





## Information on the selected person and the respondent

**NR.01. Who answers the questions during the interview?**

The selected person .....	<b>1</b>	▶ MB.01.		
A proxy, another member of the household .....	<b>2</b>			
<table style="border: 1px solid black; width: 50px; height: 20px; display: inline-table; vertical-align: middle;"> <tr><td style="width: 25px; height: 20px;"></td><td style="width: 25px; height: 20px;"></td></tr> </table> Rang number of the respondent (see HC.01., Household questionnaire)				
A proxy, a person not member of the household: who? .....	<b>3</b>			

**NR.02. Why a proxy is being used?**

The selected person is younger than 15 years .....	<b>1</b>	▶ MB.01.
The selected person could not be contacted.....	<b>2</b>	▶ MB.01.
The selected person was not capable to respond personally .....	<b>3</b>	▶ NR.03.
The selected person refused to respond personally .....	<b>4</b>	▶ MB.01.

**NR.03. Why is the selected person not capable of answering the question personally?**

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

## 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	▶ MA.01.
Don't know.....	9	▶ MA.01.
No answer.....	0	▶ MA.01.

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

.....

.....

Don't know.....	9	
No answer.....	0	

**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.....	0	

**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.....	0	

**MA.01. I will name a list of diseases and conditions. Could you indicate whether you have this disease or condition or you have had it?**

MA.01. Diseases and chronic conditions (specific)		MA.02. Was this disease/condition diagnosed by a medical doctor?				MA.03. Have you had this disease/condition in the past 12 months?				MA.04. Have you been followed by a doctor or another health care professional in the past 12 months for this disease or condition?							
		No	Yes	Do not know	No answer	No	Yes	Do not know	No answer	No	Yes	Do not know	No answer				
01	Asthma (allergic asthma included)	2	1	9	0	2	1	9	0	2	1	9	0	2	1	9	0
02	Chronic bronchitis, chronic obstructive pulmonary disease, emphysema	2	1	9	0	2	1	9	0	2	1	9	0	2	1	9	0
03	Myocardial infarction	2	1	9	0	2	1	9	0	2	1	9	0	2	1	9	0
04	Coronary heart disease (angina pectoris)	2	1	9	0	2	1	9	0	2	1	9	0	2	1	9	0
05	High blood pressure (hypertension)	2	1	9	0	2	1	9	0	2	1	9	0	2	1	9	0
<i>Int:</i> For hypertension, if the answer to question MA.03 is YES, ask MA.05 and MA.06.														No	Yes		
<b>MA.05.</b> Did you follow any diet for this disease during the last 12 months?														2	1		
<b>MA.06.</b> Did you take any medicines for this disease during the past 12 months?														2	1		
06	Stroke (cerebral haemorrhage, cerebral thrombosis)	2	1	9	0	2	1	9	0	2	1	9	0	2	1	9	0
07	Rheumatoid arthritis (inflammation of the joints)	2	1	9	0	2	1	9	0	2	1	9	0	2	1	9	0
08	Osteoarthritis (arthrosis, joint degeneration)	2	1	9	0	2	1	9	0	2	1	9	0	2	1	9	0
09	Low back disorder or other chronic back defect	2	1	9	0	2	1	9	0	2	1	9	0	2	1	9	0
10	Neck disorder or other chronic neck defect	2	1	9	0	2	1	9	0	2	1	9	0	2	1	9	0
11.	Diabetes	2	1	9	0	2	1	9	0	2	1	9	0	2	1	9	0
<i>Int:</i> For diabetes, if the answer to question MA.03 is YES, ask MA.07, MA.08 and MA.09.														No	Yes		
<b>MA.07.</b> Did you follow any diet for this disease during the last 12 months?														2	1		
<b>MA.08.</b> Did you take any insuline injections) for this disease during the past 12 months?														2	1		
<b>MA.09.</b> Did you take any tablets for this disease during the past 12 months?														2	1		

MA.01.						MA.02.				MA.03.				MA.04.			
Diseases and chronic conditions (specific)						Was this disease/condition diagnosed by a medical doctor?				Have you had this disease/condition in the past 12 months?				Have you been followed by a doctor or another health care professional in the past 12 months for this disease or condition?			
		No	Yes	Do not know	No answer	No	Yes	Do not know	No answer	No	Yes	Do not know	No answer	No	Yes	Do not know	No answer
12	Allergy, such as rhinitis, eye inflammation, dermatitis, food allergy or other (allergic asthma excluded)	2	1	9	0	2	1	9	0	2	1	9	0	2	1	9	0
13	Stomach ulcer (gastric or duodenal ulcer)	2	1	9	0	2	1	9	0	2	1	9	0	2	1	9	0
14	Cirrhosis of the liver, liver dysfunction	2	1	9	0	2	1	9	0	2	1	9	0	2	1	9	0
15	Cancer (malignant tumour, also including leukaemia and lymphoma)	2	1	9	0	2	1	9	0	2	1	9	0	2	1	9	0
16	Severe headache such as migraine	2	1	9	0	2	1	9	0	2	1	9	0	2	1	9	0
17	Urinary incontinence, problems in controlling the bladder	2	1	9	0	2	1	9	0	2	1	9	0	2	1	9	0
18	Chronic anxiety	2	1	9	0	2	1	9	0	2	1	9	0	2	1	9	0
<i>Int:</i> For chronic anxiety, if the answer to question MA.03 is <b>YES</b> , ask MA.10 and MA.11.														No	Yes		
<b>MA.10.</b> Did you take any medicines for this disease during the past 12 months?														2	1		
<b>MA.11.</b> Did you follow any psychotherapy for this disease during the past 12 months?														2	1		
19	Serious gloom or depression for a period of at least 2 weeks	2	1	9	0	2	1	9	0	2	1	9	0	2	1	9	0
<i>Int:</i> For depression, if the answer to question MA.03 is <b>YES</b> , ask MA.12 and MA.13.														No	Yes		
<b>MA.12.</b> Did you take any medicines for this disease during the past 12 months?														2	1		
<b>MA.13.</b> Did you follow any psychotherapy for this disease during the past 12 months?														2	1		
20	Other mental health problems	2	1	9	0	2	1	9	-1	2	1	9	0	2	1	9	0
<i>Int:</i> For other mental health problems, if the answer to question MA.03 is <b>YES</b> , ask MA.14 and MA.15.														No	Yes		
<b>MA.14.</b> Did you take any medicines for this disease during the past 12 months?														2	1		
<b>MA.15.</b> Did you follow any psychotherapy for this disease during the past 12 months?														2	1		

Diseases and chronic conditions (specific)		MA.01.				MA.02.				MA.03.				MA.04.			
		No	Yes	Do not know	No answer	No	Yes	Do not know	No answer	No	Yes	Do not know	No answer	No	Yes	Do not know	No answer
21	Permanent injury or defect caused by an accident	2	1	9	0	2	1	9	0	2	1	9	0	2	1	9	0
22	Thyroid problems	2	1	9	0	2	1	9	0	2	1	9	0	2	1	9	0
23	Glaucoma	2	1	9	0	2	1	9	0	2	1	9	0	2	1	9	0
24	Cataract	2	1	9	0	2	1	9	0	2	1	9	0	2	1	9	0
25	Parkinson's disease	2	1	9	0	2	1	9	0	2	1	9	0	2	1	9	0
26	Epilepsy	2	1	9	0	2	1	9	0	2	1	9	0	2	1	9	0
27	Chronic fatigue <u>for a period of at least 3 months</u>	2	1	9	0	2	1	9	0	2	1	9	0	2	1	9	0
28	Osteoporosis.	2	1	9	0	2	1	9	0	2	1	9	0	2	1	9	0
29	Broken hip	2	1	9	0	2	1	9	0	2	1	9	0	2	1	9	0
30	Disorder of the large or the small bowel <u>for longer than 3 months</u>	2	1	9	0	2	1	9	0	2	1	9	0	2	1	9	0
31	Stones in the kidney	2	1	9	0	2	1	9	0	2	1	9	0	2	1	9	0
32	Serious disease of the kidney, other than stones in the kidney	2	1	9	0	2	1	9	0	2	1	9	0	2	1	9	0
33	Chronic cystitis	2	1	9	0	2	1	9	0	2	1	9	0	2	1	9	0
34	Serious or chronic skin disease	2	1	9	0	2	1	9	0	2	1	9	0	2	1	9	0
35	Gall-stones or inflammation of the gall-bladder.	2	1	9	0	2	1	9	0	2	1	9	0	2	1	9	0
36	Prostate complaints (only for men)	2	1	9	0	2	1	9	0	2	1	9	0	2	1	9	0
37	Other chronic diseases, which ones? ..... .....	2	1	9	0	2	1	9	0	2	1	9	0	2	1	9	0

### Trauma: accidents

**TR.04.** In the past 12 months, have you had any of the following type of accidents resulting in external or internal injury?

*Interviewer:* For each positive answer, ask TR.05. If no accident is reported (code 2,9 or 0) then go to question TR.09.

*Injuries resulting from poisoning and aggression are also included.*

TR.04.						TR.05.				
Accidents						Did you visit a doctor, a nurse or an emergency department of a hospital as a result of this accident?				
		▲ TR.09. No	Yes	▲ TR.09. Don't know	▲ TR.09. No answer					
						Yes, a doctor or nurse	Yes, an emergency department	No consultation or intervention was necessary	Don't know	No answer
01	Road traffic accident	2	1	9	0	1	2	3	9	0
02	Accident at work	2	1	9	0	1	2	3	9	0
03	Accident at school	2	1	9	0	1	2	3	9	0
04	Home and leisure accident	2	1	9	0	1	2	3	9	0

*Interviewer:* If the respondent was a victim of several accidents, ask question TR.06 and write down the corresponding accident number from question TR.04.

*If the respondent was a victim of only one accident, go to question TR.07.*

**TR.06.** 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.07. What was the main cause of this accident?**

Fall, slip, trip, fall from height (ladder, tree, horse...)	1
Collision with an object or a person	2
Cut, presence of a foreign body (in the eye, the throat...)	3
Other, specify: _____	4
Don't know	9
No answer	0

**TR.08. What type of injury did you have because of this accident?**

*(Multiple responses possible)*

	Yes	No
01. Broken or fractured bones	1	2
02. Sprain, strain, torn ligaments	1	2
03. Wound (cut, puncture, bite)	1	2
04. Other, specify: _____	1	2
Don't know	9	
No answer	0	

*Interviewer: Ask this question only to persons of 65 years and older.  
If the person is younger than 65 years, go to question IL.01.*

**TR.09. In the past 12 months, have you had any fall including a slip or trip in which you lost your balance and landed on the floor or ground or lower level?**

Yes	1	
No	2	▶ IL.01.
Don't know	9	▶ IL.01.
No answer	0	▶ IL.01.

**TR.10. How many times?**

		times
--	--	-------

## Longterm limitations

*Interviewer:* This module only needs to be completed for persons of 15 years and older. For persons less than 15 years go to GP.01.

Now I would like you to think about situations you may face in everyday life. Please ignore any temporary problems.

**IL.01. Do you wear glasses or contact lenses?**

- |                                      |   |          |
|--------------------------------------|---|----------|
| Yes.....                             | 1 |          |
| No .....                             | 2 | ▶ IL.02. |
| I'm blind or cannot see at all ..... | 3 | ▶ IL.05. |

Please answer the following questions according to your normal use of glasses or contact lenses

**IL.02. Can you see newspaper print?**

- |                               |   |  |
|-------------------------------|---|--|
| Yes, with no difficulty ..... | 1 |  |
| With some difficulty.....     | 2 |  |
| With a lot of difficulty..... | 3 |  |
| Not at all.....               | 4 |  |
| Don't know .....              | 9 |  |
| No answer.....                | 0 |  |

**IL.03. Can you see the face of someone 4 meters away (across a road)?**

- |                               |   |          |
|-------------------------------|---|----------|
| Yes, with no difficulty ..... | 1 | ▶ IL.05. |
| With some difficulty.....     | 2 |          |
| With a lot of difficulty..... | 3 |          |
| Not at all.....               | 4 |          |
| Don't know .....              | 9 |          |
| No answer.....                | 0 |          |

**IL.04. Can you see the face of someone at the distance of one meter (at arms length)?**

- |                               |   |  |
|-------------------------------|---|--|
| Yes, with no difficulty ..... | 1 |  |
| With some difficulty.....     | 2 |  |
| With a lot of difficulty..... | 3 |  |
| Not at all.....               | 4 |  |
| Don't know .....              | 9 |  |
| No answer.....                | 0 |  |

**IL.05. Do you wear a hearing aid?**

Yes.....	1	
No .....	2	▶ IL.06.
I am profoundly deaf .....	3	▶ IL.09.

Please answer the following question according to your normal use of your hearing aid.

**IL.06. Can you hear what is said in a conversation with several people?**

Yes, with no difficulty .....	1
With some difficulty.....	2
With a lot of difficulty.....	3
Not at all.....	4
Don't know.....	9
No answer.....	0

**IL.07. Is your hearing good enough to follow a TV program at a volume others find acceptable?**

Yes.....	1	▶ IL.09.
No .....	2	
Don't know.....	9	
No answer.....	0	

**IL.08. Can you follow a TV program with the volume turned up?**

Yes.....	1
No .....	2
Don't know.....	9
No answer.....	0

The next questions deal with possible restrictions in mobility.

**IL.09. 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.....	0

**IL.10. Can you walk 500 meters on a flat terrain without a stick or other walking aid or assistance?**

Yes, with no difficulty .....	1
With some difficulty.....	2
With a lot of difficulty.....	3
Not at all.....	4
Don't know .....	9
No answer.....	0

**IL.11. Can you walk up and down a flight of stairs without a stick, other walking aid, assistance or using the banister?**

Yes, with no difficulty .....	1
With some difficulty.....	2
With a lot of difficulty.....	3
Not at all.....	4
Don't know .....	9
No answer.....	0

**IL.12. Can you bend and kneel down without any aid or assistance?**

Yes, with no difficulty .....	1
With some difficulty.....	2
With a lot of difficulty.....	3
Not at all.....	4
Don't know .....	9
No answer.....	0

**IL.13. Using your arms, can you carry a shopping bag weighing 5 kilos for at least 10 metres without any aid or assistance?**

Yes, with no difficulty .....	1
With some difficulty.....	2
With a lot of difficulty.....	3
Not at all.....	4
Don't know .....	9
No answer.....	0

**IL.14. Can you use your fingers to grasp or handle a small object like a pen without any aids?**

Yes, with no difficulty .....	1
With some difficulty .....	2
With a lot of difficulty .....	3
Not at all .....	4
Don't know .....	9
No answer .....	0

**IL.15. Can you bite and chew on hard foods, for instance a firm apple?**

Yes, with no difficulty .....	1
With some difficulty .....	2
With a lot of difficulty .....	3
Not at all .....	4
Don't know .....	9
No answer .....	0

The next question deals with your memory.

**IL.16. Do you have difficulty remembering or concentrating?**

No, no difficulty .....	1
Yes, some difficulty .....	2
Yes, a lot of difficulty .....	3
Cannot do at all .....	4
Don't know .....	9
No answer .....	0

Now I would like you to think about everyday personal care. Again, please ignore temporary problems.

Here is a list of activities (Showcard 4).

**IL.17. Do you usually have difficulty doing any of these activities by yourself?**

		No difficulty	Yes, some difficulty	Yes, a lot of difficulty	I can't achieve it by myself	Don't know	No answer
01.	Getting in and out of a bed	1	2	3	4	9	0
02.	Getting in and out of a chair	1	2	3	4	9	0
03.	Dressing and undressing	1	2	3	4	9	0
04.	Bathing or showering	1	2	3	4	9	0
05.	Washing your hands and face	1	2	3	4	9	0
06.	Feeding yourself	1	2	3	4	9	0
07.	Using toilets	1	2	3	4	9	0

*Interviewer:* For each activity of question IL.17 for which the answer is 2,3,4,9 or -1, go to question IL18.  
If for all activities listed in question IL.17, the answer is 1, go to page 17.

Thinking about all personal care activities where you have difficulty in doing them by yourself.

**IL.18. Do you usually have help?**

Yes, at least for one activity.....  1

No, I do all these activities by myself.....  2 ▶ IL.21.

Don't know .....  9

No answer.....  0

**IL.19. Who usually helps you? (multiple responses possible)**

Yes	No
1	2
1	2

01. Professional help .....  1  2

02. Family or friends .....  1  2

Don't know .....  9

No answer.....  0

**IL.20. Do you have enough help?**

- Yes..... 

1
---

 ▶ II.22.
- No, for at least one activity ..... 

2
---

 ▶ II.22.
- Don't know ..... 

9
---

 ▶ II.22.
- No answer..... 

0
---

 ▶ II.22.

**IL.21. Would you need help?**

- Yes, at least for one activity..... 

1
---
- No ..... 

2
---
- Don't know ..... 

9
---
- No answer..... 

0
---

**Are you permanently confined to bed even though there may be help to get you up?**

**IL.22.**

- Yes..... 

1
---
- No ..... 

2
---
- Don't know ..... 

9
---
- No answer..... 

0
---

**IL.23. 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..... 

0
---

**IL.24. Are you confined to your house/flat and garden?**

- Yes..... 

1
---
- No ..... 

2
---
- Don't know ..... 

9
---
- No answer..... 

0
---

Now I would like you to think about some household activities. Please ignore any temporary problems.

Here is a list of activities (Showcard 5).

**IL.25. Do you usually have difficulty doing any of these activities by yourself?**

		No difficulty	Yes, some difficulty	Yes, a lot of difficulty	I can't achieve it by myself	Don't know	No answer
01.	Preparing meals	1	2	3	4	9	0
02.	Using the telephone	1	2	3	4	9	0
03.	Shopping	1	2	3	4	9	0
04.	Doing the laundry	1	2	3	4	9	0
05.	Light housework	1	2	3	4	9	0
06.	Occasional heavy housework	1	2	3	4	9	0
07.	Taking care of finances and everyday administrative tasks	1	2	3	4	9	0

**Interviewer:** For each activity of question IL.25 for which the answer is 2,3,4,9 or -1, ask IL.26.  
 If for all activities listed in question IL.25, the answer is 1, go to the next module.

**IL.26. Why do you have difficulties to realise these activities?**

Mainly, because of health state, disability or old age ..... 

1
---

Mainly, because of other reasons (never tried to do it, etc.) ..... 

2
---

Don't know ..... 

9
---

No answer ..... 

0
---



Thinking about all household activities where you have difficulty in doing them by yourself.

**IL.27. Do you usually have help?**

- Yes, at least for one activity..... 

1
---
- No, I do all these activities by myself..... 

2
---

 ▶ II.30.
- Don't know..... 

9
---

 ▶ II.30.
- No answer..... 

0
---

 ▶ II.30.

**IL.28. Who usually helps you? (multiple responses possible)**

- |                             | Yes | No |
|-----------------------------|-----|----|
| 01. Professional help ..... | 1   | 2  |
| 02. Family or friends ..... | 1   | 2  |
- Don't know..... 

9
---
- No answer..... 

0
---

**IL.29 Do you have enough help?**

- Yes..... 

1
---

 ▶ PI.01.
- No, for at least one activity .....
- |   |
|---|
| 2 |
|---|

 ▶ PI.01.
- Don't know..... 

9
---
- No answer..... 

0
---

**IL.30. Would you need help?**

- Yes, at least for one activity..... 

1
---
- No..... 

2
---
- Don't know..... 

9
---
- No answer..... 

0
---

## Pain

*Interviewer: If the respondent is a proxy, go to GP.01*

The next questions are about any physical pain you had during the past 4 weeks

**PI.01. How much bodily pain have you had during the past four weeks?**

- |                   |   |          |
|-------------------|---|----------|
| None .....        | 1 | ▶ GP.01. |
| Very mild .....   | 2 |          |
| Mild .....        | 3 |          |
| Moderate .....    | 4 |          |
| Severe .....      | 5 |          |
| Very severe ..... | 6 |          |
| Don't know .....  | 9 |          |
| No answer .....   | 0 |          |

**PI.02. During the past four weeks, how much did pain interfere with your normal work, including both work outside the home and housework?**

- |                    |   |
|--------------------|---|
| Not at all .....   | 1 |
| A little bit ..... | 2 |
| Moderately .....   | 3 |
| Quite a bit .....  | 4 |
| Extremely .....    | 5 |
| Don't know .....   | 9 |
| No answer .....    | 0 |

## Contacts with a general practitioner

The following questions relate to the medical consumption.

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

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

- |                 |   |          |
|-----------------|---|----------|
| Yes.....        | 1 | ▶ GP.03. |
| No.....         | 2 |          |
| Don't know..... | 9 | ▶ GP.03. |
| No answer.....  | 0 | ▶ GP.03. |

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

**(Multiple answers possible)**

*Interviewer:* Show card 6.

	Yes	No
01. I am never ill.....	1	2
02. I am often absent for a long time.....	1	2
03. I consult several GPs, according to the problem.....	1	2
04. I usually go directly to a specialist.....	1	2
05. I usually go directly to an emergency department.....	1	2
06. Other reason, i.e : _____	1	2
Don't know.....	9	
No answer.....	0	

The next set of questions is about consultations with a general practitioner or family doctor. Please include visits to the doctor's practice as well as home visits and consultations by telephone

**GP.03. When was the last time you consulted a GP (general practitioner) or family doctor?**

- Less than 12 months ago ..... 

1
---
- 12 months ago or longer..... 

2
---

 ► SP.01.
- Never ..... 

3
---

 ► SP.01.
- Don't know ..... 

9
---

 ► SP.01.
- No answer..... 

0
---

 ► SP.01.

**GP.04. How many times did you consult a GP (general practitioner) or family doctor on your own behalf in the past 4 weeks ending yesterday, this is since \_\_\_ / \_\_\_ / \_\_\_ ?**

--	--

 times (*Interviewer: not at all = 0*)

- Don't know ..... 

99
----
- No answer..... 

-1
----

Beware. Now we will be talking about consultations with the GP **during the past 2 months**.

**GP.05. How many times did you consult a GP (general practitioner) or family doctor on your own behalf in the past 2 months ending yesterday, this is since \_\_\_ / \_\_\_ / \_\_\_ ?**

--	--

 times (*Interviewer: not at all = 0 ► SP.01.*)

- Don't know ..... 

99
----
- No answer..... 

-1
----

The next questions pertain to the last 3 consultations with a GP (consultation in the doctor's office, home visit, advice by telephone), which took place during the past 2 months, starting with the last consultation.

**Interviewer:** *Let Beware that the reported contacts took place in the past 2 months.*

	GP.06.	GP.07.
	<b>When did this consultation take place?</b>	<b>What was the main reason of this consultation?</b>
<b>1</b>	<p><b>Last consultation.</b></p> <p>On ___ / ___ / ___</p> <p>1. ___ days ago</p> <p>2. ___ weeks ago</p> <p>9. Don't know</p> <p>0. No answer</p>	<p>1. One or more <u>new</u> illnesses, complaints or health problems</p> <p>2. Control or follow up of <u>known</u> illnesses, complaints or health problems</p> <p>3. You had <b>no illness, complaint or health problem but consulted</b> your doctor for another reason → GP09.</p> <p>9. Don't know</p> <p>0. No answer</p>
<b>2</b>	<p><b>Second last consultation.</b></p> <p>On ___ / ___ / ___</p> <p>1. ___ days ago</p> <p>2. ___ weeks ago</p> <p>9. Don't know</p> <p>0. No answer</p>	<p>1. One or more <u>new</u> illnesses, complaints or health problems</p> <p>2. Control or follow up of <u>known</u> illnesses, complaints or health problems</p> <p>3. You had <b>no illness, complaint or health problem but consulted</b> your doctor for another reason → GP09.</p> <p>9. Don't know</p> <p>0. No answer</p>
<b>3</b>	<p><b>Third last consultation.</b></p> <p>On ___ / ___ / ___</p> <p>1. ___ days ago</p> <p>2. ___ weeks ago</p> <p>9. Don't know</p> <p>0. No answer</p>	<p>1. One or more <u>new</u> illnesses, complaints or health problems</p> <p>2. Control or follow up of <u>known</u> illnesses, complaints or health problems</p> <p>3. You had <b>no illness, complaint or health problem but consulted</b> your doctor for another reason → GP09.</p> <p>9. Don't know</p> <p>0. No answer</p>

	<b>GP.08.</b>	<b>GP.09</b>	<b>GP.10.</b>
	<b>Describe the complaints, illnesses and health problems related to that consultation. Take also into consideration mental and social health problems.</b>	<b>What was this other reason?</b>	<b>In which context did this consultation take place?</b>
<b>1</b>	<p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>..... ▶ <b>GP.10.</b></p> <p><b>9. Don't know ▶ GP.10.</b></p> <p><b>0. No answer ▶ GP.10.</b></p>	<p>1. Preventive control (general check up, pap smear, breast examination)</p> <p>2. Vaccination</p> <p>3. Prescription of contraceptive tablets</p> <p>4. Administrative reason (e.g. sport certificate, for life assurance)</p> <p>5. Other, specify:.....</p> <p><b>9. Don't know</b></p> <p><b>0. No answer</b></p>	<p>1. Consultation in the doctor's office</p> <p>2. Home visit</p> <p>3. Advice by telephone</p> <p>4. Other, specify:</p> <p>.....</p> <p>.....</p> <p><b>9. Don't know</b></p> <p><b>0. No answer</b></p>
<b>2</b>	<p>.....</p> <p>.....</p> <p>.....</p> <p>..... ▶ <b>GP.10.</b></p> <p><b>9. Don't know ▶ GP.10.</b></p> <p><b>0. No answer ▶ GP.10.</b></p>	<p>1. Preventive control (general check up, pap smear, breast examination)</p> <p>2. Vaccination</p> <p>3. Prescription of contraceptive tablets</p> <p>4. Administrative reason (e.g. sport certificate, for life assurance)</p> <p>5. Other, specify:.....</p> <p><b>9. Don't know</b></p> <p><b>0. No answer</b></p>	<p>1. Consultation in the doctor's office</p> <p>2. Home visit</p> <p>3. Advice by telephone</p> <p>4. Other, specify:</p> <p>.....</p> <p>.....</p> <p><b>9. Don't know</b></p> <p><b>0. No answer</b></p>
<b>3</b>	<p>.....</p> <p>.....</p> <p>.....</p> <p>..... ▶ <b>GP.10.</b></p> <p><b>9. Don't know ▶ GP.10.</b></p> <p><b>0. No answer ▶ GP.10.</b></p>	<p>1. Preventive control (general check up, pap smear, breast examination)</p> <p>2. Vaccination</p> <p>3. Prescription of contraceptive tablets</p> <p>4. Administrative reason (e.g. sport certificate, for life assurance)</p> <p>5. Other, specify:.....</p> <p><b>9. Don't know</b></p> <p><b>0. No answer</b></p>	<p>1. Consultation in the doctor's office</p> <p>2. Home visit</p> <p>3. Advice by telephone</p> <p>4. Other, specify:</p> <p>.....</p> <p>.....</p> <p><b>9. Don't know</b></p> <p><b>0. No answer</b></p>

## Contacts with a medical specialist

The next questions relate to the consultations with a medical specialist for your self. You have to include consultations in a polyclinic and consultations with the specialist by telephone.

We do not take into account consultations with a specialist during a hospital admission (also a day hospitalization)

*Interviewer:* Also do not include:  
  
*consultations with a specialist in a casualty department*  
*consultations with a paediatrician in the framework of a preventive consultation for small children*

**SP.01. Was there any time during the past 12 months you really needed to consult a specialist but did not?**

- |  |          |          |
|--|----------|----------|
| Yes, there was at least one occasion ..... | <b>1</b> |          |
| No, there was no occasion .....            | <b>2</b> | ▶ SP.03. |
| Don't know .....                           | <b>9</b> | ▶ SP.03. |
| No answer .....                            | <b>0</b> | ▶ SP.03. |

**SP.02. What was the main reason for not consulting a specialist?**

*Interviewer:* Show card 7.

- |   |          |  |
|---|----------|--|
| Could not afford to (too expensive or not covered by the insurance fund)..... | <b>1</b> |  |
| Waiting list, don't have the referral letter .....                            | <b>2</b> |  |
| Could not take time because of work, care for children or for others .....    | <b>3</b> |  |
| Too far to travel/ no means of transportation .....                           | <b>4</b> |  |
| Fear of doctor /hospitals /examination /treatment .....                       | <b>5</b> |  |
| Wanted to wait and see if problem got better on its own.....                  | <b>6</b> |  |
| Didn't know any good specialist .....   | <b>7</b> |  |
| Other reason, specify _____   | <b>8</b> |  |
| Don't know .....  | <b>9</b> |  |
| No answer .....   | <b>0</b> |  |

**SP.03. When was the last time you consulted a medical or surgical specialist on your own behalf?**

- Less than 12 months ago ..... 

1
---
- 12 months ago or longer..... 

2
---

 ► DE.01.
- Never ..... 

3
---

 ► DE.01.
- Don't know ..... 

9
---

 ► DE.01.
- No answer..... 

0
---

 ► DE.01.

**SP.04. How many times did you consult a specialist on your own behalf in the past 4 weeks ending yesterday, this is since \_\_\_ / \_\_\_ / \_\_\_ ?**

--	--

 times (Interviewer: not at all = 0)

- Don't know ..... 

99
----
- No answer..... 

-1
----

Beware. Now we refer to the consultations from **the past 2 months**.

**SP.05. How many times did you consult a specialist on your own behalf in the past 2 months ending yesterday, this is since \_\_\_ / \_\_\_ / \_\_\_**

--	--

 times (Interviewer: not at all = 0 ► DE.01)

- Don't know ..... 

99
----
- No answer..... 

-1
----



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

	SP.06.	SP.07.	SP.08.
	<p><b>When did this contact take place?</b></p>	<p><b>Which type of specialist did you consult?</b></p> <p><i>Int: Show card 8. Indicate the number of the type of specialist.</i></p>	<p><b>What was the main reason of this consultation?</b></p>
<b>1</b>	<p><b>Last consultation.</b></p> <p>On ___ / ___ / ___</p> <p>1. ___ days ago</p> <p>2. ___ weeks ago</p> <p>99. Don't know</p> <p>0. No answer</p>	<p style="text-align: center;">□ □</p> <p><i>Int: If you cannot find the indicated specialist on the list, write down the type of specialist in printing.</i></p> <p>.....</p> <p>99. Don't know</p> <p>0. No answer</p>	<p>1. One or more <u>new</u> illnesses, complaints or health problems</p> <p>2. Control or follow up of <u>known</u> illnesses, complaints or health problems</p> <p>3. You had <b>no illness, complaint or health problem</b> but consulted your doctor for another reason → SP.10</p> <p>9. Don't know</p> <p>0. No answer</p>
<b>2</b>	<p><b>Second last consultation.</b></p> <p>On ___ / ___ / ___</p> <p>1. ___ days ago</p> <p>2. ___ weeks ago</p> <p>99. Don't know</p> <p>0. No answer</p>	<p style="text-align: center;">□ □</p> <p><i>Int: If you cannot find the indicated specialist on the list, write down the type of specialist in printing.</i></p> <p>.....</p> <p>99. Don't know</p> <p>0. No answer</p>	<p>1. One or more <u>new</u> illnesses, complaints or health problems</p> <p>2. Control or follow up of <u>known</u> illnesses, complaints or health problems</p> <p>3. You had <b>no illness, complaint or health problem</b> but consulted your doctor for another reason → SP.10</p> <p>9. Don't know</p> <p>0. No answer</p>
<b>3</b>	<p><b>Third last consultation.</b></p> <p>On ___ / ___ / ___</p> <p>1. ___ days ago</p> <p>2. ___ weeks ago</p> <p>99. Don't know</p> <p>0. No answer</p>	<p style="text-align: center;">□ □</p> <p><i>Eng: Indien het soort specialist niet in de lijst is opgenomen, specialisme noteren in drukletters</i></p> <p>.....</p> <p>99. Don't know</p> <p>0. No answer</p>	<p>1. One or more <u>new</u> illnesses, complaints or health problems</p> <p>2. Control or follow up of <u>known</u> illnesses, complaints or health problems</p> <p>3. You had <b>no illness, complaint or health problem</b> but consulted your doctor for another reason → SP.10</p> <p>9. Don't know</p> <p>0. No answer</p>

*Interviewer: Beware that the reported contacts took place in the past 2 months.*

	<b>SP.09.</b>	<b>SP.10.</b>	<b>SP.11.</b>	<b>SP.12.</b>
	<p><b>Describe the complaints, illnesses and health problems related to that consultation. Take also into consideration mental and social health problems.</b></p>	<p><b>What was this other reason?</b></p>	<p><b>Did you consult this specialist for the first time because of this illness, complaint or treatment, or was it a repeat visit?</b></p>	<p><b>Who took the initiative to contact this specialist?</b></p>
<b>1</b>	<p>..... ..... ..... ..... ▶ <b>SP.11.</b></p> <p><b>9. Don't know ▶ SP.11.</b> <b>0. No answer ▶ SP.11.</b></p>	<p>1. Preventive control (general check up, pap smear, breast examination) 2. Vaccination 3. Prescription of contraceptive tablets 4. Administrative reason (e.g. sport certificate, for life assurance) 5. Other, specify: .....</p> <p><b>9. Don't know</b> <b>0. No answer</b></p>	<p>1. First consultation 2. Repeat visit – Go to next contact or DE.01.. <b>9. Don't know</b> <b>0. No answer</b></p>	<p>1. Myself (or parent/tutor in case of a child) 2. A general practitioner 3. Another medical specialist 4. A preventive health service (preventive service for small children, school medicine, occupational medicine, other) 5. I was called by the specialist self 6. Somebody, who is no doctor: .....</p> <p><b>9. Don't know</b> <b>0. No answer</b></p>
<b>2</b>	<p>..... ..... ..... ..... ▶ <b>SP.11.</b></p> <p><b>9. Don't know ▶ SP.11.</b> <b>0. No answer ▶ SP.11.</b></p>	<p>1. Preventive control (general check up, pap smear, breast examination) 2. Vaccination 3. Prescription of contraceptive tablets 4. Administrative reason (e.g. sport certificate, for life assurance) 5. Other, specify: .....</p> <p><b>9. Don't know</b> <b>0. No answer</b></p>	<p>1. First consultation 2. Repeat visit – Go to next contact or DE.01.. <b>9. Don't know</b> <b>0. No answer</b></p>	<p>1. Myself (or parent/tutor in case of a child) 2. A general practitioner 3. Another medical specialist 4. A preventive health service (preventive service for small children, school medicine, occupational medicine, other) 5. I was called by the specialist self 6. Somebody, who is no doctor: .....</p> <p><b>9. Don't know</b> <b>0. No answer</b></p>
<b>3</b>	<p>..... ..... ..... ..... ▶ <b>SP.11.</b></p> <p><b>9. Don't know ▶ SP.11.</b> <b>0. No answer ▶ SP.11.</b></p>	<p>1. Preventive control (general check up, pap smear, breast examination) 2. Vaccination 3. Prescription of contraceptive tablets 4. Administrative reason (e.g. sport certificate, for life assurance) 5. Other, specify: .....</p> <p><b>9. Don't know</b> <b>0. No answer</b></p>	<p>1. First consultation 2. Repeat visit – Go to next contact or DE.01.. <b>9. Don't know</b> <b>0. No answer</b></p>	<p>1. Myself (or parent/tutor in case of a child) 2. A general practitioner 3. Another medical specialist 4. A preventive health service (preventive service for small children, school medicine, occupational medicine, other) 5. I was called by the specialist self 6. Somebody, who is no doctor: .....</p> <p><b>9. Don't know</b> <b>0. No answer</b></p>

## Contacts with a dentist

The next questions relate to dental health and dental care.

*Interviewer:* If the interviewed person is less than 15 years old, go directly to DE05.

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.....	0

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

Yes.....	1	
No .....	2	▶ DE.04.
Don't know .....	9	
No answer.....	0	

**DE.03. Is this a ..**

Full prosthesis.....	1
Partial prosthesis .....	2
Don't know .....	9
No answer.....	0

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

Yes.....	1
No .....	2
Don't know .....	9
No answer.....	0

**DE.05. How many times do you normally brush your teeth?**

- More than two times per day ..... 

1
---
- Two times per day ..... 

2
---
- Once a day ..... 

3
---
- Less than once a day..... 

4
---
- Never ..... 

5
---
  
- Don't know ..... 

9
---
- No answer..... 

0
---

The next set of questions is about visits to dentists, orthodontists or other dental care specialists for yourself.

**DE.06. When was the last time you visited a dentist or orthodontist on your own behalf?**

- Less than 6 months ago ..... 

1
---
- 6 months ago or longer, but less than 12 months ago ..... 

2
---

 ▶ ED.01.
- 12 months ago or longer..... 

3
---

 ▶ ED.01.
- Never ..... 

4
---

 ▶ ED.01.
  
- Don't know ..... 

9
---

 ▶ ED.01.
- No answer..... 

0
---

 ▶ ED.01.

**DE.07. How many times did you consult a specialist on your own behalf in the past 2 months**

**ending yesterday, this is since \_\_\_ / \_\_\_ / \_\_\_\_\_ ?**

--	--

 times (Interviewer: not at all = 0 ▶ ED.01)

- Don't know ..... 

99
----
- No answer..... 

-1
----

**DE.08. How many times did you visit a dentist or orthodontist on your own behalf in the past 4**

**weeks ending yesterday, this is since \_\_\_ / \_\_\_ / \_\_\_\_\_ ?**

--	--

 times (Interviewer: not at all = 0)

- Don't know ..... 

99
----
- No answer..... 

-1
----

## Contacts with the 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** on your own behalf.

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. When was the last time you consulted an emergency department?**

- |                               |          |          |
|-------------------------------|----------|----------|
| Less than 12 months ago ..... | <b>1</b> |          |
| 12 months ago or longer.....  | <b>2</b> | ▶ HO.01. |
| Never .....                   | <b>3</b> | ▶ HO.01. |
| Don't know .....              | <b>9</b> | ▶ HO.01. |
| No answer.....                | <b>0</b> | ▶ HO.01. |

**ED.02. How many times did you consult an emergency department in the past 4 weeks ending yesterday, this is since \_\_\_ / \_\_\_ / \_\_\_\_\_?**

Times (*Not at all = 0*)

- |                  |           |  |
|------------------|-----------|--|
| Don't know ..... | <b>99</b> |  |
| No answer.....   | <b>-1</b> |  |

Now it concerns the consultations with the emergency department of the past 2 months.

**ED.03. How many times did you consult an emergency department in the past 2 months ending yesterday, this is since \_\_\_ / \_\_\_ / \_\_\_\_\_?**

Times (*Not at all = 0*)

- |                  |           |  |
|------------------|-----------|--|
| Don't know ..... | <b>99</b> |  |
| No answer.....   | <b>-1</b> |  |

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.

*Enquêteur:* Pay attention that the reported contacts took place **in the past 2 months**.

	<b>ED.04.</b>	<b>ED.05.</b>	<b>ED.06.</b>
	<b>When did this contact take place?</b>	<b>Describe the complaints, illnesses and health problems related to that contact. Take also into consideration mental and social health problems.</b>	<b>Who took the initiative to go to the emergency department?</b>
<b>1</b>	<p style="text-align: center;"><b>Last contact</b></p> <p>On ____ / ____ / ____</p> <p>1. __days ago</p> <p>2. __weeks ago</p> <p>9. Don't know</p> <p>0. No answer</p>	<p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>8. No health complaints, illnesses or health problems</p> <p>9. Don't know</p> <p>0. No answer</p>	<p>1. Myself (parent/tutor in case of a child)</p> <p>2. The general practitioner ► ED.08.</p> <p>3. A medical specialist ► ED.08.</p> <p>4. Somebody who is not a physician</p> <p>9. Don't know ► ED.08.</p> <p>0. No answer ► ED.08.</p>
<b>2</b>	<p style="text-align: center;"><b>Second last contact</b></p> <p>On ____ / ____ / ____</p> <p>1. __days ago</p> <p>2. __weeks ago</p> <p>9. Don't know</p> <p>0. No answer</p>	<p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>8. No health complaints, illnesses or health problems</p> <p>9. Don't know</p> <p>0. No answer</p>	<p>1. Myself (parent/tutor in case of a child)</p> <p>2. The general practitioner ► ED.08.</p> <p>3. A medical specialist ► ED.08.</p> <p>4. Somebody who is not a physician</p> <p>9. Don't know ► ED.08.</p> <p>0. No answer ► ED.08.</p>
<b>3</b>	<p style="text-align: center;"><b>Third last contact</b></p> <p>On ____ / ____ / ____</p> <p>1. __days ago</p> <p>2. __weeks ago</p> <p>9. Don't know</p> <p>0. No answer</p>	<p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>8. No health complaints, illnesses or health problems</p> <p>9. Don't know</p> <p>0. No answer</p>	<p>1. Myself (parent/tutor in case of a child)</p> <p>2. The general practitioner ► ED.08.</p> <p>3. A medical specialist ► ED.08.</p> <p>4. Somebody who is not a physician</p> <p>9. Don't know ► ED.08.</p> <p>0. No answer ► ED.08.</p>

		<b>ED.07.</b>		<b>ED.08.</b>
		<b>Why did you prefer to go to an emergency department, rather than to the general practitioner than to the medical specialist? (<i>Several answers possible</i>)</b>		<b>When did the contact take place?</b>
		<i>Int.: Show card N°9..</i>		
<b>1</b>		<b>Yes</b>	<b>No</b>	
	01. Emergency department is open 24h on 24h .....	1	2	1. During the week, at day time
	02. All investigations can be performed at the same moment.....	1	2	2. During the week, at night
	03. There are no immediate costs.....	1	2	3. During the weekend, at day time
	04. Better treatment .....	1	2	4. During the weekend, at night
	05. It concerned an urgent and/or serious problem.....	1	2	
	06. Because there is a hospital with an emergency department in the neighborhood.	1	2	
	07. Other reason, specify: .....	1	2	
	Don't know .....		9	9. Don't know
No answer .....		0	0. No answer	
<b>2</b>		<b>Yes</b>	<b>No</b>	
	01. Emergency department is open 24h on 24h .....	1	2	1. During the week, at day time
	02. All investigations can be performed at the same momen.....	1	2	2. During the week, at night
	03. There are no immediate costs.....	1	2	3. During the weekend, at day time
	04. Better treatmen .....	1	2	4. During the weekend, at night
	05. It concerned an urgent and/or serious problem.....	1	2	
	06. Because there is a hospital with an emergency department in the neighborhood.	1	2	
	07. Other reason, specify: .....	1	2	
	Don't know .....		9	9. Don't know
No answer .....		0	0. No answer	
<b>3</b>		<b>Yes</b>	<b>No</b>	
	01. Emergency department is open 24h on 24h .....	1	2	1. During the week, at day time
	02. All investigations can be performed at the same momen.....	1	2	2. During the week, at night
	03. There are no immediate costs.....	1	2	3. During the weekend, at day time
	04. Better treatmen .....	1	2	4. During the weekend, at night
	05. It concerned an urgent and/or serious problem.....	1	2	
	06. Because there is a hospital with an emergency department in the neighborhood.	1	2	
	07. Other reason, specify: .....	1	2	
	Don't know .....		9	9. Don't know
No answer .....		0	0. No answer	

## Hospital admission

The next set of questions is about time spent in hospital.

All types of hospitals are included.

Visits to emergency departments or as outpatient only should not be included.

Also the time spent in hospital for giving birth should be included.

### Inpatient hospitalisation.

First we are going to ask you some questions about hospital admissions **for which you had to stay overnight**. De volgende reeks vragen gaat over opnames in een ziekenhuis.

**HO.01. During the past 12 months, that is since \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_, have you been in hospital as an inpatient, that is overnight or longer?**

Yes.....	1	
No .....	2	▶ HO.07.
Don't know .....	9	▶ HO.07.
No answer.....	0	▶ HO.07.

**HO.02. How many times?**

		times
--	--	-------

Don't know .....	99	
No answer.....	0	



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.

**Interviewer:** Pay attention that the reported hospitalisations took place in the past year.

	<b>HO.03.</b>	<b>HO.04.</b>	<b>HO.05.</b>	<b>HO.06.</b>
	<b>When did this hospital admission take place? (date of hospital admission)?</b>	<b>Were you admitted to a psychiatric hospital or a psychiatric ward of a general hospital?</b>	<b>How many nights did you spend in the hospital?</b>	<b>Describe the complaints, illnesses and health problems for which you were admitted to hospital. Take also into consideration mental and social health problems.</b>
<b>1</b>	<p><b>Last hospitalisation</b></p> <p>On ___ / ___ / ___</p> <p>1. ___ days ago 2. ___ weeks ago 3. ___ months ago</p> <p>9. Don't know 0. No answer</p>	<p>1. Yes, a psychiatric hospital 2. Yes a psychiatric ward of a general hospital 3. No</p> <p>9. Don't know 0. No answer</p>	<p>1. .... nights 2. Hospital admission still continuing</p> <p>9. Don't know 0. No answer</p>	<p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>9. Don't know 0. No answer</p>
<b>2</b>	<p><b>Second last hospitalisation</b></p> <p>On ___ / ___ / ___</p> <p>1. ___ days ago 2. ___ weeks ago 3. ___ months ago</p> <p>9. Don't know 0. No answer</p>	<p>1. Yes, a psychiatric hospital 2. Yes a psychiatric ward of a general hospital 3. No</p> <p>9. Don't know 0. No answer</p>	<p>1. .... nights 2. Hospital admission still continuing</p> <p>9. Don't know 0. No answer</p>	<p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>9. Don't know 0. No answer</p>
<b>3</b>	<p><b>Third last hospitalisation</b></p> <p>On ___ / ___ / ___</p> <p>1. ___ days ago 2. ___ weeks ago 3. ___ months ago</p> <p>9. Don't know 0. No answer</p>	<p>1. Yes, a psychiatric hospital 2. Yes a psychiatric ward of a general hospital 3. No</p> <p>9. Don't know 0. No answer</p>	<p>1. .... nights 2. Hospital admission still continuing</p> <p>9. Don't know 0. No answer</p>	<p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>9. Don't know 0. No answer</p>

### Day patient hospitalisation

The following questions relate to day patient hospitalisations.

**HO.07.** During the past 12 months, that is since \_\_\_/\_\_\_/\_\_\_\_, have you been admitted to hospital as a day patient, that is admitted to a hospital bed, but not required to remain overnight?

Yes.....	1	
No .....	2	▶ HO.11.
Don't know .....	9	▶ HO.11.
No answer.....	0	▶ HO.11.

**HO.08.** How many times?

--	--

times

Don't know .....	99
No answer.....	0

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

*Interviewer:* Pay attention that the reported hospitalisations took place **in the past year**.

	<b>HO.09.</b>	<b>HO.10.</b>
	<b>When did this hospital admission take place? (date of hospital admission)?</b>	<b>Describe the complaints, illnesses and health problems for which you were admitted to hospital. Take also into consideration mental and social health problems.</b>
<b>1</b>	<p><b>Last hospitalisation</b></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>0. No answer</p>	<p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>9. Don't know</p> <p>0. No answer</p>
<b>2</b>	<p><b>Second last hospitalisation</b></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>0. No answer</p>	<p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>9. Don't know</p> <p>0. No answer</p>
<b>3</b>	<p><b>Third last hospitalisation</b></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>0. No answer</p>	<p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>9. Don't know</p> <p>0. No answer</p>

The next questions deal with inpatient hospitalisation as well as with day patient hospitalisation.

**HO.11. During the past 12 months, was there any time when you really needed to be hospitalised following a recommendation from a doctor, either as an inpatient or a day patient, but did not?**

- Yes, there was at least one occasion ..... 

1
---
- No, there was no occasion ..... 

2
---

 ► OH.01.
- Don't know ..... 

9
---

 ► OH.01.
- No answer ..... 

0
---

 ► OH.01.

**HO.12. What was the main reason for not being hospitalised?**

*Interviewer: Show card N° 10.*

- Could not afford to (too expensive or not covered by the insurance fund)..... 

1
---
- Waiting list, other reasons due to the hospital..... 

2
---
- Could not take time because of work, care for children or for others ..... 

3
---
- Too far to travel / no means of transportation ..... 

4
---
- Fear of surgery / treatment ..... 

5
---
- Other reason, specify: \_\_\_\_\_ 

6
---
- Don't know ..... 

9
---
- No answer ..... 

0
---

## Contacts with other health services

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

**OH.01.** During the past 12 months, that is since \_\_\_/\_\_\_/\_\_\_\_, have you visited the following health care workers or service...?

	Yes	No	Don't know	No answer
01. Medical laboratory, radiology centre	1	2	9	0
02. Physiotherapist / kinesitherapist	1	2	9	0
03. Nurse, midwife (excluding when being hospitalised, for home care services or in a medical laboratory or radiology centre)	1	2	9	0
04. Dietician	1	2	9	0
05. Speech therapist	1	2	9	0
06. Occupational therapist	1	2	9	0
07. Psychologist or psychotherapist	1	2	9	0
08. Other paramedics Specify: _____	1	2	9	0

**OH.02.** During the past 12 months, that is since \_\_\_/\_\_\_/\_\_\_\_, have you visited a ...

	Yes	No	Don't know	No answer
01. Homeopath?	1	2	9	0
02. Acupuncturist?	1	2	9	0
03. Phytotherapist / herbalist?	1	2	9	0
04. Chiropractor?	1	2	9	0
05. Manual therapist?	1	2	9	0
06. Osteopath?	1	2	9	0
07. Other alternative medicine practitioner? - Specify: _____	1	2	9	0

**OH.03.** During the past 12 months, that is since \_\_\_/\_\_\_/\_\_\_\_\_, have you used any of the following care services?

	Yes	No	Don't know	No answer
01. Home care service provided by a nurse or midwife	1	2	9	0
<i>Int: If YES, ask the following question:</i>	←			
01.01. Was it a service entirely paid by your own means	1	2	9	0
02. Home help for the housework, or for elderly people	1	2	9	0
<i>Int: If YES, ask the following question:</i>	←			
02.01. Was it a service paid by service vouchers (chèques services/ dienstencheques) ?	1	2	9	0
02.02. Was it a private service, entirely paid by your own means?	1	2	9	0
03. "Meals on wheels"	1	2	9	0
04. Transport service	1	2	9	0
05. Other home care services. <i>Specify :</i> _____	1	2	9	0

**OH.04.** During the past year, i.e. since \_\_\_/\_\_\_/\_\_\_\_\_, did you have 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	0
02. School medicine	1	2	9	0
03. Occupational medicine	1	2	9	0
04. Social welfare	1	2	9	0
05. Center for Mental Health Care	1	2	9	0
06. Centre for family planning and relational problems	1	2	9	0
07. Other service for social or mental assistance, specify: _____	1	2	9	0

## Use of medicines

### Medicines taken in the past 2 weeks

I'd now like to ask about your use of medicines or dietary supplements. The next questions refer to the medicines that you have used **in the past 2 weeks**. You have to include also herbal medicines or vitamins and - for women - contraceptives or other hormones

**DR.01. During the past two weeks, have you used any medicines that were prescribed or recommended for you by a doctor?**

- |                  |   |          |
|------------------|---|----------|
| Yes.....         | 1 |          |
| No .....         | 2 | ▶ DR.03. |
| Don't know ..... | 9 | ▶ DR.03. |
| No answer.....   | 0 | ▶ DR.03. |

**DR.02. Were they medicines for ...?**

*Interviewer:* Ask the question and code it for each item 01 to 16.

	Yes	No	Don't know	No answer
01. Astma	1	2	9	0
02. Chronic bronchitis, chronic obstructive pulmonary disease, emphysema	1	2	9	0
03. High blood pressure	1	2	9	0
04. Lowering the blood cholesterol level	1	2	9	0
05. Other cardiovascular disease, such as stroke and heart attack	1	2	9	0
06. Pain in the joints (arthrosis, arthritis)	1	2	9	0
07. Pain in the neck or back	1	2	9	0
08. Headache or migraine	1	2	9	0
09. Other pain	1	2	9	0
10. Diabetes	1	2	9	0
11. Allergic symptoms (eczema, rhinitis, hay fever)	1	2	9	0
12. Stomach troubles	1	2	9	0
13. Cancer (chemotherapy)	1	2	9	0
14. Depression	1	2	9	0
15. Tension or anxiety	1	2	9	0
16. Prevention of osteoporosis	1	2	9	0

**Have you used other types of medicines that were prescribed to you, such as ... ?**

*Interviewer:* ask the question and code it for each item 17 to 21

	Yes	No	Don't know	No answer
17. Sleeping tablets	1	2	9	0
18. Antibiotics	1	2	9	0
19. (for women) contraceptive pills, injections, patches	1	2	9	0
20. (for women) hormones for menopause	1	2	9	0
21. Some other medicines prescribed by a doctor. (If yes): What type of medicines? _____	1	2	9	0

**DR.03. During the past two weeks, have you used any medicines or dietary supplement or herbal medicines or vitamins not prescribed or recommended by a doctor?**

- Yes..... 1 .
- No ..... 2 ► pag. 43
- Don't know ..... 9 ► pag. 43
- No answer..... 0 ► pag. 43

**DR.04. Were they medicines or supplements for...?**

*Interviewer:* Ask the question and code for each item 01 to 10.

	Yes	No	Don't know	No answer
01. Pain in the joints (arthrosis, arthritis)	1	2	9	0
02. Headache or migraine	1	2	9	0
03. Other pain	1	2	9	0
04. Cold, flu or sore throat	1	2	9	0
05. Allergic symptoms (eczema, rhinitis, hay fever)	1	2	9	0
06. Stomach trouble	1	2	9	0
07. Tension or anxiety	1	2	9	0
08. Or were they sleeping tablets	1	2	9	0
09. Or vitamins, minerals or tonics	1	2	9	0
10. Or some other type or medicine or supplement? (Please specify) _____	1	2	9	0



### Medicines taken in the past 24 hours

*Interviewer:* If the person has not taken any medicine in the past 2 weeks (answer to question DR.01 and DR.03 = "No"), go to question PS.01

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.05. Have you taken any medicines during the last 24 hours, i.e. since ....o'clock yesterday.**

Yes.....	<b>1</b>	
No .....	<b>2</b>	▶ PS.01
Don't know .....	<b>9</b>	▶ PS.01
No answer.....	<b>0</b>	▶ PS.01

*Interviewer:* Ask the respondent to show you the medicines that he/she has taken during the past 24 hours, if possible with the package.

For each medicine you have to check if there is a barcode 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 a CNK code. In some cases you will find a number with many more digits. In this case the CNK code consists of the first 7 digits of this number.

Note in DR.06 and DR.07 the name and the CNK code of the medicines that de respondent has used and ask for each medicine questions DR.08 to DR.09.

*Interviewer: Do not forget to ask for each medicine questions DR.08 and DR.09 on the next page*

	<b>DR.06.</b> <b>Name of the medicine (IN PRINTED LETTERS)</b>	<b>DR.07.</b> <b>CNK - code</b>
	<i>Int. : If no name, indicate 8, 9 or -1</i>	<i>Int. : If there is no code, indicate 99, 9 or -1</i>
<b>01</b>	8. Pharmaceutical preparation 9. Do not know 0. No answer	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 99. No CNK code 9. No packing 0. No answer
<b>02</b>	8. Pharmaceutical preparation 9. Do not know 0. No answer	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 99. No CNK code 9. No packing 0. No answer
<b>03</b>	8. Pharmaceutical preparation 9. Do not know 0. No answer	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 99. No CNK code 9. No packing 0. No answer
<b>04</b>	8. Pharmaceutical preparation 9. Do not know 0. No answer	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 99. No CNK code 9. No packing 0. No answer
<b>05</b>	8. Pharmaceutical preparation 9. Do not know 0. No answer	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 99. No CNK code 9. No packing 0. No answer
<b>06</b>	8. Pharmaceutical preparation 9. Do not know 0. No answer	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 99. No CNK code 9. No packing 0. No answer
<b>07</b>	8. Pharmaceutical preparation 9. Do not know 0. No answer	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 99. No CNK code 9. No packing 0. No answer
<b>08</b>	8. Pharmaceutical preparation 9. Do not know 0. No answer	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 99. No CNK code 9. No packing 0. No answer
<b>09</b>	8. Pharmaceutical preparation 9. Do not know 0. No answer	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 99. No CNK code 9. No packing 0. No answer
<b>10</b>	8. Pharmaceutical preparation 9. Do not know 0. No answer	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 99. No CNK code 9. No packing 0. No answer
<b>11</b>	8. Pharmaceutical preparation 9. Do not know 0. No answer	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 99. No CNK code 9. No packing 0. No answer
<b>12</b>	8. Pharmaceutical preparation 9. Do not know 0. No answer	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 99. No CNK code 9. No packing 0. No answer
<b>13</b>	8. Pharmaceutical preparation 9. Do not know 0. No answer	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 99. No CNK code 9. No packing 0. No answer

	<b>DR.08.</b> <b>Is it a medicine for internal use (like a tablet, a spray, syrup or injection) or for external use (like an ointment or lotion) ?</b>	<b>DR.09.</b> <b>Describe the complaints, illnesses and health problems for which the medicine was taken.</b>
<b>01</b>	1. Internal use <input type="checkbox"/> 2. External use <input type="checkbox"/>  9. DK 0. NA	    9. DK 0. NA
<b>02</b>	1. Internal use <input type="checkbox"/> 2. External use <input type="checkbox"/>  9. DK 0. NA	    9. DK 0. NA
<b>03</b>	1. Internal use <input type="checkbox"/> 2. External use <input type="checkbox"/>  9. DK 0. NA	    9. DK 0. NA
<b>04</b>	1. Internal use <input type="checkbox"/> 2. External use <input type="checkbox"/>  9. DK 0. NA	    9. DK 0. NA
<b>05</b>	1. Internal use <input type="checkbox"/> 2. External use <input type="checkbox"/>  9. DK 0. NA	    9. DK 0. NA
<b>06</b>	1. Internal use <input type="checkbox"/> 2. External use <input type="checkbox"/>  9. DK 0. NA	    9. DK 0. NA
<b>07</b>	1. Internal use <input type="checkbox"/> 2. External use <input type="checkbox"/>  9. DK 0. NA	    9. DK 0. NA
<b>08</b>	1. Internal use <input type="checkbox"/> 2. External use <input type="checkbox"/>  9. DK 0. NA	    9. DK 0. NA
<b>09</b>	1. Internal use <input type="checkbox"/> 2. External use <input type="checkbox"/>  9. DK 0. NA	    9. DK 0. NA
<b>10</b>	1. Internal use <input type="checkbox"/> 2. External use <input type="checkbox"/>  9. DK 0. NA	    9. DK 0. NA
<b>11</b>	1. Internal use <input type="checkbox"/> 2. External use <input type="checkbox"/>  9. DK 0. NA	    9. DK 0. NA
<b>12</b>	1. Internal use <input type="checkbox"/> 2. External use <input type="checkbox"/>  9. DK 0. NA	    9. DK 0. NA
<b>13</b>	1. Internal use <input type="checkbox"/> 2. External use <input type="checkbox"/>  9. DK 0. NA	    9. DK 0. NA

DK = Don't know; NA = No answer.

**Interviewer:** *Vergeet niet om voor ieder geneesmiddel ook de vragen DR.08 en DR.09 te stellen, op de pagina hiernaast!*

	<b>DR.06.</b> <b>Name of the medicine</b> <b>(IN PRINTED LETTERS)</b>	<b>DR.07.</b> <b>CNK - code</b>
	<i>Int. : If no name, indicate 8, 9 or -1</i>	<i>Int. : If there is no code, indicate 99, 9 or -1</i>
<b>14</b>	8. Pharmaceutical preparation 9. Do not know 0. No answer	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 99. No CNK code 9. No packing 0. No answer
<b>15</b>	8. Pharmaceutical preparation 9. Do not know 0. No answer	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 99. No CNK code 9. No packing 0. No answer
<b>16</b>	8. Pharmaceutical preparation 9. Do not know 0. No answer	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 99. No CNK code 9. No packing 0. No answer
<b>17</b>	8. Pharmaceutical preparation 9. Do not know 0. No answer	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 99. No CNK code 9. No packing 0. No answer
<b>18</b>	8. Pharmaceutical preparation 9. Do not know 0. No answer	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 99. No CNK code 9. No packing 0. No answer
<b>19</b>	8. Pharmaceutical preparation 9. Do not know 0. No answer	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 99. No CNK code 9. No packing 0. No answer
<b>20</b>	8. Pharmaceutical preparation 9. Do not know 0. No answer	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 99. No CNK code 9. No packing 0. No answer
<b>21</b>	8. Pharmaceutical preparation 9. Do not know 0. No answer	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 99. No CNK code 9. No packing 0. No answer
<b>22</b>	8. Pharmaceutical preparation 9. Do not know 0. No answer	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 99. No CNK code 9. No packing 0. No answer
<b>23</b>	8. Pharmaceutical preparation 9. Do not know 0. No answer	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 99. No CNK code 9. No packing 0. No answer
<b>24</b>	8. Pharmaceutical preparation 9. Do not know 0. No answer	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 99. No CNK code 9. No packing 0. No answer
<b>25</b>	8. Pharmaceutical preparation 9. Do not know 0. No answer	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 99. No CNK code 9. No packing 0. No answer
<b>26</b>	8. Pharmaceutical preparation 9. Do not know 0. No answer	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 99. No CNK code 9. No packing 0. No answer

	<b>DR.08.</b> <b>Is it a medicine for internal use (like a tablet, a spray, syrup or injection) or for external use (like an ointment or lotion) ?</b>	<b>DR.09.</b> <b>Describe the complaints, illnesses and health problems for which the medicine was taken.</b>
<b>14</b>	1. Internal use <input type="checkbox"/> 2. External use <input type="checkbox"/>  9. DK 0. NA	9. DK 0. NA
<b>15</b>	1. Internal use <input type="checkbox"/> 2. External use <input type="checkbox"/>  9. DK 0. NA	9. DK 0. NA
<b>16</b>	1. Internal use <input type="checkbox"/> 2. External use <input type="checkbox"/>  9. DK 0. NA	9. DK 0. NA
<b>17</b>	1. Internal use <input type="checkbox"/> 2. External use <input type="checkbox"/>  9. DK 0. NA	9. DK 0. NA
<b>18</b>	1. Internal use <input type="checkbox"/> 2. External use <input type="checkbox"/>  9. DK 0. NA	9. DK 0. NA
<b>19</b>	1. Internal use <input type="checkbox"/> 2. External use <input type="checkbox"/>  9. DK 0. NA	9. DK 0. NA
<b>20</b>	1. Internal use <input type="checkbox"/> 2. External use <input type="checkbox"/>  9. DK 0. NA	9. DK 0. NA
<b>21</b>	1. Internal use <input type="checkbox"/> 2. External use <input type="checkbox"/>  9. DK 0. NA	9. DK 0. NA
<b>22</b>	1. Internal use <input type="checkbox"/> 2. External use <input type="checkbox"/>  9. DK 0. NA	9. DK 0. NA
<b>23</b>	1. Internal use <input type="checkbox"/> 2. External use <input type="checkbox"/>  9. DK 0. NA	9. DK 0. NA
<b>24</b>	1. Internal use <input type="checkbox"/> 2. External use <input type="checkbox"/>  9. DK 0. NA	9. DK 0. NA
<b>25</b>	1. Internal use <input type="checkbox"/> 2. External use <input type="checkbox"/>  9. DK 0. NA	9. DK 0. NA
<b>26</b>	1. Internal use <input type="checkbox"/> 2. External use <input type="checkbox"/>  9. DK 0. NA	9. DK 0. NA

DK = Don't know; NA = No answer.

## Patient satisfaction

*Interviewer : This question may not be asked in case of a proxy-interview*

*Show card 11.*

**PS.01. In general in Belgium, concerning the services provided by the following health care providers, would you say you are?**

		Very satisfied	Fairly satisfied	Neither satisfied nor dissatisfied	Fairly dissatisfied	Very dissatisfied	Don't know	No answer
01.	Hospitals (including emergency departments)	1	2	3	4	5	9	0
02.	Dentists, orthodontists and other dental care specialists	1	2	3	4	5	9	0
03.	Medical or surgical specialists	1	2	3	4	5	9	0
04.	Family doctors or GPs	1	2	3	4	5	9	0
05.	Home care services	1	2	3	4	5	9	0

## Immunization

### Tetanus immunization

**VA.01. Have you ever been vaccinated or received a vaccination booster against Tetanus?**

- |  |   |          |
|--|---|----------|
| Yes.....                                   | 1 |          |
| No.....                                    | 2 | ▶ VA.03. |
| Don't know what you are talking about..... | 3 | ▶ VA.03. |
| Don't know.....                            | 9 | ▶ VA.03. |
| No answer.....                             | 0 | ▶ VA.03. |

**VA.02. 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.....               | 0 |  |

### Hepatitis B immunization

*Interviewer: The brand names for Hepatitis B vaccination are: Engerix B®, HB Vax Pro®, Fendrix®, Twinrix® or Infanrix-Hexa®.*

**VA.03. Have you ever been vaccinated against Hepatitis B (a form of jaundice)?**

- |  |   |          |
|--|---|----------|
| Yes.....                                   | 1 |          |
| No.....                                    | 2 | ▶ VA.05. |
| Don't know what you are talking about..... | 3 | ▶ VA.05. |
| Don't know.....                            | 9 | ▶ VA.05. |
| No answer.....                             | 0 | ▶ VA.05. |

**VA.04. 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.....               | 0 |  |

**Influenza immunization**

**VA.05. Have you ever been vaccinated against influenza ?**

- Yes..... 1
- No ..... 2 ▶ VA.07.
- Don't know what you are talking about..... 3 ▶ VA.07.
  
- Don't know ..... 9 ▶ VA.07.
- No answer..... 0 ▶ VA.07.

**VA.06. When did you receive your last vaccination against Influenza ?**

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

Month :        Year :

- No answer..... 0

**Pneumococcus immunisation**

*Interviewer: The brand name for for Pneumococcus vaccination is Pneumo 23@.*

**VA.07. Have you ever been vaccinated or received a booster vaccination against Pneumococcus?**

- Yes..... 1
- No ..... 2 ▶ VA.09.
- Don't know what you are talking about..... 3 ▶ VA.09.
  
- Don't know ..... 9 ▶ VA.09.
- No answer..... 0 ▶ VA.09.

**VA.08. When were you last vaccinated against Pneumococcus?**

- Less than 5 years ago ..... 1
- 5 years ago or more..... 2
  
- Don't know ..... 9
- No answer..... 0



*Interviewer:* The two following questions are limited to people aged 12 years or more.  
For all others, go to NS.01.

**Other vaccinations**

**VA.09. Did you receive any other vaccination during the last 12 months?**

- |                  |          |          |
|------------------|----------|----------|
| Yes.....         | <b>1</b> |          |
| No .....         | <b>2</b> | ▶ NS.01. |
| Don't know ..... | <b>9</b> | ▶ NS.01. |
| No answer.....   | <b>0</b> | ▶ NS.01. |

**VA.10. Specify which one(s) you did receive**

.....

.....

## Nutrition

The next questions deal with your nutritional habits, but first I would like to ask you two questions on your weight and height.

**NS.01. How tall are you without shoes?**

			cm
--	--	--	----

Don't know .....	999
No answer .....	0

**NS.02. 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 .....	0

**NH.01. How often do you eat fruits (excluding juice)?**

*Enquêteur: Show card 12 for the questions NH.01, NH.03, NH.05, NH.07, NH.09 and NH.11.*

Twice or more a day .....	1	
Once a day .....	2	
4 to 6 times a week .....	3	
1 to 3 times a week .....	4	
Less than once a week .....	5	
Never .....	6	▶ NH.03.
Don't know .....	9	▶ NH.03.
No answer .....	0	▶ NH.03.

**NH.02. On such a day, how much fruit do you usually eat?**

Enquêteur: One portion corresponds with: 1 apple, 1 banana, 1 orange... or  
2 plums, 2 kiwi fruit, 7 strawberries... or  
half a grapefruit, 1 slice of pineapple or melon.

Less than 2 portions .....	1
About 2 portions.....	2
More than 2 portions.....	3
Don't know .....	9
No answer.....	0

**NH.03. How often do you eat vegetables or salad (excluding juice and potatoes)?**

Twice or more a day .....	1	
Once a day .....	2	
4 to 6 times a week.....	3	
1 to 3 times a week.....	4	
Less than once a week.....	5	
Never .....	6	▶ NH.05.
Don't know .....	9	▶ NH.05.
No answer.....	0	▶ NH.05.

**NH.04. On such a day, how much vegetables or salad do you usually eat?**

Less than 200 g. ....	1
About 200 g. ....	2
More than 200 g .....	3
Don't know .....	9
No answer.....	0

**NH.05. How often do you drink fruit- or vegetable – juice?**

Twice or more a day .....	1	
Once a day .....	2	
4 to 6 times a week.....	3	
1 to 3 times a week.....	4	
Less than once a week.....	5	
Never .....	6	▶ NH.07.
Don't know .....	9	▶ NH.07.
No answer.....	0	▶ NH.07.

**NH.06. On such a day, how much fruit- or vegetable juice do you usually drink?**

Less than 2 glasses .....	1
About 2 glasses .....	2
More than 2 glasses .....	3
Don't know .....	9
No answer .....	0

**NH.07. How many times do you eat brown bread (also brown rusks or baguettes)?**

Twice or more a day .....	1	
Once a day .....	2	
4 to 6 times a week.....	3	
1 to 3 times a week.....	4	
Less than once a week .....	5	
Never .....	6	▶ NH.09.
Don't know .....	9	▶ NH.09.
No answer.....	0	▶ NH.09.

**NH.08. 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.....	0

**NH.09. How many times do you eat fish, shellfish or crustacean (like fresh salmon, mussels, shrimps,...)?**

Twice or more a day .....	1	
Once a day .....	2	
4 to 6 times a week.....	3	
1 to 3 times a week.....	4	
Less than once a week .....	5	
Never .....	6	▶ NH.11.
Don't know .....	9	▶ NH.11.
No answer.....	0	▶ NH.11.

**NH.10. 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.....	0

**NH.11. How many times do you drink sugared soft drinks?**

**Attention: sweetened soft drinks don't include light drinks**

Twice or more a day .....	1	
Once a day .....	2	
4 to 6 times a week.....	3	
1 to 3 times a week.....	4	
Less than once a week.....	5	
Never .....	6	▶ HE.01.
Don't know .....	9	▶ HE.01.
No answer.....	0	▶ HE.01.

**NH.12. On such a day, how much sugared soft drinks do you usually drink?**

Less than 1 liter .....	1
About 1 liter.....	2
More than 1 liter.....	3
Don't know .....	9
No answer.....	0

## Health and environment

The following questions are about environmental conditions here at home.

*Interviewer:* If the respondent is a proxy, go to question ET.01.

**HE.01. Thinking about the last 12 months or so, when you are here at home, how much do the following conditions bother disturb, or annoy you?**

*Interviewer:* Show Card N° 13.

		Not at all	Slightly	Moderately	Very	Extremely	Don't know	No answer
01.	Air pollution (fine dust, grime, dust, fume, ozone)	5	4	3	2	1	9	0
02.	Bad smell from industry near your residence	5	4	3	2	1	9	0
03.	Bad smell from other sources (sewer, waste, manure)	5	4	3	2	1	9	0
04.	Accumulation of rubbish	5	4	3	2	1	9	0
05.	Humidity	5	4	3	2	1	9	0
06.	Mould or mould fungus	5	4	3	2	1	9	0
07.	Vibrations from road, train, airplane traffic or nearby factory	5	4	3	2	1	9	0
08.	Noise from road traffic	5	4	3	2	1	9	0
09.	Noise from train, tube or tram traffic	5	4	3	2	1	9	0
10.	Noise from airplane traffic	5	4	3	2	1	9	0
11.	Noise from nearby business (factory, workshop)	5	4	3	2	1	9	0
12.	Noise from neighbours	5	4	3	2	1	9	0

*Interviewer:* If the respondent is a proxy, go to question ET.01.

**HE.02. Thinking about the last 12 months or so, when you are here at home, how much is your sleep disturbed by...**

*Interviewer:* Show card N° 14.

		Not at all	Slightly	Moderately	Very	Extremely	Don't know	No answer
01.	Noise from road traffic	5	4	3	2	1	9	0
02.	Noise from train, tube or tram traffic	5	4	3	2	1	9	0
03.	Noise from air plane traffic	5	4	3	2	1	9	0
04.	Noise from nearby business (factory, workshop)	5	4	3	2	1	9	0
05.	Noise from neighbours	5	4	3	2	1	9	0

## Education

*Interviewer:* Questions only for persons of at least 6 years of age.  
 For children younger than 6 years the interview is ended.  
 Don't forget to complete the questions ENQ.01. and ENQ.02.

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

- |                  |   |          |
|------------------|---|----------|
| Yes.....         | 1 |          |
| No .....         | 2 | ▶ ET.03. |
| Don't know ..... | 9 | ▶ ET.03. |
| No answer.....   | 0 | ▶ ET.03. |

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

*Interviewer:* Show Card 15.

- |  |    |
|--|----|
| 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.....                                       | 0  |



*Interviewer:* For students the interview has ended. Don't forget to complete the questions ENQ.01. and ENQ.02.  
 For all others, continue en show card 15.

**ET.03. Welk is het hoogste diploma of de hoogste graad die u behaald heeft?**

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
No diploma.....	15
Don't know .....	99
No answer.....	0

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

years

Don't know .....	99
No answer.....	0

## Employment

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

Your paid job can be temporarily interrupted. This means that you are not working for the moment, but that you will soon start working again.

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

- |  |          |          |
|--|----------|----------|
| Yes, paid job (even temporarily interrupted) ..... | <b>1</b> | ▶ EM.04. |
| No, no paid job.....                               | <b>2</b> |          |
| Don't know .....                                   | <b>9</b> |          |
| No answer.....                                     | <b>0</b> |          |

**EM.02. You don't have a paid job nowadays. Which of the following profiles is applicable for you?**

- |   |          |  |
|---|----------|--|
| Unemployed.....                               | <b>1</b> |  |
| Sickness or invalidity .....                  | <b>2</b> |  |
| Studies .....                                 | <b>3</b> |  |
| Retirement .....                              | <b>4</b> |  |
| I do the housekeeping, without benefits ..... | <b>5</b> |  |
| I am a family worker.....                     | <b>6</b> |  |
| Other situation, specify: _____               | <b>7</b> |  |
| Don't know .....                              | <b>9</b> |  |
| No answer.....                                | <b>0</b> |  |

**EM.03. You don't have a paid job nowadays. Have you ever had a paid job?**

- |                  |          |          |
|------------------|----------|----------|
| Yes.....         | <b>1</b> |          |
| No .....         | <b>2</b> | ▶ EM.11. |
| Don't know ..... | <b>9</b> | ▶ EM.11. |
| No answer.....   | <b>0</b> | ▶ EM.11. |

*Interviewer:* For respondents currently employed (EM01 = 1), the next questions deal with their current work.

For respondents that were employed once (EM03 = 1), the next questions deal with their latest work.

**EM.04. Are (Were) you an employee or self-employed?**

- |                    |          |          |
|--------------------|----------|----------|
| Employee .....     | <b>1</b> |          |
| Self-employed..... | <b>2</b> | ▶ EM.07. |
| Don't know .....   | <b>9</b> | ▶ EM.07. |

No answer..... 

0
---

 ▶ EM.07.

**EM.05. How many hours do you (did you) normally work per week?**

Hours per week: 

--	--

Don't know ..... 

99
----

No answer..... 

0
---

**EM.06. Can you describe into detail your current (last) job?**

..... 

--	--	--

Don't know ..... 

999
-----

No answer..... 

0
---

**EM.07. What is the main economical activity of the enterprise/institution that employs (had employed) you?**

..... 

--	--	--

Don't know ..... 

999
-----

No answer..... 

-1
----

*Enquêteur:* The next question are to be asked only for respondents currently working (EM01 = 1).  
For all others, the interview is finished.  
Do not forget to complete questions ENQ.01. and ENQ.02.

**EM.08. In the past 12 months, have you been absent from work for reasons of health problems? Take into account all kind of diseases, injuries and other health problems that you had and which resulted in your absence from work.**

Yes..... 

1
---

No ..... 

2
---

 ▶ EM.10.

Don't know ..... 

9
---

 ▶ EM.10.

No answer..... 

0
---

 ▶ EM.10.

**EM.09. In the past 12 months, how many days in total were you absent from work for reasons of health problems? If you don't know the exact number of days, give an estimation.**

Days: 

--	--	--

Don't know ..... 

999
-----

No answer..... 

0
---

**EM.10. At your workplace, to what extent are you exposed to ...?**

*Interviewer: Show card 16.*

	Severely exposed	Somewhat exposed	Not exposed	Don't know	No answer
01. Harassment or bullying	1	2	3	9	0
02. Discrimination	1	2	3	9	0
03. Violence or threat of violence	1	2	3	9	0
04. Time pressure or overload of work	1	2	3	9	0
05. Chemicals, dust, fumes, smoke or gases	1	2	3	9	0
06. Noise or vibration	1	2	3	9	0
07. Difficult work postures, work movements or handling of heavy loads	1	2	3	9	0
08. Risk of accident	1	2	3	9	0

*Enquêteur: Only respondents that never had a paid job. For all others, the interview is finished.*

*Do not forget to complete questions ENQ.01. and ENQ.02.*

**EM.11 Can you describe into detail the paid job your partner does in his/her current job/did in his/her last job?**

.....

--	--	--

No partner .....

888
-----

Don't know .....

999
-----

No answer .....

0
---

**Thanks very much for your collaboration.**

*Interviewer:* After the interview, the hour on the frontpage has to be added.  
 Complete also questions ENQ.01 and ENQ.02.

**Assessment : questions for the interviewer**

**ENQ.01. How did the respondent collaborate?**

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

**ENQ.02. Do you think the respondent has understood the questions (that is; did he/she needed few clarification)?**

No clarification needed .....	1
A little bit clarification needed .....	2
A lot of clarification needed .....	3

BIJKOMENDE INLICHTINGEN:

Stefaan Demarest  
Johan Van der Heyden  
Sabine Drieskens

WETENSCHAPPELIJK INSTITUUT VOLKGEZONDHEID  
AFDELING EPIDEMIOLOGIE  
Juliette Wytsmanstraat 14  
B - 1050 Brussel

Tel : 02/642.57.94  
02/642.57.26  
02/642.50.25

e-mail [his@iph.fgov.be](mailto:his@iph.fgov.be)

<http://www.iph.fgov.be/epidemie/epinl/index4.htm>

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