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# EUROPEAN HEALTH SURVEY 2009

# Household questionnaire

## **CHARACTERISTICS OF THE HOUSEHOLD**

INTERVIEWER: this part will be for asking: "the reference person of the household, her/his spouse or partner, or another competent adult in the household"

### **Introduction**

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

HH.1 Please state the given names and surnames of the persons who regularly live in this dwelling:

HH2- Is there any other person who is not currently here, but who regularly lives in this dwelling?

HH3- Is there any other person who does not have another regular residence and who currently lives in this dwelling?

HH4- For each of the persons whom you have mentioned, could you please state their sex and date of birth?

	<u>Sex</u>	<u>Date of Birth</u>	<u>Age</u>
<b>Person 1</b>	_	_ _   _ _   _ _ _ _ _	_ _ _
<b>Person 2</b>	_	_ _   _ _   _ _ _ _ _	_ _ _
<b>Person 3</b>	_	_ _   _ _   _ _ _ _ _	_ _ _
<b>Person 4</b>	_	_ _   _ _   _ _ _ _ _	_ _ _
<b>Person 5</b>	_	_ _   _ _   _ _ _ _ _	_ _ _

INTERVIEWER: Ask about Sex only in case of doubt. Date of Birth: It is sufficient to obtain the month and year. You should only insist on the day in the case of 15 or 16 years old appearing in "AGE".

**HH5- For each of these persons, could you please tell me if they have resided in this dwelling most of the time in the last 12 months?**

	<u>Yes</u>	<u>No</u>	<u>Does not know</u>
Person 1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Person 2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Person 3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Person 4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Person 5	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**HH6- Could you please tell me if any of these persons plans to reside, for most of the coming 12 months, in another dwelling?**

	<u>Yes</u>	<u>No</u>	<u>Does not know</u>
Person 1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Person 2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Person 3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Person 4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Person 5	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Considering the following criterion, we can obtain the members of the household:

If HH5= Yes and HH6= Yes	Member of the household
If HH5= Yes or Does not know and HH6= No or Does not know →	Member of the household
If HH5= No and HH6= Yes	Not a member of the household
If HH5= No and HH6= No or Does not know →	Member of the household
If HH5= Does not know and HH6= Yes	Not a member of the household

The following questions refer only to the members of the household.

**HH7- Next, please choose one of these persons as the "Reference person", and tell me some kinship relations among the persons resident.**

INTERVIEWER: the reference person must be considered to be that person around whom the kinship relations in the household "revolve", and in case of doubt, that person who contributes the most to the family budget.

	Reference person		Relationship with the reference person.
	<u>Yes</u>	<u>No</u>	
Person 1	<input type="checkbox"/>	<input type="checkbox"/>	
Person 2	<input type="checkbox"/>	<input type="checkbox"/>	
Person 3	<input type="checkbox"/>	<input type="checkbox"/>	
Person 4	<input type="checkbox"/>	<input type="checkbox"/>	

Person 5			
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The kinship relation options and codes are as follows:

- Reference person (r.p.)  1  
 Spouse or partner of the r.p.  2  
 Son/daughter, stepson/stepdaughter (of the r.p. or partner thereof)  3  
 Son-in-law, daughter-in-law (or partner of the son/daughter, stepson/stepdaughter)  4  
 Grandson/granddaughter, adoptive grandson/granddaughter (or partner thereof)  5  
 Father, mother, father-in-law, mother-in-law (or partner thereof)  6  
 Another relative of the r.p. (or of the partner thereof)  7  
 Domestic service person  8  
 Unrelated to the r.p.  9

**HH7a- INTERVIEWER: Select the informant from the household questionnaire of the following table. If the informant is not a member of the household, select the "another person" option**

	Informant
Person 1	<input type="checkbox"/>
Person 2	<input type="checkbox"/>
Person 3	<input type="checkbox"/>
Person 4	<input type="checkbox"/>
Person 5	<input type="checkbox"/>
Another person	<input type="checkbox"/>

**INTERVIEWER: According to the responses from the previous table, write down the response to HH7b, and if you do not have enough information, as the question:**

**HH7b- Which household composition corresponds to your household?  
I will read the options to you:**

- Single-person household  1
- Couple alone  2
- Couple with at least one child under 25 years of age  3
- Couple with all children over 25 years old  4
- Father or mother alone, with at least one child under 25 years of age  5
- Father or mother alone, with all children over 25 years old  6
- Couple or father or mother alone, with at least once child under 25 years of age and other persons living in the home  7
- Another type of household  8

**Introduction**

Now I am going to ask you to classify each one of the members of the household, according to their current situation with regard to the labour market.

HH. 8 With regard to current economic activity, which members of the household would you classify as...

**INTERVIEWER: Read each classification and mark the members who are classified in it, until you have read them all.**

- Working (including unpaid work in a family business or company, paid learning or professional internship, even if the person is not currently working due to maternity leave, paternity leave, leave due to illness or holidays)  1
- Unemployed  2
- Studying or in unpaid training in internships  3
- Retired (including early retirement) or retired from business  4
- Incapacitated to work (this includes disability pensions or permanent disability)  5
- Mainly dedicated to housework  6
- Other. Please specify \_ \_ \_ \_ \_  7
- Does not answer  9

**INTERVIEWER: We are referring to their main economic activity.**

	<u>Working</u>	<u>Unemployed</u>	<u>Studying</u>	<u>Retired</u>	<u>Incapacitated</u>	<u>Homemakers</u>	<u>Does not answer</u>	<u>Other</u>
Person 1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Person 2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Person 3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Person 4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Person 5	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Prior to conducting the health questionnaire with the person selected at random by the application, I am going to ask you some last questions relating to household income.**

**IN.1 Next, I am going to read you different sources of income. Could you please tell me which of these you and the rest of the members of the household receive?**

**You must consider the sources of each member of the household, as well as the joint sources.**

Multiple responses are accepted.

**INTERVIEWER: If necessary, add: "Which question can you or another member of the household answer if you believe that you will be able to answer it better?"**

- Income from self-employed work or work employed by others  01
- Benefit and subsidies due to unemployment  02
- Benefit due to retirement, widowhood, orphanhood or for other family members  03
- Pension due to disability or incapacity  04
- Economic benefits for raising dependent children or other economic benefits for household assistance, etc.  05
- Benefits or subsidies related to housing  06
- Benefits or subsidies related to education  07
- Other regular income / Other subsidies or regular social benefits  08
- No source of income  09
- Does not know  98
- Does not answer  99

If the response is "No source of income" (09) or "Does not answer" (99) → End of the household questionnaire

## IN.2

(If IN.1= 98 Does not know)

Even if, at this time, you cannot specify the sources of income, could you please state the approximate net monthly household income (that is, adding all of the sources and subtracting the withholdings due to taxes, Social Security, etc.)?

(If IN.1= {01,...,08})

Considering the sources of income you have mentioned, could you please state the approximate net monthly household income (that is, adding all of the sources and subtracting the withholdings due to taxes, Social Security, etc.)?

- Amount |\_\_|\_\_|\_\_|\_\_|\_\_|\_\_|\_\_| euros) → End of the Household Questionnaire
- Does not wish to answer  9999999
- Does not know  9999998

**INTERVIEWER: only if necessary, add: "an estimate will suffice"**

In order to help in responding to the following question, here you have this card, to choose the option that is closest to your response.

**INTERVIEWER: Hand the person card 2, with the response options**

**IN.3 If you do not know the exact value of the household income, could you please tell me which of the intervals appearing on the card best represents the net monthly income of the entire household, after deductions for taxes, Social Security, etc.?**

- |  |                             |
|--|-----------------------------|
| A. Less than 550 euros                 | <input type="checkbox"/> 01 |
| B. From 550 to less than 850 euros     | <input type="checkbox"/> 02 |
| C. From 850 to less than 1,150 euros   | <input type="checkbox"/> 03 |
| D. From 1,150 to less than 1,400 euros | <input type="checkbox"/> 04 |
| E. From 1,400 to less than 1,700 euros | <input type="checkbox"/> 05 |
| F. From 1,700 to less than 2,000 euros | <input type="checkbox"/> 06 |
| G. From 2,000 to less than 2,400 euros | <input type="checkbox"/> 07 |
| H. From 2,400 to less than 2,900 euros | <input type="checkbox"/> 08 |
| I. From 2,900 to less than 3,600 euros | <input type="checkbox"/> 09 |

J. 3,600 euros or more  10

K. Does not know / Does not answer  98

END of the Household Questionnaire.

## Individual Questionnaire

The following questions refer only to the selected person: that is, to:

S.P. Name: \_\_\_\_\_

Order number: \_\_

Age: \_\_\_ years old

**HH.Proxy\_0 Is the informant the selected person?**

- Yes  1 → Go to HH9
- No  2

**HH.Proxy\_1 Why has the selected person not provided her/his data?**

- The selected person is interned in a sanatorium, hospital, etc., due to an illness  1
- The selected person is incapacitated to answer, due to disability, serious illness, etc.  2
- The selected person is incapacitated to answer, due to language difficulties  3

**HH.Proxy\_2 Is the informant a member of the household?**

- Yes  1 Order number \_\_ → Go to HH.Proxy\_5
- No  6

**HH.Proxy\_3. Name of the informant:** \_\_\_\_\_

**HH.Proxy\_4. Age of the informant:** \_\_\_

**HH.Proxy\_5. What is the relationship between the informant and the selected person?**

- Spouse or partner  1
- Son/Daughter  2



- Father/Mother  3
- Brother/Sister  4
- Other family members  5
- Social services  6
- Volunteers  7
- Another relationship  8

#### HH.9 What is your country of birth?

- Spain  1
  - Foreign country  2
  - Does not know  8
  - Does  9
- 
- not answer

#### HH.10 What is your nationality? Multiple responses are accepted.

- Spanish  1
  - Foreign country  2
  - Does not know  8
  - Does  9
- 
- not answer

#### HH.11 What is your marital status?

- Single  1
- Married  2
- Widowed  3
- Legally separated  4
- Divorced  5
- Does not know  8
- Does not answer  9

#### HH.12 Are you currently living with a partner?

- Yes  1
- No  6 → Go to HH.13
- Does not know  8 → Go to HH.13

- Does not answer

9 → Go to HH.13

### HH.12b Could you tell me which of these persons corresponds to your partner?

	Adult partner Yes	selected No	Order number
Person 1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/> <input type="text"/>
Person 2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/> <input type="text"/>
Person 3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/> <input type="text"/>
Person 4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/> <input type="text"/>
Person 5	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/> <input type="text"/>

### HH.13 What is the highest educational level that you have attained?

- Cannot read or write  01
- Incomplete primary education  02
- Primary education or the equivalent  03
- Secondary education, first stage  04
- Post-secondary education  05
- Intermediate-level professional education or the equivalent  06
- Advanced professional training or the equivalent  07
- 1st and 2nd cycle university studies or the equivalent  08
- Doctorate or the equivalent  09
- Does not know  98
- Does not answer  99

If HH.8 of the selected person= 1, go to HH.15a

### HH.14 Have you ever worked as an employee or self-employed worker?

- Yes  1 → Go to HH.15b
- No  6 → Go to HS.1
- Does not know  8 → Go to HS.1
- Does not answer  9 → Go to HS.1

**HH.15a What is your professional status at your current job?**

- employee (on a salary, commission, wage, etc.)  1 **Go to HH.16a**
- businessperson with employees  2 → **Go to HH.17a**
- businessperson without employees  3 → **Go to HH.17a**
- member of a cooperative  4 → **Go to HH.17a**
- worker in the family business  5 → **Go to HH.17a**
- Another situation  6 → **Go to HH.17a**
- **Does not know**  8 → **Go to HH.17a**
- **Does not answer**  9 → **Go to HH.17a**

**NOTE:** In case of more than one job, this must consider only that which generates the most income.

**HH.15b What was your professional status in your last job?**

- employee (on a salary, commission, wage, etc.)  1 → **Go to HH.16b**
- businessperson with employees  2 → **Go to HH.17b**
- businessperson without employees  3 → **Go to HH.17b**
- member of a cooperative  4 → **Go to HH.17b**
- worker in the family business  5 → **Go to HH.17b**
- Another situation  6 → **Go to HH.17b**
- **Does not know**  8 → **Go to HH.17b**
- **Does not answer**  9 → **Go to HH.17b**

**NOTE:** In case of more than one job, this must consider only that which generates the most income.

**HH.16a What type of contract or labour relationship do you have?**

- indefinite labour contract (permanent)  1
- limited duration labour contract (temporary)  2
- **Does not know**  8
- **Does not answer**  9

**Go to HH.17a**

**HH.16b What type of contract or labour relationship did you have?**

- indefinite labour contract (permanent)  1
- limited duration labour contract (temporary)  2

- Does not know  8
- Does not answer  9

Go to HH.17b

**HH.17a In your main occupation, do you work full time or part time?**

- Full time  1
- Part time  2
- Does not know  8
- Does not answer  9

Go to HH.18a

**HH.17b In your last main occupation, did you work full time or part time?**

- Full time  1
- Part time  2
- Does not know  8
- Does not answer  9

Go to HH.18b

**HH.18a What is the occupation, profession or trade that you perform in your current main job?**

Name of the job post \_\_\_\_\_

Description of what you mainly do in your work:

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□□□

**(ISCO-88 COM, 2 digits)**

Go to HH.19a

**HH.18b What was the occupation, profession or trade that you performed in your last main job?**

Name of the job post \_\_\_\_\_

Description of what you mainly did in your work:

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□□□

(ISCO-88 COM, 2 digits)

Go to HH.19b

**HH.19a What is the activity of the establishment in which you work (for example, chemistry, fishing, hotel/restaurant, health, social work, etc.)?**

DESCRIBE IN DETAIL - MANUFACTURE OR PROCESSING OR DISTRIBUTION, ETC. AND MAIN PRODUCTS PRODUCED, MATERIALS USED, WHOLESALE OR RETAIL, ETC.

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□□

(NACE Rev.2, 2 digits)

Go to HS.1

**HH.19b What was the activity of the establishment in which you worked (for example, chemistry, fishing, hotel/restaurant, health, social work, etc.)?**

DESCRIBE IN DETAIL - MANUFACTURE OR PROCESSING OR DISTRIBUTION, ETC. AND MAIN PRODUCTS PRODUCED, MATERIALS USED, WHOLESALE OR RETAIL, ETC.

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□□

(NACE Rev.2, 2 digits)

## EUROPEAN HEALTH STATUS MODULE

### INTRODUCTION 1

Next, I am going to ask you about your health.

**HS.1 How would you describe your overall state of health? It is.....**

I will read the options to you

- Very good  1
- Good  2
- Fair  3
- Poor  4
- Very poor  5

**HS.1b How would you say your health has been in the last 12 months?**

I will read the options to you

- Very good  1
- Good  2
- Fair  3
- Poor  4
- Very poor  5

**HS.2 Do you have any chronic or long-term illnesses or health problems? ( A health problem or illness is considered to be long-term if it has lasted or is expected to last 6 months or longer)**

- Yes  1
- No  6
- Does not know  8
- Does not answer  9

**HS.3 Could you please tell me to what extent you have been limited, for at least the last 6 months, due to a health problem, in carrying out the activities that persons usually do. You would say that you have been...**

**NOTE: Read the options**

- Severely limited  1
- Limited, but not severely  2
- Not at all limited  3

## **INTRODUCTION 2**

**Next, I am going to ask you about a series of common health problems**

**In the case that HS.4= 1, you must ask HS.5 and HS.6**

HS4 ¿alguna vez ha padecido....				HS5 Este problema, ¿fue diagnosticado por un médico?				HS6 ¿lo padeció en los últimos 12 meses?				
Asma	<input type="radio"/>	SI (1)	<input type="radio"/>	NS (8)	<input type="radio"/>	SI (1)	<input type="radio"/>	NS (8)	<input type="radio"/>	SI (1)	<input checked="" type="radio"/>	NS (8)
	<input type="radio"/>	NO (2)	<input type="radio"/>	NC (9)	<input checked="" type="radio"/>	NO (2)	<input type="radio"/>	NC (9)	<input type="radio"/>	NO (2)	<input type="radio"/>	NC (9)
Bronquitis crónica, enfisema	<input type="radio"/>	SI (1)	<input type="radio"/>	NS (8)								
	<input type="radio"/>	NO (2)	<input type="radio"/>	NC (9)								
Infarto cardiaco	<input type="radio"/>	SI (1)	<input type="radio"/>	NS (8)								
	<input type="radio"/>	NO (2)	<input type="radio"/>	NC (9)								

## **List of Illnesses**

<b>Asthma (included allergic asthma)</b>
<b>Chronic bronchitis, emphysema</b>
<b>Myocardial infarction</b>
<b>Angina pectoris, heart disease</b>
<b>High blood pressure (hypertension)</b>
<b>Brain haemorrhage, cerebral thrombosis</b>
<b>Rheumatoid arthritis</b>
<b>Osteoporosis</b>
<b>Chronic back pain (neck)</b>
<b>Chronic back pain (lower back)</b>
<b>Diabetes</b>
<b>Allergy, such as rhinitis, inflammation of the eyes, dermatitis, food allergy, etc. (excluding allergic asthma)</b>

Gastric or duodenal ulcer
Cirrhosis of the liver, liver failure
Cancer (malignant tumour, included leukaemia and lymphoma)
Migraines or frequent headaches
Urinary incontinence
Chronic anxiety
Chronic depression
Other mental problems
Permanent injuries or defects caused by an accident

**HS.7 In the last 12 months, have you had any of the following accidents, causing injuries (internal or external), including intoxication or burns?**

- Yes  1
- No  6
- Does not know  8
- Does not answer  9

In the case that HS.7= 1, you must ask question HS.8

Types of accident	HS.7	HS.8
Traffic accident	<input type="checkbox"/>	<input type="checkbox"/>
Accident at work	<input type="checkbox"/>	<input type="checkbox"/>
Accident at school or the centre of studies	<input type="checkbox"/>	<input type="checkbox"/>
Accident at home or during leisure time	<input type="checkbox"/>	<input type="checkbox"/>

**HS.8 Did you see a health professional or go to an accident and emergency service as a result of that accident?**

- Visited a doctor or nurse  1
- Went to an accident and emergency department  2
- No consultation or intervention was necessary  3



- Does not know  8
- Does not answer  9

**FILTER 3:**

If HS.6= No or HS.6= blank for all rows (illnesses) and HS.7= No for the 4 types of accident, then HS.9a is asked, if not go to HS.9b so long as HH.8 of the selected person = 1 (the person is working) or HH.14= Yes (the person worked). For all other cases, go to Filter 4

**HS.9a In the last 12 months, have you had any other type of illness or serious accident that I haven't mentioned to you in the previous lists?**

- Yes  1
- No  6 Go to FILTER 4
- Does not know  8 Go to FILTER 4
- Does not answer  9 Go to FILTER 4

If HH.8 of the selected person  $\neq$  1 (the person is not working) and HH.14= No (the person did not work), go to FILTER 4

**HS.9b Although it might seem redundant, were any of the illnesses or health problems that you have had in the last 12 months a consequence of, or worsened due to, your labour activity?**

- Yes  1
- No  6
- Does not know  8
- Does not answer  9

**FILTER 4.**

The following question (HS.10) will only be asked of those persons who are currently working, HH.8= 1 for the selected person.

**HS.10 In the last 12 months, have you missed work due to health problems? Bear in mind all types of illness, health problems or injuries that you suffered, and for which you had to miss work.**

- Yes  1
- No  6 Go to Introduction 3

- Does not know  8 [Go to Introduction 3](#)
- Does not answer  9 [Go to Introduction 3](#)

**HS.11 How many days did you miss work due to health problems in the last 12 months?**

**NOTE: Only if necessary, add: "An estimate will suffice"**

\_\_\_\_ days

- Does not know  998
- Does not answer  999

**INTRODUCTION 3**

Next, I will ask you about situations you might find yourself in on a daily basis. Please do not consider temporary problems.

**PL.1 Do you use glasses or contact lenses?**

**Interviewer: if the informant is blind, mark the "I am blind or I cannot see at all" option.**

- Yes  1 [Go to PL.2a](#)
- No, never  2 [Go to PL.2b](#)
- I am blind or I cannot see at all  3 [Go to PL.4](#)
- Does not know  8 [Go to PL.2b](#)
- Does not answer  9 [Go to PL.2b](#)

**PL.2a Can you read newspaper print using your glasses or contact lenses?**

- Yes, without difficulty  1 [Go to PL.3a](#)
- With some difficulty  2 [Go to PL.3a](#)
- With severe difficulty  3 [Go to PL.3a](#)
- Unable to do so  4 [Go to PL.3a](#)
- Does not know  8 [Go to PL.3a](#)
- Does not answer  9 [Go to PL.3a](#)

**PL.2b Can you read newspaper print?**

- Yes, without difficulty  1 [Go to PL.3b](#)
- With some difficulty  2 [Go to PL.3b](#)
- With severe difficulty  3 [Go to PL.3b](#)
- Unable to do so  4 [Go to PL.3b](#)
- Does not know  8 [Go to PL.3b](#)
- Does not answer  9 [Go to PL.3b](#)

**PL.3a Can you see the face of a person who is approximately 4 metres away, using your glasses or contact lenses?**

- Yes, without difficulty  1 [Go to PL.4](#)
- With some difficulty  2 [Go to PL.4](#)

- With severe difficulty  3 [Go to PL.4](#)
- Unable to do so  4 [Go to PL.4](#)
- Does not know  8 [Go to PL.4](#)
- Does not answer  9 [Go to PL.4](#)

**PL.3b Can you see the face of a person who is approximately 4 metres away?**

- Yes, without difficulty  1
- With some difficulty  2
- With severe difficulty  3
- Unable to do so  4
- Does not know  8
- Does not answer  9

**PL.4 Do you use a hearing aid?**

**Interviewer: if the informant is deaf, marking "I am profoundly deaf" option**

- Yes  1 [Go to PL.5a](#)
- No  2 [Go to PL.5b](#)
- I am profoundly deaf  3 [Go to PL.6](#)
- Does not know  8 [Go to PL.5b](#)
- Does not answer  9 [Go to PL.5b](#)

**PL.5a Can you hear what is said in a conversation with several people, using your hearing aid?**

- Yes, without difficulty  1 [Go to PL.6](#)
- With some difficulty  2 [Go to PL.6](#)
- With severe difficulty  3 [Go to PL.6](#)
- Unable to do so  4 [Go to PL.6](#)
- Does not know  8 [Go to PL.6](#)
- Does not answer  9 [Go to PL.6](#)

**PL.5b Can you hear what is said in a conversation with several people?**

- Yes, without difficulty  1
- With some difficulty  2

- With severe difficulty  3
- Unable to do so  4
- Does not know  8
- Does not answer  9

**NOTE FOR THE QUESTIONS FROM PL.6 TO PL.11: If you believe that this question might offend the interviewee, given the evident, observable physical situation (wheelchair, amputations, etc.), mark the "Unable to do so" option without reading the question to the interviewee.**

**PL.6 Can you walk 500 metres over a flat surface, without a cane or any other aid for walking?**

- Yes, without difficulty  1
- With some difficulty  2
- With severe difficulty  3
- Unable to do so  4
- Does not know  8
- Does not answer  9

**PL.7 Can you go up or down a flight of stairs without using a cane, the handrail or any other type of aid?**

- Yes, without difficulty  1
- With some difficulty  2
- With severe difficulty  3
- Unable to do so  4
- Does not know  8
- Does not answer  9

**PL.8 Can you bend over and kneel without any type of aid?**

- Yes, without difficulty  1
- With some difficulty  2
- With severe difficulty  3
- Unable to do so  4
- Does not know  8
- Does not answer  9

**PL.9 Using your arms, can you lift and carry a shopping bag weighing 5 kilos for at least 10 metres, without any type of aid?**

- Yes, without difficulty  1
- With some difficulty  2
- With severe difficulty  3
- Unable to do so  4
- Does not know  8
- Does not answer  9

**PL.10 Can you use your fingers to grasp or manoeuvre small objects, such as a ball point pen, without any type of aid?**

- Yes, without difficulty  1
- With some difficulty  2
- With severe difficulty  3
- Unable to do so  4
- Does not know  8
- Does not answer  9

**PL.11 Can you bite and chew hard foods, such as an apple, without any type of aid (for example, dentures)?**

- Yes, without difficulty  1
- With some difficulty  2
- With severe difficulty  3
- Unable to do so  4
- Does not know  8
- Does not answer  9

**INTRODUCTION 4**

Now please think about your basic activities of daily living. Once again, do not consider temporary problems.

**PC.1** Of the activities that I am going to read to you, do you regularly have difficulty in carrying them out by yourself?

	No difficulty	Some difficulty	Severe difficulty	Unable to do it by myself	Does not know	Does not answer
Feeding oneself	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sitting, standing up from a chair or from a bed, lying down,	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dressing and undressing oneself	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Using the lavatory	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Showering or washing oneself (whole body)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Encoding**

- I have no difficulty  1
- Yes, some difficulty  2
- Yes, severe difficulty  3
- Unable to do it by myself  4
- Does not know  8
- Does not answer  9

- If PC.1= 1, 8 or 9 for all of the activities, then go to Introduction 5.
- If PC.1= 2, 3 or 4, or at least for one activity, go to the next Table with questions PC.2, PC.3 and PC.4.

**Introduction:** "Considering these basic activities of daily living which you have difficulty in performing,..."

The table presents the options from PC.2 of the different types of aid. If PC.2= Yes, this shows the response options from PC.3, and in other cases, it shows the response options from PC.4.

	PC2- ¿Dispone habitualmente de este tipo de ayuda?				PC3 ¿Considera que esta ayuda satisface sus necesidades?				PC4- ¿Cree que necesitaría este tipo de ayuda?			
Asistencia personal	SI	NO	NS	<input type="radio"/>	SI	NO	NS	<input type="radio"/>	SI	NO	NS	<input type="radio"/>
	<input checked="" type="radio"/>	<input type="radio"/>		<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>		<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>		<input type="radio"/>
			NC	<input type="radio"/>			NC	<input type="radio"/>			NC	<input type="radio"/>
Ayudas técnicas	SI	NO	NS	<input type="radio"/>	SI	NO	NS	<input type="radio"/>	SI	NO	NS	<input type="radio"/>
	<input type="radio"/>	<input checked="" type="radio"/>		<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>		<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>		<input type="radio"/>
			NC	<input type="radio"/>			NC	<input type="radio"/>			NC	<input type="radio"/>
Adaptaciones en el hogar	SI	NO	NS	<input type="radio"/>	SI	NO	NS	<input type="radio"/>	SI	NO	NS	<input checked="" type="radio"/>
	<input type="radio"/>	<input type="radio"/>		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		<input checked="" type="radio"/>
			NC	<input checked="" type="radio"/>			NC	<input checked="" type="radio"/>			NC	<input type="radio"/>

### PC.2 Do you regularly have some type of aid?

- Yes 5 1
- No 5 6
- Does not know 5 8
- Does not answer 5 9

If PC.2= 1, go to PC.3 If PC.2= 6, 8 or 9, go to PC.4

### PC.3 Do you believe that this aid satisfies your needs?

- Yes 5 1
- No  6
- Does not know  8
- Does not answer  9

Go to PC.2 of the second type of aid, or to Introduction 5 in case of being the last.

### PC.4 Do you believe that you would need this type of aid?

- Yes  1
- No  6
- Does not know  8
- Does not answer  9

Go to PC.2 of the second type of aid, or to Introduction 5 in case of being the last.



## INTRODUCTION 5

Next, I am going to read you a series of activities related to the home. Once again, please do not include temporary problems.

Only in those activities in which the person answers HA.1= 2, 3, 4 or 8 according to the encoding, will the chart of options for HA.2 be shown, after HA.2, this goes on to the following activity, and after the last activity, to HA.3.

**INTERVIEWER: DO NOT read the options in HA.2, unless there is a "Does not know" response to HA.1, in which case they should be read.**

If HA.1= 1 or 9 for an activity, go to the following activity.

	HA1- ¿Habitualmente tiene dificultad para hacer por sí mismo y sin ayudas cada una de estas actividades?						HA2- ¿por qué?		
	Ninguna dificultad	Alguna dificultad	Dificultad severa	No puedo hacerlo por mi mismo	NS	NC	Principalmente, por estado de salud, discapacidad, edad avanzada,...	NS	NC
Preparar su propia comida	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	NS <input type="checkbox"/>	NC <input type="checkbox"/>	<input type="checkbox"/>	NS <input type="checkbox"/>	NC <input type="checkbox"/>
Utilizar el teléfono (buscar el número, marcar,...)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	NS <input type="checkbox"/>	NC <input type="checkbox"/>	<input checked="" type="checkbox"/>	NS <input type="checkbox"/>	NC <input type="checkbox"/>
Realizar compras (comprar comida, ropa,...)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	NS <input type="checkbox"/>	NC <input type="checkbox"/>	<input type="checkbox"/>	NS <input checked="" type="checkbox"/>	NC <input type="checkbox"/>
.....	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	NS <input type="checkbox"/>	NC <input type="checkbox"/>	<input checked="" type="checkbox"/>	NS <input type="checkbox"/>	NC <input type="checkbox"/>

For encoding purposes:

**HA.1 Do you regularly have difficulty in carrying out any of these activities by yourself and without aid?**

- I have no difficulty 5 1
- Yes, some difficulty 5 2
- Yes, great difficulty 5 3
- Unable to do it by myself 5 4
- Does not know 5 8
- Does not answer 5 9

**HA.2 Why?**

- Mainly, due to the state of health, disability or old age  1
- Mainly, due to other reasons (never tried to do so, etc.)  2
- Does not know  8
- Does not answer  9

ACTIVITIES
Preparing your own meals
Using the telephone (searching for a number, dialling, etc.)
Carrying out shopping (purchasing food, clothing, etc.)
Taking your medicines, including remembering the quantity and the time when they must be taken
Carrying out light household chores, such as doing the laundry, making the bed, cleaning the house, etc.
Occasionally carrying out heavy household chores, such as moving furniture, cleaning windows, transporting the grocery shopping, etc.
Managing your own money (paying bills, dealing with the bank, signing cheques, etc.)

If HA.2= 1, at least for one of the activities, then the table with questions HA.3, HA.4 and HA.5 will be activated. Otherwise, go to SF.0.

**HA.3: Considering these activities in which you have some type of difficulty carrying out, please tell me"**

The table presents the options from HA.3 of the different types of aid. If HA.3= Yes, this shows the response options from HA.4, and in other cases, it shows the response options from HA.5.

	HA3- ¿Dispone habitualmente de este tipo de ayuda?				HA4- ¿Considera que esta ayuda satisface sus necesidades?				HA5- ¿Cree que necesitaría este tipo de ayuda?			
	SI	NO	NS	NC	SI	NO	NS	NC	SI	NO	NS	NC
Asistencia personal	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ayudas técnicas	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Adaptaciones en el hogar	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>

For encoding purposes:

**HA.3 Do you regularly have some type of aid?**

- Yes 5 1
- No 5 6
- Does not know 5 8
- Does not answer 5 9

Ifd HA.3= 1, go to HA.4; if HA.3= 6, 8 or 9, go to HA.5.

#### HA.4 Do you believe that this aid satisfies your needs?

- Yes  1
- No  6
- Does not know  8
- Does not answer  9

Go to HA.3 of the following type of aid, or to Introduction 6 in case of being the last.

#### HA.5 Do you believe that you would need this type of aid?

- Yes  1
- No  6
- Does not know  8
- Does not answer  9

Go to HA.3 of the following type of aid or to Introduction 6.

### INTRODUCTION 6

#### SF.0 In the last 4 weeks, have you had any type of physical pain or discomfort?

- Yes  1
- No  6 **Go to SF.2**
- Does not know  8 **Go to SF.2**
- Does not answer  9 **Go to SF.2**

#### SF.1 In the last 4 weeks, what degree of physical pain or discomfort have you had?

##### **Read the options**

- Mild  1
- Moderate  2
- Severe  3
- Extreme  4
- Does not know  8
- Does not answer  9

**INTRODUCTION 7**

The following questions refer to how you have felt and how things have gone for you in the last 4 weeks. For each question, please respond with what seems the most like how you have felt.

**SF.2-10** In the last 4 weeks, how frequently...

	<b>Alwa ys</b>	<b>Almo st alway s</b>	<b>Some times</b>	<b>Only on occase on</b>	<b>Never</b>	<b>Does not know</b>	<b>Does not answer</b>
<b>SF.2</b> did you feel full of vitality?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 8	<input type="checkbox"/> 9
<b>SF.3</b> were you especially tense?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 8	<input type="checkbox"/> 9
<b>SF.4</b> did you feel so unhappy that nothing could cheer you up?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 8	<input type="checkbox"/> 9
<b>SF.5</b> did you feel calm and relaxed?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 8	<input type="checkbox"/> 9
<b>SF.6</b> did you have a lot of energy?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 8	<input type="checkbox"/> 9
<b>SF.7</b> did you feel downhearted and depressed?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 8	<input type="checkbox"/> 9
<b>SF.8</b> did you feel worn out?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 8	<input type="checkbox"/> 9
<b>SF.9</b> did you feel happy?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 8	<input type="checkbox"/> 9
<b>SF.10</b> did you feel tired?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 8	<input type="checkbox"/> 9

## EUROPEAN HEALTH CARE MODULE

### INTRODUCTION 8

The following group of questions refers to a past moment in a hospital. This includes all types of hospital. It should not include visits to accident and emergency services or to external/outpatient offices.

**HC.1** In the last 12 months, that is, since (**date from one year ago**), have you been admitted into a hospital as a patient for at least one night?

- Yes  1
- No  6 → **Go to HC.4**

**HC.2** How many times have you been hospitalised since (**date from one year ago**)? Count all of the stays in which you stayed at least one night in the hospital, and that have ended in this period.

□□ times

- Does not know  98
- does not answer  99

**HC.3** Thinking about those hospital admissions, how many nights did you stay in the hospital in total?

□□□ nights

- Does not know  998
- does not answer  999

If the selected person is a Woman Aged < 50 years old, ask HC.1b; otherwise, go to HC.3c.

**HC.1b-** Was the reason for any of those admissions to give birth (including by caesarean)?

- Yes  1
- No  6 **Go to HC.3c**
- Does not know  8 **Go to HC.3c**
- Does not answer  9 **Go to HC.3c**

**HC.2b** How many times have you been hospitalised since **(date from one year ago)** to give birth (including caesarean)? Count all of the stays in which you stayed at least one night in the \*hospital, and that have ended in this period.

□ times

- Does not know  98
- Does not answer  99

**HC.3b** Thinking about these hospital admissions to give birth, how many nights did you stay in the hospital in total?

□□ nights

- Does not know  998
- Does not answer  999

**HC.3c** Regarding your last stay in a hospital in these last 12 months, regardless of the reason for being hospitalised, how many nights were did you stay there in total?

□□□ nights

- Does not know  998
- Does not answer  999

**HC.4** In the last 12 months, that is, since **(date from one year ago)**, have you been admitted in a day hospital, that is, occupying a bed or cot of the hospital, in order to carry out diagnostic tests or procedures that did not require spending the night? \* This does not include stays in accident and emergency or in observation.

- Yes  1
- No  6 → Go to HC.6
- Does not know  8 → Go to HC.6
- Does not answer  9 → Go to HC.6

**HC.5** How many days have you been admitted into a day hospital, without having to spend the night, since **(date from one year ago)**?

□□□ days

- Does not know  998
- Does not answer  999

**HC.6 In the last 12 months, was there a time when you really needed to be admitted to a hospital or seen in a day hospital, following the recommendation of a doctor, but you were not admitted or seen?**

- Yes, on at least one occasion  1
- No, never  6 → [Go to Introduction 9](#)
- Does not know  8 → [Go to Introduction 9](#)
- Does not answer  9 → [Go to Introduction 9](#)

**HC.7 What was the main reason why you were not hospitalised?**

**Do not read the options**

- I could not afford it (it was too expensive, or not covered by my insurance)  1
- Waiting list, or other reasons due to the hospital  2
- I did not have enough time, due to work, taking care of the children or of other persons  3
- It was too far to travel / without means of transport  4
- Fear of the surgery / treatment  5
- Other reasons  6
- Does not know  8
- Does not answer  9

## **INTRODUCTION 9**

The following group of questions refers to visits to the dentist, orthodontist or other dental care specialist.

**HC.8 When was the last time you visited the dentist, orthodontist or dental hygienist for yourself (that is, not only accompanying a child, your partner, etc.)?**

**Read the options until an option is marked.**

- In the last 4 weeks  1
- Between 4 weeks and 12 months ago  2 → [Go to Introduction 10](#)
- 12 months ago or longer  3 → [Go to Introduction 10](#)
- Never  4 → [Go to Introduction 10](#)

**HC.9 In the last 4 weeks, counting backwards from yesterday, that is, since (yesterday's date - 28 days), how many times have you visited the dentist, orthodontist or dental hygienist for yourself?**

times

- Does not know  98
- Does not answer  99

**INTRODUCTION 10**

The following group of questions refers to the visits made to the general practitioner or family doctor. Please include both visits to the doctor's office, and home visits and telephone consultations.

**HC.10** When was the last time you visited the general practitioner or family doctor for yourself?

- In the last 4 weeks  1
- Between 4 weeks and 12 months ago  2 → [Go to Introduction 11](#)
- 12 months ago or longer  3 → [Go to Introduction 11](#)
- Never  4 → [Go to Introduction 11](#)

**HC.11** In the last 4 weeks counting from yesterday. That is, since ([yesterday's date - 28 days](#)), how many times have you consulted with your general practitioner or family doctor for yourself?

times

- [Does not know](#)  98
- [Does not answer](#)  99

**INTRODUCTION 11**

The following questions refer to visits to specialists. This only includes visits to doctors in outpatient offices or accident and emergency, but not those visits made in the hospital as an admitted patient or seen in a day or outpatient hospital. This should not include visits to the dentist, though it should include those to the oral surgeon. It also includes medical consultations in the workplace or centre of studies.

**HC.12** When was the last time you visited a specialist for yourself?

- In the last 4 weeks  1
- Between 4 weeks and 12 months ago  2 → [Go to HC.14](#)
- 12 months ago or longer  3 → [HC.14](#)
- Never  4 → [Go to HC.14](#)
- [Does not know](#)  8 → [Go to HC.14](#)
- [Does not answer](#)  9 → [Go to HC.14](#)

**HC.13** In the last 4 weeks counting from yesterday. That is, since ([yesterday's date - 28 days](#)), how many times have you visited a specialist for yourself?

**NOTE:** This must include visits to the oral surgeon, and not include visits to the dentist.



□□ times

- Does not know  98
- Does not answer  99

### HC.13B Where was your last visit to a specialist in the last 4 weeks?

- In an Outpatient hospital office or medical centre  1
- In an accident and emergency service of a hospital  2
- In a private or insurance company doctor's office  3
- At the workplace or centre of studies  4
- Another place  5
- Does not know  8
- Does not answer  9

### HC.14 In the last 12 months, was there a moment at which you believe that you needed to see a specialist, but did not do so?

- Yes, on at least one occasion  1
- No, never  6 → Go to HC.16
- Does not know  8 → Go to HC.16
- Does not answer  9 → Go to HC.16

### HC.15 What was the main reason why you did not see a specialist?

#### Do not read the options

- I could not afford it (it was too expensive, or not covered by my insurance)  01
- Wait listed, without a referral  02
- I did not have enough time, due to work, taking care of the children or taking care of other persons  03
- It was too far to travel / without means of transport  04
- Fear of doctors/hospitals/medical examinations/treatment  05
- I wanted to wait and see if the problem improved by itself  06
- I did not know any good specialist  07
- Other reasons  08
- Does not know  98
- Does not answer  99

### HC.16 In the last 12 months, that is, since (date from one year ago), have you visited, for yourself, a... ?

	Yes	No	Does not know	Does not answer
Analysis laboratory, radiology centre	<input type="checkbox"/> 1	<input type="checkbox"/> 6	<input type="checkbox"/> 8	<input type="checkbox"/> 9
Physiotherapist / Kinesiotherapist	<input type="checkbox"/> 1	<input type="checkbox"/> 6	<input type="checkbox"/> 8	<input type="checkbox"/> 9
Nurse, midwife (excluding hospitalisations, home care, or in a medical laboratory or radiology centre)	<input type="checkbox"/> 1	<input type="checkbox"/> 6	<input type="checkbox"/> 8	<input type="checkbox"/> 9
Dietician / Nutritionist	<input type="checkbox"/> 1	<input type="checkbox"/> 6	<input type="checkbox"/> 8	<input type="checkbox"/> 9
Speech therapist	<input type="checkbox"/> 1	<input type="checkbox"/> 6	<input type="checkbox"/> 8	<input type="checkbox"/> 9
Chiropractor, manual therapist	<input type="checkbox"/> 1	<input type="checkbox"/> 6	<input type="checkbox"/> 8	<input type="checkbox"/> 9
Occupational therapist / Labour therapist	<input type="checkbox"/> 1	<input type="checkbox"/> 6	<input type="checkbox"/> 8	<input type="checkbox"/> 9
Psychologist or psychotherapist	<input type="checkbox"/> 1	<input type="checkbox"/> 6	<input type="checkbox"/> 8	<input type="checkbox"/> 9
Other paramedical specialists	<input type="checkbox"/> 1	<input type="checkbox"/> 6	<input type="checkbox"/> 8	<input type="checkbox"/> 9

**HC.17** In the last 12 months, that is, since (date from one year ago), have you visited, for yourself, a....?

	Yes	No	Does not know	Does not answer
Homeopathic specialist	<input type="checkbox"/> 1	<input type="checkbox"/> 6	<input type="checkbox"/> 8	<input type="checkbox"/> 9
Acupuncturist	<input type="checkbox"/> 1	<input type="checkbox"/> 6	<input type="checkbox"/> 8	<input type="checkbox"/> 9
Herbalist / Phytotherapist	<input type="checkbox"/> 1	<input type="checkbox"/> 6	<input type="checkbox"/> 8	<input type="checkbox"/> 9
Other alternative medicine specialists	<input type="checkbox"/> 1	<input type="checkbox"/> 6	<input type="checkbox"/> 8	<input type="checkbox"/> 9

**HC.18** In the last 12 months, that is, since (date from one year ago), have you personally used any of the following care services?

	Yes	No	Does not know	Does not answer
Homecare provided by a nurse or midwife (home health care)	<input type="checkbox"/> 1	<input type="checkbox"/> 6	<input type="checkbox"/> 8	<input type="checkbox"/> 9
Homecare for household chores or for elderly persons	<input type="checkbox"/> 1	<input type="checkbox"/> 6	<input type="checkbox"/> 8	<input type="checkbox"/> 9
Home delivery of meals for elderly persons	<input type="checkbox"/> 1	<input type="checkbox"/> 6	<input type="checkbox"/> 8	<input type="checkbox"/> 9
Special home delivery/transport services for attending a medical service, outpatient hospital, recreational activities, etc.	<input type="checkbox"/> 1	<input type="checkbox"/> 6	<input type="checkbox"/> 8	<input type="checkbox"/> 9
Other homecare services	<input type="checkbox"/> 1	<input type="checkbox"/> 6	<input type="checkbox"/> 8	<input type="checkbox"/> 9

## **INTRODUCTION 12**

Next, I am going to ask you about your consumption of medicines or dietary supplements in the last 2 weeks.

If the selected person is a woman, you must ask MD.1a, and if the selected person is a man, go to MD.1b

**MD.1a In the last 2 weeks, have you consumed any medicine prescribed or recommended by a doctor?**

**Please also include dietary supplements, vitamins, contraceptive (birth control) pills and other hormone medication**

- Yes  1 **Go to MD.2**
- No  6 **→Go to MD.3**
- **Does not know**  8 **→Go to MD.3**
- **Does not answer**  9 **→Go to MD.3**

**MD.1b In the last 2 weeks, have you consumed any medicine prescribed or recommended by a doctor?**

**Please also include dietary supplements and vitamins**

- Yes  1
- No  6 **→Go to MD.3**
- **Does not know**  8 **→ Go to MD.3**
- **Does not answer**  9 **→ Go to MD.3**

**MD.2 Please tell me if these medications were for...**

	YES	NO	Does not know	Does not answer
A. Asthma				
B. Chronic bronchitis, chronic obstructive pulmonary disease, emphysema				
C. Hypertension				
D. Reducing blood cholesterol level				
E. Other cardiovascular illnesses, such as brain haemorrhage or heart attack				
F. Joint pain (arthrosis, arthritis)				
G. Neck or back pain				
H. Headache or migraines				
I. Other pain				
J. Diabetes				
K. Allergy symptoms (eczema, rhinitis, hay fever)				
L. Stomach problems				
M. Cancer (chemotherapy)				
N. Depression				
O. Stress or anxiety				

Encoding

- Yes  1
- No  6
- **Does not know**  8

- Does not answer

9

**Have you consumed other types of medication that has been prescribed for you, such as...?**

	YES	NO	Does not know	Does not answer
P. Sleeping pills				
Q. Antibiotics				

If the selected person is a woman aged <= 50, ask R

	YES	NO	Does not know	Does not answer
R. Contraceptive (birth control) pills				

If the selected person is a woman aged >= 45, ask S

	YES	NO	Does not know	Does not answer
S. Hormones for menopause				

In all cases, ask T

	YES	NO	Does not know	Does not answer
T. Any other medication prescribed by a doctor. (If the response is "yes"): What type of medication? -----				

**MD.3 In the last 2 weeks, have you consumed any medicine or dietary supplement or medicinal herb or vitamin that was not prescribed or recommended by a doctor?**

- Yes  1
- No  6 → Go to Introduction 13
- Does not know  8 → Go to Introduction 13
- Does not answer  9 → Go to Introduction 13

**MD.4 Were these medications or supplements for...?**

	YES	NO	Does not know	Does not answer
A. Joint pain (arthrosis, arthritis)				
B. Headache or migraines				
C. Other pain				
D. Cold, flue or sore throat				

E. Allergy symptoms (eczema, rhinitis, hay fever)				
F. Stomach problems				
G. They were vitamins, minerals or tonics				
H. Was it another type of medicine or supplement? (please specify)				

For encoding

- Yes  1
- No  2
- Does not know  8
- Does not answer  9

### **INTRODUCTION 13**

Next, I am going to ask you about the flu vaccination.

**PA.1 Have you ever been vaccinated against the flu?**

- Yes  1
- No  6 → Go to Introduction 14
- Does not know  8 → Go to introduction 14
- Does not answer  9 → Go to Introduction 14

**PA.2 When were you last vaccinated against the flu?**

- This year  1
- Last year  2
- Before last year  3 → Go to Introduction 14
- Does not know  8 → Go to Introduction 14
- Does not answer  9 → Go to Introduction 14

**PA.3 Can you remember what month this was in?**

□□ Month

- Does not know  98
- Does not answer  99

### **INTRODUCTION 14**

Now, I am going to ask you about your blood pressure.

**PA.4 Have you ever had a blood pressure reading taken by a health professional?**

- Yes  1
- No  6 → Go to Introduction 15
- Does not know  8 → Go to Introduction 15
- Does not answer  9 → Go to Introduction 15

**PA.5 When was the last time that a health professional took your blood pressure reading?**

- In the last 12 months  1
- More than 1 year ago, but no more than 5 years ago  2
- Over 5 years ago  3
- Does not know  8
- Does not answer  9

### **INTRODUCTION 15**

**Next, I am going to ask you about your blood cholesterol level.**

**PA.6 Have you ever had a blood cholesterol level reading?**

- Yes  1
- No  6 → Go to Introduction 16
- Does not know  8 → Go to Introduction 16
- Does not answer  9 → Go to Introduction 16

**PA.7 When was the last time you had a blood cholesterol level reading?**

- In the last 12 months  1
- More than 1 year ago, but no more than 5 years ago  2
- Over 5 years ago  3
- Does not know  8
- Does not answer  9

### **INTRODUCTION 16**

**The following questions refer to the blood glucose level (glycaemia).**

**PA.8 Have you ever had a blood glucose level reading?**

- Yes  1
- No  6 → Go to Filter 5

- Does not know  8 → Go to Filter 5
- Does not answer  9 → Go to Filter 5

**PA.9 When was the last time you had a blood glucose level reading?**

- In the last 12 months  1
- More than 1 year ago, but no more than 5 years ago  2
- Over 5 years ago  3
- Does not know  8
- Does not answer  9

**FILTER 5**

If the selected person is a woman, go to Introduction 17; if the selected person is a man, go to Introduction 19

**INTRODUCTION 17**

The following questions refer to "mammograms".

**PA.10 Have you every had a mammogram, that is, an x-ray of one or both of your breasts?**

- Yes  1
- No  6 → Go to Introduction 18
- Does not know  8 → Go to Introduction 18
- Does not answer  9 → Go to Introduction 18

**PA.11 When was the last time you had a mammogram (breast x-ray)?**

- Three years ago or less  1
- Over 3 years ago  2 Go to PA.12
- Does not know  8 Go to PA.12
- Does not answer  9 Go to PA.12

**PA.11b On what date was your last mammogram (breast x-ray)?**

MONTH             YEAR

- Does not know       98      9998
- Does not answer       99      9999

**PA.12 Which of the following were the main reasons why this last mammogram was performed?**

Multiple responses are accepted.

- Because you yourself noticed a problem in your chest      01
- Because your family doctor noticed a problem in your chest during an examination      02
- Because your gynaecologist noticed a problem in your chest during an examination      03
- Because your family doctor recommended it without you having any problem      04
- Because your gynaecologist recommended it without you having any problem      05
- Because other women in your family have or have had breast cancer      06
- Because you were given an appointment from the Autonomous Community or municipal council for an early cancer detection programme      07
- For other reasons      08
- Does not know      98
- Does not answer      99

### **INTRODUCTION 18**

Now, some questions about pap smears.

**PA.13 Have you ever had a pap smear?**

- Yes       1
- No       6 → [Go to Introduction 19](#)
- Does not know       8 → [Go to Introduction 19](#)
- Does not answer       9 → [Go to Introduction 19](#)

**PA.14 When was the last time you had a pap smear?**



- Three years ago or less  1
- More than three years ago, but no more than five years ago  2 **Go to PA.15**
- Over five years ago  3 **Go to PA.15**
- **Does not know**  8 **Go to PA.15**
- **Does not answer**  9 **Go to PA.15**

**PA.14b Do you remember the date when this was done?**

MONTH                           YEAR

- **Does not know**  98  9998
- **Does not answer**  99  9999

**PA.15 What was the reason why you had this last pap smear done?**

**Do not read the options**

- Because she was experiencing discomfort  1
- Because she was referred by the family doctor or general practitioner  2
- Because she went to see the gynaecologist  3
- Because she was given an appointment from the Autonomous Community or municipal council for an early cancer detection programme  4
- For other medical reasons  5
- For other non-medical reasons  6
- **Does not know**  8
- **Does not answer**  9

**INTRODUCTION 19**

The following questions refer to the faecal occult blood test.

**PA.16 Have you ever had a faecal occult blood test?**

- Yes  1
- No  6 → **Go to Introduction 20**
- **Does not know**  8 → **Go to Introduction 20**
- **Does not answer**  9 → **Go to Introduction 20**

**PA.17 When was the last time you had a faecal occult blood test?**

- In the last 12 months  1

- More than 1 year ago, but no more than 2 years ago  2
- More than 2 years ago, but no more than 3 years ago  3
- Over 3 years ago  4
  
- Does not know  8
- Does not answer  9

## **INTRODUCTION 20**

Next, I am going to ask you some questions regarding your satisfaction with the health system.

SA.1 In general, regarding the services provided by the following health centres and professionals, you would say that you are...

	Very satisfied	Quite satisfied	Neither satisfied nor dissatisfied	Quite dissatisfied	Very dissatisfied	Does not know	Does not answer
Hospitals (including Accident and Emergency services)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 8	<input type="checkbox"/> 9
Dentists, orthodontists and other dental care specialists	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 8	<input type="checkbox"/> 9
Specialists (medical or surgical)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 8	<input type="checkbox"/> 9
Family doctors / general practitioners	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 8	<input type="checkbox"/> 9
Home healthcare services	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 8	<input type="checkbox"/> 9

## EUROPEAN HEALTH DETERMINANTS MODULE

### INTRODUCTION 21

Now I am going to ask you some questions about your height and your weight.

**BMI.1 How tall are you without shoes?**

□□□□ cm

- Does not know / Does not remember  998
- Does not answer  999

**BMI.2 How much do you weigh unclothed and without shoes?**

□□□□ kg

- Does not know / Does not remember  998
- Does not answer  999

### INTRODUCTION 22

Now I am going to ask you about the time you spent being physically active in the last 7 days. Please, answer each question even if you do not consider yourself to be an active person. We are referring to the activities that you carry out at work, as well as the tasks you carry out in your home or garden, the commutes from one place to another and the activities during your free time, whether for recreation, exercise or sport.

Firstly, please think about all of the activities that you participated in the last 7 days, and which required an intense physical effort. Intense activities make you breath much more heavily than normal, and may include lifting heavy weights, digging, doing aerobics or riding a bicycle fast.

Think only of those physical activities that you carried out for at least 10 minutes in a row.

**PE.1. In the last 7 days, on how many of those days did you carry out intense physical activities?**

□□□□ days a week

- Does not know  8 → go to PE.3
- Does not answer  9 → go to PE.3

If PE.1= 0, go to PE.3

**PE.2. In the last 7 days, how much time have you spent carrying out intense physical activities?**

**Note: only if necessary, indicate " an estimate will suffice".**

    ┌┌┐ hours      ┌┌┐ minutes

- Does not know  98
- Does not answer  99

Now think of the activities that you carried out in the last 7 days, and that implied a moderate physical effort. Moderate physical activities make you breathe somewhat more heavily than normal, and may include carrying light weights, riding a bicycle at at normal speed, mopping the house or fixing up the garden. This does not include walking. Once again, think only of those physical activities that you carried out for at least 10 minutes straight.

**PE.3. In the last 7 days, on how many of those days did you carry out moderate physical activities?**

┌┐ days a week

- Does not know  8 → go to PE.5
- Does not answer  9 → go to PE.5

If PE.3= 0, go to PE.5

**PE.4. In the last 7 days, how much time have you spent carrying out moderate physical activities?**

**Note: only if necessary, indicate " an estimate will suffice".**

    ┌┌┐ hours      ┌┌┐ minutes

- Does not know  98
- Does not answer  99

Now please think about the time you spent walking in the last 7 days. This may be commuting from one place to another, or walks at work or in the home, and any other type of walk that you could do for sport, exercise or leisure.

**PE.5. In the last 7 days, on how many of those days did you walk for at least 10 minutes straight?**

┌┐ days a week

- Does not know  8 → go to Introduction 23
- Does not answer  9 → go to Introduction 23

If PE.5= 0, go to Introduction 23

**PE.6. In the last 7 days, how much time did you spend walking?**

**Note: only if necessary, indicate " an estimate will suffice".**

    |\_|\_| hours      |\_|\_| minutes

- Does not know  98
- Does not answer  99

### **INTRODUCTION 23**

The following questions refer to the consumption of fruit and vegetables.

**FV.1 How frequently do you eat fruit (excluding juice)?**

**Note: DO NOT read the options**

- Twice or more times a day  1
- Once a day  2
- Less than once a day, but at least 4 times a week  3
- Less than 4 times, but at least once a week  4
- Less than once a week  5
- Never  6
  
- Does not know  8
- Does not answer  9

**FV.2 How frequently do you eat vegetables or salad (excluding juice and potatoes)?**

**Note: DO NOT read the options**

- Twice or more times a day  1
- Once a day  2
- Less than once a day, but at least 4 times a week  3
- Less than 4 times, but at least once a week  4
- Less than once a week  5
- Never  6

- Does not know  8
- Does not answer  9

### FV.3 How often do you drink fresh fruit or vegetable juice?

#### NOTE: DO NOT read the options

- Twice or more times a day  1
- Once a day  2
- Less than once a day, but at least 4 times a week  3
- Less than 4 times, but at least once a week  4
- Less than once a week  5
- Never  6
  
- Does not know  8
- Does not answer  9

## INTRODUCTION 24

The following questions refer to the environment in which you live and work and to social support.

EN.1 Considering the last 12 months, while you were at home, to what extent were you exposed to any of the following conditions?

	Very exposed	Somewhat exposed	Not exposed	Does not know	Does not answer
Noise (such as traffic from cars, trains or air traffic, factories, the neighbourhood, animals, restaurants/bars/discotheques)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 8	<input type="checkbox"/> 9
Air pollution (dust, dirt, smoke, ozone)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 8	<input type="checkbox"/> 9
Odours (from industry, agriculture, sewerage, waste)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 8	<input type="checkbox"/> 9

**Interviewer, if the selected person is alone or another person is answering, go on directly to ask the question. If the person is accompanied, hand her or him response card 1 and read the NOTE.**

**NOTE: "For the following questions, I am handing you this card so that you can respond with the number of the option that best adjusts to your answer."**

EN.2 Considering the last 12 months, to what extent have you been exposed to crime, violence or vandalism in your home or in the area in which you reside?

	Very exposed	Somewhat exposed	Not exposed	Does not know	Does not answer
Crime, violence or vandalism in your home or in the area	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 8	<input type="checkbox"/> 9

If HH.8<>1 for the selected person, then go to EN.4; if HH.8= 1 (the person is working), then ask EN.3

### EN.3 In your workplace, to what extent are you exposed to...?

	Very exposed	Somewhat exposed	Not exposed	Does not know	Does not answer
A. Harassment or intimidation	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 8	<input type="checkbox"/> 9
B. Discrimination	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 8	<input type="checkbox"/> 9
C. Violence or violent treatment	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 8	<input type="checkbox"/> 9
D. Pressure or an excessive workload	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 8	<input type="checkbox"/> 9
E. Chemical products, dust, smoke or gases	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 8	<input type="checkbox"/> 9
F. Noise or vibrations	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 8	<input type="checkbox"/> 9
G. Strained postures, movements or handling heavy loads at work	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 8	<input type="checkbox"/> 9
H. Risk of accident	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 8	<input type="checkbox"/> 9

### EN.4 In case of having a serious personal problem of any type, how many people around you can you count on?

- None  1
- 1 or 2  2
- 3 to 5  3
- More than 5  4
  
- Does not know  8
- Does not answer  9

If the questionnaire is being answered by the selected person, go to the self-administered Introduction screen before FILTER 6.

If the questionnaire is being answered by another person (HH.PROXY<>1), go to FILTER 7.

## Self-administered Introduction

"Due to the type of question that it includes, the final part of the questionnaire must be completed by you yourself, and therefore, I am handing the computer over to you in order to continue the interview.

I should remind you that your answers will remain confidential, so I am asking you to be honest about them. Once the questionnaire has been completed, this data may not be viewed by anyone, not even by myself.

Please read the instructions indicated in the questionnaire carefully, and press Continue after answering each question. If you have any questions, please feel free to ask me what you wish."

### FILTER 6

If HC.8<>1 and HC.10<>1 and HC.12<>1 and MD.1(a or b)<>1, then go to Introduction 25. Otherwise, continue

#### SELF-ADMINISTERED FORM FOR "OUT-OF-POCKET EXPENSES"

During the interview, you indicated that you have recently used health care services for yourself (that is, not only accompanying a child, your partner, etc.). Please indicate how much you eventually had to pay, out of your own pocket, for these health care services that you recently used. Please read the questions carefully, and use any element (such as bills, etc.) to help you calculate the amount.

By *out-of-pocket expenses*, we are referring to the cost of any health care that you have received (medical, dental or pharmaceutical) that is not free of charge and not reimbursed by the State, by an insurance company or by a private company. This considers *out-of-pocket expenses* to be only those costs that you have had to pay directly, or that another member of the household has done so on your behalf. If after making the payment, the expenses have been totally or partially reimbursed (by a State society —MUFACE, ISFAS or MUGEJU—, a private insurance company or as social assistance from a company), this must consider only the part that is not reimbursed. In the case that you have not yet received the reimbursement, the *out-of-pocket expenses* shall be estimated by subtracting the amount that is expected to be reimbursed from the total amount paid for said health care. It does not consider to be *out-of-pocket expenses* those payments made to companies as insurance premiums.

If you have not paid anything, but have used the service, please write 0 in the space intended for responses.

\*

If HC.8<>1, go to OP.2

**OP.1** In the last four weeks, that is, since (today's date - 28 days), approximately how much did you pay out-of-pocket for your own dental care?

• Amount |\_\_|\_\_|\_\_|\_\_|\_\_|\_\_| euros

• Does not know  99998

If HC.10<>1 and HC.12<>1, go to OP.3



**OP.2** In the last four weeks, that is, since **(today's date - 28 days)**, approximately how much did you pay out-of-pocket for your own visits to the family doctor, general practitioner or specialists?

• Amount |\_\_|\_\_|\_\_|\_\_|\_\_|\_\_| euros

\*

• Does not know  99998

If MD.1(a or b)<>1, go to Introduction 25

**OP.3** Of the medications prescribed by a doctor and which you have taken in the last two weeks, approximately how much did you pay out of your own pocket?

• Amount |\_\_|\_\_|\_\_|\_\_|\_\_|\_\_| euros

\*

• Does not know  99998

**INTRODUCTION 25****SELF-ADMINISTERED FORM**

Before answering, please read the questions and response categories carefully. Mark the box that best describes your answer to each question, or write a number in the case of open boxes

Mark a single box per question.

**Questions regarding tobacco use****SK.1 Do you currently smoke?**

- Yes, I smoke daily  1
- Yes, I smoke, but not daily  2 **Go to SK.4**
- No, I do not currently smoke, but I have smoked before  3 **Go to SK.4**
- I do not smoke, nor have I ever smoked regularly  4 **Go to SK.6**

**SK.2 What type of tobacco do you smoke daily?**

- |                                  | YES                   | NO                    |
|----------------------------------|-----------------------|-----------------------|
| • Cigarettes (manufactured)      | <input type="radio"/> | <input type="radio"/> |
| • (Cigarettes with) shag tobacco | <input type="radio"/> | <input type="radio"/> |
| • Cigars                         | <input type="radio"/> | <input type="radio"/> |
| • Pipe tobacco                   | <input type="radio"/> | <input type="radio"/> |
| • Other                          | <input type="radio"/> | <input type="radio"/> |

**SK.3 On average, how many units do you smoke a day?**

For this question, the response options provided are only those options marked in SK.2

Cigarettes	<input type="text"/>		
Cigarettes with shag tobacco	<input type="text"/>		
Cigars	<input type="text"/>		<b>→ Go to SK.5</b>
Pipes	<input type="text"/>		
Other	<input type="text"/>		

**SK.4 Have you ever smoked (cigarettes, cigars or pipes) daily or almost daily for at least a year?**

- Yes  1

- No  6 → **Go to SK.6**

**SK.5 For how many years have you smoked daily?**

Count the periods in which you have smoked daily. If you do not remember the exact number of years, please make an estimate.

□□ years

**SK.6 How frequently are you exposed to tobacco smoke in your own home? Consider only those situations in which it is other people who are smoking**

- Never or almost never  1
- Less than one hour a day  2
- One to five hours a day  3
- More than 5 hours a day  4

**SK.7 How frequently are you exposed to tobacco smoke in means of transport and enclosed public spaces (bars, restaurants, shopping centres, stadiums, bingo halls, bowling alleys, trains, metropolitans, buses)?**

- Never or almost never  1
- Less than one hour a day  2
- One to five hours a day  3
- More than 5 hours a day  4

If HH.8<>1 for the selected person (s/he is NOT working), then go to the Introduction before going to AL.1

**SK.8 How frequently are you exposed to tobacco smoke in the enclosed areas of your workplace?**

- Never or almost never  1
- Less than one hour a day  2
- One to five hours a day  3
- More than 5 hours a day  4
- Not applicable (I do not work in an enclosed space)  5

**Questions regarding alcohol consumption (intake)**

## INTRODUCTION

As you know, some people drink wine, beer or other alcoholic drinks, either with their lunch, with snacks, at celebrations, when going out with friends or in other circumstances.

The following questions refer to the consumption of alcoholic beverages. Alcoholic beverages include beer, wine, spirits (like vermouth, pacharán, sloe gin, gin, whisky, etc.), or mixes of these beverages or spirits among themselves or with soft drinks

**AL.1** In the last 12 months, how frequently have you consumed alcoholic beverages of any type (that is, beer, wine, spirits, distilled beverages and mixed drinks or other alcoholic beverages)?

- Never  1 → [Go to the Introduction before going to CN.1](#)
- Once a month or less  2 → [Go to the Introduction before going to CN.1](#)
- 2 to 4 times a month  3
- 2 to 3 times a week  4
- 4 to 6 times a week  5
- Every day  6

**AL.2a** On a normal weekend, regarding alcohol consumption or intake, how many alcoholic beverages do you consume?

Please consider the weekend from Friday through Sunday, and answer the chart, distinguishing the consumption of each type of beverage you drink each one of the days.

	Cervezas	Vinos	Licores	Otras	Bebidas "Locales"
	Sí <input type="checkbox"/> No <input type="checkbox"/>	Sí <input type="checkbox"/> No <input type="checkbox"/>	Sí <input type="checkbox"/> No <input type="checkbox"/>	Sí <input type="checkbox"/> No <input type="checkbox"/>	Sí <input type="checkbox"/> No <input type="checkbox"/>
<b>Viernes</b>	<input type="text"/> Cañas, botellines,...	<input type="text"/> Vasos, copas	<input type="text"/> Copas de Anís, vermouths, ... <input type="text"/> Licores afrutados, pacharán, ..(chupitos)	<input type="text"/> Combinados ("cubatas"), copa de cognac, ron, orujo, ... vaso de whisky, ...	<input type="text"/> "carajillos", ...Vasos sidra u otras bebidas locales, ...
<b>Sábado</b>	<input type="text"/> Cañas, botellines,...	<input type="text"/> Vasos, copas	<input type="text"/> Copas de Anís, vermouths, ... <input type="text"/> Licores afrutados, pacharán, ..(chupitos)	<input type="text"/> Combinados ("cubatas"), copa de cognac, ron, orujo, ... vaso de whisky, ...	<input type="text"/> "carajillos", ...Vasos sidra u otras bebidas locales, ...
<b>Domingo</b>	<input type="text"/> Cañas, botellines,...	<input type="text"/> Vasos, copas	<input type="text"/> Copas de Anís, vermouths, ... <input type="text"/> Licores afrutados, pacharán, ..(chupitos)	<input type="text"/> Combinados ("cubatas"), copa de cognac, ron, orujo, ... vaso de whisky, ...	<input type="text"/> "carajillos", ...Vasos sidra u otras bebidas locales, ...

**AL.2b** During the rest of a normal week, regarding alcohol consumption or intake, how many alcoholic beverages do you consume?

Please respond to the chart, distinguishing the consumption of each type of beverage you drink each one of the days from Monday through Thursday.

	Cervezas	Sí <input type="checkbox"/>	No <input type="checkbox"/>	Vinos	Sí <input type="checkbox"/>	No <input type="checkbox"/>	Licores	Sí <input type="checkbox"/>	No <input type="checkbox"/>	Otras	Sí <input type="checkbox"/>	No <input type="checkbox"/>	Bebidas "Locales"	Sí <input type="checkbox"/>	No <input type="checkbox"/>
Lunes	<input type="text"/> Cañas, botellines,...			<input type="text"/> Vasos, copas			<input type="text"/> Copas de Anís, vermouths,...			<input type="text"/> Combinados ("cubatas"), copa de cognac, ron, orujo, vaso de whisky,...			<input type="text"/> "carajillos",...Vasos sidra u otras bebidas locales,...		
Martes	<input type="text"/> Cañas, botellines,...			<input type="text"/> Vasos, copas			<input type="text"/> Copas de Anís, vermouths,...			<input type="text"/> Combinados ("cubatas"), copa de cognac, ron, orujo, vaso de whisky,...			<input type="text"/> "carajillos",...Vasos sidra u otras bebidas locales,...		
Miércoles	<input type="text"/> Cañas, botellines,...			<input type="text"/> Vasos, copas			<input type="text"/> Copas de Anís, vermouths,...			<input type="text"/> Combinados ("cubatas"), copa de cognac, ron, orujo, vaso de whisky,...			<input type="text"/> "carajillos",...Vasos sidra u otras bebidas locales,...		
Jueves	<input type="text"/> Cañas, botellines,...			<input type="text"/> Vasos, copas			<input type="text"/> Copas de Anís, vermouths,...			<input type="text"/> Combinados ("cubatas"), copa de cognac, ron, orujo, vaso de whisky,...			<input type="text"/> "carajillos",...Vasos sidra u otras bebidas locales,...		

**AL.3 In the last 12 months, how frequently have you had 6 or more alcoholic beverages on the same occasion?**

- Never 5 1
- Less than once a month 5 2
- Monthly 5 3
- Weekly 5 4
- Daily or almost daily 5 5

**Questions regarding drug use****INTRODUCTION**

The following questions refer to the use of drugs, such as hashish / marihuana (also known as cannabis), cocaine, etc.

**CN.1 Do you personally know anyone who uses cannabis (hashish, marihuana, pot, joints, etc.)?**

- Yes  1
- No  6

**CN.2 In the last 12 months, have you used any type of cannabis?**

- Yes  1
- No  6

**CN.3 Do you personally know anyone who uses other drugs, such as cocaine, amphetamines, ecstasy or other similar substances?**

- Yes  1
- No  6

**CN.4 In the last 12 months, have you used any other drug, such as cocaine, amphetamines, ecstasy or other similar substances?**

- Yes  1
- No  6

**“End of the Self-administered part. Thank you very much for your collaboration.”**  
**“Please return the laptop computer to the Interviewer in order to finalise the survey.”**

## FILTER 7

- 1- If Informant CH = selected person in CI (NORINF=NORDEN selected person), then →END of the questionnaire.
- 2- If the informant person from the C.Household = Proxy of the C. adults (if NORINF = HH:PROxy\_2b), →End of the Questionnaire
- 3- If the Informant is "Another person" (HH.7a= "00") and HH.Proxy\_2= NO, then the following NOTE should appear:

**Note: "Interviewer: if the interviewee is the same, and answers the household questionnaire, respond "Does not answer" and end the interview."**

- 4- If IN.1<>"98" ("Does not know") and IN.2<>9999998 ("Does not know") or IN.3 has a value <> "00" ("Does not know"), then →END of the Questionnaire
- 5- If IN.1= {01,..., 08} and In.3= "98" ("Does not know"),→ go to IN.2b
- 6- If IN.1= "98" ("Does not know"), then

**In finishing, I am going to ask you some questions regarding household income.**

**IN.1b Next, I am going to read you different sources of income. Could you please tell me which of these you and the rest of the members of the household receive?**

**Note: You must consider the sources of each member of the household, as well as the joint sources, and therefore, more than one answer is possible.**

- Income from self-employed work or work employed by others  01
- Benefit and subsidies due to unemployment  02
- Benefit due to retirement, widowhood, orphanhood or for other family members  03
- Pension due to disability or incapacity  04
- Economic benefits for raising dependent children or other economic benefits for household assistance, etc.  05
- Benefits or subsidies related to housing  06
- Benefits or subsidies related to education  07
- Other regular income / Other subsidies or regular social benefits  08
- No source of income  09
- Does not know  98
- Does not answer  99

If the answer is "No source of income" (09) or "Does not answer" (99) → End of the questionnaire

If IN.2 has an amount as an answer (IN.2 <> (9999999, 9999998)) → End of the questionnaire

If IN.3 has an amount as an answer (IN.3 = ("01", "02", ... "10"), → End of the questionnaire

## IN.2b

(If IN.1b= 98 (Does not know))

**Even if, at this time, you cannot specify the sources of income, could you please state the approximate net monthly household income (that is, adding all of the sources and subtracting the withholdings due to taxes, Social Security, etc.)?**

(If IN.1b= {01,..., 08})

**Considering the sources of income you have mentioned, could you please state the approximate net monthly household income (that is, adding all of the sources and subtracting the withholdings due to taxes, Social Security, etc.)?**

If IN.1= {01,..., 08} and IN.3= 98 ("Does not know")

**could you please state the approximate net monthly household income (that is, adding all of the sources and subtracting the withholdings due to taxes, Social Security, etc.)?**

- Amount |\_\_|\_\_|\_\_|\_\_|\_\_|\_\_|\_\_| euros) → End of the Questionnaire
- Does not wish to answer  9999999
- Does not know  9999998

Only if necessary, add: "an estimate is enough"

**In order to help in responding to the following question, here you have this card, to choose the option that is closest to your answer.**

**Interviewer: Hand the person card 2, with the response options**

**IN.3b If you do not know the exact value of the household income, could you please tell me which of the intervals appearing on the card best represents the net monthly household income, after deductions for taxes, Social Security, etc.?**

- L. Less than 550 euros  01



- M.** From 550 to less than 850 euros  02
- N.** From 850 to less than 1,150 euros  03
- O.** From 1,150 to less than 1,400 euros  04
- P.** From 1,400 to less than 1,700 euros  05
- Q.** From 1,700 to less than 2,000 euros  06
- R.** From 2,000 to less than 2,400 euros  07
- S.** From 2,400 to less than 2,900 euros  08
- T.** From 2,900 to less than 3,600 euros  09
- U.** 3,600 euros or more  10
- V.** Does not know / Does not answer  98

**END of the Individual Questionnaire.**