



EHIS 2006

EUROPEAN COMMISSION
EUROSTAT



and

PARTNERSHIP ON PUBLIC HEALTH STATISTICS
GROUP HIS

EUROPEAN HEALTH INTERVIEW SURVEY (EHIS) QUESTIONNAIRE

- ENGLISH VERSION -

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The questionnaire was adopted on 22 November 2006 by the Eurostat Working Group on Public Health Statistics. It is the final questionnaire to be used for the first round of the EHIS (2007/2008).

Note: Additional documents to the EHIS questionnaire (conceptual cards, guidelines, etc.) will be made available in the following months. These documents have to be used together with the questionnaire in order to have a correct and harmonised EHIS implementation.

ACKNOWLEDGEMENTS

The EHIS questionnaire has been prepared by Eurostat Unit F/5 on the basis and with the input from:

- Project "Development of a household survey module on health status measurement", Euro-REVES, final report, October 2003
- Project "Development of modules for the European Health Interview Survey", Belgium Scientific Institute of Public Health and Hungarian Central Statistical Office, final report, August 2006
- The Core Group on Health Interview Survey (HIS)¹ of the Partnership on public health statistics
- All EU Member States, Candidate Countries and EFTA countries in the framework of the national testings of the above modules and in the annual meetings of the Technical Group HIS (in particular, meeting 2-4/10/2006).

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EUROPEAN HEALTH STATUS MODULEIntroduction 1

I would now like to talk to you about your health.

HS.1 How is your health in general? Is it...*RUNNING PROMPT*

- very good 1
- good 2
- fair 3
- bad 4
- very bad? 5

- don't know¹ 8
- refusal 9

HS.2 Do you have any longstanding illness or [longstanding]² health problem? [By longstanding I mean illnesses or health problems which have lasted, or are expected to last, for 6 months or more]².

- Yes 1
- No 2

- don't know 8
- refusal 9

¹ In all questions, answers such as "don't remember" and "not sure" are covered by the response category "don't know".

² This word / sentence is not part of the MEHM and shall not be considered as included in this question. However, according to the remarks that were received, in some languages it may be necessary to include them. In these languages, it would be useful to test first the effect of this addition to the question. Depending on results, the word / sentence may be added to the national question or only included in the instructions for the interviewers, etc. However, this has to be done very soon, as the coordination with SILC shall be ensured within a very short time.

HS.3 For at least the past 6 months, to what extent have you been limited because of a health problem in activities people usually do?

Would you say you have been ...

RUNNING PROMPT

- severely limited 1
- limited but not severely or 2
- not limited at all? 3

- don't know 8
- refusal 9

Introduction 2

Here is a list of diseases or conditions.

HS.4 Do you have or have you ever had any of the following diseases or conditions?

- Yes 1
- No 2

- don't know 8
- refusal 9

INTERVIEWER: HAND SHOWCARD 1. RESPONDENT TO READ OUT ONLY THE CATEGORIES THAT APPLY TO HIM/HER, CODE ALL CATEGORIES AND FOR EACH DISEASE / HEALTH PROBLEM REPORTED ASK HS.5 AND HS.6. IF NO DISEASE / HEALTH PROBLEM IS REPORTED (CODES 2, 8 OR 9) GO TO QUESTION HS.7.

HS.5 Was this disease/condition diagnosed by a medical doctor?

- Yes 1
- No 2

- don't know 8
- refusal 9

HS.6 Have you had this disease/condition in the past 12 months?

- Yes 1
- No 2

- don't know 8
- refusal 9

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	HS.4	HS.5	HS.6
Asthma (allergic asthma included)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Chronic bronchitis, chronic obstructive pulmonary disease, emphysema	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Myocardial infarction	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Coronary heart disease (angina pectoris)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
High blood pressure (hypertension)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Stroke (cerebral haemorrhage, cerebral thrombosis)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rheumatoid arthritis (inflammation of the joints)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Osteoarthritis (arthrosis, joint degeneration)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Low back disorder or other chronic back defect	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Neck disorder or other chronic neck defect	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Diabetes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Allergy, such as rhinitis, eye inflammation, dermatitis, food allergy or other (allergic asthma excluded)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Stomach ulcer (gastric or duodenal ulcer)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cirrhosis of the liver, liver dysfunction	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cancer (malignant tumour, also including leukaemia and lymphoma)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Severe headache such as migraine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Urinary incontinence, problems in controlling the bladder	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Chronic anxiety	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Chronic depression	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other mental health problems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Permanent injury or defect caused by an accident	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Countries, which for national purposes, might be interested to add new diseases or conditions should include them at the end of the list above.

HS.7 In the past 12 months, have you had any of the following type of accidents resulting in injury (external or internal)?

INTERVIEWER: HAND SHOWCARD 2. RESPONDENT TO READ OUT ONLY THE CATEGORIES THAT APPLY TO HIM/HER, AND CODE ALL CATEGORIES. FOR EACH POSITIVE ANSWER, ASK HS.8. IF NO ACCIDENT IS REPORTED (CODES 2, 8 OR 9) THEN GO TO FILTER 3.

INTERVIEWER CLARIFICATION: INJURIES RESULTING FROM POISONING AND WILFUL ACTS OF OTHER PERSONS ARE ALSO INCLUDED.

- Yes 1
- No 2

- don't know 8
- refusal 9

HS.8 Did you visit a doctor, a nurse or an emergency department of a hospital as a result of this accident?

- Yes, I visited a doctor or nurse 1
- Yes, I went to an emergency department 2
- No consultation or intervention was necessary 3

- don't know 8
- refusal 9

INTERVIEWER: MULTIPLE ANSWERS ARE POSSIBLE.

Type of accident	HS.7	HS.8
Road traffic accident	<input type="checkbox"/>	<input type="checkbox"/>
Accident at work	<input type="checkbox"/>	<input type="checkbox"/>
Accident at school	<input type="checkbox"/>	<input type="checkbox"/>
Home and leisure accident	<input type="checkbox"/>	<input type="checkbox"/>

FILTER 3

INTERVIEWER: NEXT QUESTION (HS.9) IS TO BE ASKED ONLY FOR RESPONDENTS CURRENTLY WORKING OR HAVING WORKED IN THE PAST (CODE 1 IN EITHER H.8 OR H.9 IN THE BACKGROUND MODULE).

HS.9 Are any of the diseases you had in the past 12 months caused or made worse by your job or by work you have done in the past?

- No, I had no disease in the past 12 months 1
- No, I had one or more disease in the past 12 months but they were not caused or made worse by my job 2
- Yes, I had at least one disease in the past 12 months which was caused or made worse by my job 3
- don't know 8
- refusal 9

FILTER 4

INTERVIEWER: NEXT QUESTION (HS.10) IS TO BE ASKED ONLY FOR RESPONDENTS CURRENTLY WORKING (CODE 1 IN H.8 IN THE BACKGROUND MODULE).

HS.10 In the past 12 months, have you been absent from work for reasons of health problems? Take into account all kind of diseases, injuries and other health problems that you had and which resulted in your absence from work.

- Yes 1
- No 2 → GO TO INTRODUCTION 3
- don't know 8 → GO TO INTRODUCTION 3
- refusal 9 → GO TO INTRODUCTION 3

HS.11 In the past 12 months, how many days in total were you absent from work for reasons of health problems?

INTERVIEWER PROMPT ONLY IF NECESSARY "AN ESTIMATE IS ACCEPTABLE".

□□□ days

- don't know 998
- refusal 999