Called by physician 5. Referred by a non physician 9. Don't know -1. No answer</p>	<p>01. No, not referred 02. Referred to specialist or outpatient clinic (describe kind of specialist or name specialist + clinic) 03. Referred for making of pictures 04. Referred to lab for examination 05. Referred to hospital for admission 06. Referred to physiotherapist 07. Referred to home care 08. Referred to social service 09. Referred to other instance (describe other instance) 99. Don't know -1. No answer</p> <p>Description (02 or 09)</p> <p style="text-align: center;"></p>

	GP.05. Date of GP consultation.	GP.06. Why did you consult a GP ? Give the main reason for consultation. <i>Int. : Show card 1; indicate only one possibility</i>	GP.07. Short description of reason. If possible, mention disease or complaint, even when the answer for question GP.06. is 2 to 6	GP.08. Where and how did you consult the GP ?
4	___/___/19___	1. Due to a complaint, illness 2. Diagnostic or preventive examination, test 3 For a treatment or a prescription 4 For the result of an examination or test 5 For an administrative reason 6 Referred or because of other reason 9. Don't know -1. No answer	..... ..... ..... 9. Don't know -1. No answer 	1. At GPs practice 2. At home 3. By telephone 4. Otherwise: 9. Don't know -1. No answer
5	___/___/19___	1. Due to a complaint, illness 2. Diagnostic or preventive examination, test 3 For a treatment or a prescription 4 For the result of an examination or test 5 For an administrative reason 6 Referred or because of other reason 9. Don't know -1. No answer	..... ..... ..... 9. Don't know -1. No answer 	1. At GPs practice 2. At home 3. By telephone 4. Otherwise: 9. Don't know -1. No answer
6	___/___/19___	1. Due to a complaint, illness 2. Diagnostic or preventive examination, test 3 For a treatment or a prescription 4 For the result of an examination or test 5 For an administrative reason 6 Referred or because of other reason 9. Don't know -1. No answer	..... ..... ..... 9. Don't know -1. No answer 	1. At GPs practice 2. At home 3. By telephone 4. Otherwise: 9. Don't know -1. No answer

<p>GP.09. Who took the initiative to contact the general practitioner ?</p>	<p>GP.10. Were you referred to a specialist, a hospital or another health institution after this contact with the general practitioner? (If yes : to whom?)</p> <p><i>Int. : Show card 2. In referred to a specialist or outpatient clinic: show card 3 and ask to indicate the kind of specialist.</i></p>
<p>1. Myself 2. Contact already fixed with general practitioner 3. Referred by specialist or general practitioner 4. Called by physician 5. Referred by a non physician 9. Don't know -1. No answer</p>	<p>01. No, not referred 02. Referred to specialist or outpatient clinic (describe kind of specialist or name specialist + clinic) 03. Referred for making of pictures 04. Referred to lab for examination 05. Referred to hospital for admission 06. Referred to physiotherapist 07. Referred to home care 08. Referred to social service 09. Referred to other instance (describe other instance) 99. Don't know -1. No answer</p> <p>Description (02 or 09)</p> <p style="text-align: center;"></p>
<p>1. Myself 2. Contact already fixed with general practitioner 3. Referred by specialist or general practitioner 4. Called by physician 5. Referred by a non physician 9. Don't know -1. No answer</p>	<p>01. No, not referred 02. Referred to specialist or outpatient clinic (describe kind of specialist or name specialist + clinic) 03. Referred for making of pictures 04. Referred to lab for examination 05. Referred to hospital for admission 06. Referred to physiotherapist 07. Referred to home care 08. Referred to social service 09. Referred to other instance (describe other instance) 99. Don't know -1. No answer</p> <p>Description (02 or 09)</p> <p style="text-align: center;"></p>
<p>1. Myself 2. Contact already fixed with general practitioner 3. Referred by specialist or general practitioner 4. Called by physician 5. Referred by a non physician 9. Don't know -1. No answer</p>	<p>01. No, not referred 02. Referred to specialist or outpatient clinic (describe kind of specialist or name specialist + clinic) 03. Referred for making of pictures 04. Referred to lab for examination 05. Referred to hospital for admission 06. Referred to physiotherapist 07. Referred to home care 08. Referred to social service 09. Referred to other instance (describe other instance) 99. Don't know -1. No answer</p> <p>Description (02 or 09)</p> <p style="text-align: center;"></p>

B. The specialist

Now I'm going to ask questions on consultation of specialists.

Should not be taken into account :

- consultations during hospitalisation
- telephone calls with assistants to make an appointment
- consultation in outpatient clinics

Should be taken into account :

- consultations by telephone with the specialist
- polyclinic consultations
- consultations emergency ward of a hospital

SP.01. Did you consult a specialist during the last 2 months, that is since ___/___/19___ ?

1. Yes
2. No - go to SP.03.
9. Don't know - go to SP.03.
- 1. No answer - go to SP.03.

SP.02. How many times did you consult a specialist during the last two months ?

times - go to SP.04.

SP.03. When did you last consult a specialist ?

___/___/19___

(If date unknown, use the next categories)







1. months ago
2. years ago
3. Never contact with a specialist
9. Don't know
- 1. No answer

Int. : If date of consultation within the 2 last months go to SP.04., otherwise go to DR.01.

The next questions refer to consultations of a specialist **during the last 2 months**. If there are more than 6 consultations, only the 6 last ones must be considered. Start with the most recent consultation and go back in time.

	SP.04. Date of consultation	SP.05. Kind of specialist ? <i>Int. : Show card 3 en ask the kind of specialist or name of the specialist + hospital</i>	SP.06. Why did you consult a specialist. Give the main reason for consultation. <i>Int. : Show card 1; indicate only one possibility</i>	SP.07. Short description of reason. If possible, mention disease or complaint, even when the answer for question SP.06 is 2 to 6.
1	___/___/19___	<p>.....</p> <p>.....</p> <p>.....</p> <p style="text-align: center;"><input type="checkbox"/> <input type="checkbox"/></p> <p>9. Don't know -1. No answer</p>	<p>1. Due to a complaint, illness</p> <p>2. Diagnostic or preventive examination, test</p> <p>3 For a treatment or a prescription</p> <p>4 For the result of an examination or test</p> <p>5 For an administrative reason</p> <p>6 Referred or because of other reason</p> <p>9. Don't know</p> <p>-1. No answer</p>	<p>.....</p> <p>.....</p> <p>.....</p> <p style="text-align: center;"><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <p>9. Don't know -1. No answer</p>
2	___/___/19___	<p>.....</p> <p>.....</p> <p>.....</p> <p style="text-align: center;"><input type="checkbox"/> <input type="checkbox"/></p> <p>9. Don't know -1. No answer</p>	<p>1. Due to a complaint, illness</p> <p>2. Diagnostic or preventive examination, test</p> <p>3 For a treatment or a prescription</p> <p>4 For the result of an examination or test</p> <p>5 For an administrative reason</p> <p>6 Referred or because of other reason</p> <p>9. Don't know</p> <p>-1. No answer</p>	<p>.....</p> <p>.....</p> <p>.....</p> <p style="text-align: center;"><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <p>9. Don't know -1. No answer</p>
3	___/___/19___	<p>.....</p> <p>.....</p> <p>.....</p> <p style="text-align: center;"><input type="checkbox"/> <input type="checkbox"/></p> <p>9. Don't know -1. No answer</p>	<p>1. Due to a complaint, illness</p> <p>2. Diagnostic or preventive examination, test</p> <p>3 For a treatment or a prescription</p> <p>4 For the result of an examination or test</p> <p>5 For an administrative reason</p> <p>6 Referred or because of other reason</p> <p>9. Don't know</p> <p>-1. No answer</p>	<p>.....</p> <p>.....</p> <p>.....</p> <p style="text-align: center;"><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <p>9. Don't know -1. No answer</p>

SP.08. Where did you consult the specialist ?	SP.09. Was it the first time you consulted a specialist for this disease/complaint/ treatment or was is a repeated visit ?	SP.10. Who took the initiative to consult a specialist ?	SP.11. Time between date of reference/call/request and date of contact.
<p>1. Hospital (or outpatients clinic) 2. Private-cabinet 3. Emergency ward 4. Somewhere else, explain</p> <p>.....</p> <p>9. Don't know -1. No answer</p>	<p>1. First time 2. Repeat visit 9. Don't know -1. No answer</p> <p>Int. : If answer is (1), go to SP.10. If not, go to the next consultation or to question DR.01.</p>	<p>1. Own request or initiative 2. Referred by general practitioner 3. Referred by other specialist 4. Called by specialist' 5. Other initiative, explain:</p> <p>.....</p> <p>9. Don't know -1. No answer</p> <p>Int. : If answer is (2), (3) or (4) : go to SP.11.. If not, go the next consultation or to question DR.01.</p>	<p>1. <input type="text"/> <input type="text"/> days</p> <p>2. <input type="text"/> <input type="text"/> weeks</p> <p>3. <input type="text"/> <input type="text"/> months</p> <p>9. Don't know -1. No answer</p>
<p>1. Hospital (or outpatients clinic) 2. Private-cabinet 3. Emergency ward 4. Somewhere else, explain</p> <p>.....</p> <p>9. Don't know -1. No answer</p>	<p>1. First time 2. Repeated visit 9. Don't know -1. No answer</p> <p>Int. : If answer is (1), go to SP.10. If not, go to the next consultation or to question DR.01.</p>	<p>1. Own request or initiative 2. Referred by general practitioner 3. Referred by other specialist 4. Called by specialist' 5. Other initiative, explain:</p> <p>.....</p> <p>9. Don't know -1. No answer</p> <p>Int. : If answer is (2), (3) or (4) : go to SP.11.. If not, go the next consultation or to question DR.01.</p>	<p>1. <input type="text"/> <input type="text"/> days</p> <p>2. <input type="text"/> <input type="text"/> weeks</p> <p>3. <input type="text"/> <input type="text"/> months</p> <p>9. Don't know -1. No answer</p>
<p>1. Hospital (or outpatients clinic) 2. Private-cabinet 3. Emergency ward 4. Somewhere else, explain</p> <p>.....</p> <p>9. Don't know -1. No answer</p>	<p>1. First time 2. Repeated visit 9. Don't know -1. No answer</p> <p>Int. : If answer is (1), go to SP.10. If not, go to the next consultation or to question DR.01.</p>	<p>1. Own request or initiative 2. Referred by general practitioner 3. Referred by other specialist 4. Called by specialist' 5. Other initiative, explain:</p> <p>.....</p> <p>9. Don't know -1. No answer</p> <p>Int. : If answer is (2), (3) or (4) : go to SP.11.. If not, go the next consultation or to question DR.01.</p>	<p>1. <input type="text"/> <input type="text"/> days</p> <p>2. <input type="text"/> <input type="text"/> weeks</p> <p>3. <input type="text"/> <input type="text"/> months</p> <p>9. Don't know -1. No answer</p>

	SP.04. Date of consultation	SP.05. Kind of specialist ? <i>Int. : Show card 3 en ask the kind of specialist or name of the specialist + hospital</i>	SP.06. Why did you consult a specialist. Give the major reason for consultation. <i>Int. : Show card 1; indicate only one possibility</i>	SP.07. Short description of reason. If possible, mention disease or complaint, even when the answer for question SP.06 is 2 to 6.
4	____/____/19____	..... ..... ..... 9. Don't know -1. No answer	1. Due to a complaint, illness 2. Diagnostic or preventive examination, test 3 For a treatment or a prescription 4 For the result of an examination or test 5 For an administrative reason 6 Referred or because of other reason 9. Don't know -1. No answer	..... ..... ..... 9. Don't know -1. No answer
5	____/____/19____	..... ..... ..... 9. Don't know -1. No answer	1. Due to a complaint, illness 2. Diagnostic or preventive examination, test 3 For a treatment or a prescription 4 For the result of an examination or test 5 For an administrative reason 6 Referred or because of other reason 9. Don't know -1. No answer	..... ..... ..... 9. Don't know -1. No answer
6	____/____/19____	..... ..... ..... 9. Don't know -1. No answer	1. Due to a complaint, illness 2. Diagnostic or preventive examination, test 3 For a treatment or a prescription 4 For the result of an examination or test 5 For an administrative reason 6 Referred or because of other reason 9. Don't know -1. No answer	..... ..... ..... 9. Don't know -1. No answer

SP.08. Where did you consult the specialist ?	SP.09. Was it the first time you consulted a specialist for this disease/complaint/ Treatment or was is a repeated visit ?	SP.10. Who took the initiative to consult a specialist ?	SP.11. Time between date of reference/call/request and date of contact.
<p>1. Hospital (or outpatients clinic) 2. Private-cabinet 3. Emergency ward 4. Somewhere else, explain</p> <p>.....</p> <p>9. Don't know -1. No answer</p>	<p>1. First time 2. Repeated visit 9. Don't know -1. No answer</p> <p>Int. : If answer is (1), go to SP.10. If not, go to the next consultation or to question DR.01.</p>	<p>1. Own request or initiative 2. Referred by general practitioner 3. Referred by other specialist 4. Called by specialist' 5. Other initiative, explain:</p> <p>.....</p> <p>9. Don't know -1. No answer</p> <p>Int. : If answer is (2), (3) or (4) : go to SP.11.. If not, go the next consultation or to question DR.01.</p>	<p>1. <input type="checkbox"/> <input type="checkbox"/> days</p> <p>2. <input type="checkbox"/> <input type="checkbox"/> weeks</p> <p>3. <input type="checkbox"/> <input type="checkbox"/> months</p> <p>9. Don't know -1. No answer</p>
<p>1. Hospital (or outpatients clinic) 2. Private-cabinet 3. Emergency ward 4. Somewhere else, explain</p> <p>.....</p> <p>9. Don't know -1. No answer</p>	<p>1. First time 2. Repeated visit 9. Don't know -1. No answer</p> <p>Int. : If answer is (1), go to SP.10. If not, go to the next consultation or to question DR.01.</p>	<p>1. Own request or initiative 2. Referred by general practitioner 3. Referred by other specialist 4. Called by specialist' 5. Other initiative, explain:</p> <p>.....</p> <p>9. Don't know -1. No answer</p> <p>Int. : If answer is (2), (3) or (4) : go to SP.11.. If not, go the next consultation or to question DR.01.</p>	<p>1. <input type="checkbox"/> <input type="checkbox"/> days</p> <p>2. <input type="checkbox"/> <input type="checkbox"/> weeks</p> <p>3. <input type="checkbox"/> <input type="checkbox"/> months</p> <p>9. Don't know -1. No answer</p>
<p>1. Hospital (or outpatients clinic) 2. Private-cabinet 3. Emergency ward 4. Somewhere else, explain</p> <p>.....</p> <p>9. Don't know -1. No answer</p>	<p>1. First time 2. Repeated visit 9. Don't know -1. No answer</p> <p>Int. : If answer is (1), go to SP.10. If not, go to the next consultation or to question DR.01.</p>	<p>1. Own request or initiative 2. Referred by general practitioner 3. Referred by other specialist 4. Called by specialist' 5. Other initiative, explain:</p> <p>.....</p> <p>9. Don't know -1. No answer</p> <p>Int. : If answer is (2), (3) or (4) : go to SP.11.. If not, go the next consultation or to question DR.01.</p>	<p>1. <input type="checkbox"/> <input type="checkbox"/> days</p> <p>2. <input type="checkbox"/> <input type="checkbox"/> weeks</p> <p>3. <input type="checkbox"/> <input type="checkbox"/> months</p> <p>9. Don't know -1. No answer</p>

C. Medicines

Now I'll ask you some question on the use of medicines.

Neither the use of medicines during hospitalisation nor "the pill" must be taken into account here.

DR.01. Did you use any medicines during the last two weeks ?

Int. : These can be earlier prescribed medicines

1. Yes - go to DR.03.
2. No
9. Don't know
- 1. No answer

DR.02. When did you use any medicines for the last time?

___/___/19___

(if date unknown, use the next categories)

1. weeks ago
2. months ago
3. years ago
4. Never
9. Don't know
- 1. No answer

Int. : If use of medicines within two weeks, go to DR.03. otherwise go to DR.04.

DR.03. What type of medicines did you use and who prescribed these ? Just mention the letter in front of the medicine on the next card.

Int. : Show card 4; multiple answers are possible

	Type of medicine	No	Yes	GP	Specialist	Other practitioner	Don't know	
a.	Medications for cough, cold, flew, etc	2	1	1	2	3	9	
b.	Antirheumatics.....	2	1	1	2	3	9	
c.	Other pain relievers or antipyretic.....	2	1	1	2	3	9	
d.	Restoratives such as vitamins, minerals, tonics.....	2	1	1	2	3	9	
e.	Medications for heart, blood vessels or blood pressure.....	2	1	1	2	3	9	
f.	Medications for a better brain saturation.....	2	1	1	2	3	9	
g.	Diuretics	2	1	1	2	3	9	
h.	Laxatives.....	2	1	1	2	3	9	
i.	Gastro intestinal medicines, digestive preparations.....	2	1	1	2	3	9	
j.	Sleepinducing medications	2	1	1	2	3	9	
k.	Anti-depressants.....	2	1	1	2	3	9	
l.	Tranquilizers and other nerve-tonics	2	1	1	2	3	9	
m.	Antibiotics.....	2	1	1	2	3	9	
n.	Remedies for the skin (acne, eczema, itch, wounds)	2	1	1	2	3	9	
o.	Allergy remedies	2	1	1	2	3	9	
p.	Anti-asthmatics.....	2	1	1	2	3	9	
q.	Hormonal medicines during menopause	2	1	1	2	3	9	
r.	Antidiabetic drugs (injections included)	2	1	1	2	3	9	
s.	Medicines for epilepsy (convulsions)	2	1	1	2	3	9	
t.	Medicines for Parkinson disease.....	2	1	1	2	3	9	
u.	Ophthalmics (ointment, drops)	2	1	1	2	3	9	
v.	Medicines to slim	2	1	1	2	3	9	
w.	Homeopathic medicines.....	2	1	1	2	3	9	
x.	Other medicines, explain	2	1	1	2	3	9	
y.	Type of medicine unknown.....	2	1	1	2	3	9	
z.	No answer	-1						

DR.04. Did you use over the counter medicines (for which you don't need any prescription) during the last two weeks?

- 1. Yes - go to DR.06.
- 2. No
- 9. Don't know
- 1. No answer

DR.02. When did you use free medicines for the last time ?

___/___/19___

(if date unknown, use the next categories)

- 1. weeks ago
- 2. months ago
- 3. years ago
- 4. Never
- 9. Don't know
- 1. No answer

Int. : If use of free medicines within two weeks, go to DR.06. otherwise go to DE.01.

DR.03. What type of free medicines did you use? Just mention the letter before the medicine on the next card.

Int. : Show cart 5; multiple responses are possible

	Kind of medicine	Yes	No
a.	Medications for cough, cold, flew, etc	1	2
b.	Antirheumatics.....	1	2
c.	Other pain relievers or antipyretics.....	1	2
d.	Restoratives such as vitamins, minerals, tonics.....	1	2
e.	Medications for heart, blood vessels or blood pressure.....	1	2
f.	Medications for a better brain saturation.....	1	2
g.	Diuretics	1	2
h.	Laxatives.....	1	2
i.	Gastro intestinal medicines, digestive preparations.....	1	2
j.	Sleepinducing medications	1	2
k.	Tranquilizers and other nerve-tonics	1	2
l.	Remedies for the skin (acne, eczema, itch, wounds)	1	2
m.	Allergy remedies	1	2
n.	Anti-asthmatics.....	1	2
o.	Ophthalmics (ointment, drops)	1	2
p.	Medicines to slim	1	2
q.	Homeopathic medicines.....	1	2
r.	Other medicines, explain	1	2
s.	Type of medicine unknown.....	1	2
t.	No answer	-1	

D. The dentist

The next questions deal with your teeth and tooth-care.

Int: *The questions DE.01. till DE.03. are only applicable if the respondent is at least 15 years old. If the respondent is less than 15 years, go to DE.04.*

DE.01. Do you have a complete or partial prosthesis (fixed or mobile)

	01. Upper	02. Lower
1. No prosthesis	1	1
2. Complete prosthesis	2	2
3. Partial prosthesis – mobile	3	3
4. Partial prosthesis – fixed (bridges included)	4	4
9. Don't know		
-1. No answer	9 -1	9 -1

Int. : *If no upper nor lower prosthesis, go to DE.03. In the respondent only has an upper or a lower prosthesis, pose the next applicable question*

DE.02. When did you get your actual prosthesis (upper and/or lower) or partial prosthesis ?

	01. Upper	02. Lower
1. Less than one year ago	1	1
2. <input type="text"/> Years ago	<input type="text"/>	<input type="text"/>
9. Don't know		
-1. No answer	9 -1	9 -1

DE.03. Do you still have your own teeth, complete or partial ?

Int. : Choose “Yes” even if the respondent has only one tooth

	01. Upper	02. Lower
1. Yes	1	1
2. No	2	2
9. Don't know	9	9
-1. No answer	-1	-1

Int: Ask the next questions to everyone

DE.04. Did you consult a dentist or an orthodontist during the last 2 months, that is since __/__/19__ ?

- 1. Yes
- 2. No - **go to DE.06.**
- 9. Don't know - **go to DE.06.**
- 1. No answer - **go to DE.06.**

DE.05. How many times did you consult a dentist or an orthodontist during the last 2 months ?

times - **go to DE.07.**

- 99. Don't know
- 1. No answer

DE.06. When did you last consult a dentist or an orthodontist ?







___/___/19___







(if date unknown, use next categories)

- 1. weeks ago
- 2. months ago
- 3. years ago
- 4. Not yet
- 9. Don't know
- 1. No answer

Int. : If date of consultation within the 2 last months, go to DE.07., otherwise go to PC.01.

The next questions refer to consultations of a dentist during the last two months. If there are more than 6 consultations, only the last 6 times must be considered. Start with the most recent consultation and go back in time.

	DE.07. Date of contact	DE.08. Why did you consult a dentist (reason for consultation) <i>Int. : Show cart 6</i>	DE.09. What happened then with the teeth? <i>Int. : Show cart 7 – multiple responses are possible</i>	<i>Int. : Pose these questions only when 2 and/or 3 were applicable for question DE.09. otherwise go to the next consultation or to PC.01.</i> DE.10. How many teeth/ molars were extracted/filled then?
1	___/___/19__	1. Due to pain 2. Periodical examination 3. Treatment after periodical examination 4. Long treatment 5 Other reason, explain: 9. Don't know -1. No answer	1. Control 2. Pulling of tooth or molar 3. Filling tooth or molar 3. Making a crown or bridge 4. Orthodontic regulation (brace) 5. Fluorine application 6. Removal of toothstone 7. Something else, explain: 9. Don't know -1. No answer	Number of extracted teeth:  teeth 9. Don't know -1. No answer Number of filled teeth:  teeth 9. Don't know -1. No answer
2	___/___/19__	1. Due to pain 2. Periodical examination 3. Treatment after periodical examination 4. Long treatment 5 Other reason, explain: 9. Don't know -1. No answer	1. Control 2. Pulling of tooth or molar 3. Filling tooth or molar 3. Making a crown or bridge 4. Orthodontic regulation (brace) 5. Fluorine application 6. Removal of toothstone 7. Something else, explain: 9. Don't know -1. No answer	Number of extracted teeth:  teeth 9. Don't know -1. No answer Number of filled teeth:  teeth 9. Don't know -1. No answer
3	___/___/19__	1. Due to pain 2. Periodical examination 3. Treatment after periodical examination 4. Long treatment 5 Other reason, explain: 9. Don't know -1. No answer	1. Control 2. Pulling of tooth or molar 3. Filling tooth or molar 3. Making a crown or bridge 4. Orthodontic regulation (brace) 5. Fluorine application 6. Removal of toothstone 7. Something else, explain: 9. Don't know -1. No answer	Number of extracted teeth:  teeth 9. Don't know -1. No answer Number of filled teeth:  teeth 9. Don't know -1. No answer

	DE.07. Date of contact	DE.08. Why did you consult a dentist (reason for consultation) <i>Int. : Show cart 6</i>	DE.09. What happened then with the teeth? <i>Int. : Show cart 7 – multiple responses are possible</i>	<i>Int. : Pose these questions only when 2 and/or 3 were applicable for question DE.09. otherwise go to the next consultation or to PC.01.</i> DE.10. How many teeth/ molars were extracted/filled then?
4	___/___/19__	1. Due to pain 2. Periodical examination 3. Treatment after periodical examination 4. Long treatment 5 Other reason, explain: 9. Don't know -1. No answer	1. Control 2. Pulling of tooth or molar 3. Filling tooth or molar 3. Making a crown or bridge 4. Orthodontic regulation (brace) 5. Fluorine application 6. Removal of toothstone 7. Something else, explain: 9. Don't know -1. No answer	Number of extracted teeth:  teeth 9. Don't know -1. No answer Number of filled teeth:  teeth 9. Don't know -1. No answer
5	___/___/19__	1. Due to pain 2. Periodical examination 3. Treatment after periodical examination 4. Long treatment 5 Other reason, explain: 9. Don't know -1. No answer	1. Control 2. Pulling of tooth or molar 3. Filling tooth or molar 3. Making a crown or bridge 4. Orthodontic regulation (brace) 5. Fluorine application 6. Removal of toothstone 7. Something else, explain: 9. Don't know -1. No answer	Number of extracted teeth:  teeth 9. Don't know -1. No answer Number of filled teeth:  teeth 9. Don't know -1. No answer
6	___/___/19__	1. Due to pain 2. Periodical examination 3. Treatment after periodical examination 4. Long treatment 5 Other reason, explain: 9. Don't know -1. No answer	1. Control 2. Pulling of tooth or molar 3. Filling tooth or molar 3. Making a crown or bridge 4. Orthodontic regulation (brace) 5. Fluorine application 6. Removal of toothstone 7. Something else, explain: 9. Don't know -1. No answer	Number of extracted teeth:  teeth 9. Don't know -1. No answer Number of filled teeth:  teeth 9. Don't know -1. No answer

E. Primary health care

The next questions deal with some other health services you may have used.

PC.01. Who do you normally first appeal to in case of health problems ?

1. General practitioner
2. Physician homeopath
3. Physician acupuncturist
4. Emergency ward of a hospital
5. Specialist
6. Other, explain.....

PC.02. Have you consulted one of the following health services during the past year, which is since e ___/___/19___. Please read with me and say yes or no:

Int. : Show card 8.

		Yes	Number of times	No	Don't know	No answer
01.	Physiotherapist	1	.....	2	9	-1
02.	Dietician.....	1	.....	2	9	-1
03.	Homeopath	1	.....	2	9	-1
04.	Acupuncturist.....	1	.....	2	9	-1
05.	Chiropractor, osteopath,	1	.....	2	9	-1
06.	Other healer	1	.....	2	9	-1
07.	Home care	1	.....	2	9	-1
08.	Domestic help.....	1	.....	2	9	-1
09.	Industrial Medicine Services	1	.....	2	9	-1
10.	Educational Guidance Centers.....	1	.....	2	9	-1
11.	Centers for Mental Health Care.....	1	.....	2	9	-1
12.	Young Peoples Advisory Center.....	1	.....	2	9	-1
13.	Tele services (f.e. AIDS- phone).....	1	.....	2	9	-1
14.	Social Welfare	1	.....	2	9	-1
15.	Self-help-group (f.e. AA).....	1	.....	2	9	-1
16.	Other, explain	1	.....	2	9	-1

Int. : Only for persons of 60 years and older – **Show card 9.**

PC.03. Did you consult during the last year, that is since __/__/19__, the next health services. Please read with me and say yes or no:

		Yes	Number of times	No	Don't know	No answer
01.	Domestic or geriatric assistance.....	1	.....	2	9	-1
02.	Cleaning service (geriatric service).....	1	.....	2	9	-1
03.	Cleaning service (private)	1	.....	2	9	-1
04.	Home delivered hot meals	1	.....	2	9	-1
05.	Day care center	1	.....	2	9	-1
06.	Other service, explain:	1	.....	2	9	-1

F. Hospitalisation

The next questions deal with hospitalisation. Hospitalisation to give birth must not be taken into account, in contradiction to day-hospitalisation.

HO.01. Have you been admitted to the hospital in the course of last year, that is since ___/___/19___?

1. Yes
2. No - go to HO.03.
9. Don't know - go to HO.03.
- 1. No answer - go to HO.03.

HO.02. How many times have you been admitted to the hospital during last year ?

times - go to HO.04.

HO.03. When were you last admitted to the hospital (hospitalisation for delivery are excluded)



















Op ___/___/19___

(if date unknown, use the next categories)

1. months ago
2. years ago
3. Never been hospitalised
9. Don't know
- 1. No answer

Int. : *If date of hospitalisation within the year, go to HO.07., otherwise go to VA.01.*

The next questions deal with hospitalisation in the course of **last year**. If you have been hospitalised for more than 6 times, we consider only the last 6 times. Start with the most recent hospitalisation and go back in time.

	HO.04. Date of admission <i>Int. : The day of admission can be before last year .</i>	HO.05. In which service were you admitted ? <i>Int. : Show card 10; mention service or name of the specialist + hospital</i>	HO.06. How many nights did you spend in the hospital ?	HO.07. Why were you hospitalised ? <i>Int. : Mention disease of complaint. If unknown, ask for kind or name of specialist + hospital</i>	HO.08. Were you operated during admission ?
1	___/___/19___	..... ..... 9. Don't know -1. No answer	1.  nights 2. Still hospitalised 3. Day hospitalisation 9. Don't know -1. No answer	..... ..... 9. Don't know -1. No answer	1. Yes 2. No 9. Don't know -1.No answer
2	___/___/19___	..... ..... 9. Don't know -1. No answer	1.  nights 2. Still hospitalised 3. Day hospitalisation 9. Don't know -1. No answer	..... ..... 9. Don't know -1. No answer	1. Yes 2. No 9. Don't know -1.No answer
3	___/___/19___	..... ..... 9. Don't know -1. No answer	1.  nights 2. Still hospitalised 3. Day hospitalisation 9. Don't know -1. No answer	..... ..... 9. Don't know -1. No answer	1. Yes 2. No 9. Don't know -1.No answer
4	___/___/19___	..... ..... 9. Don't know -1. No answer	1.  nights 2. Still hospitalised 3. Day hospitalisation 9. Don't know -1. No answer	..... ..... 9. Don't know -1. No answer	1. Yes 2. No 9. Don't know -1.No answer
5	___/___/19___	..... ..... 9. Don't know -1. No answer	1.  nights 2. Still hospitalised 3. Day hospitalisation 9. Don't know -1. No answer	..... ..... 9. Don't know -1. No answer	1. Yes 2. No 9. Don't know -1.No answer
6	___/___/19___	..... ..... 9. Don't know -1. No answer	1.  nights 2. Still hospitalised 3. Day hospitalisation 9. Don't know -1. No answer	..... ..... 9. Don't know -1. No answer	1. Yes 2. No 9. Don't know -1.No answer

Immunisation

Now I'm going to ask you some questions about immunisation

A. Tetanus immunisation

Int : Only for adults (15 years and older), answers by a proxy are permitted

VA.01. Have you been immunised against tetanus during the last 10 years?

1. Yes, (with card) - **go to VA.03.**
2. Yes (without card) - **go to VA.03.**
3. No
4. Don't know what you are talking about - **go to VA.03.**
9. Don't know - **go to VA.03.**
- 1. No answer - **go to VA.03.**

VA.02. Can you tell me why you haven't been immunised against tetanus during the last 10 years ?

1. I'm not aware of the need of a booster injection
2. I don't know how to proceed
3. I don't think about it
4. I think it isn't worthwhile
5. Immunisation can be dangerous
6. Other reason, explain:

B. Influenza immunisation

VA.03. Were you ever immunised against influenza?

1. Yes
2. No - **go to VA.06.**
3. Don't know what you are talking about - **go to NU.04.**
9. Don't know
- 1. No answer

VA.04. When were you last immunised against influenza?

Int. : When year or month unknown, fill 99

Month Year 19

VA.05. Were you last immunised:

1. On your own initiative
2. On initiative of the general practitioner
3. On initiative of the specialist
4. On initiative of the workplace physician
5. On initiative of someone else, explain whom

Int. : For immunised people, go to NU.04

VA.06. Why are you not immunised against influenza?

1. I don't know how to proceed
2. I don't think about it
3. I think it isn't worthwhile
4. Immunisation can be dangerous
5. Other reason, explain :

Nutrition

Int : Questions for everyone, answers by proxy are admitted

The next questions deal with your nutritional habits, but first we'll ask some questions on your height and weight.

NU.04. What is your height without shoes?

cm

999. Don't know

-1. No answer

NU.05. How much do you weigh without clothes and shoes?

kg

999. Don't know

-1. No answer

Int Pregnant women are asked their weight before pregnancy

Int. : For the next questions a proxy is only allowed when he or she is the sole responsible for the nutrition of the implied person

NU.06. How many days a week do you eat a hot meal with vegetables

days a week

9. Don't know

-1. No answer

NU.07. How many days a week do you take breakfast?

days a week

9. Don't know

-1. No answer

NU.08. Hoe often do you eat snacks between meals like cookies, chocolates, sweets, cakes, etc.?

1. Hardly ever or never
2. 1-2 times a week
3. 3-5 times a week
4. 6-7 times a week
5. 2 or more times a day

NU.09. How often do you eat or drink one of the following products?

	A day				A week			A month	Never or hardly ever
	1	2	3	>3	1	2-4	5-6	1-3	
01. Whole milk and whole milk products									
02. Semi-skimmed/skimmed milk and and semi-skimmed/skimmed milk products									
03. Meat, fowl									
04. Fish									
05. Cheese (except cottage cheese, to indicate at met 01 and 02)									
06. Potatoes									
07. Pasta, rice									
08. Vegetables									
09. Fresh fruit									
10. White bread									
11. Dark bread									
12. Sugared drinks (coca-cola, lemonade, softdrink, juice, ...)									
13. Eggs									

NU.10. What kind of fat do you usually use ...

01. On bread?

1. None
2. Butter
3. Margarine
4. Diet margarine
5. Other; explain :

02. To cook and to bake?

1. None
2. Butter
3. Margarine
4. Oil
5. Other; explain :

03. To fry ?

1. No fried nutrition
2. Animal fats
3. Vegetable fats
4. Oil
5. Mixed oil
6. Other; explain :

04. On raw vegetables

1. No oil
2. Oil
3. Mixed oil
4. Other: explain :

PHYSICAL ACTIVITY

The next two questions deal with physical activity during leisure

Int : *Answers by a proxy are not admitted*

AP.01. What describes best your leisure time activities during the last year?

Int. : *Show cart 11 – only one answer is possible*

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.

AP.02. 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, days/week
2. No

Int. : *For women older than 55 years or younger than 15 years and for men, ga to ET.01.*

Health of mother and child

This module deals with pregnancies, births and young children

Int. : *Only for women aged 15 to 55 years old. Answers by a proxy are not admitted*

MCH.01. How many children do you have at the moment ?

MCH.02. Are you pregnant at the moment?

1. Yes – go to **MCH.06.**
2. No
9. Don't know
- 1. No answer

MCH.03. Have you ever been pregnant?

1. Yes
2. No - go to **MCH.38.**

MCH.04. How many times you have been pregnant?

times

MCH.05. Have you been pregnant during the last 5 years?

1. Yes - go to **MCH.09.**
2. No – go to **MCH.38.**

Int. : *MCH.06. till MCH.08. for pregnant women .*

MCH.06. How long are you pregnant?

1. weeks

2. months

99. Don't know
-1. No answer

MCH.07. Is this your first pregnancy ?

1. Yes – go to MCH.14.
2. No

MCH.08. How many times have you been pregnant before ?

times - go to MCH.14.

Int. : For women who are pregnant at the moment : ask questions **MCH.14. till MCH.19.**

Int. : For women who have been pregnant during the last five years, ask the questions on follow-up of the pregnancy (**MCH.09. tot MCH.13.**).

If you agree, I'll ask some questions on your last pregnancy

MCH.09. Did your last pregnancy end in :

1. Birth
2. Miscarriage
3. Abortion
4. Other possibility, explain:

Mention the date : ___/___/19___

Int. : When day, month or year unknown fill in 99

MCH.10. How many weeks or months were you pregnant at the end of this pregnancy?

1. weeks

2. months

99. Don't know

-1. No answer

Int. : In number of past weeks starting from the day of the last menstruation ;
less than 7 days = 0 weeks,
7 days = 1 week,
9 days = 1 week,
25 days = 3 weeks , etc .

Int. : If the pregnancy didn't end in a birth (answer 1 to question MCH.09) go to MCH.11.. If not, go to MCH.14.

MCH.11. Compared to the date of birth determined by your doctor, when did you give birth?

1. Three or more weeks before the determined date
2. More than one week, but less than three weeks before the determined date
3. Around the determined date (maximum one week more or less)
4. More than one week, but less than three weeks after the determined date
5. More than two weeks after the determined date

MCH.12. Was this last baby

1. A boy
2. A girl

MCH.13. How much did the child weigh at birth (record in grams) ?

grams

Follow-up of pregnancy

MCH.14. After how many weeks of pregnancy have you been medically monitored ?

weeks

- 77. First medical contact at the time of delivery, miscarriage, abortion
- 88. Not yet being monitored
- 99. Don't know
- 1. No answer

MCH.15. By whom has the follow-up been done during your pregnancy ?

Int. : More than one answer possible

- 1. General practitioner – **go to MCH.17.**
- 2. Private gynaecologist – **go to MCH.17.**
- 3. Gynaecologist in clinic
- 4. Physician, consultation of MCH – **go to MCH.17.**
- 5. Others, please precise : – **go to MCH.17.**
- 9. Don't know – **go to MCH.17.**
- 1. No answer – **go to MCH.17.**

MCH.16. For women, who have been or are being followed by a gynaecologist in a clinic, is/was this a MCH consultation?

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

MCH.17. How many times did you go to a gynaecologist or a GP for the medical follow-up of your pregnancy ?

time(s)

88. No follow-up

99. Don't know

-1. No answer

Int. : Attention : do not count any contact with a medical doctor during a stay in a hospital for reasons other than the pregnancy.

Int. : The next questions are only applicable for women with at least one child who's younger than 5 years. If not, **go to MCH.38.**

Breast-feeding

If you agree, we'll talk about this lastborn child (in case of a twin: the firstborn of the twin) first about his nutrition

MCH.20. Did the child get breast-feeding ?

1. Yes
2. No - go to MCH.25.
9. Don't know - go to MCH.25.
- 1. No answer - go to MCH.25.

MCH.21. How long was the child breast-fed ?

1. weeks - go to MCH.23.
2. months - go to MCH.23.
88. Still breast-feeding - go to MCH.23.
99. Don't know
- 1. No answer

Int. : If 'don't know' /no answer, question **MCH.22.**

MCH.22. How long was this child breast-fed?

1. Less than 6 weeks
2. Between 6 weeks and 3 months (3 months included)
3. Between 3 months and 6 months (6 months included)
4. More than 6 months
9. Don't know
- 1. No answer

MCH.23. At what age did the child get supplementary food next to mother milk?

1. weeks - go to MCH.25.

2. months - go to MCH.25.

88. Is still only breast-fed - go to MCH.25.

99. Don't know

-1. No answer

Int. : If 'don't know'/'no answer' got to MCH.24.

MCH.24. At what age did the child get supplementary food next to mother milk?

1. Less than 6 weeks

2. Between 6 weeks and 3 months (3 months included)

3. Between 3 months and 6 months (6 months included)

4. More than 6 months

9. Don't know

-1. No answer

Follow-up of baby

MCH.25. After your return from maternity clinic, did you get a visit from a social worker from MCH for your youngest child ?

1. Yes
2. No
9. Don't know
- 1. No answer

MCH.26. Who was in charge of the medical follow-up of this last born child ?

Int. : More than one answer possible.

1. No medical follow-up
2. General practitioner
3. Private paediatrician
4. Paediatrician in clinic
5. Paediatrician / Physician during MCH consultation
6. GP of the crèche
7. Other, please explain:
9. Don't know
- 1. No answer

MCH.27. How many times has this child been examined during consultations in its first year ?

time(s)

99. Don't know
- 1. No answer

MCH.28. Who has been vaccinating your child (last born) ?

1. No vaccination
2. GP
3. Private paediatrician
4. Paediatrician in clinic
5. Paediatrician / physician during consultation of MCH
6. Physician of the crèche
7. Other, please explain :
9. Don't know
- 1. No answer

Situation of sleep of the youngest child

The next questions are related to the first year of age of your youngest child who's less than five years old.

Int. : Ask the questions in present time terms if the child is less than one year at the moment. If not use past time terms

MCH.29. Where does (did) your little child sleep most of the time?

	01. daytime	02. night time
1. Living room	1	1
2. Own bedroom	2	2
3. Communal child bedroom	3	3
4. Bedroom parents	4	4
5. Other	5	5
explain :	.....	.....

9. Don't know	9	9
-1. No answer	-1	-1

MCH.30. Where does (did) your child usually sleep at home?

	MCH.30.01. daytime	MCH.30.02 night time
1. Cradle	1	1
2. Own bed	2	2
3. Travel cradle	3	3
4. Buggy	4	4
5. Other	5	5
explain :	.....	.....

9. Don't know	9	9
-1.No answer	-1	-1

MCH.31. In which position do you (did you) lay your child asleep

	01 daytime	02 night time
01. Always on its side	01	01
02..Always on its back	02	02
03. Always on its belly	03	03
04. Most of the time on its side, sometimes on its back	04	04
05. Most of the time on its side, sometimes on its belly	05	05
06. Most of the time on its back, sometimes on its side	06	06
07. Most of the time on its back, sometimes on its belly	07	07
08. Most of the time on its belly, sometimes on its side	08	08
09. Most of the time on its belly, sometimes on its back	09	09
10. Sometimes on its side, sometimes on its back	10	10
11. Sometimes on its side, sometimes on its back	11	11
12. Sometimes on its back, sometimes on its belly	12	12
13. Sometimes on its side, sometimes on its belly	13	13
99. Don't know	99	99
-1. No answer	-1	-1

MCH.32. Does (did) your little child sleep with a pillow?

- 1. Always
- 2. Most of the times
- 3. Rarely
- 4. Never
- 9. Don't know
- 1. No answer

MCH.33. What do (did) you use to cover your little child at night?

- 1. One blanket
- 2. Two blankets
- 3. Three blankets
- 4. A trample sack
- 5. A quilt
- 6. Other; explain :
- 9. Don't know
- 1. No answer

MCH.34. What does (did) your little child usually wear at night?

1. Only a pyjama /sleeping frock
2. pyjama /sleeping frock + under garment
3. pyjama /sleeping frock + extra upper garment
4. pyjama /sleeping frock + under garment + extra upper garment
5. Something else, explain :
9. Don't know
- 1. No answer

MCH.35. How high do you estimate the temperature in de room where your child sleeps (slept)?

Int. : If 'don't know' fill in 99, if 'no answer', fill in -1.

01. where your child sleeps during daytime? °C

02. where your child sleeps during night time? °C

MCH.36. Do you (did you) or your partner smoke in the present of your little child?

1. Often
2. Rarely
3. Never

MCH.37. In case your child felt asleep after heavy weeping, do (did) you check how your child felt asleep?

1. Always
2. Most of the time
3. Sometimes
4. Never

Contraception

Int. : For women between 15 and 55 years, answers by a proxy are not allowed

**MCH.38. Do you yourself or your partner, take precautions in order to prevent a pregnancy ?
(do not forget withdrawal method or periodical abstention)**

1. Yes
2. No - **go to MCH.40.**
9. Don't know
- 1. No answer

MCH.39. What kind of method are you using?

01. Pill
02. Contraceptive injection (such as Depo-Provera)
03. IUD (intra-uterine device)
04. Diaphragm
05. Condom
06. Periodical abstention
07. Withdrawal
08. Sterilisation of the woman
09. Sterilisation of the man
10. Other method, please explain :
99. Don't know
- 1. No answer

Vaccination

MCH.40. Have you been vaccinated against rubella ?

1. Yes (confirmed with a vaccination card) -**go to ET.01.**
2. Yes (not confirmed with a vaccination card) - **go to ET.01.**
3. No
4. Don't know what it is about - **go to ET.01.**
9. Don't know - **go to ET.01.**
- 1. No answer - **go to ET.01.**

MCH.41. Why have you not been vaccinated ?

1. Don't know what needs to be done
2. Don't think of it
3. It is not worth it
4. Vaccinations are dangerous
5. I already had rubella
6. Other, please explain :

Socio-economic profile

The next questions deal with your educational level, your professional situation and your income.

Int. : Questions for all respondents older than 6 years. Answers by proxies are admitted.

Studies

ET.01. Do you go to school, meaning are you a daytime student?

1. Yes
2. No - go to ET.03.

ET.02. What is your current branch of studies?

Int. : Show cart 12

01. Primary education
02. Special primary education
03. Lower secondary professional education
04. Lower secondary technical education
05. Lower secondary education
06. Special secondary education
07. Higher secondary professional education
08. Higher secondary technical education
09. Higher secondary education
10. Higher education, no university (2-3 Years)
11. Higher education, no university (4 Years or more)
12. University
13. Other, explain :
99. Don't know
- 1. No answer

Int. : For those attaining school - go to **SU.05.**

ET.03. What is your highest diploma or grade ?

Int.: Show cart 12

- 01. Primary education
- 02. Special primary education
- 03. Lower secondary professional education
- 04. Lower secondary technical education
- 05. Lower secondary education
- 06. Special secondary education
- 07. Higher secondary professional education
- 08. Higher secondary technical education
- 09. Higher secondary education
- 10. Higher education, no university (2-3 Years)
- 11. Higher education, no university (4 Years or more)
- 12. University
- 13. Other, explain :
- 14. No diploma
- 99. Don't know
- 1. No answer

ET.04. How old were you when you ended your studies ?

- 1. Years old
- 99. Don't know
- 1. No answer

Employment

The next questions deal with your occupational status. We consider someone as having an occupation if he/she has a paid job as employee or civil servant, as self-employed or as an assistant of a self-employed even if he/she only works 1 hour a week. This job can be temporarily interrupted. This means that you are not working for the moment, but you will restart your job in the next coming period .

EM.01. Do you have at this moment a paid job, even if it is temporarily interrupted

1. Yes, paid job - **go to EM.03.**
2. Yes, but temporarily interrupted
3. No, no paid job - **go to EM.22.**

EM.02. Can you give the reason for this temporarily interruption?

1. Disease or accident
2. Temporarily unemployed due to technical reasons
3. Pregnancy leave
4. Parental leave
5. Career interruption
6. Leave for family reasons
7. Leave concerning social promotion, study,...
8. Other reason: explain
9. Don't know
- 1. No answer

Now we're going to ask some questions on your paid job. We will start with your major occupation; the occupation you spend the most of your time.

EM.03. Under what kind of statute do you work? If you have more than one professional activity, you only consider the one you spend most of your time.

1. Employee or civil servant
2. Self-employed - **go to EM.11.**
3. Assistant of self-employed - **go to EM.16.**
4. Other statute; explain :

Int. : In normal circumstances the category 'other statute' can be attributed to category 1,2 or 3. If this is impossible, the logarithm applied for employees or civil servants has to be followed. (go to EM.04.)

9. Don't know
- 1. No answer

Int. : Questions EM.04. till EM.10. have to be applied for employees or civil servants

Employees and civil servants

EM.04. Are you employed by the state or by the private sector?

1. State
2. Private sector
3. Other, explain :
9. Don't know
- 1. No answer

EM.05. To which professional category do you belong?

1. Unskilled worker
2. Skilled worker
3. Employee
4. Higher employee or staff
5. Other, explain :
9. Don't know
- 1. No answer

EM.06. Can you describe your professional activity in detail?

.....

EM.07. What is the most important economic activity of the company that employs you?

.....

EM.08. When do you perform your professional activity ?

1. Exclusively day time (possible two shift system)
2. Exclusively night time (fixed night shift)
3. Exclusively during weekends (fixed weekend shift)
4. Rotating multi-shift system (basic schema: early, late, night)
5. On (very) irregular basis
6. Other regime; explain :
9. Don't know
- 1. No answer

EM.09. Do you work full-time or part-time?

1. Full-time - **go to IN.01.**
2. Part-time : Hours a week
9. Don't know
- 1. No answer

EM.10. Do you combine your part-time professional activity with one of the following activities or statutes?

1. Another part-time activity
2. (Part-time) unemployment
3. (Part-time) pension
4. Disease or disability
5. Study
6. Housekeeping without allowance
7. Other activity: explain:
8. No
9. Don't know
- 1. No answer

Int. : Go to **IN.01.**

Questions **EM.11. - EM.15.** are only applicable for self-employed people

Self-Employed people

EM.11. To which professional category do you belong?

1. Self-employed employing a maximum of 5 employees
2. Farmer
3. Liberal profession
4. Entrepreneur (more than 5 employees)
5. Wholesaler
6. Other, explain:

EM.12. Can you describe your professional activity in detail?

.....

EM.13. What is the most important economic activity of the your firm/enterprise?

.....

EM.14. Do you work full-time or part-time?

1. Full-time - go to **IN.01**.
2. Part-time Hours a
9. Don't know
- 1. No answer

EM.15. Do you combine your part-time professional activity with one of the following activities or statutes?

1. Another part-time activity
2. (Part-time) unemployment
3. (Part-time) pension
4. Disease or disability
5. Study
6. Housekeeping without allowance
7. Other activity: explain:
8. No
9. Don't know
- 1. No answer

Int. : Go after this question to **IN.01**.
Questions **EM.16.** till **EM.21.** have only to be asked to assistants of self-employed people

Assistant of self-employed

EM.16. Are you an assistant in the firm of your partner ?

1. Yes
2. No

EM.17. To which professional category does the self-employed whom you work for, belong?

1. Small self-employed (maximum 5 employees)
2. Farmer
3. Liberal profession
4. Entrepreneur (more than 5 employees)
5. Wholesaler
6. Other, explain:

EM.18. Can you describe your professional activity in detail?

.....

EM.19. What is the most important economic activity of the your firm/enterprise where your are employed as an assistant?

.....

EM.20. Do you work full-time or part-time as an assistant?

1. Full-time - go to IN.01.
2. Part-time Hours a
9. Don't know
- 1. No answer

EM.21. Do you combine your part-time professional activity as an assistant with one of the following activities or statutes?

1. Another part-time activity
2. (Part-time) unemployment
3. (Part-time) pension
4. Disease or disability
5. Study
6. Housekeeping without allowance
7. Other activity: explain:
8. No

- 9. Don't know
- 1. No answer

Int. : After this question : go to **IN.01.**
Questions **EM.22.** till **EM.27.** must only be asked to assistants of self-employed people

Non employed

EM.22. What is the reason of being not employed?

- 1. Retired (also early retirement)
- 2. Disease or disabled
- 3. Unemployed
- 4. Student
- 5. Housekeeping, without allowance
- 6. Other reason; explain :
- 9. Don't know
- 1. No answer

EM.23. Have you ever been employed, that is have you ever had a paid employment?

- 1. Yes
- 2. No - go to **EM.28.**
- 9. Don' know - go to **EM.28.**
- 1. No answer - go to **IN.01.**

EM.24. Until when were you employed?

...../19..... (month/year)

Int. : fill in **99** in case month and/or year is unknown


EM.25. In which occupational category were you last employed?

- 1. Unskilled worker
- 2. Skilled worker
- 3. Employee
- 4. Higher employee or staff
- 5. Self-employed
- 6. Assistant of a self-employed
- 7. Other, explain :
- 9. Don't know
- 1. No answer

EM.26. Can you describe your last professional activity or function in detail


..... 

EM.27. What is the most important economic activity of the your firm/enterprise where you were last employed?

..... 

***Int. : After this question : got to IN.01.
Question EM.28. is only applicable for those who have never had a paid employment***

EM.28. Can you describe in detail the last professional activity of your partner ?

..... 

Income

IN.01. What is your personal available net income, all included a month?

Net income refers to the income your receive, after withholding taxes and social security contributions. In case your income differs per month, please give the mean income.

frank

Int. : Only if the respondent hesitates to answer you should ask the next question. In the other cases : go to IN.03.

IN.02. You find it hard to answer this question. The next questions are probably easier to answer. Is this income higher than 80.000 franks

1. Yes → card 13
2. No → card 14

Can you say to which income-category you belong ?

IN.03. In case of consulting a general practitioner or a specialist, in case of hospitalisation or in case of buying medicaments, patients have to pay a contribution themselves. Some people can count on a reduction of this contribution or do not have to pay this contribution at all.

Do you, as far as you know, enjoy this reduction for medical expenses, medications or hospitalisation? A reduction based on a supplementary insurance is not to be considered here

1. Yes
2. No - **go to IN.05.** if you are self employed, if not **go to IN.06.**
9. Don't know - **go to IN.05.** if you are self employed, if not **go to IN.06.**
- 1. **No answer - go to IN.05.** if you are self employed, if not **go to IN.06.**

IN.04. To profit from a reduction of your contribution it needs to be officially acknowledged. I'll recount a number of institutions able to give this acknowledgement. Can you indicate which institution awarded you this reduction of your contribution?

1. The RIZIV
2. National institute for disabled veterans and war victims
3. Flemish Fund for social integration of disabled persons
4. The Fund for industrial accidents
5. The Fund for occupational diseases
6. The Public Health Service (supplementary)
9. Don't know
- 1. No answer

Int. : Only for self-employed people

IN.05. Self employed people are only secured for 'big risks' (hospitalisation, X-rays,...) , but can – on their own initiative – negotiate an insurance for 'small risks' (consultations, medications,...)

Did you negotiate an insurance for small risks

1. Yes
2. No
9. Don't know
- 1. No answer

Int. : For everyone

IN.06. Did you, on your own initiative, take a supplementary insurance for a refund of your personal contribution in the health care system

1. Yes
2. No
9. Don't know
- 1. No answer

Judgement of the questionnaire

By selected person.

SU.05. Did you find the questions difficult?

1. Really difficult
2. Rather difficult
3. Not difficult, not easy
4. Rather easy
5. Very easy
9. Don't know
- 1. No answer

SU.06. Did you find the questions too personal or intimate?

1. Yes
2. No
9. Don't know
- 1. No answer

By interviewer

Int. :01. Did the selected person voluntary cooperate?

1. Very spontaneously
2. Rather spontaneously
3. Not spontaneously, not difficult
4. Rather difficult
5. Very difficult

Int. :02. Do you think the respondent fully understood the questions (and did not need much additional information)

1. Fully understood
2. Rather well understood
3. More or less understood
4. Rather not understood
5. Not at least understood

Int. : After the interview mention the hour on the front page.

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