



MINISTERIE VAN VOLKSGEZONDHEID  
EN LEEFMILIEU



Health Interview Survey 1997  
Information on the household

N° Household :

Name interviewer : .....

Code interviewer :

Date interview ..... / ..... / 19 .....

## Composition of the household.

**Int :** *Have to be mentioned: temporarily absent persons (for example persons on holiday, hospitalised persons, persons who reside in an institution for less than one year).*  
*Don't mention : temporarily present persons (guests, ...).*

Row- Num- ber	FA.01. Status in the household. Give the first name of all member of the household and their relation to the head of household.	FA.02. Day of birth Day/month/year  Example: January 19 <sup>th</sup> 1948 becomes 19/01/48	FA.03. Age	FA.04. Sex		FA.05. Marital status
				M	F	
01	Head of household	.. / .. / ..	..	1	2	1 2 3 4
02		.. / .. / ..	..	1	2	1 2 3 4
03		.. / .. / ..	..	1	2	1 2 3 4
04		.. / .. / ..	..	1	2	1 2 3 4
05		.. / .. / ..	..	1	2	1 2 3 4
06		.. / .. / ..	..	1	2	1 2 3 4
07		.. / .. / ..	..	1	2	1 2 3 4
08		.. / .. / ..	..	1	2	1 2 3 4
09		.. / .. / ..	..	1	2	1 2 3 4
10		.. / .. / ..	..	1	2	1 2 3 4
11		.. / .. / ..	..	1	2	1 2 3 4
12		.. / .. / ..	..	1	2	1 2 3 4

**Int :** *Indicate the corresponding code in the right box*

**FA.01.** Relation with the head of household

- |                         |                    |
|-------------------------|--------------------|
| 1. Partner              | 5. No relationship |
| 2. Parent               | 9. Don't know      |
| 3. Child                |                    |
| 4. Other familiar bound |                    |

	<b>FA.06.</b>  <b>What is the current nationality of every member of the household</b>	<b>FA.07.</b>  <b>What is the country of birth of every member of the household?</b>	<b>FA.08.</b>  <b>Which social service does every member of the household belong to?</b>
01			
02			
03			
04			
05			
06			
07			
08			
09			
10			
11			
12			

**Int :** *Fill out the code on the applicable line*

**FA.08.** Code social service

- |                                 |                    |
|---------------------------------|--------------------|
| 01. Christian social services   | 07. NMBS           |
| 02. Neutral social services     | 08. CDOSZ          |
| 03. Socialist social services   | 09. Other, explain |
| 04. Liberal social services     | 10. None           |
| 05. Independent social services | 99. Don't know     |

**Int :** *Ask the head of household or his/her partner the following next only after finishing the face to face questionnaire.*

By using the next question, we try to get an overview of the financial situation of your household. In this we are especially interested in the total amount of available income of you household

By total available income we understand:

- Net-wages and rewards for delivered work (main employment- additional jobs) and net operating income for the self-employed;
- Social benefits like child allowances, unemployment benefits, pensions, disabilities allowances, ... ;
- Supplementary incomes like rent-rolls, annuities, interests,...

The sum of all these incomes of each member of your household is the total available income of your household

**FA.09. How many persons of the household contribute to the total available income of your household?**

persons

**FA.10. How much a month is the total available income of your household? If this income changes monthly, please give a mean income**

BF a month

**Int:** *Only in case the respondent hesitates to answer, you must ask the next question. In all other cases: got to FA.12.*

**FA.11. You find it difficult to answer this question. The next question is more easy to answer. Is this income higher than 80.000 francs ?**

1. Yes – **show card 13**
2. No – **show card 14**

**Can you indicate which code best reflects your income?**

(code)

**FA.12. Can you manage financially with the total available income a month, are you able to make both ends meet?**

1. Very difficult - go to **FA.13.**
2. Difficult - go to **FA.13.**
3. Rather difficult - go to **FA.13.**
4. Rather easy - go to **FA.14.**
5. Easy - go to **FA.14.**
6. Very easy - go to **FA.14.**

**FA.13. How high, do you think, does the total available income a month have to manage, to make both ends meet?**

BF a month

The next questions deal with the medical expenses your household had in the last month, that is since.../.../....

**FA.14. Did one or more members of your household consult one or more health workers (general practitioner, dentist,...) in the last month. An admission in a health care institution (hospital, psychiatric institution,...) is not considered here.**

1. Yes
2. No – go to **FA.17.**

**FA.15. In the last month, how many members of your household consulted one or more health workers?**

(number)

99. Don't know
- 1. No answer

**FA.16. In the last month, how much did your household spend on health workers (without taking into account possible refunds) In case you don't know the exact amount, give an estimation.**

BF in last month

**FA.17. In the last month, did you have expenses for medications for one or more members of your household?**

1. Yes
2. No – go to **FA.20.**

**FA.18. In the last month, for how many members of your household did you have expenses for medications?**

(number)

99. Don't know
- 1. No answer

**FA.19. In the last month, how much did your household spend on medications? In case you don't know the exact amount, give an estimation.**

BF in last month

**FA.20. In the last month, did you have expenses for one or more members of your household for residing in a health institution (hospital, psychiatric institution, institution for disabled persons, home for the elderly,...) ?**

1. Yes
2. No – go to **AC.01.**

**FA.21. In the last month, for how many members of your household did you have expenses for residing in a health institution?**

(number)

**FA.22. In the last month, what were the accomodation costs for one or more members of your household in a health institution? In case you do not know the exact amount, give an estimation.**

BF in last month

**FA.23. Can you indicate the type of health institution your household has had expenses for (multiple answers are possible)**

1. Hospital
2. Psychiatric institution
3. Institution for disabled people
4. Rest home
5. Other,  
Explain .....

**AC.01. Were you in the last year, that is since .../.../19... forced by financial reasons (for example, because the amount of refund was too low) not to use or to postpone the use of health services four yourself or for any member of your household ?**

1. Yes
2. No - go to **AC.03.**
9. Don't know - go to **AC.03.**
- 1. No answer – go to **AC.03.**

**AC.02. Kind of postponed health services (multiple answers are possible)**

02. Dental prothesis
03. Glasses
04. Consultation of a specialist
05. Consultation of a general practitioner
06. Radiology, scanner
07. Surgical intervention
08. Medications
09. Kinesi therapist,
10. Blood examination, -sample
11. Psychotherapy
12. Home care
13. Other,  
Which ? .....

**AC.03. Does your personal contribution for health expenses (the money you have to pay yourself) :**

1. Fit easy in your budget
2. Fit hardly in your budget
3. Fit impossible in your budget
4. Other,  
Precise : .....

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

**AC.04. Did you, or did other members of your household, have to stop the use of (a part of) medications because of the decrease in the reimbursement?**

- 1. Yes
- 2. No – go to **LO.01**.

**AC.05. Did you, or did another member of your household, replace these medications by cheaper medications?**

- 1. Yes
- 2. No – go to **LO.01**.

**AC.06. Who took here fore the initiative?**

- 1. Yourself (or members of your household)
- 2. Your pharmacist
- 3. Your general practitioner
- 4. Another,  
Who? .....

## Housing

**LO.01. How would you describe your place of residence?**

- 1. Apartment
- 2. House
- 3. Apartment in a house, studio
- 4. Other (for example house for the elderly ) .....

**LO.02. In which capacity do you occupy this residence?**

- 1. Owner of co-owner
- 2. Tenant
- 3. Not-paying inhabitant

**LO.03. How many bedrooms are there in your place of residence?**

bedrooms

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