

HEALTH CONDITION

I am now going to ask you some questions related to your health condition.

G01	How would you characterise your health in general? (read answer alternatives)	
	Very good	1
	Good	2
	Fair (OK, average, moderate)	3
	Bad	4
	Very bad	5
	Don't know/ No answer	7

G02	Do you have any illnesses or disabilities of prolonged nature, or any afflictions due to an injury?		
	Yes	1	
	No	2	⇒ G04
	Don't know/ No answer	7	⇒ G04

G03	As a result of your lasting/permanent health problems or handicap do you find it difficult to...					
	<i>(Read answer alternatives)</i>					
			Yes, very much	Yes, somewhat	Not at all	No answer
	a	Work in a paid job or do housework?	1	2	3	7
	b	Live in or move around in your own home?	1	2	3	7
	c	Go out on your own without help?	1	2	3	7
	d	Use public transport?	1	2	3	7
	e	Join social clubs or other organisations?	1	2	3	7
	f	Participate in any other leisure activity?	1	2	3	7
	g	Make contacts with other people?	1	2	3	7
h	Study or take training?	1	2	3	7	

I will now ask some questions about your contact with health care institutions. For each, please tell me whether you have been in contact with them during the past 6 months, for either prevention or treatment of disease.

G04	A. Have you during the past 6 months had a...	B. Was it a public or private ... ?	C. What was the reason for the consultation?		D How did you pay for the services? (read answer alternatives)	
			Preventive, check-up, vaccination etc. incl. X-ray, laboratory services	1	Did not pay, services for free	1
			Because of illness or injury inc. x-ray, laboratory services	2	Did not pay, covered entirely by insurance	2
			Follow-up	3	Paid a user charge, part fee	3
			Other reason	4	Paid user charge, total cost of consultation	4
			Don't know	7	Other types of payment	5
			No answer	8	Don't know	7
					Refuse to answer	8
a ...consultation with doctor by telephone	Yes	1	Public	1	Reason: <input type="checkbox"/>	Payment: <input type="checkbox"/>
	No	2	Private	2		
	DKN	7	DKN	7		
	NA	8	NA	8		
b ...visit to/by a general practitioner/ family doctor, local polyclinic, other non-specialist	Yes	1	Public	1	Reason: <input type="checkbox"/>	Payment: <input type="checkbox"/>
	No	2	Private	2		
	DKN	7	DKN	7		
	NA	8	NA	8		
c ...visit to a specialist, except dentist	Yes	1	Public	1	Reason: <input type="checkbox"/>	Payment: <input type="checkbox"/>
	No	2	Private	2		
	DKN	7	DKN	7		
	NA	8	NA	8		
d ...visit to dentist	Yes	1	Public	1	Reason: <input type="checkbox"/>	Payment: <input type="checkbox"/>
	No	2	Private	2		
	DKN	7	DKN	7		
	NA	8	NA	8		
e ...visit to a hospital/specialised clinic	Yes	1	Public	1	Reason: <input type="checkbox"/>	Payment: <input type="checkbox"/>
	No	2	Private	2		
	DKN	7	DKN	7		
	NA	8	NA	8		
f ...visit by a nurse	Yes	1	Public	1	Reason: <input type="checkbox"/>	Payment: <input type="checkbox"/>
	No	2	Private	2		
	DKN	7	DKN	7		
	NA	8	NA	8		
g ...visit to a healer or practitioner of folk medicine	Yes	1	Public	1	Reason: <input type="checkbox"/>	Payment: <input type="checkbox"/>
	No	2	Private	2		
	DKN	7	DKN	7		
	NA	8	NA	8		
h ... other kind of health service	Yes	1	Public	1	Reason: <input type="checkbox"/>	Payment: <input type="checkbox"/>
	No	2	Private	2		
	DKN	7	DKN	7		
	NA	8	NA	8		

G05	A. Have you during the last 12 months been hospitalised in a health institution i.e. public hospital, private clinic or psychiatric institution? Do not include ordinary child birth, or stays at homes for elderly people.		
	Yes	1	
	No	2	⇒ G06
	Do not know	7	⇒ G06
	Refuse of answer	8	⇒ G06
B. For how many days in were you hospitalised in total, for all visits?			
Number of days: <input type="text"/> <input type="text"/> <input type="text"/>			
Don't know		MARK 997	
Refuse to answer		MARK 998	

G06	I am going to read some symptoms or problems that people sometimes have. Please tell us how much the symptoms disturbed you during <u>the last week</u>, including today. (Read answer alternatives)						
			Not at all	A little	Quite a bit	Extremely	DKN/NA
	a	Suddenly scared for no reason	1	2	3	4	7
	b	Nervousness or shakiness inside	1	2	3	4	7
	c	Feeling tense or keyed up	1	2	3	4	7
	d	Headaches	1	2	3	4	7
	e	Feeling depressed	1	2	3	4	7
	f	Worrying too much about things	1	2	3	4	7
	g	Feeling of worthlessness	1	2	3	4	7
	h	Sleeplessness	1	2	3	4	7

G07	A Have you been taking sedatives or medicines for your nerves (i.e. psychological problems) during the <u>last 6 months</u>?			
	Regularly		1	
	Occasionally		2	
	Never		3	⇒ G08
	Don't know/ No answer		7	⇒ G08
	B Were these medicaments prescribed by a doctor?			
	Yes, all		1	
	Yes, most of them		2	
	No		3	
	Don't know/ No answer		7	

G08	I will now read a list of different types of treatment a person may need. Have you had to refrain from using any of these services <u>during the past 12 months</u>, because of lack of money or a lack of health insurance coverage?						
			Yes	No	No need	Don't know	No answer
	A	Long treatment in hospital	1	2	3	7	8
	B	Operation	1	2	3	7	8
	C	Teeth cured	1	2	3	7	8
	D	Make dentures	1	2	3	7	8
E	Contact a very good doctor	1	2	3	7	8	

G09	Are all or some members of the household covered by health insurance?		
	Yes, all	1	⇒ G11
	Yes, some	2	
	None of them	3	⇒ G12
	Don't know/no answer	7	

G10	Are you covered by any kind of health insurance yourself?		
	Yes	1	
	No	2	⇒ G12
	Don't know/no answer	7	⇒ G12

G11	Do you have to pay your health insurance yourself?		
	No	1	
	Yes, but only a part of the cost	2	
	Yes, the total cost	3	
	Don't know/ No answer	7	

G12	I will now give you a list of things people can do to improve their health status. Do you on a regular basis take any of these steps in order to strengthen your health? (Several answers possible)	
	None of these	1
	Try to spend much time in fresh air	2
	Try to eat healthy and regularly	3
	Have resting days	4
	Drink tea from healing herbs	5
	Walk a lot	6
	Exercise/ do gymnastics	7
	Take vitamins regularly	8
	Read literature about health care and health protection	9
	No answer	98



The next questions concerns the consumption of alcoholic beverages

G13	A How long ago did you last have an alcoholic drink (beer, wine, alcohol)?	
	Less than 7 days ago	1
	One week to 1 month ago	2
	One month to 3 months ago	3 ⇒ G14
	Three months to 12 months ago	4 ⇒ G14
	More than 12 months / I never drink	5 ⇒ G14
	Do not know	7 ⇒ G14
	Refuse to answer	8 ⇒ G14
	B During the past <u>two weeks</u>, on how many days did you drink alcohol, such as beer, wine, vodka or other alcohol's?	
	<input type="text"/> <input type="text"/> Number of days Do not know 97 Refuse of answer 98	
C The last time you drank alcohol, how many units did you consume:		
<input type="text"/> <input type="text"/> Units/glasses of beer (1/2 liter) <input type="text"/> <input type="text"/> Units/glasses of wine (8 cl) <input type="text"/> <input type="text"/> Units/glasses of spirits (4 cl/50gram); including when used in long drinks Do not know 97 Refuse of answer 98		

G14	We now want to ask you about your smoking habits.	
	A Do you smoke at all, occasionally or every day?	
	I never smoke	1 ⇒ G15
	Occasionally, but not every day	2 ⇒ G15
	Every day	3
	Don't know/ refuse to answer	7 ⇒ G15
	B How many cigarettes do you smoke on average <u>per day</u>?	
	<input type="text"/> <input type="text"/> Cigarettes per day <input type="text"/> <input type="text"/> Cigars per day <input type="text"/> <input type="text"/> Portions of pipe tobacco per day Do not know 97 Refuse of answer 98	

G15	A Have you <u>during the past 5 years</u>, ever been offered drugs?					
	Yes			1		
	No			2	⇒ H01	
	Don't know			7	⇒ H01	
	Refuse to answer			8	⇒ H01	
	B Who offered you the drugs? Was it...					
			Yes	No	Don't know	No answer
	a	Friends	1	2	7	8
b	Persons who you met some time before	1	2	7	8	
c	Unknown persons	1	2	7	8	

G16	Where were you offered drugs?					
			Yes	No	Don't know	No answer
	a	At school/ college/ higher school/workplace	1	2	7	8
	b	Public place (bar, discotheque, train)	1	2	7	8
	c	In the street	1	2	7	8

CRIME, SECURITY AND VIOLENCE

H01	A. Have you <u>during the last twelve months</u>, personally, experienced: If yes: B. Did you report this incidence to the police?						
	A. Experienced			B. Reported			
	Yes	No	NA	Yes	No	NA	
a	Violence which led to visible bruises or injuries to the body?						7
b	Violence which did not lead to visible bruises or injuries to the body?						7
c	Threats which were so serious that you became frightened?						7
d	Theft of personal belongings from house or car:						7
e	Street robbery/ mugging						7
f	Theft of car						7

H02	Are you afraid that you might become exposed to assault or threats? (read answer alternatives)					
		Yes, very much	Yes, somewhat	Not at all	Don't know	No answer
a	In the streets	1	2	3	7	8
b	In public places	1	2	3	7	8
c	At home	1	2	3	7	8

H03	I will now give you a list of steps people can take to protect themselves from crimes. Do you, sometimes or always, do any of these things for security reasons? (several answers possible)	
	No steps to protect against crime	1
	Avoid walking alone outdoors	2
	Avoid walking alone outdoors after dark	3
	Avoid dangerous places	4
	Have a dog for protection	5
	Have security locks in your house	6
	Have an alarm system in your house	7
	Carry tear-gas or other chemical spray	8
	Carry a gun	9
	Carry knife or other weapon	10
	Other	11
	No answer	98



H04	Do you or members of your household hold insurance for the following? (We have in mind voluntary – and not mandatory – insurance)				
		Yes	No	Don't know	No answer
a	Life insurance	1	2	7	8
b	Flat/ house	1	2	7	8
c	Furniture	1	2	7	8