



**Algemene Directie Statistiek en Economische
Informatie**
Leuvenseweg 44 – 1000 Brussel



Wetenschappelijk Instituut Volksgezondheid
Juliette Wytsmanstraat 14-16 – 1050 Brussel

Health Interview Survey, Belgium, 2004

Face to face questionnaire

Participant

Person's Number:

--	--	--	--	--	--	--	--	--	--

First name: _____

Interviewer

Interviewer's Number:

--	--	--	--

Respondent (proxy)

First name: _____

--	--

Row number of the person within the household that completes this questionnaire

Gender: Man (1) Woman (2)

Date of birth: ____ / ____ / 19 ____

Start: hour minutes

Date of the interview

End: hour minutes

--	--	--	--	--	--

Information on the participant and the respondent

NR.01. Who answered the questions during the interview?

- The selected person 1 Go to MB.01.
- Another member of the household..... 2
- rank number of the respondent (in household questionnaire) ←
- A person not member of the household 3
- Who? ←

NR.02. If the selected person did not answer the questions during the interview, why was a proxy used?

- The selected person did not reach the minimal age (age less than 15 year) 1 Go to MB.01.
- The selected person could not be contacted, despite of (Nr)_____ attempts to get into contact 2 Go to NR.03.
- The selected person was not capable to respond personally 3 Go to NR.04.
- The selected person refused to respond personally 4 Go to NR.05.

NR.03. Why could the selected person not be contacted?

- The person was absent, at work, at school or university or on holiday 1
- The person was hospitalised..... 2
- The person was institutionalised (**not a home for the elderly!**) 3
- The person was institutionalised in a home for the elderly..... 4

Indicate the name and adress of the institution:

Name institution:

Street/nr:

Postal code/place:

Telephone number:

Interviewer: After answering question NR.03, go to MB.01.

NR.04. Why was the selected person not capable of answering the question personally?

- Because of a physical disorder (e.g. bedridden) 1
- Because of a memory problem (e.g. amnesia, senile dementia)..... 2
- Because of a language problem (e.g. foreign language) 3
- Because of a speech defect (e.g. muteness, aphasia) 4
- Because of a hearing problems (e.g. deafness)..... 5
- Because of a serious mental disorder 6
- Other reason, specify _____ 7

Interviewer: After answering question NR.04, go to MB.01.

NR.05. Why did the selected person refuse to respond personally to the questions?

- Because of the length of the interview (e.g. had no time)..... 1
- This is the case for all interviews..... 2
- Because of the procedure applied during the interview
(e.g. face to face interview with an interviewer) 3
- Because of the content of the interview (e.g. to private, not interesting)..... 4
- Other reason, specify: 5

Illnesses and chronic conditions

The next questions are on longstanding illnesses, chronic conditions and handicaps

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

- Yes 1
- No 2 Go to MB.05.
- Don't know 9 Go to MB.05.
- No answer -1 Go to MB.05.

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

.....

.....

- Don't know 9 No answer -1

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

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

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

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

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

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

MB.06. Which official organism has officially recognised your invalidity or handicap and/or at which organism you have addressed you demand for recognition?

.....

.....

- Don't know 9 No answer -1

MB.07. What is the major cause of your invalidity or handicap?

- An industrial accident..... 1
- An occupational disease 2
- A domestic accident 3
- A traffic accident..... 4
- A sports accident..... 5
- A sickness..... 6
- A congenital disease..... 7
- Other reason, specify: _____ 8

- Don't know 9 No answer -1

Interviewer: If the answer to question MA.01 is "Yes", continue with MA.02 and MA.04.
 If the answer to question MA.02. is "Yes" continue with MA.03.
 Go through all listed illnesses one by one!

MA.01. I will name a list of diseases and conditions. Could you indicate whether you have this disease/condition or you have had it during the last 12 months?

MA.01.						MA.02.				MA.03.						MA.04.						
Diseases and chronic conditions						Did you see a health care professional in the last 12 months for this disease?				By which type of health professional? <i>(Multiple responses possible)</i>						Which type of treatment did you undergo for this disease or condition? <i>(Several answers possible)</i> <u>Int. Show card 1.</u>						
		No	Yes	Don't know	No answer	No	Yes	Don't know	No answer	Generalist	Specialist	Other, specify	Don't know	No answer	None	Medicines	Diet	Physiotherapy	Psychotherapy	Other therapy	Don't know	No answer
01	Asthma	2	1	9	-1	2	1	9	-1	1	2	3	9	-1	1	2	3	4	5	6	9	-1
02	Chronic bronchitis or chronic pulmonary disease	2	1	9	-1	2	1	9	-1	1	2	3	9	-1	1	2	3	4	5	6	9	-1
03	Allergy	2	1	9	-1	2	1	9	-1	1	2	3	9	-1	1	2	3	4	5	6	9	-1
04	Sinusitis	2	1	9	-1	2	1	9	-1	1	2	3	9	-1	1	2	3	4	5	6	9	-1
05	Serious heart disease or heart attack	2	1	9	-1	2	1	9	-1	1	2	3	9	-1	1	2	3	4	5	6	9	-1
06	Hypertension	2	1	9	-1	2	1	9	-1	1	2	3	9	-1	1	2	3	4	5	6	9	-1
07	Disorder of the large or the small bowel for <u>longer than 3 months</u>	2	1	9	-1	2	1	9	-1	1	2	3	9	-1	1	2	3	4	5	6	9	-1
08	Hepatitis, liver cirrhosis or other disease of the liver	2	1	9	-1	2	1	9	-1	1	2	3	9	-1	1	2	3	4	5	6	9	-1
09	Stones in the kidney	2	1	9	-1	2	1	9	-1	1	2	3	9	-1	1	2	3	4	5	6	9	-1
10	Serious disease of the kidney, other than stones in the kidney	2	1	9	-1	2	1	9	-1	1	2	3	9	-1	1	2	3	4	5	6	9	-1
11	Chronic cystitis	2	1	9	-1	2	1	9	-1	1	2	3	9	-1	1	2	3	4	5	6	9	-1
12	Diabetes mellitus	2	1	9	-1	2	1	9	-1	1	2	3	9	-1	1	2	3	4	5	6	9	-1

Int. In case the respondent uses/used medicines for diabetes mellitus, ask questions MA.05.01 and MA.05.02.

		Yes	No	Don't know	No answer
MA.05.01	Did (do) you use pills or tablets for your diabetes?	1	2	9	-1
MA.05.02	Did (do) you use injections (insulin) for your diabetes?	1	2	9	-1

MA.01.						MA.02.				MA.03.						MA.04.						
Diseases and chronic conditions						Did you see a health care professional in the last 12 months for this disease?				By which type of health professional? <i>(Multiple responses possible)</i>						Which type of treatment did you undergo for this disease or condition? <i>(Several answers possible)</i>						
		No	Yes	Don't know	No answer	No	Yes	Don't know	No answer	Generalist	Specialist	Other, specify	Don't know	No answer	None	Medicines	Diet	Physiotherapy	Psychotherapy	Other therapy	Don't know	No answer
13	Thyroid problems	2	1	9	-1	2	1	9	-1	1	2	3	9	-1	1	2	3	4	5	6	9	-1
14	Glaucoma	2	1	9	-1	2	1	9	-1	1	2	3	9	-1	1	2	3	4	5	6	9	-1
15	Cataract	2	1	9	-1	2	1	9	-1	1	2	3	9	-1	1	2	3	4	5	6	9	-1
16	Parkinson's disease	2	1	9	-1	2	1	9	-1	1	2	3	9	-1	1	2	3	4	5	6	9	-1
17	Serious gloom or depression for a period of at least 2 weeks	2	1	9	-1	2	1	9	-1	1	2	3	9	-1	1	2	3	4	5	6	9	-1
18	Other serious psychiatric problems, specify:	2	1	9	-1	2	1	9	-1	1	2	3	9	-1	1	2	3	4	5	6	9	-1
19	Epilepsy	2	1	9	-1	2	1	9	-1	1	2	3	9	-1	1	2	3	4	5	6	9	-1
20	Dizziness with falling	2	1	9	-1	2	1	9	-1	1	2	3	9	-1	1	2	3	4	5	6	9	-1
21	Migraine	2	1	9	-1	2	1	9	-1	1	2	3	9	-1	1	2	3	4	5	6	9	-1
22	Serious or chronic skin disease	2	1	9	-1	2	1	9	-1	1	2	3	9	-1	1	2	3	4	5	6	9	-1
23	Malignant neoplasm or cancer, which:	2	1	9	-1	2	1	9	-1	1	2	3	9	-1	1	2	3	4	5	6	9	-1
24	Chronic fatigue for a period of <u>least 3 months</u>	2	1	9	-1	2	1	9	-1	1	2	3	9	-1	1	2	3	4	5	6	9	-1
25	Chronic spinal affection (longer than 3 months), lumbago, sciatica, disc prolaps	2	1	9	-1	2	1	9	-1	1	2	3	9	-1	1	2	3	4	5	6	9	-1
26	Arthrosis of knees, <u>hips or hands</u>	2	1	9	-1	2	1	9	-1	1	2	3	9	-1	1	2	3	4	5	6	9	-1

MA.01.						MA.02.				MA.03.						MA.04.						
Diseases and chronic conditions						Did you see a health care professional in the last 12 months for this disease?				By which type of health professional? <i>(Multiple responses possible)</i>						Which type of treatment did you undergo for this disease or condition? <i>(Several answers possible)</i>						
																<i>Int. Show card 1.</i>						
		No	Yes	Don't know	No answer	No	Yes	Don't know	No answer	Generalist	Specialist	Other, specify	Don't know	No answer	None	Medicines	Diet	Physiotherapy	Psychotherapy	Other therapy	Don't know	No answer
27	Arthritis (chronic rheumatism, rheumatoid arthritis) of hands or feet	2	1	9	-1	2	1	9	-1	1	2	3	9	-1	1	2	3	4	5	6	9	-1
28	Other rheumatoid arthritis for longer than 3 months	2	1	9	-1	2	1	9	-1	1	2	3	9	-1	1	2	3	4	5	6	9	-1
29	Stroke and complications of stroke	2	1	9	-1	2	1	9	-1	1	2	3	9	-1	1	2	3	4	5	6	9	-1
30	Stomach or duodenal ulcer	2	1	9	-1	2	1	9	-1	1	2	3	9	-1	1	2	3	4	5	6	9	-1
31	Gall-stones or inflammation of the gall-bladder	2	1	9	-1	2	1	9	-1	1	2	3	9	-1	1	2	3	4	5	6	9	-1
32	Osteoporosis	2	1	9	-1	2	1	9	-1	1	2	3	9	-1	1	2	3	4	5	6	9	-1
33	Wrist fracture	2	1	9	-1	2	1	9	-1	1	2	3	9	-1	1	2	3	4	5	6	9	-1
34	Hip fracture	2	1	9	-1	2	1	9	-1	1	2	3	9	-1	1	2	3	4	5	6	9	-1
35	Vertebral fracture	2	1	9	-1	2	1	9	-1	1	2	3	9	-1	1	2	3	4	5	6	9	-1
36	Prostate complaints (only for man)	2	1	9	-1	2	1	9	-1	1	2	3	9	-1	1	2	3	4	5	6	9	-1
37	Prolapse of the womb (only for women)	2	1	9	-1	2	1	9	-1	1	2	3	9	-1	1	2	3	4	5	6	9	-1
38	Other physical diseases, which ones?	2	1	9	-1	2	1	9	-1	1	2	3	9	-1	1	2	3	4	5	6	9	-1
39	Other mental diseases, which ones?	2	1	9	-1	2	1	9	-1	1	2	3	9	-1	1	2	3	4	5	6	9	-1

Trauma: accidents

TR.01. In the past 12 months, have you had one or more accidents which involved a visit to the doctor or the hospital?

Yes, one accident..... 1

Yes, several accidents 2

No..... 3

Don't know 9 Go to IC.01.

No answer -1 Go to IC.01.

01. How many:

--	--

Go to IC.01.

TR.02. In what circumstance did this/these accident(s) take place?
(Multiple response possible if several accidents are reported)

	Yes	No
01. At work (office, workshop, construction site.....)	<input type="checkbox"/> 1	<input type="checkbox"/> 2
02. At school/college/day care (in class, schoolyard, gymnasium.....)	<input type="checkbox"/> 1	<input type="checkbox"/> 2
03. During a sport activity.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2
04. On a public highway (street, side walk, crossing.....)	<input type="checkbox"/> 1	<input type="checkbox"/> 2
05. In a public place (park, post office, pub.....)	<input type="checkbox"/> 1	<input type="checkbox"/> 2
06. Inside the house (kitchen, bathroom, staircase.....)	<input type="checkbox"/> 1	<input type="checkbox"/> 2
07. Outside the house (garden, garage,.....)	<input type="checkbox"/> 1	<input type="checkbox"/> 2
08. Other, specify.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2
Don't know <input type="checkbox"/> 9	No answer <input type="checkbox"/> -1	

Interviewer: If the respondent was a victim of several accidents, ask the following question and write down the corresponding accident number (01, 02,...) from question TR.02.

TR.03. Among the accidents you reported, which was the most recent one, that is, the last in date?

Accident N°:

--	--

Please refer to this accident, the last in date, to answer the following questions

TR.04. What was the main cause of this accident (the last accident in case of several accidents)?

Interviewer: Show card 2.

- Fall, slip, trip..... 1
 - Fall from height (ladder, tree, horse...) 2
 - Collision with an object or a person 3
 - Thump, punch, hit..... 4
 - Contact with a hot liquid/gas..... 5
 - Contact with a burning-hot object..... 6
 - Exposure to fire/ flames..... 7
 - Contact with a sharp-edged object..... 8
 - Presence of a foreign body (in the eye, throat...) 9
 - Ingestion of medicines..... 10
 - Ingestion/ inhalation of toxic chemicals..... 11
 - Physical effort 12
 - Dog bite 13
 - Bite/ sting from another animal/ insect 14
 - Other, specify: 15
- Don't know 99 No answer -1

TR.05. What type of injury did you have because of this accident?

(Multiple responses possible)

Interviewer: Show card 3.

- 01. Broken or fractured bones 1
- 02. Sprain, strain, torn ligaments 1
- 03. Dislocation, disarticulation, contortion 1
- 04. Torn muscle, lumbago 1
- 05. Concussion or other brain injury 1
- 06. Burn, scald 1
- 07. Wound (cut, puncture, bite) 1
- 08. Contusion, bruise 1
- 09. Poisoning, intoxication 1
- 10. Suffocation, asphyxiation 1
- 11. Injury to internal organs 1
- 12. Other (specify): _____ 1

Don't know 9

No answer -1

TR.06. Due to this accident, which medical care service did you visit?

(Multiple responses possible)

- | | Yes | No |
|----------------------------------|----------------------------|----------------------------|
| 01. A general practitioner | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 |
| 02. A hospital service | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 |
| 03. Other (specify): _____ | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 |

Don't know 9

No answer -1

TR.07. What care did you receive?

(Multiple responses possible)

	Yes	No
01. Bandage	<input type="checkbox"/> 1	<input type="checkbox"/> 2
02. Stitches	<input type="checkbox"/> 1	<input type="checkbox"/> 2
03. Plaster cast	<input type="checkbox"/> 1	<input type="checkbox"/> 2
04. Surgery, operation.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2
05. Hospitalisation for more than 24 hours	<input type="checkbox"/> 1	<input type="checkbox"/> 2
06. Other (specify): _____	<input type="checkbox"/> 1	<input type="checkbox"/> 2
Don't know <input type="checkbox"/> 9	No answer <input type="checkbox"/> -1	

TR.08. What was the nature of the accident?

Non-intentional, coincidental.....	<input type="checkbox"/> 1
Fight, aggression.....	<input type="checkbox"/> 2
Self-inflicted injury	<input type="checkbox"/> 3
Suicide attempt	<input type="checkbox"/> 4
Other (specify):	<input type="checkbox"/> 5
Don't know <input type="checkbox"/> 9	No answer <input type="checkbox"/> -1

Temporary disability

Interviewer: In case the respondent is an **institutionalised elderly person**, the questions IC.01 to IC.08 must be skipped. In this case you should go **directly to question IL.01**.

IC.01. Think about the **2 weeks** ending yesterday. Have you cut down on any of the things you usually do about the house, at work/school or in your free time because of illness or injury?

Yes 1
 No 2 Go to IC.04.
 Don't know 9 No answer -1

IC.02. How many days was this in all during **these 2 weeks**, including Saturdays and Sundays?

days (01 till 14)
 Don't know 99 No answer -1

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

days (00 till 14)
 Don't know 99 No answer -1

IC.04. Think about the **2 weeks** ending yesterday. Have you cut down on any of the things you usually do about the house, at work/school or in your free time because of emotional or mental health problems?

Yes 1
 No 2 Go to IL.01.
 Don't know 99 No answer -1

IC.05. How many days was this in all during these 2 weeks, including Saturdays and Sundays?

days (01 till 14)

Don't know 99

No answer -1

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

days (00 till 14)

Don't know 99

No answer -1

*Interviewer: If the respondent declared both disability for physical reasons **and** disability for emotional reasons, continue with the following questions. If not, go to the module "Long term physical disabilities".*

IC.07. Could you indicate how many days in total you cut down your activities during these 2 weeks – taking both physical and emotional problems into consideration?

days (01 till 14)

Don't know 99

No answer -1

IC.08. Could you indicate how many days in total you were in bed most of the day during these 2 weeks – taking both physical and emotional problems into consideration?

days (00 till 14)

Don't know 99

No answer -1

Long term physical disabilities

Interviewer: Questions only for persons aged 15 years or older.
For persons younger than 15 years, go to GP.01.

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

IL.01. 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	Don't know	No answer
01. Vigorous activities, such as running, lifting heavy objects, participating in strenuous sports	1	2	3	9	-1
02. Moderate activities, such as moving a table, pushing a vacuum clean, swimming or cycling	1	2	3	9	-1
03. Lifting or carrying groceries	1	2	3	9	-1
04. Climbing several flights of stairs	1	2	3	9	-1
05. Climbing one flight of stairs	1	2	3	9	-1
06. Bending, kneeling or stooping	1	2	3	9	-1
07. Walking for more than a kilometre	1	2	3	9	-1
08. Walking a few hundred meters	1	2	3	9	-1
09. Walking one block	1	2	3	9	-1
10. Bathing, showering or dressing yourself	1	2	3	9	-1

Interviewer: If the respondent did answer with a "Yes" on one of these questions or if the respondent is 60 years or older, go to IL.02.
If not, go to IL.48.

IL.02. What is the furthest you can walk on your own without stopping and without severe discomfort?

- Only a few steps..... 1
- More than a few steps but less than 200 meters 2
- 200 meters or more 3
- Don't know 9
- No answer -1

IL.03. Can you get in and out of bed on your own?

- Yes, without difficulty..... 1 Go to IL.05.
- Yes, with some difficulty..... 2 Go to IL.05.
- I can only get in and out of bed with someone to help me 3
- Don't know 9
- No answer -1

IL.04. Who usually helps you to get in and out of bed?

- One of more members of the household → row number(s):
- Someone outside the household → card number(s):
- Int.: Show card 4.*
- Don't know 9
- No answer -1

IL.05. Can you get in and out of a chair on your own?

- Yes, without difficulty..... 1 Go to IL.07.
- Yes, with some difficulty..... 2 Go to IL.07.
- I can only get in and out of a chair with someone to help me 3
- Don't know 9
- No answer -1

IL.06. Who usually helps you to get in and out of a chair?

- One of more members of the household → row number(s):
- Someone outside the household → card number(s):
- Int.: Show card 4.*
- Don't know 9
- No answer -1

IL.07. Can you dress and undress yourself on your own?

- Yes, without difficulty..... 1 Go to IL.09.
- Yes, with some difficulty..... 2 Go to IL.09.
- I can only dress and undress myself with someone to help me 3
- Don't know 9
- No answer -1

IL.08. Who usually helps you to dress and undress yourself?

- One of more members of the household → row number(s):
- Someone outside the household → card number(s):
- Int.: Show card 4.*
- Don't know 9
- No answer -1

IL.09. Can you wash your hands and face on your own?

- Yes, without difficulty..... 1 Go to IL.11.
- Yes, with some difficulty 2 Go to IL.11.
- I can only wash my hands and face with someone to help me 3
- Don't know 9
- No answer -1

IL.10. Who usually helps you to wash your hands and face?

- One of more members of the household → row number(s):
- Someone outside the household → card number(s):
- Int.: Show card 4.*
- Don't know 9
- No answer -1

IL.11. Can you, without the help of someone else, feed yourself and cut up food for yourself?

- Yes, without difficulty..... 1 Go to IL.13.
- Yes, with some difficulty 2 Go to IL.13.
- I can only feed and cutting up food myself with someone to help me..... 3
- Don't know 9
- No answer -1

IL.12. Who usually helps you to feed yourself and to cut up your food?

- One of more members of the household → row number(s):
- Someone outside the household → card number(s):
- Int.: Show card 4.*
- Don't know 9
- No answer -1

IL.13. Can you get to and use the toilet on your own?

- Yes, without difficulty..... 1 Go to IL.15.01
- Yes, with some difficulty 2 Go to IL.15.01
- I can only get to and use the toilet with someone to help me..... 3
- Don't know 9
- No answer -1

IL.14. Who usually helps you to get to and use the toilet?

- One of more members of the household → row number(s):
- Someone outside the household → card number(s):
- Int.: Show card 4.*
- Don't know 9
- No answer -1

IL.15.01. Do you sometimes lose control of your bladder?

- Yes, constantly 1 Go to text before IL.16.
- Yes, every now and then..... 2
- No 3 Go to text before IL.16.
- Don't know 9 No answer -1

IL.15.02. How frequently do you lose control of your bladder?

- At least once a week 1
- Less than once a week, but at least once a month 2
- Less than once a month 3
- Don't know 9 No answer -1

IL.15.03. Do these problems occur in specific circumstances (laughing, sneezing, blowing ones nose, running,...)?

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

Interviewer: In case the respondent is an **institutionalised elderly person**, the questions IL.16 to IL.44 must be skipped. In this case you should go **directly to question IL.45**.

Think about your routine activities you normally do at home such as **preparing meals, shopping, doing routine light housework, and doing the laundry**. Please ignore temporary problems.

IL.16. Do you, usually, do these activities without any difficulty?

- Yes 1 Go to IL.45.
- No 2
- Don't know 9 No answer -1

IL.17. Do you, usually, prepare meals completely on your own?

- Yes 1
- No 2 Go to IL.20.
- Don't know 9 No answer -1

IL.18. Do you prepare meals without any difficulty?

Yes 1 Go to IL.24.
 No 2
 Don't know 9 No answer -1

IL.19. Do you require help in getting meals prepared?

Yes 1 Go to IL.22.
 No 2 Go to IL.24.
 Don't know 9 No answer -1

IL.20. Could you prepare meals completely on you own and without any difficulty if you had to or wanted to?

Yes 1 Go to IL.24.
 No 2
 Don't know 9 No answer -1

IL.21. Could you prepare your meals with help?

Yes 1 Go to IL.24
 No 2 Go to IL.24.
 Don't know 9 No answer -1

IL.22. Who, usually, helps you in preparing your meals?

One of more members of the household → row number(s):
 Someone outside the household → card number(s):
 Int.: Show card 4.
 Don't know 9 No answer -1

IL.23. Is the help you get to prepare your meals sufficient?

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

IL.24. Do you, usually, do all the shopping completely on your own?

Yes 1
 No 2 Go to IL.27.
 Don't know 9 No answer -1

IL.25. Do you do all the shopping without any difficulty?

Yes 1 Go to IL.31.
 No 2
 Don't know 9 No answer -1

IL.26. Do you require help in shopping?

Yes 1 Go to IL.29.
 No 2 Go to IL.31.
 Don't know 9 No answer -1

IL.27. Could you do all the shopping on your own and without any difficulty if you had to or wanted to?

Yes 1 Go to IL.31.
 No 2
 Don't know 9 No answer -1

IL.28. Could you do all the shopping with help?

Yes 1. Go to IL.31.
 No 2 Go to IL.31.
 Don't know 9 No answer -1

IL.29. Who, usually, helps you in shopping?

One of more members of the household → row number(s):
 Someone outside the household → card number(s):
Int.: Show card 4.
 Don't know 9 No answer -1

IL.30. Is the help you get in shopping sufficient?

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

IL.31. Do you, usually, do routine light housework (like dusting) completely on your own?

Yes 1

No 2 Go to IL.34.

Don't know 9 No answer -1

IL.32. Do you do routine light housework without any difficulty?

Yes 1 Go to IL.38.

No 2

Don't know 9 No answer -1

IL.33. Do you require help in doing routine light housework?

Yes 1 Go to IL.36.

No 2 Go to IL.38.

Don't know 9 No answer -1

IL.34. Could you do routine light housework completely on you own and without any difficulty if you had to or wanted to?

Yes 1 Go to IL.38.

No 2

Don't know 9 No answer -1

IL.35. Could you do routine light housework with help?

Yes 1 Go to IL.38.

No 2 Go to IL.38.

Don't know 9 No answer -1

IL.36. Who, usually, helps you in doing routine light housework?

One of more members of the household → row number(s):

Someone outside the household → card number(s):

Int.: Show card 4.

Don't know 9 No answer -1

IL.37. Is the help you get in doing light housework sufficient?

Yes 1

No 2

Don't know 9 No answer -1

IL.38. Do you, usually, do the laundry completely on your own?

Yes 1

No 2 Go to IL.41.

Don't know 9 No answer -1

IL.39. Do you the laundry without any difficulty?

Yes 1 Go to IL.45.

No 2

Don't know 9 No answer -1

IL.40. Do you require help in doing the laundry?

Yes 1 Go to IL.43.

No 2 Go to IL.45.

Don't know 9 No answer -1

IL.41. Could you do the laundry completely on you own and without any difficulty if you had to or wanted to?

Yes 1 Go to IL.45

No 2

Don't know 9 No answer -1

IL.42. Could you do the laundry with help?

Yes 1 Go to IL.45.

No 2 Go to IL.45.

Don't know 9 No answer -1

IL.43. Who, usually, helps you in doing the laundry?

One of more members of the household → row number(s):

Someone outside the household → card number(s):

Int.: Show card 4.

Don't know 9 No answer -1

IL.44. Is the help you get to in doing the laundry sufficient?

Yes 1

No 2

Don't know 9 No answer -1

IL.45. Are you permanently confined to bed even though there may be help to get you up?

Yes 1

No..... 2

Don't know 9 No answer -1

IL.46. Do you sit in a chair (not a wheelchair) all day even though there may be help for to walk?

Yes 1

No..... 2

Don't know 9 No answer -1

Interviewer: For institutionalised persons, question IL.47 has to be adapted slightly: "Are you confined to your room?"

IL.47. Are you confined to your house/flat and garden?

Yes 1

No..... 2

Don't know 9 No answer -1

Interviewer: Questions IL.48 till IL.51 concern hearing and eye-sight problems. These questions should take into account the capacity of the respondents when using hearing devices and/or glasses, if they normally use any.

IL.48. Is your hearing good enough to follow a TV program at a volume others find acceptable?

Yes 1 Go to IL.50.
No..... 2
Don't know 9 No answer -1

IL.49. Can you follow a TV program with the volume turned up?

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

IL.50. Can you see well enough to recognize a friend at a distance of four meters (across a road)?

Yes 1 Go to IL.52.
No..... 2
Don't know 9 No answer -1

IL.51. Can you see well enough to recognize a friend at a distance of one meter (at arms length)?

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

IL.52. Can you bite and chew on hard foods, for instance a firm apple?

Yes, without difficulty..... 1
Yes, but with minor difficulty 2
Yes, but with major difficulty 3
No, I can't 4
Don't know 9 No answer -1

Waiting lists

Interviewer: The next questions only apply to people of 65 years and older.
 In case the respondent is an **institutionalised elderly person**, the questions WL.01. to WL.03. must be skipped. In this case you can go **directly to question GP.01.**

WL.01. Have you been admitted for some time in a rest home, a rest and care home or another institution for the elderly?

Yes 1

No 2

Don't know 9 No answer -1

WL.02. Are you currently listed for admission to a rest home, a rest and care home or another institution for the elderly?

Yes 1

No 2 Go to GP.01.

Don't know 9 No answer -1

WL.03. Since when are you listed for admission to a rest home, a rest and care home or another institution for the elderly?

Month Year

Don't know 99 No answer -1

Interviewer: If the correct month or year is unknown, complete one of the following sections.

_____ months ago 1

_____ years ago 2

Don't know 9 No answer -1

Contacts with a general practitioner

The following questions relate to the medical consumption.

Interviewer: By a regular general practitioner we understand: a GP that you usually contact in case of health problems.

GP.01. Have you got a regular general practitioner or a regular practice (including a primary care center)?

Yes..... 1 Go to GP.03.

No 2

Don't know 9 Go to GP.03.

No answer -1 Go to GP.03.

GP.02. Could you indicate why you do not have a regular GP (or general practice/primary care center)?

(Multiple responses possible)

Interviewer: Show card 5.

I am never ill..... 1

I am often absent for a long time 2

I consult several GPs, according to the problem 3

I usually go directly to a specialist..... 4

I usually go directly to a casualty department..... 5

Other reason, specify: _____ 6

Don't know 9

No answer -1

Interviewer: Go after this question to GP04

GP.03. Does your GP work...

in his own medical cabinet 1

in a medical cabinet together with another GP..... 2

in a group practice or a multidisciplinary health center..... 3

Don't know 9

No answer -1

The next questions relate to contacts with a general practitioner for your self. This concerns consultations and home visits, but also consultations by telephone.

GP.04. During the past 2 months, i.e. since ___/___/____, did you consult a GP?

Yes..... 1

No 2 Go to GP.07.

Don't know 9 Go to GP.07.

No answer -1 Go to GP.07.

GP.05. How many times did you consult a GP during the past 2 months?

contacts

Don't know 99

No answer -1

Interviewer: Beware: "2 last weeks" for question GP06!

GP.06. How many contacts did you have during the past 2 weeks?

contacts Go to GP.08.

Don't know 99

No answer -1

GP.07. When did you contact a GP for the last time?

On the ____ / ____ / ____

Interviewer: If the correct date is unknown or not applicable, complete one of the following sections.

____ months ago 1

____ years ago 2

I've never had a contact with a GP 3

Don't know 9

No answer -1

Interviewer: If the last contact took place during the past 2 months, ask question GP08, otherwise go to SP01.

The next questions pertain to the last 3 contacts with a GP (consultation, home visit, advice by telephone), which took place during the past 2 months, starting with the last contact.

	GP.08. When did this contact take place?	GP.09. What was the main reason for that contact ? <i>Int:</i> Show card 6; Only one answer possible.	GP.10. Describe the complaints, illnesses and health problems related to that contact. Take also into consideration mental and social health problems.	GP.11. What were the main reasons for the choice of this GP ? <i>Int:</i> Show card 7. (Multiple responses possible)
1	<p>Last contact</p> <p>On ____ / ____ / ____</p> <p>1. ____ days ago</p> <p>2. ____ weeks ago</p> <p>9. Don't know</p> <p>-1. No answer</p>	<p>1. Illness, health complaint or health problem (could also include mental or social problem)</p> <p>2. Accident or injury</p> <p>3. Control or investigation (without specific complaints)</p> <p>4. Preventive action (advice, vaccination)</p> <p>5. Treatment or prescription</p> <p>6. Result of investigation</p> <p>7. Administrative reason (certificate, forms to be filled)</p> <p>8. Other reason (sent by relative, sent by preventive service for small children, ...)</p> <p>9. Don't know</p> <p>-1. No answer</p>	<p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>9. No health complaints, illnesses or health problems</p> <p>99. Don't know</p> <p>-1. No answer</p>	<p>1. Proximity/accessibility</p> <p>2. Competence</p> <p>3. Cost</p> <p>4. Contact</p> <p>5. Disponibility</p> <p>6. Medical advice</p> <p>7. Other, specify</p> <p>.....</p> <p>.....</p> <p>9. Don't know</p> <p>-1. No answer</p>
2	<p>Last but one contact</p> <p>Op ____ / ____ / ____</p> <p>1. ____ dagen geleden</p> <p>2. ____ weken geleden</p> <p>9. Don't know</p> <p>-1. No answer</p>	<p>1. Illness, health complaint or health problem (could also include mental or social problem)</p> <p>2. Accident or injury</p> <p>3. Control or investigation (without any complaint)</p> <p>4. Preventive action (advice, vaccination)</p> <p>5. Treatment or prescription</p> <p>6. Result of investigation</p> <p>7. Administrative reason (certificate, forms to be filled)</p> <p>8. Other reason (sent by relative, sent by preventive service for small children. ...)</p> <p>9. Don't know</p> <p>-1. No answer</p>	<p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>9. No health complaints, illnesses or health problems</p> <p>99. Don't know</p> <p>-1. No answer</p>	<p>1. Proximity/accessibility</p> <p>2. Competence</p> <p>3. Cost</p> <p>4. Contact</p> <p>5. Disponibility</p> <p>6. Medical advice</p> <p>7. Other, specify</p> <p>.....</p> <p>.....</p> <p>9. Don't know</p> <p>-1. No answer</p>
3	<p>Last but two contacts</p> <p>Op ____ / ____ / ____</p> <p>1. ____ dagen geleden</p> <p>2. ____ weken geleden</p> <p>9. Don't know</p> <p>-1. No answer</p>	<p>1. Illness, health complaint or health problem (could also include mental or social problem)</p> <p>2. Accident or injury</p> <p>3. Control or investigation (without any complaint)</p> <p>4. Preventive action (advice, vaccination)</p> <p>5. Treatment or prescription</p> <p>6. Result of investigation</p> <p>7. Administrative reason (certificate, forms to be filled)</p> <p>8. Other reason (sent by relative, sent by preventive service for small children. ...)</p> <p>9. Don't know</p> <p>-1. No answer</p>	<p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>9. No health complaints, illnesses or health problems</p> <p>99. Don't know</p> <p>-1. No answer</p>	<p>1. Proximity/accessibility</p> <p>2. Competence</p> <p>3. Cost</p> <p>4. Contact</p> <p>5. Disponibility</p> <p>6. Medical advice</p> <p>7. Other, specify</p> <p>.....</p> <p>.....</p> <p>9. Don't know</p> <p>-1. No answer</p>

	GP.12. In which context did this contact take place?	GP.13. Who took the initiative for the contact with the GP?	GP.14. As a result of this contact, were you referred to any other health professional or health service? <i>Int: Show card 8.</i> <i>(Multiple responses possible)</i>
1	1.Consultation with the GP 2.Home visit 3.Advice by telephone 4.Other, specify..... 9. Don't know -1. No answer	1. Myself (parent/tutor in case of a child) 2. It was a contact that previously had been settled by the GP 3. Referred by a preventive service (preventive service for children, school medicine, occupational medicine) 4. Referred by an other GP or a specialist 5. Called for by the GP 6. Referred by somebody who is not a GP 9. Don't know -1. No answer	1. No, not referred 2. Yes, referred to a casualty department 3. Yes, referred to a specialist or polyclinic 4. Yes, referred for X-rays 5. Yes, referred for a laboratory investigation 6. Yes, referred for admission to hospital 7. Yes, referred to a physiotherapist 8. Yes, referred for home nursing care 9. Yes referred to a social service 10. Yes, referred to another facility, specify _____ 9. Don't know -1. No answer
2	1.Consultation with the GP 2.Home visit 3.Advice by telephone 4.Other, specify..... 9. Don't know -1. No answer	1. Myself (parent/tutor in case of a child) 2. It was a contact that previously had been settled by the GP 3. Referred by a preventive service (preventive service for children, school medicine, occupational medicine) 4. Referred by an other GP or a specialist 5. Called for by the GP 6. Referred by somebody who is not a GP 9. Don't know -1. No answer	1. No, not referred 2. Yes, referred to a casualty department 3. Yes, referred to a specialist or polyclinic 4. Yes, referred for X-rays 5. Yes, referred for a laboratory investigation 6. Yes, referred for admission to hospital 7. Yes, referred to a physiotherapist 8. Yes, referred for home nursing care 9. Yes referred to a social service 10. Yes, referred to another facility, specify _____ 9. Don't know -1. No answer
3	1.Consultation with the GP 2.Home visit 3.Advice by telephone 4.Other, specify..... 9. Don't know -1. No answer	1. Myself (parent/tutor in case of a child) 2. It was a contact that previously had been settled by the GP 3. Referred by a preventive service (preventive service for children, school medicine, occupational medicine) 4. Referred by an other GP or a specialist 5. Called for by the GP 6. Referred by somebody who is not a GP 9. Don't know -1. No answer	1. No, not referred 2. Yes, referred to a casualty department 3. Yes, referred to a specialist or polyclinic 4. Yes, referred for X-rays 5. Yes, referred for a laboratory investigation 6. Yes, referred for admission to hospital 7. Yes, referred to a physiotherapist 8. Yes, referred for home nursing care 9. Yes referred to a social service 10. Yes, referred to another facility, specify _____ 9. Don't know -1. No answer

Contacts with a medical specialist

The next questions relate to the contacts that you have had with a medical specialist for your self.

We do **not** take into account contact with a specialist:

1. during a hospital admission (also a day hospitalisation)
2. in a casualty department
3. for an investigation such as X-rays without having been seen by the specialist
4. with a paediatrician in the framework of a preventive consultation for small children

We neither take into account contacts by telephone with a secretary or practice assistant to fix an appointment.

You do have to include consultations in a polyclinic and consultations with the specialist by telephone.

SP.01. During the past 2 months, i.e. since ___/___/____, did you consult a specialist?

Yes..... 1

No 2 Go to SP.04.

Don't know 9 Go to SP.04.

No answer -1 Go to SP.04.

SP.02. How many times have you consulted a specialist during the past 2 months?

times

Don't know 99

No answer -1

Interviewer: Beware: "2 last weeks" for question SP03!

SP.03. How many times have you consulted a specialist during the past 2 weeks?

times – Go to SP.05.

Don't know 9

No answer -1

SP.04. When have you consulted a specialist for the last time?

On ____ / ____ / ____

Interviewer: If the correct date is unknown or not applicable, complete one of the following sections.

____ months ago 1

____ year ago..... 2

I have never contacted a medical specialist..... 3

Don't know 9

No answer -1

Interviewer: If the last consult took place during the past 2 months, ask question SP.05., otherwise go to DE.01.

The next questions pertain to the last 3 contacts with a specialist, which took place during the past 2 months, starting with the last contact.

	SP.05. When did this contact take place?	SP.06. Which type of specialist did you consult? <i>Int: Show card 9. Indicate the number of the type of specialist.</i>	SP.07. What was the <u>main reason</u> for that consult? <i>Int: Show card 6. Only one answer possible.</i>
1	<p>Last contact</p> <p>On ___ / ___ / ___</p> <p>1. ___ days ago</p> <p>2. ___ weeks ago</p> <p>9. Don't know -1. No answer</p>	<div style="text-align: center;"> <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> </div> <p>If you cannot find the indicated specialist on the list, write down the type of specialist in printing.</p> <p>.....</p> <p>9. Don't know -1. No answer</p>	<p>1. Illness, health complaint or health problem (could also include mental or social problem)</p> <p>2. Accident or injury</p> <p>3. Control or investigation (without any complaint)</p> <p>4. Preventive action (advice, vaccination)</p> <p>5. Treatment or prescription</p> <p>6. Result of investigation</p> <p>7. Administrative reason (certificate, forms to be filled)</p> <p>8. Other reason (sent by relative, sent by preventive service for small children, school medicine,..)</p> <p>9. Don't know -1. No answer</p>
2	<p>Last but one contact</p> <p>On ___ / ___ / ___</p> <p>1. ___ days ago</p> <p>2. ___ weeks ago</p> <p>9. Don't know -1. No answer</p>	<div style="text-align: center;"> <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> </div> <p>If you cannot find the indicated specialist on the list, write down the type of specialist in printing.</p> <p>.....</p> <p>9. Don't know -1. No answer</p>	<p>1. Illness, health complaint or health problem (could also include mental or social problem)</p> <p>2. Accident or injury</p> <p>3. Control or investigation (without any complaint)</p> <p>4. Preventive action (advice, vaccination)</p> <p>5. Treatment or prescription</p> <p>6. Result of investigation</p> <p>7. Administrative reason (certificate, forms to be filled)</p> <p>8. Other reason (sent by relative, sent by preventive service for small children, school medicine,..)</p> <p>9. Don't know -1. No answer</p>
3	<p>Last but two contact</p> <p>On ___ / ___ / ___</p> <p>1. ___ days ago</p> <p>2. ___ weeks ago</p> <p>9. Don't know -1. No answer</p>	<div style="text-align: center;"> <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> </div> <p>If you cannot find the indicated specialist on the list, write down the type of specialist in printing.</p> <p>.....</p> <p>9. Don't know -1. No answer</p>	<p>1. Illness, health complaint or health problem (could also include mental or social problem)</p> <p>2. Accident or injury</p> <p>3. Control or investigation (without any complaint)</p> <p>4. Preventive action (advice, vaccination)</p> <p>5. Treatment or prescription</p> <p>6. Result of investigation</p> <p>7. Administrative reason (certificate, forms to be filled)</p> <p>8. Other reason (sent by relative, sent by preventive service for small children, school medicine,..)</p> <p>9. Don't know -1. No answer</p>

	SP.08.	SP.09.	SP.10.	SP.11.
	<p>Describe the complaints, illnesses and health problems related to that consult. Take also into consideration mental and social health problems.</p>	<p>What were the main reasons for the choice of this specialist ? <i>(Multiple responses possible)</i> <i>Int.: Show card 7.</i></p>	<p>Did you consult the medical specialist for the first time because of this illness, complaint or treatment, or was it a repeat visit?</p>	<p>Who took the initiative to contact this specialist?</p>
1	<p>.....</p> <p>.....</p> <p>.....</p> <p>8. No health complaints, illnesses or health problems</p> <p>9. Don't know -1. No answer</p>	<p>1. Proximity/accessibility</p> <p>2. Competence</p> <p>3. Cost</p> <p>4. Contact</p> <p>5. Disponibility</p> <p>6. Medical advice</p> <p>7. Other, specify</p> <p>.....</p> <p>.....</p> <p>9. Don't know -1. No answer</p>	<p>1. First consultation</p> <p>2. Repeat visit – Go to next contact or DE.01.</p> <p>9. Don't know -1. No answer</p>	<p>1. Myself (or parent/tutor in case of a child)</p> <p>2. A general practitioner</p> <p>3. Another medical specialist</p> <p>4. A preventive health service (preventive service for small children, school medicine, occupational medicine, other)</p> <p>5. I was called by the Specialist self</p> <p>6. Somebody, who is no doctor, specify</p> <p>.....</p> <p>9. Don't know -1. No answer</p>
2	<p>.....</p> <p>.....</p> <p>.....</p> <p>8. No health complaints, illnesses or health problems</p> <p>9. Don't know -1. No answer</p>	<p>1. Proximity/accessibility</p> <p>2. Competence</p> <p>3. Cost</p> <p>4. Contact</p> <p>5. Disponibility</p> <p>6. Medical advice</p> <p>7. Other, specify</p> <p>.....</p> <p>.....</p> <p>9. Don't know -1. No answer</p>	<p>1. First consultation</p> <p>2. Repeat visit – Go to next contact or DE.01.</p> <p>9. Don't know -1. No answer</p>	<p>1. Myself (or parent/tutor in case of a child)</p> <p>2. A general practitioner</p> <p>3. Another medical specialist</p> <p>4. A preventive health service (preventive service for small children, school medicine, occupational medicine, other)</p> <p>5. I was called by the Specialist self</p> <p>6. Somebody, who is no doctor, specify</p> <p>.....</p> <p>9. Don't know -1. No answer</p>
3	<p>.....</p> <p>.....</p> <p>.....</p> <p>8. No health complaints, illnesses or health problems</p> <p>9. Don't know -1. No answer</p>	<p>1. Proximity/accessibility</p> <p>2. Competence</p> <p>3. Cost</p> <p>4. Contact</p> <p>5. Disponibility</p> <p>6. Medical advice</p> <p>7. Other, specify</p> <p>.....</p> <p>.....</p> <p>9. Don't know -1. No answer</p>	<p>1. First consultation</p> <p>2. Repeat visit – Go to next contact or DE.01.</p> <p>9. Don't know -1. No answer</p>	<p>1. Myself (or parent/tutor in case of a child)</p> <p>2. A general practitioner</p> <p>3. Another medical specialist</p> <p>4. A preventive health service (preventive service for small children, school medicine, occupational medicine, other)</p> <p>5. I was called by the Specialist self</p> <p>6. Somebody, who is no doctor, specify</p> <p>.....</p> <p>9. Don't know -1. No answer</p>

Contacts with a dentist

The next questions relate to dental health and dental care.

Interviewer: The first questions are only for persons who are at least 15 years old. If the interviewed person is less than 15 years old, go directly to DE.06.

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

DE.01. Do you still have your own teeth (at least one)?

Yes..... 1

No 2

Don't know 9

No answer -1

DE.02. Do you have a mobile dental prosthesis?

Yes..... 1

No 2 Go to DE.04.

Don't know 9

No answer -1

DE.03. Is this a ..

full prosthesis..... 1

partial prosthesis..... 2

Don't know 9

No answer -1

DE.04. Do you have a fixed dental prosthesis?

Yes..... 1

No 2

Don't know 9

No answer -1

DE.05. Did you contact during the past 12 months directly (i.e. without being referred by a dentist) a dental laboratory?

Yes..... 1

No 2

Don't know 9

No answer -1

DE.06. During the past 12 months, have you consulted a call service for an urgent dental problem?

Yes..... 1

No 2

Go to DE.08.

Don't know 9 Go to DE.08.

No answer -1 Go to DE.08

DE.07. Whom did you contact for this problem?

A dentist on call 1

An emergency department..... 2

Don't know 9

No answer -1

Interviewer: *If the respondent has no more teeth (answer to question DE.01 = no), go to text before DE.09.*

DE.08. How many times do you normally brush your teeth?

- More than twice per day..... 1
- Twice per day 2
- Once a day..... 3
- Less than once a day..... 4
- Never 5

Don't know 9

No answer -1

The following questions relate to consultations with a dentist, for yourself. Consultations with a specialist dentist (orthodontist, paradontologist, stomatologist) should also be considered.

DE.09. During the past 2 months, i.e. since ___/___/___ did you consult a dentist ?

Yes..... 1

No 2 Go to DE.11.

Don't know 9 Go to DE.11.

No answer -1 Go to DE.11.

DE.10. How many times have you consulted a dentist during the past 2 months?

times Go to DE.12.

Don't know 99

No answer -1

DE.11. When did you consult a dentist for the last time?

On ___ / ___ / _____

Interviewer: If the correct date is unknown or not applicable, complete one of the following sections.

___ months ago 1

___ year ago 2

Never 3

Don't know 9

No answer -1

Interviewer: If the last consultation took place during the past 2 months, ask question DE.12, otherwise go to ED.01.

The next questions relate to the last 3 consultations with a dentist or orthodontist who took place during the past 2 months, starting with the last consultation.

	DE.12. When did this consultation take place?	DE.13. What was the main reason for this consultation? <i>Int: Show card 10.</i> Only one answer possible	DE.14. What was done to your teeth? <i>(Multiple answers possible)</i> <i>Int: Show card 11.</i>	DE.15. Who took the initiative to consult the dentist?
1	<p>Last contact</p> <p>On ___ / ___ / ___</p> <p>1. ___ days ago</p> <p>2. ___ weeks ago</p> <p>9. Don't know</p> <p>-1. No answer</p>	<p>1. Pain</p> <p>2. Regular check-up</p> <p>3. Broken tooth</p> <p>4. Loss of filling</p> <p>5. Trauma (accident)</p> <p>6. Planned treatment</p> <p>7. Other, specify</p> <p>.....</p> <p>9. Don't know</p> <p>-1. No answer</p>	<p>1. Preventive control</p> <p>2. X-ray</p> <p>3. Advice on dental health</p> <p>4. Removal of tartar</p> <p>5. Filling of molar of teeth</p> <p>6. Devitalisation</p> <p>7. Extraction of molar or teeth</p> <p>8. Prosthetic care (including crown, bridge, post crown)</p> <p>9. Orthodontic treatment (teeth regulation)</p> <p>10. Bleaching</p> <p>11. Other, specify</p> <p>.....</p> <p>99. Don't know</p> <p>-1. No answer</p>	<p>1. Myself (or parent/tutor in case of a child)</p> <p>2. Other dentist</p> <p>3. General practitioner</p> <p>4. Medical specialist</p> <p>5. Preventive service</p> <p>6. Paramedical (home nurse, physiotherapist)</p> <p>7. Other, specify</p> <p>.....</p> <p>9. Don't know</p> <p>-1. No answer</p>
2	<p>Last but one contact</p> <p>On ___ / ___ / ___</p> <p>1. ___ days ago</p> <p>2. ___ weeks ago</p> <p>9. Don't know</p> <p>-1. No answer</p>	<p>1. Pain</p> <p>2. Regular check-up</p> <p>3. Broken tooth</p> <p>4. Loss of filling</p> <p>5. Trauma (accident)</p> <p>6. Planned treatment</p> <p>7. Other, specify</p> <p>.....</p> <p>9. Don't know</p> <p>-1. No answer</p>	<p>1. Preventive control</p> <p>2. X-ray</p> <p>3. Advice on dental health</p> <p>4. Removal of tartar</p> <p>5. Filling of molar of teeth</p> <p>6. Devitalisation</p> <p>7. Extraction of molar or teeth</p> <p>8. Prosthetic care (including crown, bridge, post crown)</p> <p>9. Orthodontic treatment (teeth regulation)</p> <p>10. Bleaching</p> <p>11. Other, specify</p> <p>.....</p> <p>9. Don't know</p> <p>-1. No answer</p>	<p>Myself (or parent/tutor in case of a child)</p> <p>Other dentist</p> <p>General practitioner</p> <p>Medical specialist</p> <p>Preventive service</p> <p>Paramedical (home nurse, physiotherapist)</p> <p>Other, specify</p> <p>.....</p> <p>9. Don't know</p> <p>-1. No answer</p>
3	<p>Last but two contact</p> <p>On ___ / ___ / ___</p> <p>1. ___ days ago</p> <p>2. ___ weeks ago</p> <p>9. Don't know</p> <p>-1. No answer</p>	<p>1. Pain</p> <p>2. Regular check-up</p> <p>3. Broken tooth</p> <p>4. Loss of filling</p> <p>5. Trauma (accident)</p> <p>6. Planned treatment</p> <p>7. Other, specify</p> <p>.....</p> <p>9. Don't know</p> <p>-1. No answer</p>	<p>1. Preventive control</p> <p>2. X-ray</p> <p>3. Advice on dental health</p> <p>4. Removal of tartar</p> <p>5. Filling of molar of teeth</p> <p>6. Devitalisation</p> <p>7. Extraction of molar or teeth</p> <p>8. Prosthetic care (including crown, bridge, post crown)</p> <p>9. Orthodontic treatment (teeth regulation)</p> <p>10. Bleaching</p> <p>11. Other, specify</p> <p>.....</p> <p>9. Don't know</p> <p>-1. No answer</p>	<p>Myself (or parent/tutor in case of a child)</p> <p>Other dentist</p> <p>General practitioner</p> <p>Medical specialist</p> <p>Preventive service</p> <p>Paramedical (home nurse, physiotherapist)</p> <p>Other, specify</p> <p>.....</p> <p>9. Don't know</p> <p>-1. No answer</p>

Contacts with an emergency department of a hospital

The next questions relate to contacts with a hospital.

First we will address the contacts with the emergency department of a hospital.

Beware! You should **not** take into account contacts with the emergency **department that resulted in a hospital admission, even if you were hospitalized for only one night.** These contacts will be addressed in the module on hospital admissions.

ED.01. Did you contact any emergency department during the past 2 months, i.e. since ___/___/___?

Yes..... 1

No 2 Go to ED.03.

Don't know 9 Go to ED.03.

No answer -1 Go to ED.03.

ED.02. How many times did you contact an emergency department during the past 2 months?

times

Don't know 99

No answer -1

ED.03. When did you contact an emergency department for the last time?

On ___ / ___ / ___

Interviewer: If the date is unknown or not applicable, indicate one of the following answers.

___ months ago 1

___ years ago 2

Never..... 3

Don't know 9

No answer -1

Interviewer: If the last consultation took place during the past 2 months, ask question ED.04., otherwise go to HO.01.

The next questions pertain to the last 3 contacts with an emergency department which took place during the past 2 months, starting with the last contact.

	ED.04. When did this contact take place?	ED.05. What was the main reason for that contact? <i>Int: Show card 6. Only one answer possible.</i>	ED.06. Describe the complaints, illnesses and health problems related to that contact. Take also into consideration mental and social health problems.
1	<p>Last contact</p> <p>On ____ / ____ / ____</p> <p>1. ____ days ago</p> <p>2. ____ weeks ago</p> <p>9. Don't know</p> <p>-1. No answer</p>	<p>1. Illness, health complaint or health problem (could also include mental or social problem)</p> <p>2. Accident or injury</p> <p>3. Control or investigation (without any complaint)</p> <p>4. Preventive action (advice, vaccination)</p> <p>5. Treatment or prescription</p> <p>6. Result of investigation</p> <p>7. Administrative reason (certificate, forms to be filled)</p> <p>8. Other reason (sent by relative, sent by preventive service for small children, school)</p> <p>9. Don't know</p> <p>-1. No answer</p>	<p>8. No complaints, illnesses or health problems</p> <p>9 Don't know</p> <p>-1. No answer</p>
2	<p>Last but one contact</p> <p>On ____ / ____ / ____</p> <p>1. ____ days ago</p> <p>2. ____ weeks ago</p> <p>9. Don't know</p> <p>-1. No answer</p>	<p>1. Illness, health complaint or health problem (could also include mental or social problem)</p> <p>2. Accident or injury</p> <p>3. Control or investigation (without any complaint)</p> <p>4. Preventive action (advice, vaccination)</p> <p>5. Treatment or prescription</p> <p>6. Result of investigation</p> <p>7. Administrative reason (certificate, forms to be filled)</p> <p>8. Other reason (sent by relative, sent by preventive service for small children, school)</p> <p>9. Don't know</p> <p>-1. No answer</p>	<p>8. No complaints, illnesses or health problems</p> <p>9 Don't know</p> <p>-1. No answer</p>
3	<p>Last but two contact</p> <p>On ____ / ____ / ____</p> <p>1. ____ days ago</p> <p>2. ____ weeks ago</p> <p>9. Don't know</p> <p>-1. No answer</p>	<p>1. Illness, health complaint or health problem (could also include mental or social problem)</p> <p>2. Accident or injury</p> <p>3. Control or investigation (without any complaint)</p> <p>4. Preventive action (advice, vaccination)</p> <p>5. Treatment or prescription</p> <p>6. Result of investigation</p> <p>7. Administrative reason (certificate, forms to be filled)</p> <p>8. Other reason (sent by relative, sent by preventive service for small children, school)</p> <p>9. Don't know</p> <p>-1. No answer</p>	<p>8. No complaints, illnesses or health problems</p> <p>9 Don't know</p> <p>-1. No answer</p>

ED.07.	ED.08.	ED.09.
---------------	---------------	---------------

	<p>Who took the initiative to go to the emergency department?</p>	<p>Why did you prefer to go to an emergency department, rather than to the general practitioner than to the medical specialist?</p> <p><i>Int. Show card 12.</i> <i>(Multiple responses possible)</i></p>	<p>When did the contact take place?</p>
<p>1</p>	<p>1. Myself (parent/tutor in case of a child) 2. The general practitioner – go to ED09 3. A medical specialist – go to ED09 4. Somebody who is not a physician</p> <p>9.Don't know – Go to ED09 -1.No answer – Go to ED09</p>	<p>1. Emergency department is open 24h on 24h. 2. All investigations can be performed at the same moment. 3. There are no immediate costs. 4. Better treatment 5. It concerned an urgent and/or serious problem 6. Because there is a hospital with an emergency department in the neighborhood 7. Other raison, specify</p> <p>.....</p> <p>9.Don't know -1.No answer</p>	<p>1. During the week, at day time 2. During the week, at night 3. During the weekend, at day time 4. During the weekend, at night</p> <p>9.Don't know -1.No answer</p>
<p>2</p>	<p>1. Myself (parent/tutor in case of a child) 2. The general practitioner – go to ED09 3. A medical specialist – go to ED09 4. Somebody who is not a physician</p> <p>9.Don't know – Go to ED09 -1.No answer – Go to ED09</p>	<p>1. Emergency department is open 24h on 24h. 2. All investigations can be performed at the same moment. 3. There are no immediate costs. 4. Better treatment 5. It concerned an urgent and/or serious problem 6. Because there is a hospital with an emergency department in the neighborhood 7. Other raison, specify</p> <p>.....</p> <p>9.Don't know -1.No answer</p>	<p>1. During the week, at day time 2. During the week, at night 3. During the weekend, at day time 4. During the weekend, at night</p> <p>9.Don't know -1.No answer</p>
	<p>1. Myself (parent/tutor in case of a child) 2. The general practitioner – go to ED09 3. A medical specialist – go to ED09 4. Somebody who is not a physician</p> <p>9.Don't know – Go to ED09 -1.No answer – Go to ED09</p>	<p>1. Emergency department is open 24h on 24h. 2. All investigations can be performed at the same moment. 3. There are no immediate costs. 4. Better treatment 5. It concerned an urgent and/or serious problem 6. Because there is a hospital with an emergency department in the neighborhood 7. Other raison, specify</p> <p>.....</p> <p>9.Don't know -1.No answer</p>	<p>1. During the week, at day time 2. During the week, at night 3. During the weekend, at day time 4. During the weekend, at night</p> <p>9.Don't know -1.No answer</p>

Hospital admission

The next questions relate to hospital admissions for your self.

All hospital admissions are considered, whether they are hospital admissions in a general hospital, a psychiatric hospital or another hospital.

Also hospital admissions related to childbirth are included.

First we are going to ask you some questions about hospital admissions **for which you had to stay overnight.**

HO.01. Have you been admitted to a hospital during the past year, this is since.../.../....., ? You should only consider hospital admissions for which you had to stay overnight.

Yes..... 1

No 2 Go to HO.03.

Don't know 9 Go to HO.03.

No answer -1 Go to HO.03

HO.02 How many times have you been admitted to hospital (for at least one night) during the past year? You should only consider hospital admissions for which you had to stay overnight.

times Go to HO.04.

Don't know 9

No answer -1

HO.03 When were you last admitted to hospital (for at least one night)? You should only consider hospital admissions for which you had to stay overnight.

On ____ / ____ / _____

Interviewer: If the date is unknown or not applicable, indicate one of the following answers

____ months ago 1

____ years ago 2

Never..... 3

Don't know 9

No answer -1

Interviewer: If the last hospital admission took place during the past year, continue with question HO04, otherwise go to HO10.

The next questions relate to the last 3 hospital admissions which took place during the past year, starting with the last hospital admission. Only hospital admissions for which you had to stay overnight should be considered.

	HO.04. When did this hospital admission take place (date of hospital admission)?	H0.05. In which type of hospital were you admitted?	HO.06. To which unit have you been admitted?
1	<p>Last contact</p> <p>On ____ / ____ / ____</p> <p>1. ____ days ago</p> <p>2. ____ weeks ago</p> <p>3. ____ months ago</p> <p>9. Don't know</p> <p>-1. No answer</p>	<p>1. University hospital</p> <p>2. General hospital</p> <p>3. Psychiatric hospital – go to HO07</p> <p>4. Other type of hospital, specify:</p> <p>.....</p> <p>9. Don't know</p> <p>-1. No answer</p>	<p>1. Psychiatric unit</p> <p>2. Other unit</p> <p>9. Don't know</p> <p>-1. No answer</p>
2	<p>Last but one contact</p> <p>On ____ / ____ / ____</p> <p>1. ____ days ago</p> <p>2. ____ weeks ago</p> <p>3. ____ months ago</p> <p>9. Don't know</p> <p>-1. No answer</p>	<p>1. University hospital</p> <p>2. General hospital</p> <p>3. Psychiatric hospital – go to HO07</p> <p>4. Other type of hospital, specify:</p> <p>.....</p> <p>9. Don't know</p> <p>-1. No answer</p>	<p>1. Psychiatric unit</p> <p>2. Other unit</p> <p>9. Don't know</p> <p>-1. No answer</p>
3	<p>Last but two</p> <p>On ____ / ____ / ____</p> <p>1. ____ days ago</p> <p>2. ____ weeks ago</p> <p>3. ____ months ago</p> <p>9. Don't know</p> <p>-1. No answer</p>	<p>1. University hospital</p> <p>2. General hospital</p> <p>3. Psychiatric hospital – go to HO07</p> <p>4. Other type of hospital, specify:</p> <p>.....</p> <p>9. Don't know</p> <p>-1. No answer</p>	<p>1. Psychiatric unit</p> <p>2. Other unit</p> <p>9. Don't know</p> <p>-1. No answer</p>

	HO.07.	HO.08.	HO.09.
	<p>How many nights did you spend in the hospital?</p>	<p>Describe the complaints, illnesses and health for which you were admitted to hospital. Take also into consideration mental and social health problems.</p>	<p>During this hospital admission did you undergo surgery?</p>
1	<p>1. ____ nights</p> <p>2. Hospital admission still continuing</p> <p>9. Don't know</p> <p>-1. No answer</p>	<p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>9. Don't know</p> <p>-1. No answer</p>	<p>1. Yes</p> <p>2. No</p> <p>9. Don't know</p> <p>-1. No answer</p>
2	<p>1. ____ nights</p> <p>2. Hospital admission still continuing</p> <p>9. Don't know</p> <p>-1. No answer</p>	<p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>9. Don't know</p> <p>-1. No answer</p>	<p>1. Yes</p> <p>2. No</p> <p>9. Don't know</p> <p>-1. No answer</p>
3	<p>1. ____ nights</p> <p>2. Hospital admission still continuing</p> <p>9. Don't know</p> <p>-1. No answer</p>	<p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>9. Don't know</p> <p>-1. No answer</p>	<p>1. Yes</p> <p>2. No</p> <p>9. Don't know</p> <p>-1. No answer</p>

The following questions relate to day hospitalizations, this means admissions to hospital during which you received a room and a bed, but could return home on the same day.

HO.10. Have you been admitted to hospital during the past year, this is since.../.../....., for a day hospitalisation, this is a hospital admission during which you received a room and a bed, but could return home on the same day?

- Yes..... 1
- No 2 Go to HO.12.
- Don't know 9 Go to HO.12.
- No answer -1 Go to HO.12.

HO.11. How many times have you been admitted to hospital during the past year for a day hospitalisation?

- Times Go to HO.13.
- Don't know 99 No answer -1

HO.12. When were you last admitted to hospital for a day hospitalisation?

On ___ / ___ / _____

Interviewer: If the date is unknown or not applicable, indicate one of the following answers

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

Interviewer: If the last hospital admission took place during the past year, ask question HO.13, otherwise go to OH.01.

The next questions relate to the last 3 day hospital admissions which took place during the past year, starting with the last day hospital admission.

	HO.13. When did this hospital admission take place? (date of hospital admission)?	HO.14. In which type of hospital were you admitted?	HO.15 Describe the complaints, illnesses and health problems for which you were admitted to hospital. Take also into consideration mental and social health problems.	HO.16 During this hospital admission did you undergo surgery?
1	<p>Last contact</p> <p>On ___ / ___ / ___</p> <p>1. ___ days ago</p> <p>2. ___ weeks ago</p> <p>3. ___ months ago</p> <p>9. Don't know -1. No answer</p>	<p>1. University hospital</p> <p>2. General hospital</p> <p>3. Other type of hospital , specify</p> <p>.....</p> <p>9. Don't know -1. No answer</p>	<p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>9. Don't know -1. No answer</p>	<p>1. Yes</p> <p>2. No</p> <p>9. Don't know -1. No answer</p>
2	<p>Last but one contact</p> <p>On ___ / ___ / ___</p> <p>1. ___ days ago</p> <p>2. ___ weeks ago</p> <p>3. ___ months ago</p> <p>9. Don't know -1. No answer</p>	<p>1. University hospital</p> <p>2. General hospital</p> <p>3. Other type of hospital , specify</p> <p>.....</p> <p>9. Don't know -1. No answer</p>	<p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>9. Don't know -1. No answer</p>	<p>1. Yes</p> <p>2. No</p> <p>9. Don't know -1. No answer</p>
3	<p>Last but two contact</p> <p>On ___ / ___ / ___</p> <p>1. ___ days ago</p> <p>2. ___ weeks ago</p> <p>3. ___ months ago</p> <p>9. Don't know -1. No answer</p>	<p>1. University hospital</p> <p>2. General hospital</p> <p>3. Other type of hospital , specify</p> <p>.....</p> <p>9. Don't know -1. No answer</p>	<p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>9. Don't know -1. No answer</p>	<p>1. Yes</p> <p>2. No</p> <p>9. Don't know -1. No answer</p>

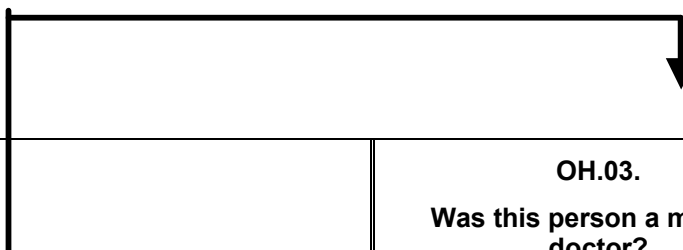
Contacts with other health services

The next questions relate to contacts with other health workers and to a few prevention or social services.

OH.01. Did you have, for yourself, during the past year, i.e. since ___/___/___, a contact with a...

	Yes	No	Don't know	No answer
01. nurse at home	1	2	9	-1
02. physiotherapist	1	2	9	-1
03. dietician	1	2	9	-1
04. speech therapist	1	2	9	-1
05. occupational therapist	1	2	9	-1
06. psychologist	1	2	9	-1

OH.02. Did you have, for yourself, during the past year, i.e. since ___/___/___, a contact with a health care provider that practices...



					OH.03. Was this person a medical doctor?			
	Yes	No	Don't know	No answer	Yes	No	Don't know	No answer
01. homeopathy	1	2	9	-1	1	2	9	-1
02. acupuncture	1	2	9	-1	1	2	9	-1
03. osteopathy	1	2	9	-1	1	2	9	-1
04. chiropractic	1	2	9	-1	1	2	9	-1
05. another form of alternative medicine, specify: _____	1	2	9	-1	1	2	9	-1

Interviewer: In case the respondent is an **institutionalised person**, question OH.04. must be skipped. In this case you can go **directly to question DR.01 page 52.**

OH.04. Did you have, for yourself, during the past year, i.e. since ___/___/____, a contact with one of the following services?

	Yes	No	Don't know	No answer
01. Preventive care for infants or children	1	2	9	-1
02. School medicine	1	2	9	-1
03. Occupational medicine	1	2	9	-1
04. Centre for Mental Health Care	1	2	9	-1
05. Centre for family planning and relational problems	1	2	9	-1
06. Service for home care (e.g. family care or care for the elderly)	1	2	9	-1
07. Day centre	1	2	9	-1
08. Hot meals at home	1	2	9	-1
09. Social welfare	1	2	9	-1
10. Help line by telephone	1	2	9	-1
11. Patient association or self help group (e.g. diabetes, Anonymous Alcoholics, ...)	1	2	9	-1
12. Other service for social or mental assistance, specify: _____	1	2	9	-1

Use of medicines

Now there are some questions on the use of medicines. We look at all types of medicines including homeopathic medicines, herbal medicines, pharmaceutical preparations, vitamins and minerals, sleeping tablets and tranquillisers, the anticonception pill, ointments, injections, cough syrups, sucking tablets, etc.

You should not consider medicines that are taken during a hospital admission.

DR.01. During the last two weeks, that ended yesterday, did you use any prescribed medicines?

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

Interviewer: These could also be medicines that were prescribed before.

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

On ___ / ___ / _____

Interviewer: If the date is unknown or not applicable, indicate one of the following answers

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

Interviewer: In case of use of prescribed medicines during the last two weeks, go to DR.03, if not go to DR.06.

DR.03. During the last two weeks, that ended yesterday, did you use any prescribed sleeping tablets?

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

DR.04. During the last two weeks, that ended yesterday, did you use any prescribed medicines for depression?

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

DR.05. During the last two weeks, that ended yesterday, did you use any prescribed tranquilizers or other medicines for the nerves?

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

DR.06. During the last two weeks, that ended yesterday, did you use non-prescribed medicines (which could be obtained over the counter in the pharmacy) during the last two weeks?

Yes..... 1 Go to DR.08.
No 2
Don't know 9 No answer -1

DR.07. When did you use any non-prescribed medicines for the last time?

On ____ / ____ / ____

Interviewer: If the date is unknown or not applicable, indicate one of the following answers

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

Interviewer: If the person has used non prescribed medicines during the past 2 weeks, go to DR.08.

If the person has used prescribed medicines during the past 2 weeks (see answers to DR.01 and DR.02): go to DR.12.

If the person has used no medicines during the past 2 weeks (neither prescribed, nor non prescribed): go to VA.01.

DR.08. During the last two weeks, that ended yesterday, did you use any non-prescribed sleeping tablets?

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

DR.09. During the last two weeks, that ended yesterday, did you use any non prescribed tranquilisers or other medicines for the nerves?

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

DR.10. Did you use during the last two weeks non prescribed medicines that were not bought in a pharmacy?

- Yes..... 1
- No 2 Go to DR.12.
- Don't know 9 No answer -1

DR.11. How did you obtain these medicines?

(Multiple responses possible)

Int.: Show card 13.

01. Diet shop 1
02. Diet department in a department store 1
03. Internet 1
04. Paramedical (nurse, physiotherapist,..) 1
05. Doctor..... 1
06. Other, specify _____ 1
- Don't know 9 No answer -1

The next questions are related to the medicines that you take **at this moment**. We consider again all types of medicines and this time, both **prescribed** and **non-prescribed medicines**.

DR.12. Did you take any medicines during the last 24 hours, i.e. since ____ o'clock yesterday.

- Yes..... 1
- No 2 Go to VA.01.
- Don't know 9 Go to VA.01
- No answer -1 Go to VA.01

Interviewer: Ask the respondent to show to you the medicines that he has taken during the past 24 hours, if possible with the package. For each medicine, you have to check if there is a bar code on the package. Under this bar code you will find a number code. Usually this will be a number of 4 figures, separated with a dash from a number with 3 figures (e.g. 1258-514). This is called a "CNK code".

Note in DR.13 and DR.14 the name and the CNK code of the medicines that de respondent has used during the past 24 hours and ask for each of these medicine questions DR.15 to DR.17.

Interviewer: Don't forget to ask questions DR.15 to DR.17 on the next page, for each medicine !!

	<p>DR.13.</p> <p>Name of the medicine (IN PRINTED LETTERS)</p> <p><i>Int.: If no name, tick : 8, 9 or -1</i></p>	<p>DR.14.</p> <p>CNK-code</p> <p><i>Int.: If there is no code, tick : 8, 9 or -1</i></p>
01	8. Pharmaceutical preparation 9. DK -1. NA	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> - <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 99. No CNK code found 9. No package available -1. NA
02	8. Pharmaceutical preparation 9. DK -1. NA	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> - <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 99. No CNK code found 9. No package available -1. NA
03	8. Pharmaceutical preparation 9. DK -1. NA	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> - <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 99. No CNK code found 9. No package available -1. NA
04	8. Pharmaceutical preparation 9. DK -1. NA	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> - <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 99. No CNK code found 9. No package available -1. NA
05	8. Pharmaceutical preparation 9. DK -1. NA	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> - <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 99. No CNK code found 9. No package available -1. NA
06	8. Pharmaceutical preparation 9. DK -1. NA	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> - <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 99. No CNK code found 9. No package available -1. NA
07	8. Pharmaceutical preparation 9. DK -1. NA	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> - <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 99. No CNK code found 9. No package available -1. NA
08	8. Pharmaceutical preparation 9. DK -1. NA	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> - <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 99. No CNK code found 9. No package available -1. NA
09	8. Pharmaceutical preparation 9. DK -1. NA	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> - <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 99. No CNK code found 9. No package available -1. NA
10	8. Pharmaceutical preparation 9. DK -1. NA	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> - <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 99. No CNK code found 9. No package available -1. NA
11	8. Pharmaceutical preparation 9. DK -1. NA	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> - <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 99. No CNK code found 9. No package available -1. NA
12	8. Pharmaceutical preparation 9. DK -1. NA	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> - <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 99. No CNK code found 9. No package available -1. NA
13	8. Pharmaceutical preparation 9. DK -1. NA	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> - <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 99. No CNK code found 9. No package available -1. NA

Note: DK = Do not know ; NA = No answer.

	DR.15 Describe the complaints, illnesses and health problems for which the medicine was taken.	DR.16 Was the medicine prescribed?	DR.17 Do you take the medicine ...
01	9. DK - 1. NA	1. Yes 2. No 9. DK - 1. NA	1. regularly 2. temporarily 9. DK - 1. NA
02	9. DK - 1. NA	1. Yes 2. No 9. DK - 1. NA	1. regularly 2. temporarily 9. DK - 1. NA
03	9. DK - 1. NA	1. Yes 2. No 9. DK - 1. NA	1. regularly 2. temporarily 9. DK - 1. NA
04	9. DK - 1. NA	1. Yes 2. No 9. DK - 1. NA	1. regularly 2. temporarily 9. DK - 1. NA
05	9. DK - 1. NA	1. Yes 2. No 9. DK - 1. NA	1. regularly 2. temporarily 9. DK - 1. NA
06	9. DK - 1. NA	1. Yes 2. No 9. DK - 1. NA	1. regularly 2. temporarily 9. DK - 1. NA
07	9. DK - 1. NA	1. Yes 2. No 9. DK - 1. NA	1. regularly 2. temporarily 9. DK - 1. NA
08	9. DK - 1. NA	1. Yes 2. No 9. DK - 1. NA	1. regularly 2. temporarily 9. DK - 1. NA
09	9. DK - 1. NA	1. Yes 2. No 9. DK - 1. NA	1. regularly 2. temporarily 9. DK - 1. NA
10	9. DK - 1. NA	1. Yes 2. No 9. DK - 1. NA	1. regularly 2. temporarily 9. DK - 1. NA
11	9. DK - 1. NA	1. Yes 2. No 9. DK - 1. NA	1. regularly 2. temporarily 9. DK - 1. NA
12	9. DK - 1. NA	1. Yes 2. No 9. DK - 1. NA	1. regularly 2. temporarily 9. DK - 1. NA
13	9. DK - 1. NA	1. Yes 2. No 9. DK - 1. NA	1. regularly 2. temporarily 9. DK - 1. NA

Note: DK = Do not know ; NA = No answer.

Interviewer: Don't forget to ask questions DR.15 to DR.17 on the next page, for each medicine !!

	DR.13.	DR.14.
	Name of the medicine (IN PRINTED LETTERS) <i>Int.: In case no name, tick : 8, 9 or -1</i>	CNK-code <i>Int.: In case no code, tick : 8, 9 or -1</i>
14	8. Pharmaceutical preparation 9. DK -1. NA	<div style="display: flex; justify-content: space-between;"> <div style="text-align: center;"> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> - <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> </div> <div style="text-align: right;"> 99. No CNK code found 9. No package available -1. NA </div> </div>
15	8. Pharmaceutical preparation 9. DK -1. NA	<div style="display: flex; justify-content: space-between;"> <div style="text-align: center;"> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> - <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> </div> <div style="text-align: right;"> 99. No CNK code found 9. No package available -1. NA </div> </div>
16	8. Pharmaceutical preparation 9. DK -1. NA	<div style="display: flex; justify-content: space-between;"> <div style="text-align: center;"> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> - <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> </div> <div style="text-align: right;"> 99. No CNK code found 9. No package available -1. NA </div> </div>
17	8. Pharmaceutical preparation 9. DK -1. NA	<div style="display: flex; justify-content: space-between;"> <div style="text-align: center;"> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> - <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> </div> <div style="text-align: right;"> 99. No CNK code found 9. No package available -1. NA </div> </div>
18	8. Pharmaceutical preparation 9. DK -1. NA	<div style="display: flex; justify-content: space-between;"> <div style="text-align: center;"> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> - <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> </div> <div style="text-align: right;"> 99. No CNK code found 9. No package available -1. NA </div> </div>
19	8. Pharmaceutical preparation 9. DK -1. NA	<div style="display: flex; justify-content: space-between;"> <div style="text-align: center;"> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> - <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> </div> <div style="text-align: right;"> 99. No CNK code found 9. No package available -1. NA </div> </div>
20	8. Pharmaceutical preparation 9. DK -1. NA	<div style="display: flex; justify-content: space-between;"> <div style="text-align: center;"> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> - <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> </div> <div style="text-align: right;"> 99. No CNK code found 9. No package available -1. NA </div> </div>
21	8. Pharmaceutical preparation 9. DK -1. NA	<div style="display: flex; justify-content: space-between;"> <div style="text-align: center;"> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> - <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> </div> <div style="text-align: right;"> 99. No CNK code found 9. No package available -1. NA </div> </div>
22	8. Pharmaceutical preparation 9. DK -1. NA	<div style="display: flex; justify-content: space-between;"> <div style="text-align: center;"> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> - <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> </div> <div style="text-align: right;"> 99. No CNK code found 9. No package available -1. NA </div> </div>
23	8. Pharmaceutical preparation 9. DK -1. NA	<div style="display: flex; justify-content: space-between;"> <div style="text-align: center;"> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> - <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> </div> <div style="text-align: right;"> 99. No CNK code found 9. No package available -1. NA </div> </div>
24	8. Pharmaceutical preparation 9. DK -1. NA	<div style="display: flex; justify-content: space-between;"> <div style="text-align: center;"> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> - <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> </div> <div style="text-align: right;"> 99. No CNK code found 9. No package available -1. NA </div> </div>
25	8. Pharmaceutical preparation 9. DK -1. NA	<div style="display: flex; justify-content: space-between;"> <div style="text-align: center;"> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> - <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> </div> <div style="text-align: right;"> 99. No CNK code found 9. No package available -1. NA </div> </div>
26	8. Pharmaceutical preparation 9. DK -1. NA	<div style="display: flex; justify-content: space-between;"> <div style="text-align: center;"> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> - <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> </div> <div style="text-align: right;"> 99. No CNK code found 9. No package available -1. NA </div> </div>

Note: DK = Do not know ; NA = No answer.

	DR.15 Describe the complaints, illnesses and health problems for which the medicine was taken.	DR.16 Was the medicine prescribed?	DR.17 Do you take the medicine ...
14	9. DK - 1. NA	1. Yes 2. No 9. DK - 1. NA	1. regularly 2. temporarily 9. DK - 1. NA
15	9. DK - 1. NA	1. Yes 2. No 9. DK - 1. NA	1. regularly 2. temporarily 9. DK - 1. NA
16	9. DK - 1. NA	1. Yes 2. No 9. DK - 1. NA	1. regularly 2. temporarily 9. DK - 1. NA
17	9. DK - 1. NA	1. Yes 2. No 9. DK - 1. NA	1. regularly 2. temporarily 9. DK - 1. NA
18	9. DK - 1. NA	1. Yes 2. No 9. DK - 1. NA	1. regularly 2. temporarily 9. DK - 1. NA
19	9. DK - 1. NA	1. Yes 2. No 9. DK - 1. NA	1. regularly 2. temporarily 9. DK - 1. NA
20	9. DK - 1. NA	1. Yes 2. No 9. DK - 1. NA	1. regularly 2. temporarily 9. DK - 1. NA
21	9. DK - 1. NA	1. Yes 2. No 9. DK - 1. NA	1. regularly 2. temporarily 9. DK - 1. NA
22	9. DK - 1. NA	1. Yes 2. No 9. DK - 1. NA	1. regularly 2. temporarily 9. DK - 1. NA
23	9. DK - 1. NA	1. Yes 2. No 9. DK - 1. NA	1. regularly 2. temporarily 9. DK - 1. NA
24	9. DK - 1. NA	1. Yes 2. No 9. DK - 1. NA	1. regularly 2. temporarily 9. DK - 1. NA
25	9. DK - 1. NA	1. Yes 2. No 9. DK - 1. NA	1. regularly 2. temporarily 9. DK - 1. NA
26	9. DK - 1. NA	1. Yes 2. No 9. DK - 1. NA	1. regularly 2. temporarily 9. DK - 1. NA

Note: DK = Do not know ; NA = No answer.

Immunization

VA.01. Do you have a vaccination card?

Yes..... 1

No 2

Don't know 9

No answer -1

Interviewer: Must be considered as a vaccination card any document where the different vaccines received by the subject are recorded.

Vaccination against Tetanus

VA.02. Have you ever been vaccinated or received a vaccination booster against Tetanus?

Yes..... 1

No 2 Go to VA.04.

Don't know what you are talking about 3 Go to VA.04.

Don't know 9 Go to VA.04.

No answer -1 Go to VA.04.

VA.03. When were you last vaccinated against Tetanus?

Less than ten years ago..... 1

Ten years ago or more..... 2

Don't know 9

No answer -1

Hepatitis B immunization

Interviewer: Try to verify the vaccination card; the brand names for Hepatitis B vaccination are: *Engerix B* ®, *H-B Vax II* ®, *HB Vax Pro* ®, *Twinrix* ® of *Infanrix-hexa* ®.

VA.04. Have you ever been vaccinated against Hepatitis B (a form of jaundice)?

- Yes..... 1
- No 2 Go to VA.07.
- Don't know what you are talking about 3 Go to VA.07.
- Don't know 9 Go to VA.07.
- No answer -1 Go to VA.07.

VA.05. When were you last vaccinated against Hepatitis B?

- Less than ten years ago..... 1
- Ten years ago or more..... 2
- Don't know 9 No answer -1

VA.06. Who carried out this vaccination?

- A family practitioner 1
- A paediatrician..... 2
- A prevention service such as ONE or Kind en Gezin..... 3
- A centre for school medicine 4
- Other, specify: 5
- Don't know 9 No answer -1

Meningococcus type C immunization

Interviewer: *The Meningococcus C vaccination is aiming to protect against one of the forms of meningitis (cerebral infection at the level of the meninges).*

Try to verify the vaccination card; the brand names for Meningococcus C vaccination are: Mencevax ®, Menjugate ®, Meningitec ®, Meningovax ® en NeisVac-C ®, where type C is combined with other types.

VA.07. Have you ever been vaccinated against Meningococcus C?

- Yes..... 1
- No 2 Go to VA.09.
- Don't know what you are talking about 3 Go to VA.09.
- Don't know 9 Go to VA.09.
- No answer -1 Go to VA.09.

VA.08. When were you last vaccinated against Meningococcus C?

- Less than three years ago 1
- Three years ago or more..... 2
- Don't know 9
- No answer -1

Influenza immunization

Interviewer: *Questions on immunization against Influenza and Pneumococcus are limited to individuals of 15 years and older.*

For the others, go to NS.04.

VA.09. Have you ever been vaccinated against influenza?

- Yes..... 1
- No 2 Go to VA.11.
- Don't know what you are talking about 3 Go to VA.11.
- Don't know 9 Go to VA.11.
- No answer -1 Go to VA.11.

VA.10. When were you last vaccinated against Influenza?

Interviewer: If month is unknown, please enter 99. If year is unknown, please enter 9999.

Month: Year:

Don't know 9 No answer -1

Pneumococcus immunisation

Interviewer: Try to verify the vaccination card ; the brand name for Pneumococcus vaccination is Pneumo 23 ®.

VA.11. Have you ever been vaccinated against Pneumococcus?

Yes..... 1

No 2 Go to NS.04.

Don't know what you are talking about 3 Go to NS.04.

Don't know 9 Go to NS.04.

No answer -1 Go to NS.04.

VA.12. When were you last vaccinated against Pneumococcus?

Less than five years ago 1

Five years ago or more 2

Don't know 9 No answer -1

Nutritional habits

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

NS.04. What is your height without shoes?

			cm
--	--	--	----

Don't know 999

No answer -1

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

Interviewer: Pregnant women are asked their weight before pregnancy

			kg
--	--	--	----

Don't know 999

No answer -1

Interviewer: The next questions deal with 'meals'. Drinks alone (like a cup of coffee) cannot be considered as a meal.

NH.01. How often do you have breakfast?

- Every day 1
- 5 to 6 times per week 2
- 1 to 4 times per week 3
- 1 time per week 4
- 1 to 3 times per week 5
- Never or almost never 6

Don't know 9

No answer -1

NH.02. How often do you have lunch?

- Every day 1
- 5 to 6 times per week..... 2
- 1 to 4 times per week..... 3
- 1 time per week 4
- 1 to 3 times per week..... 5
- Never or almost never..... 6
- Don't know 9 No answer -1

NH.03. How often do you have diner?

- Every day 1
- 5 to 6 times per week..... 2
- 1 to 4 times per week..... 3
- 1 time per week 4
- 1 to 3 times per week..... 5
- Never or almost never..... 6
- Don't know 9 No answer -1

NH.04. How many times do you eat prepared or raw vegetables (no dried pulse)?

- Every day 1
- 5 to 6 times per week..... 2
- 2 to 4 times per week..... 3
- Once a week 4
- 1 to three times per month..... 5
- Never or almost never..... 6 Go to NH.06.
- Don't know 9 Go to NH.06.
- No answer -1 Go to NH.06.

NH.05. On such a day, how much prepared and raw vegetables do you usually eat?

- Less than 200 g 1
- About 200 g 2
- More than 200 g 3
- Don't know 9 No answer -1

NH.06. How many times do you eat fresh fruit?

- Every day 1
- 5 to 6 times per week 2
- 2 to 4 times per week 3
- Once a week 4
- 1 to three times per month 5
- Never or almost never 6 Go to NH.08.
- Don't know 9 Go to NH.08.
- No answer -1 Go to NH.08.

NH.07. On such a day, how much fruit do you usually eat?

- Less than 2 pieces 1
- About 2 pieces 2
- More than 2 pieces 3
- Don't know 9 No answer -1

NH.08. How many times do you eat brown bread (also brown rusks or baguettes)?

- Every day 1
- 5 to 6 times per week..... 2
- 2 to 4 times per week..... 3
- Once a week 4
- 1 to three times per month 5
- Never or almost never..... 6 Go to NH.10.

- Don't know 9 Go to NH.10.
- No answer -1 Go to NH.10.

NH.09. On such a day, how much brown bread do you usually eat?

- Less than 8 slices 1
- About 8 slices 2
- More than 8 slices..... 3

- Don't know 9
- No answer -1

NH.10. How many times do you eat fish, shellfish or crustacean (like fresh salmon, mussels, shrimps,...)?

- Every day 1
- 5 to 6 times per week..... 2
- 2 to 4 times per week..... 3
- Once a week 4
- 1 to three times per month 5
- Never or almost never..... 6 Go to NH.12.

- Don't know 9 Go to NH.12.
- No answer -1 Go to NH.12.

NH.11. On such a day, how much fish or shellfish or crustacean do you usually eat?

- Less than 100 g 1
- About 100 g 2
- More than 100 g..... 3
- Don't know 9 No answer -1

NH.12. How many times do you drink sweetened or alcoholic drinks (like beer, wine, soft drink, sweetened coffee or tea, industrial fruit juices)?

- Every day 1
- 5 to 6 times per week 2
- 2 to 4 times per week 3
- Once a week 4
- 1 to three times per month 5
- Never or almost never..... 6 Go to NH.14.
- Don't know 9 Go to NH.14.
- No answer -1 Go to NH.14.

NH.13. On such a day, how much sweetened of alcoholic drinks do you usually drink?

- Less than 1 litre 1
- About 1 litre 2
- More than 1 litre..... 3
- Don't know 9 No answer -1

The next questions deal with changes in your eating habits during the last 2 years.

NH.14. Did you reduce your consumption of fat during the last 2 years?

The consumption of fat can be reduced by limiting the use of greasy products like butter, margarine, mayonnaise, or to replace greasy products (like full milk products) by less greasy products (like skimmed milk)

- Yes..... 1
- No 2 Go to NH.16.
- Don't know 9 Go to NH.16.
- No answer -1 Go to NH.16.

NH.15. What was the reason for your reduction of fat consumption?

(Multiple responses possible)

	Yes	No	Don't know	No answer
01. Because you are/were ill	1	2	9	-1
02. To slim or to maintain your weight	1	2	9	-1
03. Because you fear the consequences from the use of fat for your health	1	2	9	-1
04. Under influence of family or friends	1	2	9	-1
05. Other, specify: _____	1	2	9	-1

NH.16. Did you increase your consumption of foods rich in fibre during the last 2 years?

Products rich in fibre are for example: fruit, vegetables, brown bread, full rice or pasta, cereals, porridge or bran

Yes..... 1

No 2 Go to ET.01.

Don't know 9 Go to ET.01.

No answer -1 Go to ET.01.

NH.17. What was the reason for your increase in fibre consumption?

(Multiple responses possible)

	Yes	No	Don't know	No answer
01. Due to constipation or other medical problems	1	2	9	-1
02. Because such food was part of your slimming diet	1	2	9	-1
03. Because you know that fibres are good for your health	1	2	9	-1
04. Under influence of family or friends	1	2	9	-1
05. Other, specify: _____	1	2	9	-1

Education

Interviewer: Questions for all respondents of 6 years and older.

ET.01 Do you go to school, meaning are you a (part time) daytime student?

- Yes..... 1
- No 2 Go to ET.03.
- Don't know 9 Go to ET.03.
- No answer -1 Go to ET.03.

Interviewer: Show card 14.

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

- Primary education 01
- Lower vocational secondary education 02
- Lower technical, art or professional education 03
- Higher vocational secondary education 04
- Higher technical secondary education 05
- Higher art secondary education 06
- Higher professional education 07
- Post-secondary non higher education 08
- Higher education (short type) 09
- Higher education (long type) 10
- Academic education..... 11
- Post academic training 12
- Doctorate 13
- Other, specify: 14
- Don't know 99 No answer -1

*Interviewer: For those attaining school - go to SU.05.
For all others, continue and show card 14.*

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

- Primary education 01
 - Lower vocational secondary education 02
 - Lower technical, art or professional education 03
 - Higher vocational secondary education 04
 - Higher technical secondary education 05
 - Higher art secondary education 06
 - Higher professional education 07
 - Post-secondary non higher education 08
 - Higher education (short type) 09
 - Higher education (long type) 10
 - Academic education 11
 - Post academic training 12
 - Doctorate 13
 - Other, specify: 14
 15
 - No diploma 15
- Don't know 9 No answer -1

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

years old

- Don't know 9 No answer -1

Employment

The next questions concern your professional activity. We consider someone as professionally active if he/she has a paid job, even if only for 1 hour per week.

Your paid job can be temporarily be interrupted. This means that your not employed for the moment, but that you soon will restart working.

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

- Yes, paid job..... 1 Go to EM.03.
- Yes, but temporarily interrupted 2
- No, no paid job..... 3 Go to EM.07.
- Don't know 9
- No answer -1

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

- Disease or accident..... 1
- Temporarily unemployed due to technical reasons 2
- Pregnancy or breastfeeding leave 3
- Parental leave 4
- Time credit..... 5
- Familial leave or leave for urgent reasons..... 6
- Leave concerning social promotion, study 7
- Other reason, specify: 8
- Don't know 9
- No answer -1

I will ask you some questions on your professional activity. I will restrict myself to your major occupation, that is the occupation you consecrate most of our time on.

EM.03. Can you describe in detail your professional (main) activity?

.....

--	--	--

- Don't know 999
- No answer -1

EM.04. What is the main economical activity of the enterprise/institution that employs you?

.....

--	--	--

Don't know 999 No answer -1

EM.05. When do you perform this professional activity?

- Only during daytime (eventually in a two shift system) 1
- Only during night time (exclusive night shift)..... 2
- Only during the week end (exclusive weekend shift) 3
- In a rotating shift system (morning/day/late)..... 4
- On (very) irregular moments..... 5
- Other system, specify _____ 6

Don't know 9 No answer -1

EM.06. How many hours do you usually spend on this professional (main) activity?

--	--	--

 Hours per week

Don't know 999 No answer -1

Interviewer: Go directly to the module 'Income' after this question

EM.07. You don't exercise any professional activity nowadays. Which of the following profiles is applicable for you?

- Retirement 1
- Sickness or invalidity 2
- Unemployment..... 3
- Student 4
- Do the housekeeping, without benefits 5
- Other profile, specify 6

Don't know 9 No answer -1

EM.08. Have you ever performed a paid job?

Yes 1

No 2 Go to EM.12.

Don't know 9 No answer -1

EM.09. Until when where you employed?

Interviewer: If month is unknown, please enter 99. If year is unknown, please enter 9999.

Month: Year:

Don't know 9 No answer -1

EM.10. Can you describe in detail your professional activity in your last job?

.....

Don't know 999 No answer -1

EM.11. What is the main economical activity of the enterprise/institution that employed you in your last job?

.....

Don't know 999 No answer -1

*Interviewer: Go directly to the module 'Income' after this question.
Question EM.12 must only be applied for those respondents who never had a professional activity. It also applies if the spouse or partner is deceased.*

EM.12. Can you describe in detail the professional activity of your partner in his/her current or last job?

.....

Don't know 999 No answer -1

Income

On the basis of the next questions, we try to get an overview of your personal monthly net income. By “personal net income” we understand:

- net-wages and rewards for delivered work (main employment and additional jobs) and net operating income for the self employed;
- Personal social benefits (unemployment benefits, pensions, disabilities allowances (invalidity), support by OCMS/CPAS, ...).

IN.04 **How much is your monthly income, all included? If this income varies from month to month, please indicate a mean income.**

Indicate the used currency: Euro ₁ BF ₂

--	--	--	--	--	--

***Interviewer:** Only in case the respondent hesitates to answer, you must ask the next question. In all other cases: go to IN.06.*

IN.05. **You find it hard to answer this question. The next question is more easy to answer: is this income higher than 2000 Euro (or 80.000 Belgian Francs)?**

Yes ₁ *Interviewer: Show card 15.*

No ₂ *Interviewer: Show card 16.*

Can you indicate which code best your monthly income, all included?

--	--

 (code)

Don't know ₉

No answer ₋₁

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.

IN.06. Do you, as far as you know, enjoy a reduction for medical expenses, medications or hospitalisation?

A reduction based on a supplementary insurance, taken out by yourself or your employer, is not to be considered here.

Yes 1

No..... 2 Go to IN.08.

Don't know 9 No answer -1

IN.07. Different categories of people do have the right to profit from a reduction of their contribution. Can you indicate to which category you belong?

Widows, orphans, handicapped people, retired people..... 1

Ex-colonials, nuns and not protected people 2

Those entitled to a higher child allowance for handicapped children..... 3

Those entitled to an minimal income for aged people..... 4

Those entitled to an allowance for handicapped people 5

Those entitled to a minimal income or people depending on an OCMW / CPAS allowance 6

Long-term unemployed..... 7

Other category , specify _____ 8

Don't know 9 No answer -1

The personal contribution in case of a hospitalisation can be strongly reduced in case a supplementary hospital insurance policy exists. Such an insurance can be taken out by yourself or your employer and a insurance fund or a private insurance agency.

IN.08. Did you – on your own initiative or on the initiative of you employer – take out such a supplementary hospital insurance?

Yes..... 1

No 2

Don't know 9

No answer -1

Interviewer: Only for self employed people. For all others, go to SU.05.

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

IN.09. Are you insured for 'small risks'?

Yes..... 1

No 2 Go to SU.05.

Don't know 9 Go to SU.05

No answer -1 Go to SU.05

IN.10. Which organization is implied in the insurance for 'small risks'?

Social insurance fund 1

A private insurance firm 2

The insurance for 'small risks' in included in the basic insurance coverage 3

Don't know 9

No answer -1

Evaluation: questions for the respondent

SU.05. Did you find the questions difficult?

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

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

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

Thank you very much for your collaboration in this interview

Interviewer: After finishing the interview, the hour has to be indicated in the front page. Please give also an answer to questions ENQ.01. and ENQ.02.

Evaluation: questions for the interviewer

ENQ.01. How did the respondent collaborate in the interview

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

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

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

SUPPLEMENTARY INFORMATION:

Mr. S. Demarest
Mr. J. Van der Heyden

Scientific Institute of Public Health
Department of Epidemiology
Juliette Wytsmanstraat 14-16
B - 1050 Brussels

tel : 02 642 57 94
02/642 57 26

e-mail: his@iph.fgov.be

<http://www.iph.fgov.be/epidemiologie/epinl/HIS>

21 June 2004