

FEDERALE OVERHEIDSDIENST  
ECONOMIE, K.M.O.,  
MIDDENSTAND EN ENERGIE



**General Direction Statistics and Economic  
Information**

Leuvenseweg 44 – 1000 Brussels

FEDERALE OVERHEIDSDIENST  
VOLKSGEZONDHEID, VEILIGHEID VAN DE  
VOEDSELKETEN EN LEEFMILIEU



**Scientific Institute of Public Health**

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## Health Interview Survey, Belgium, 2004

### Household information

Household number:

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Interviewer number:

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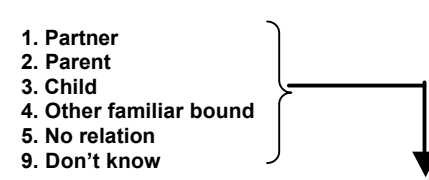
Date of the interview

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## Household composition

**Interviewer:** *Have to be mentioned: temporarily absent persons (for example persons on holiday, hospitalised persons, persons that reside in an institution for less than 1 year).*

**Don't mention temporarily present persons (guests, invitees, ....).**

Check	Row-number	HC.01.	HC.02.	HC.03.	HC.04.
		Place in the household <i>Interviewer: Give the first name of all members of the household and their relation to the reference person.</i>  <i>Indicate the corresponding code in the right box:</i>  1. Partner 2. Parent 3. Child 4. Other familiar bound 5. No relation 9. Don't know <div style="margin-left: 100px;">  </div>	Day of birth  Day/month/year  Example: 19 January 1948 becomes : 19/01/1948	Age  (in years)  For children of less than 1 year, indicate '0'.	Gender  1 = Male 2 = Female
		First name	code		(Circle)
C.....	01	Reference person:		__ / __ / __	1 2
C.....	02			__ / __ / __	1 2
C.....	03			__ / __ / __	1 2
C.....	04			__ / __ / __	1 2
C.....	05			__ / __ / __	1 2
C.....	06			__ / __ / __	1 2
C.....	07			__ / __ / __	1 2
C.....	08			__ / __ / __	1 2
C.....	09			__ / __ / __	1 2
C.....	10			__ / __ / __	1 2
C.....	11			__ / __ / __	1 2
C.....	12			__ / __ / __	1 2

	<b>HC.05.</b>  What is the current nationality of every member of the household?	<b>HC.06.</b>  What is the country of birth of every member of the household?	<b>HC.07.</b>  Which social service does every member of the household belong to? 01. Christian social service 02. Neutral social service 03. Socialist social service 04. Liberal social service 05. Independent social services 06. Pay desk for the needy 07. NMBS / SNCB 08. CDOSZ / OSSOM 09. Other, explain 10. None 99. Don't know -1. No answer
01			
02			
03			
04			
05			
06			
07			
08			
09			
10			
11			
12			

## Income

**Interviewer:** Ask these questions on the household to the reference person or his/her partner after finishing the face to face questionnaire.

On the basis of the next questions, we try to get an overview of the financial situation of your household. In this we are especially interested in the total monthly available income of your household. By "total available income" we understand:

- net-wages and rewards for delivered work (main employment and additional jobs) and net operating income for the self employed;
- social benefits like child allowance, unemployment benefits, pensions, disabilities allowances (invalidity), support by OCMS/CPAS, ...;
- supplementary incomes like rent rolls, annuities, interests, etc.
- The sum of all these incomes for all members of your household, is the total available income of your household.

**IN.01. How many persons of the household contribute to the total available income of your household?**

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 Persons

**IN.02. How much is the total available monthly income of your household? If this income varies from month to month, please indicate a mean income.**

Indicate the currency used: Euro  <sub>1</sub> BEF  <sub>2</sub>

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**Interviewer:** Only in case the respondent hesitates to answer, you must ask the next question. In all other cases: go to AC.01.

**IN.03. You find it hard to answer this question. The next question is more easy to answer: is this income higher the 2000 Euro (or 80.000 Belgian Francs)?**

Yes  <sub>1</sub> *Interviewer: Show card 15.*

No  <sub>2</sub> *Interviewer: Show card 16.*

**Can you indicate which code best reflects the total available income of your household?**

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 (code)

Don't know  <sub>9</sub>

No answer  <sub>-1</sub>

## Medical expenses

**AC.01.** In the last month, how much did your household spend on health workers like a generalist, a specialist, a dentist, ...?

Expenses due to an admission in a health care institution (a hospital, a rest house, a institution for disabled persons, ...) are not considered here. If you don't know the exact amount, give an estimation.

Mark in case there were NO expenses:  1

Indicate the currency used: Euro  1 BEF  2

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Don't know  9

No answer  -1

**AC.02.** Last month, how much was your household refunded by the social services? If you don't know the exact amount, give an estimation.

Mark in case there were NO refunds:  1

Indicate the currency used: Euro  1 BEF  2

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Don't know  9

No answer  -1

**AC.03.** Last month, how much did your household spend on (prescribed and non prescribed) medicines? If you don't know the exact amount, give an estimation. Take care! Medical devices like bandages are not considered here.

Mark in case there were NO expenses:  1

Indicate the currency used: Euro  1 BEF  2

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Don't know  9

No answer  -1

**AC.04.** Last month, how much did your household spend for a stay in a health institution (a hospital, a home for the elderly, an institution for disabled persons, ...)? If you don't know the exact amount, give an estimation.

Mark in case there were NO expenses:  1 Go to AC.06

Indicate the currency used: Euro  1 BEF  2

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Don't know  9

No answer  -1

**AC.05.** Can you indicate for which kind of institution your household has had expenses in the last month?

*(Multiple answers possible)*

	Yes	No
01. Hospital .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2
02. Psychiatric institution .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2
03. Institution for disabled persons .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2
04. Rest home and/or rest and care home) .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2
05. Other , explain: _____	<input type="checkbox"/> 1	<input type="checkbox"/> 2

Don't know  9

No answer  -1

**AC.06. Expenses for medical care are not limited to expenses for health providers, medicines or a stay in a health institution. Also expenses for medical devices must be taken into account.**

**I'll read to you a list of medical devices. Can you each time indicate how much your household has spent on it during last month?**

Mark in case there were NO expenses:  1 Go to AC.07

Indicate the currency used: Euro  1 BEF  2

- 01. Dressing, disinfectant and/or compresses .....
- 02. Bandage material .....
- 03. Drip feed or special feed on medical request.....
- 04. Oxygen in bottles/ aerosols.....
- 05. Injection material .....
- 06. Incontinence material and place mats .....
- 07. Crutches, wheelchair, bed.....

Don't know  9

No answer  -1

**AC.07. Do you find that your personal contribution for health expenses (the money you have to pay yourself):**

fits easily in your budget .....  1

fits difficultly in your budget.....  2

is impossible to fit in your budget .....  3

Don't know  9

No answer  -1

**AC.08.** Sometimes people have difficulties in getting medical care when they need it. During the past 12 months, was there any time when someone in the family needed medical care or surgery, but couldn't afford it?

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

**AC.09.** During the past 12 months, was there any time when someone in the family needed dental care, but couldn't afford it?

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

**AC.10.** During the past 12 months, was there any time when someone in the family needed prescribed medicines, but couldn't afford them?

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

**AC.11.** During the past 12 months, was there any time when someone in the family needed eyeglasses, but couldn't afford them?

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

**AC.12.** During the past 12 months, was there any time when someone in the family needed mental health (from a psychologist or a psychiatrist for example) but couldn't afford it?

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



# Housing

## LO.01. How would best describe your dwelling?

- Single non-joining dwelling .....  1
- Single semi-joining dwelling.....  2
- Single dwelling joining on both sides.....  3
- Dwelling in a building including two residences .....  4
- Dwelling in a building including from three to nine residences .....  5
- Dwelling in a building including ten residences or more.....  6
- Furnished room or studio .....  7
- Place of residence for elderly people (convalescent home, house of care) ...  8
- Service flat for elderly people.....  9
- Other, explain: \_\_\_\_\_  10

Don't know  9

No answer  -1

## LO.02. How would best describe the environment of your dwelling?

- Rural or semi-rural.....  1
- Residential area with gardens.....  2
- Dense residential area often with gardens .....  3
- Residential area with mostly multiple residence buildings.....  4
- Commercial area .....  5
- Industrial area .....  6
- Area mainly made up of offices.....  7
- Other, explain: \_\_\_\_\_  8

Don't know  9

No answer  -1

**Enquêteur:** In case the respondent is an **institutionalised elderly**, questions LO.03. to LO.03. can be skipped. You can go directly to question HE.01 page 11.

**LO.03. Do you own or rent this dwelling?**

Owns .....  1  
Rents .....  2      Go to LO.06  
Don't know  9      No answer  -1

**LO.04. Do you actually have to pay off for this dwelling?**

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

**LO.05. How much do you pay off on a monthly basis?**

Indicate the currency used:      Euro  1      BEF  2

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Don't know  9      No answer  -1

**Interviewer:** Go, after this question, to HE.01.

**LO.06. How much do you pay per month for your rent?**

Indicate the currency used:      Euro  1      BEF  2

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Don't know  9      No answer  -1

## Health and environment

*Interviewer: Answers by proxy are not allowed*

The two following questions are about environmental conditions. The first one addresses specifically environmental conditions of your local area, while the second one addresses environmental conditions, here at home.

**HE.01. In your local area (or neighbourhood), how much of a problem are each of the following conditions?**

*Interviewer: Show card 17.*

	Very big problem	Fairly big problem	Minor problem	Not at all a problem	It happens but is not a problem	Don't know	No answer
01. Exhaust gases .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 9	<input type="checkbox"/> -1
02. Bad smell from industry in or near the area .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 9	<input type="checkbox"/> -1
03. Bad smell from other sources (sewer, wast, manure) .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 9	<input type="checkbox"/> -1
04. Accumulation of rubbish.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 9	<input type="checkbox"/> -1
05. Lighting pollution from outside: night lights, electric signs, publicity neon .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 9	<input type="checkbox"/> -1
06. Vandalism, graffiti or deliberate damage to property.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 9	<input type="checkbox"/> -1

**HE.02. Thinking about the past 12 months, when you are here at home, how much are you bothered, disturbed, or annoyed by any of the following conditions?**

	Extremely	Very much	Moderately	Slightly	Not at all	Don't know	No answer
01. Bad smell from industry near your residence.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 9	<input type="checkbox"/> -1
02. Bad smell from other sources (sewer, waste, manure).....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 9	<input type="checkbox"/> -1
03. Accumulation of rubbish .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 9	<input type="checkbox"/> -1
04. Humidity.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 9	<input type="checkbox"/> -1
05. Mould or mould fungus .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 9	<input type="checkbox"/> -1
06. Electromagnetic fields from high-voltage lines or from cellular telephone aerial.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 9	<input type="checkbox"/> -1
07. Vibrations from road, train, airplane traffic or nearby factory.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 9	<input type="checkbox"/> -1
08. Noise from road traffic.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 9	<input type="checkbox"/> -1
09. Noise from train traffic .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 9	<input type="checkbox"/> -1
10. Noise from airplane traffic.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 9	<input type="checkbox"/> -1
11. Noise from nearby business (factory, workshop).....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 9	<input type="checkbox"/> -1
12. Noise from neighbours (e.g. human voices, dogs, children).....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 9	<input type="checkbox"/> -1
13. Lighting pollution from outside: night-lights, electric signs, publicity neon .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 9	<input type="checkbox"/> -1

**Interviewer:** For the following two questions:

- include non-household members who smoke in the house or flat
- exclude household members who only smoke outside the house or flat

**HE.03. Does anyone smoke inside this house/flat on most days?**

Yes .....  1

No .....  2 Go to HE.05

Don't know  9 Go to HE.05

No answer  -1 Go to HE.05

**HE.04. How many people smoke inside this house/flat on most days?**

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Don't know  9

No answer  -1

**HE.05. Are there any restrictions against smoking cigarettes inside this house/flat?**

Yes .....  1

No .....  2 End of questionnaire

Don't know  9 End of questionnaire

No answer  -1 End of questionnaire

**HE.06. How is smoking restricted inside this house/flat?**

*(Multiple answers possible)*

	<b>Yes</b>	<b>No</b>
Smokers are asked to refrain from smoking inside this house/flat .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2
Smoking is allowed in certain rooms only .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2
Smoking is restricted in the presence of young children.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2
Other restriction (explain): _____	<input type="checkbox"/> 1	<input type="checkbox"/> 2
Don't know <input type="checkbox"/> 9		No answer <input type="checkbox"/> -1





FURTHER INFORMATION:

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