



# Health and Crime Survey

## Household introduction and survey launch

Label	Location
Household introduction and survey launch	European Health Interview Survey
Type	Order
Sequence	InOrderOfAppearance

### Description

Introduction of interviewer to household

## Case management System (CMS) and Household survey management (HSM) inputs

Label	Location
Case management System (CMS) and Household survey management (HSM) inputs	European Health Interview Survey › Household introduction and survey launch
Type	Order
Sequence	InOrderOfAppearance

### Description

Variables created by the CMS and HSM that are used as parameters for the survey instrument



## BlockNum

Name	Label	Location
BlockNum		European Health Interview Survey › Household introduction and survey launch › Case management System (CMS) and Household survey management (HSM) inputs
Type	Minimum Length	Maximum Length
Text		

### Question

Please enter the Block number.

**Instructions**

Interviewer: Enter block number

 **LduNo**

Name <b>LduNo</b>	Label	Location European Health Interview Survey › Household introduction and survey launch › Case management System (CMS) and Household survey management (HSM) inputs
Type <b>Text</b>	Minimum Length	Maximum Length <b>6</b>

**Question**

Please enter the Household number.

 **IntVwrNo**

Name <b>IntVwrNo</b>	Label	Location European Health Interview Survey › Household introduction and survey launch › Case management System (CMS) and Household survey management (HSM) inputs
Type <b>Text</b>	Minimum Length	Maximum Length <b>6</b>

**Question**

Please enter your Interviewer number.


 **Wave**

Name <b>Wave</b>	Label	Location European Health Interview Survey › Household introduction and survey launch › Case management System (CMS) and Household survey management (HSM) inputs
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Type Integer	Low 1	High 6
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**Question**

Please enter the wave

 INFO		
Name INFO	Label	Location European Health Interview Survey › Household introduction and survey launch
Type Multiple Choice	Selection Type SelectOne	Display Style

**Question**

Interviewer instructions

**Instructions**

Press the forward button to START the questionnaire, BROWSE a questionnaire or to RESUME the questionnaire where the household person for the survey has NOT YET been selected.

If this is a RETURN visit, where the household person for the survey HAS BEEN selected a tab with their name and line number will be available at the top of the screen.

Please select this tab and continue to interview.

If at any point you wish to return to the main questionnaire, SELECT the main tab.

**BLAISE INSTRUCTION: Technical note**

Blaise: Blaise: Value String, Allow Empty

**BLAISE INSTRUCTION: Screen note**

Blaise: Add screen note in black

**Choices**

1	Next
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## Household Introduction (Ref: CATICAPI)

Label Household Introduction (Ref: CATICAPI)	Location European Health Interview Survey › Household introduction and survey launch
Type Sequence	Order InOrderOfAppearance

**Description**

Household introduction of interviewer to respondent. (H\_CATICAPI) for GHS Q2

C11		
Name C11	Label	Location European Health Interview Survey › Household introduction and survey launch › Household Introduction (Ref: CATICAPI)
Type Multiple Choice	Selection Type SelectOne	Display Style
Condition INFO Contains Any 1 Next		

**Question**

Hello, my name is ..... I am from the Central Statistics Office. (Prefill with correct survey text) Your house has been selected as representing this area. Is it convenient for me to carry out the interview now?

**Instructions**

Note: Do not read out if respondent has already agreed to participate. Just press 1.

**BLAISE INSTRUCTION: Screen note**

Blaise: Add note to screen in blue

**BLAISE INSTRUCTION: Prefill**

Blaise: Prefill with text Blaise: Prefill AES with "I am carrying out the Adult Education Survey , which is a European official survey of adult experiences with education."

Blaise: Prefill ICT with "I am carrying out the Information and Communication Technology (ICT) and Cross Border Shopping (CBS) survey..... , which is a European official survey collecting information on the use of computers and internet related activities by households and individuals. In addition the survey also asks additional questions about household travel with respect to cross border shopping trips" Include note: FC

Blaise: Prefill ICT/Equality with "I am carrying out the Information and Communication Technology (ICT) and Equality survey..... , which is a European official survey collecting information on the use of computers and internet related activities by households and individuals. In addition the survey also asks additional questions about topics related to different types of discrimination in Ireland" Include note: FC

Blaise: Prefill HFCS with "I am carrying out the Household Financial Survey, which is a European official survey of assets and spending in a household".

Blaise: Prefill LFS with "I am carrying out the Labour Force Survey which is the official measure of employment and unemployment in Ireland."

Blaise: Prefill EHIS "I am carrying out the European Health Information Survey which is an official survey of people's general health and wellbeing in Ireland. In addition the survey also covers questions on the impact of crime on households in Ireland."

**Choices**

1	Yes
---	-----

2	No
---	----

## C12A

Name C12A	Label	Location European Health Interview Survey › Household introduction and survey launch › Household Introduction (Ref: CATICAPI)
Type Multiple Choice	Selection Type SelectOne	Display Style
Condition C11 contains 2 No or (C11A = RF)		

### Question

Would it be more convenient if I called back at another time?

### Choices

1	Yes
2	No

## C13EHIS

Name C13EHIS	Label	Location European Health Interview Survey › Household introduction and survey launch › Household Introduction (Ref: CATICAPI)
Type Multiple Choice	Selection Type SelectOne	Display Style

### Question

Before we continue, can I confirm your age is:

### Choices

1	18 years or older
2	15, 16 or 17 years old
3	Under 15 years old

## C14\_15to17

Name C14_15to17	Label	Location European Health Interview Survey › Household introduction and survey launch › Household Introduction (Ref: CATICAPI)
Type Multiple Choice	Selection Type SelectOne	Display Style
Condition C13EHIS Contains Any 2 15, 16 or 17 years old		

**Question**

In order to continue this survey with you, I need to confirm that an adult is present in the household and that I have their permission to proceed.


Can I confirm that it is ok to continue?

**Instructions**

Note: The survey mainly covers the topics of accessing and using health services in Ireland

**Choices**

1	Yes
2	No

 C14		
Name C14	Label	Location European Health Interview Survey › Household introduction and survey launch › Household Introduction (Ref: CATICAPI)
Type Multiple Choice	Selection Type SelectOne	Display Style
Condition (C13EHIS Contains Any 3 Under 15 years old) Or (C14_15to17 Contains Any 2 No)		

**Question**

Is there someone aged 18 or over available?

**Instructions**

Blaise: Allow DK/RF

**BLAISE INSTRUCTION: Routing**

if C14 = 2 then route to C17 "Thank you Screen" If Wave 1 and C14 = 1 then route to C11. If Wave 2–5 and C14 = 1 then route to C05.

**Choices**

1	Yes
2	No

Intro\_hous

Name Intro_hous	Label	Location European Health Interview Survey › Household introduction and survey launch › Household Introduction (Ref: CATICAPI)
Type Multiple Choice	Selection Type SelectOne	Display Style
Condition (C14_15to17 Contains Any 1 Yes) Or (C13EHIS Contains Any 1 18 years or older)		

**Question**

Thank you for participating. I first need some basic details about yourself and this household to see if there is anyone eligible for the survey. One person will then be randomly selected to complete the full survey. I will now ask about yourself and the household.

**Instructions**

Note: Press 1 to continue

**Choices**

1	Continue
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C15

Name C15	Label	Location European Health Interview Survey › Household introduction and survey launch › Household Introduction (Ref: CATICAPI)
Type Multiple Choice	Selection Type SelectOne	Display Style
Condition Intro_hous Contains Any 1 Continue		

**Question**

May I confirm that I have the correct postal address for your household?

**BLAISE INSTRUCTION: Prefill**


Blaise: Display household sample address on screen.

**BLAISE INSTRUCTION: Prefill**

Blaise: If option 1 then route to Module 1.

**Choices**

1	Yes - the address is correct
2	No - the address needs to be amended

 C16 Address amend

Name C16 Address amend	Label	Location European Health Interview Survey › Household introduction and survey launch › Household Introduction (Ref: CATICAPI)
Type Text	Minimum Length 1	Maximum Length 80
Condition C15 Contains No- No the address needs to be amended		

**Question**

Can you give me your correct address please?

**Instructions**

Blaise: Display data entry field to complete new address

Blaise: Allow DK/RF

**BLAISE INSTRUCTION: Answer field**

Blaise: Prefill address lines so that the interviewer can see what needs to be corrected and corrections come up on the screen. \* Address Confirm Flag. Route to Module 1

**BLAISE INSTRUCTION: Answer field**

Blaise: Display data entry field to complete new address.

Address1 (String 80)

Address2 (String 80)

Address3 (String 80)

Address4 (String 80)

Address5 (String 80)

Address6 (String 80)

Eircode (String 7)

 C11A

Name <b>C11A</b>	Label	Location European Health Interview Survey › Household introduction and survey launch › Household Introduction (Ref: CATICAPI)
Type <b>Multiple Choice</b>	Selection Type <b>SelectOne</b>	Display Style
Condition <b>C14 Contains 1 Yes</b>		

**Question**

Hello, my name is ..... I am from the Central Statistics Office. (Text fill). Your house has been selected as representing this area. Is it convenient for me to carry out the interview now?

**Instructions**

Note: Do not read out if respondent has already agreed to participate. Just select Yes.

**BLAISE INSTRUCTION: Prefill**

Blaise: Prefill with text Blaise: Prefill AES with "I am carrying out the Adult Education Survey , which is a European official survey of adult experiences with education."

Blaise: Prefill ICT with "I am carrying out the Information and Communication Technology (ICT) and Cross Border Shopping (CBS) survey..... , which is a European official survey collecting information on the use of computers and internet related activities by households and individuals. In addition the survey also asks additional questions about household travel with respect to cross border shopping trips" Include note: FC

Blaise: Prefill ICT/Equality with "I am carrying out the Information and Communication Technology (ICT) and Equality survey..... , which is a European official survey collecting information on the use of computers and internet related activities by households and individuals. In addition the survey also asks additional questions about topics related to different types of discrimination in Ireland" Include note: FC

Blaise: Prefill HFCS with "I am carrying out the Household Financial Survey, which is a European official survey of assets and spending in a household".

Blaise: Prefill LFS with "I am carrying out the Labour Force Survey which is the official measure of employment and unemployment in Ireland."

Blaise: Prefill EHIS "I am carrying out the European Health Information Survey which is an official survey of people's general health and wellbeing in Ireland. In addition the survey also covers questions on the impact of crime on households in Ireland."

**BLAISE INSTRUCTION: Screen fill**

Blaise: Add note to screen in blue

**Choices**

1	Yes
2	No

 C12A

Name C12A	Label	Location European Health Interview Survey › Household introduction and survey launch › Household Introduction (Ref: CATICAPI)
Type Multiple Choice	Selection Type SelectOne	Display Style
Condition C11A Contains Any 2 No		

**Question**

Would it be more convenient if I called back at another time?

**Choices**

1	Yes
2	No

 C15A

Name C15A	Label	Location European Health Interview Survey › Household introduction and survey launch › Household Introduction (Ref: CATICAPI)
Type Multiple Choice	Selection Type SelectOne	Display Style
Condition C11A Contains Any 1 Yes		

**Question**

May I confirm that I have the correct postal address for your household?

**BLAISE INSTRUCTION: Screen view**

Blaise: Display household sample address on screen.

**Choices**

1	Yes - the address is correct
2	No - the address needs to be amended

 C16A

Name <b>C16A</b>	Label	Location European Health Interview Survey › Household introduction and survey launch › Household Introduction (Ref: CATICAPI)
Type <b>Text</b>	Minimum Length	Maximum Length <b>50</b>
Condition <b>C15A Contains 2 No - the address needs to be amended</b>		

**Question**

Can you give me your correct address please?

**BLAISE INSTRUCTION: Dynamic answer bod**

Blaise: Create a text box with existing address details so that they can be edited by respondent to correct the address

Intro_HousA		
Name <b>Intro_HousA</b>	Label	Location European Health Interview Survey › Household introduction and survey launch › Household Introduction (Ref: CATICAPI)
Type <b>Multiple Choice</b>	Selection Type <b>SelectOne</b>	Display Style
Condition <b>C11A Contains Any 1 Yes</b>		

**Question**

Thank you for participating. I first need some basic details about yourself and this household to see if there is anyone eligible for the survey. Only one person will then be randomly selected to complete the full survey. I will now ask about yourself and the household.

**Instructions**

Note: Press 1 to continue

**BLAISE INSTRUCTION: Screen note**

Blaise: Add note to screen in blue

**Choices**

1	Continue
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 C17

Name C17	Label	Location European Health Interview Survey › Household introduction and survey launch › Household Introduction (Ref: CATICAPI)
Type Multiple Choice	Selection Type SelectOne	Display Style
Condition IF ((C11 = C2) OR (C11A = C2) OR (C11 = RF) OR (C11A = RF) OR (C12 = C1) OR (C12 = C2) OR (C12 = RF) OR (C12A = C1) OR (C12A = C2) OR (C12A = RF) OR (C14 = C2) OR (C14 = DK) OR (C14 = RF))		

**Question**

Thank you.

**Instructions**

Note: Press 1 to exit

**BLAISE INSTRUCTION: Screen note**

Blaise: Add note to screen in blue

**Choices**

1	Exit
---	------

 Name\_Dir

Name Name_Dir	Label	Location European Health Interview Survey › Household introduction and survey launch
Type Text	Minimum Length	Maximum Length 14
Condition ((H_CATICAPI.C11 = C1) AND ((H_CATICAPI.C13EHIS = C1) OR ((H_CATICAPI.C13EHIS = C2) AND (H_CATICAPI.C14_15to17 = C1)) OR (H_CATICAPI.C11A = C1)))		

**Question**

May I ask you your first name please?

 Surname\_Dir

Name Surname_Dir	Label	Location European Health Interview Survey › Household introduction and survey launch
Type Text	Minimum Length	Maximum Length 21
Condition Name not empty		

**Question**

May I ask you for your surname?

Sex_Dir		
Name Sex_Dir	Label	Location European Health Interview Survey › Household introduction and survey launch
Type Multiple Choice	Selection Type SelectOne	Display Style
Condition Name not empty		

**Question**

Interviewer: Please enter (name)'s gender?

**BLAISE INSTRUCTION: Prefill**

Blaise: Input name into interviewer note.

**BLAISE INSTRUCTION: Screen note**

Blaise: Add note to screen in blue

**Choices**

1	Male
2	Female

DOB_Dir		
Name DOB_Dir	Label	Location European Health Interview Survey › Household introduction and survey launch
Type Date		

Condition  
Name not empty

**Question**

Could you tell me your date of birth (DD-MM-YYYY)?

**Instructions**

Note: Interviewer: If the respondent does not know the date of birth, please press forward button and then you can give age instead.

**BLAISE INSTRUCTION: Screen note**

Blaise: Add note to screen

 Age\_Dir

Name Age_Dir	Label	Location European Health Interview Survey › Household introduction and survey launch
Type Integer	Low 0	High 110
Condition DateOfBirth empty		

**Question**

Could you tell me your age?

 AgeMonth\_Dir

Name AgeMonth_Dir	Label	Location European Health Interview Survey › Household introduction and survey launch
Type Multiple Choice	Selection Type SelectOne	Display Style
Condition Age not empty		

**Question**

What month were you born in?

**Instructions**

Blaise: Allow DK/RF

**Choices**

1	January
2	February
3	March
4	April
5	May
6	June
7	July
8	August
9	September
10	October
11	November
12	December

NoPers		
Name NoPers	Label	Location European Health Interview Survey › Household introduction and survey launch
Type Integer	Low 1	High 25

**Question**

Including you, how many people live in this household?

## Household resident and historical resident profile

Label Household resident and historical resident profile	Location European Health Interview Survey
Type Sequence	Order InOrderOfAppearance

Household details		
Name Household details	Label	Location European Health Interview Survey › Household resident and historical resident profile

Type	Selection Type	Display Style
Multiple Choice	SelectAllThatApply	
Condition		
No_Pers greater than 1		

**Question**

Please complete the following details about the other persons/people living in this household

**BLAISE INSTRUCTION: Table**


Blaise: Create a table to capture the following details of each household members

**Choices**

1	First name of household members 1 to N
2	Surname of household members 1 to N
3	Gender of household members 1 to N
4	Date of birth of household members 1 to N
5	Age if Date of birth no known of household members 1 to N

## Details of household relationships

Label	Location
Details of household relationships	European Health Interview Survey › Household resident and historical resident profile
Type	Order
Sequence	InOrderOfAppearance

 R		
Name	Label	Location
R		European Health Interview Survey › Household resident and historical resident profile › Details of household relationships
Type	Selection Type	Display Style
Multiple Choice	SelectOne	

**Question**

I would now like to ask how these people are related to each other.

Interviewer: Code relationship - (Insert name) is (Insert name)

**Instructions**

Note: Interviewer: Code relationship - (Insert name) is (Insert name)

**BLAISE INSTRUCTION: Prefill**

Blaise: Prefill 1st persons name followed by "is" followed by 2nd persons name until all relationships defined (as per LFS).

**BLAISE INSTRUCTION: Code**

Blaise: Code relationships if more than one person

**Choices**

1	Spouse
2	Cohabitee/Partner
3	Son/daughter (incl. adopted)
4	Step-son/daughter
5	Foster child
6	Son-in-law/daughter-in-law
7	Parent/guardian
8	Step-parent
9	Foster parent
10	Parent-in-law
11	Brother/sister (incl. adopted)
12	Step-brother/sister
13	Foster brother/sister
14	Brother/sister-in-law
15	Grand-child
16	Grand-parent
17	Other relative
18	Other non-relative

## Details of historical household members

Label	Location
Details of historical household members	European Health Interview Survey › Household resident and historical resident profile

Type	Order
Sequence	InOrderOfAppearance

LIVPREV		
Name	Label	Location
LIVPREV		European Health Interview Survey › Household resident and historical resident profile › Details of historical household members
Type	Selection Type	Display Style
Multiple Choice	SelectOne	

**Question**

Did anyone else live at this address within the last 12 months (i.e. since LivPrevDate), that now lives somewhere else?

**BLAISE INSTRUCTION: Autofill**

Blaise: Autofill date as being 12 months prior to the interview date

**Choices**

1	Yes
2	No

NoLivP		
Name	Label	Location
NoLivP		European Health Interview Survey › Household resident and historical resident profile › Details of historical household members
Type	Low	High
Integer	1	9
Condition		
LIVPREV Contains Any 1 Yes		

**Question**

How many people lived here and are now living somewhere else?

LIVPSEX		
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Name LIVPSEX	Label	Location European Health Interview Survey › Household resident and historical resident profile › Details of historical household members
Type Multiple Choice	Selection Type SelectOne	Display Style
Condition LIVPREV Contains Any 1 Yes		

**Question**


What gender was [that] Person (1...x)?

**BLAISE INSTRUCTION: Screen note**

Blaise: if only one person insert [ ] and leave out numbers if possible.

**Choices**

1	Male
2	Female

 LIVPAGE		
Name LIVPAGE	Label	Location European Health Interview Survey › Household resident and historical resident profile › Details of historical household members
Type Integer	Low 0	High 110
Condition LIVPREV Contains Any 1 Yes		

**Question**

What age was Person (1...x)?

**BLAISE INSTRUCTION: Validation**

Validation of number must be between 0 and 110

 LIVPNATIONAL
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Name <b>LIVPNATIONAL</b>	Label	Location European Health Interview Survey › Household resident and historical resident profile › Details of historical household members
Type Multiple Choice	Selection Type SelectOne	Display Style
Condition LIVPREV Contains Any 1 Yes		

**Question**


What was the country of citizenship of Person (1...x)?

**BLAISE: COUNTRY LOOKUP**

Provide interviewer with a lookup function to select country from LFS list of countries

**Choices**

1	Country code
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 <b>LIVMONTH</b>		
Name <b>LIVMONTH</b>	Label	Location European Health Interview Survey › Household resident and historical resident profile › Details of historical household members
Type Multiple Choice	Selection Type SelectOne	Display Style
Condition LIVPREV Contains Any 1 Yes		

**Question**

In what month did (Autofill: "(person 1 - X") leave?


**BLAISE INSTRUCTION: Autofill:**

Blaise: Autofill question with correct reference persons name

**Choices**

1	January
2	February
3	March
4	April

5	May
6	June
7	July
8	August
9	September
10	October
11	November
12	December


**LIVPWHERE**


Name <b>LIVPWHERE</b>	Label	Location European Health Interview Survey › Household resident and historical resident profile › Details of historical household members
Type Multiple Choice	Selection Type SelectOne	Display Style
Condition LIVPREV Contains Any 1 Yes		

**Question**

Where did they move to?

**Choices**

1	A different address in the Republic of Ireland
2	To another country


**LivPCtry**

Name <b>LivPCtry</b>	Label	Location European Health Interview Survey › Household resident and historical resident profile › Details of historical household members
Type Multiple Choice	Selection Type SelectOne	Display Style

## Condition

LIVPWHERE contains 2 To another country

LIVPREV Contains Any 1 Yes

**Question**

What country did they move to?

**Instructions**

Note: Press backspace and enter the 1st few letters of the country that the respondent answers. A search option will allow you to select the country name

**BLAISE INSTRUCTION: Screen note**

Blaise: Add note to screen and insert lookup function that allows interviewer to search for country using 1st letters of the country name, and then to select from drop down list the correct answer

**Choices**

1	Country code
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LivPCtryT		
Name LivPCtryT	Label	Location European Health Interview Survey › Household resident and historical resident profile › Details of historical household members
Type Multiple Choice	Selection Type SelectOne	Display Style
Condition LIVPWHERE Contains 2 To another country and LIVPREV Contains Any 1 Yes		

**Question**

How long do they intend to live abroad in total?

**BLAISE INSTRUCTION: Flag**

Create a Flag (TempNotResident) : Pre-fill flag going forward if still gone.

**Choices**

1	Less than 12 months
2	12 months or more
3	Don't know

Household respondent selection procedure

Label	Location
Household respondent selection procedure	European Health Interview Survey
Type	Order
Sequence	InOrderOfAppearance

Sample Selection		
Name	Label	Location
Sample Selection		European Health Interview Survey › Household respondent selection procedure
Type	Selection Type	Display Style
Multiple Choice	SelectOne	

### Question

\*Thank you for providing this information. We will now move into the next part of the survey which covers your experiences with (Autofill: EHIS = "Health service provision in Ireland" ICT = "a range of subjects including the internet and computers and equality in Ireland".

\*\*Thank you for providing this information. In order to minimise the time the household spends on this survey we will select one person at random to complete the remainder of the survey. Is (selected householder name) available to complete the survey?

\*\*\*Note: Interviewer note. If this is a return visit, please read the following blue text and amend the answer type as required.

Hello, my name is ..... I am from the Central Statistics Office. I am here today to complete the (Autofill: "correct survey name") survey with (NAME: B\_Random1.RandPerson (Person:B\_Random1.RANDLine')) Is (NAME:'+B\_Random1.RandPerson(Person:'(B\_RANDOM1.RANDLine)) available?

\*\*\*\* There is no one eligible for the remainder of the (Autofill: EHIS = "European Health Information Survey" ICT = "ICT and Equality survey" in this household.

### Instructions

Note: Select correct option and continue

#### BLAISE INSTRUCTION: Sample

Blaise: Sample selection and script updates:

Blaise: Insert script \* if random selection selects Person 1 on the roster (existing respondent). In addition only show options 1,3,5, for script 1

Blaise: Insert script \*\* if random selection selects a person other than Person 1 for the remainder of the EHIS /ICT\_equality survey. In addition only show options 2,3,4,5, as answer options

Blaise: Insert script \*\*\* if revisit to household to conduct the ICT / EHIS with a respondent who is to be interviewed in a callback

Blaise: Insert script \*\*\*\* as appropriate

Blaise: Autofill correct survey name in call back script

Blaise: Randomly select a householder that has been included as part of the sample according to the derived sample list variable (person aged between 16-74 years of age).

Routing information from blaise GHS\_\_SampleSelection1Pers is catered for in GHS\_\_SampleSelection in Specification

RandomLine = 1 THEN GHS\_\_SampleSelection1Pers

RandomLine > 1 THEN GHS\_SampleSelection

AES\_SampleSelection = C2 THEN AESED\_New\_Respondent

AES\_SampleSelection1Pers = C1 or AES\_SampleSelection = C2 and AESED\_New\_Respondetn = 1 THEN IndividualProfileIntro

#### **BLAISE INSTRUCTION: Screen note**

Blaise: Add note to screen in blue

#### **BLAISE INSTRUCTION: Autofill**


Blaise: Autofill text \* with correct survey reference

#### **BLAISE INSTRUCTION: Sample selection**

Blaise: After collecting details of household members, randomly select from the household a single person to continue with the survey. The selection procedure should select a single person from the household details who is aged 16-74 inclusive. Each of the scripts provides the next text to be provided in the instrument (depending on numbers of household members)

#### **Choices**

1	Yes, I can continue
2	Yes, this person is available to participate now
3	Yes, but you will need to arrange a time to call back and complete the survey
4	I cannot say if this person will participate
5	This person will not participate in the survey

 CallbackC11		
Name CallbackC11	Label	Location European Health Interview Survey › Household respondent selection procedure
Type Multiple Choice	Selection Type SelectOne	Display Style

## Condition

(C11 Contains 1 Continue AND C13 Contains 1 Continue) or (C11A Contains 1 Continue) ( Sample selection Contains 3,4) and (Contact\_pers = 1)

**Question**

Hello, my name is ..... I am from the Central Statistics Office. I am carrying out the (Autofill: "(Survey detail)". I am here today to complete the survey with (selected person). Is (selected person) available?

**BLAISE INSTRUCTION: Autofill**

Blaise: Autofill AES: "Adult Education Survey, which is a European official survey of adult experiences with education" / Blaise: Prefill EHIS "I am carrying out the European Health Information Survey which is an official survey of people's general health and wellbeing in Ireland. In addition the survey also covers questions on the impact of crime on households in Ireland." / ICT/equality "Information and Communication Technology (ICT) and Equality survey which is an official survey of experiences with the internet and electronic devices with additional topics on Equality and discrimination"

**BLAISE INSTRUCTION: Routing**

Blaise: CallbackC11 is used when a random selection has taken place on the interviewers first visit but the selected respondent is not available. CallbackC11 should be used when the interviewer re-enters the survey instrument at the beginning

**Choices**

1	Yes
2	No

## Personal details of selected respondent

Label	Location
Personal details of selected respondent	European Health Interview Survey
Type	Order
Sequence	InOrderOfAppearance

## Individual personal and social characteristics

Label	Location
Individual personal and social characteristics	European Health Interview Survey › Personal details of selected respondent
Type	Order
Sequence	InOrderOfAppearance



## PersCharIntro - Introduction to personal details

Name PersCharIntro	Label Introduction to personal details	Location European Health Interview Survey › Personal details of selected respondent › Individual personal and social characteristics
Type Multiple Choice	Selection Type SelectOne	Display Style

**Question**

Thank you. We will now move into the next part of the survey which includes some additional personal details and questions related to health services

**Instructions**


Note: Press 1 to continue

**BLAISE INSTRUCTION: Screen note**

Blaise: Add note to screen in blue

**Choices**

1	Press 1 to Continue
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 MarStat

Name MarStat	Label	Location European Health Interview Survey › Personal details of selected respondent › Individual personal and social characteristics
Type Multiple Choice	Selection Type SelectOne	Display Style
Condition PersCharIntro Contains Any 1 Press 1 to continue		

**Question**

Which of the following categories describes your current marital status?


**BLAISE INSTRUCTION: Validation**

Blaise: Allow married to exist between same sex couples

**Choices**

1	Single, that is never married or never in a civil partnership
2	Married

3	In a civil partnership
4	Separated
5	Divorced
6	Widowed
7	In a civil partnership but separated from civil partner
8	Formerly a civil partner, the civil partnership now legally dissolved
9	A surviving civil partner: his/her partner having since died

 IrishNat

Name IrishNat	Label	Location European Health Interview Survey › Personal details of selected respondent › Individual personal and social characteristics
Type Multiple Choice	Selection Type SelectOne	Display Style
Condition PersCharIntro Contains Any 1 Press 1 to continue		

**Question**

Are you (if proxy: Is (name) an Irish citizen?

**BLAISE INSTRUCTION: Prefill instruction**

Blaise: Prefill: YES ( From previous WAVE data )

**BLAISE: Autofill instruction**

Blaise: Autofill: YES ( (WAVE = 2,3,4,5) and ( IrishNatConfirm = "Yes")) then IrishNat = "Yes" IF IRISHNATCONFIRM = "No" then IRISHNAT = "No")

**Choices**

1	Yes
2	No

 National

Name <b>National</b>	Label	Location European Health Interview Survey › Personal details of selected respondent › Individual personal and social characteristics
Type <b>Text</b>	Minimum Length <b>1</b>	Maximum Length <b>40</b>
Condition <b>IrishNat Contains 2 or DK or RF</b>		

**Question**

What is your (If proxy: is (name's)) country of citizenship?

**Instructions**

Note: Press Backspace to code Country.

**BLAISE INSTRUCTION: Prefill instruction**

Blaise: Prefill: Yes

**BLAISE INSTRUCTION: Autofill instruction**

Blaise: Autofill Answer: Yes ( "IE" when IrishNat = "Yes")

**BLAISE INSTRUCTION: Prefill instruction**

Blaise: Prefill Answer: Yes (National\_prev = National when IrishNat = "No")

**BLAISE INSTRUCTION: Lookup instruction**

Blaise: Provide a list of nationalities via a lookup for interviewer / respondent to use to identify citizenship

**BLAISE INSTRUCTION: Screen note**

Blaise: Add note to screen in blue for LFS "Press Backspace to cod Country". For GHS add note "Press Backspace to code country. Once you press backspace on the tablet a screen will pop up that will allow you to enter the first three letters of the country that you wish to select. As you enter the letters you will be able to select the country from the list that appears below the box. Use the SELECT button to choose the country once it is highlighted in the box

Born_Irl		
Name <b>Born_Irl</b>	Label	Location European Health Interview Survey › Personal details of selected respondent › Individual personal and social characteristics

Type	Selection Type	Display Style
Multiple Choice	SelectOne	
Condition		
IrishNat Contains 1 Yes		

**Question**

Were you born in the Republic of Ireland?

**Blaise: Prefill instruction**

Blaise: Prefill: Were you (if proxy: Was (name)) born in the Republic of Ireland?

**Blaise: Autofill instruction**


Blaise: Autofill Answer: Yes (Born\_Irl\_prev when IrishNat = "No")

**BLAISE INSTRUCTIONS: DK/RF**

Blaise: Allow DK and RF

**Choices**

1	Yes
2	No

 CountryB_Wher		
Name	Label	Location
CountryB_Wher		European Health Interview Survey › Personal details of selected respondent › Individual personal and social characteristics
Type	Minimum Length	Maximum Length
Text		
Condition		
Born_Irl Contains Any 2 No		

**Question**

In which country were you (if proxy was name) born?

**Instructions**

Note: Press backspace and enter first 3 letters of country name

**BLAISE INSTRUCTION: lookup**

Blaise: Provide lookup search function to allow interview to select country.

**BLAISE INSTRUCTIN: Autofill**

Blaise: Autofill with IRL if BORNIRL = 1

**BLAISE INSTRUCTION: Prefill**

Blaise: Prefill with proxy name

**BLAISE INSTRUCTION: Autofill**

Blaise: Add note to screen if respondent is self completing (PercCharIntro = 1 Yes). Note: Once you press backspace on the tablet a screen will pop up that will allow you to enter the first three letters of the country that you wish to select. As you enter the letters you will be able to select the country from the list that appears below the box. Use the SELECT button to choose the country once it is highlighted in the box

Born_UK		
Name Born_UK	Label	Location European Health Interview Survey › Personal details of selected respondent › Individual personal and social characteristics
Type Multiple Choice	Selection Type SelectOne	Display Style
Condition CountryB_Wher Contains UK		

**Question**

Were you (if proxy: Was (name)) born in ..... ?

**BLAISE INSTRUCTION: Autofill**

Blaise: Autofill answer: Yes (Born\_UK when IrishNat = "No")

**BLAISE INSTRUCTION: Prefill**

Blaise: Prefill with proxy name as instructed

**Choices**

1	Northern Ireland
2	Scotland
3	Wales
4	England
5	Isle of Man
6	Jersey
7	Guernsey

## AllResid

Name AllResid	Label	Location European Health Interview Survey › Personal details of selected respondent › Individual personal and social characteristics
Type Multiple Choice	Selection Type SelectOne	Display Style
Condition BornIrl Contains 1 Yes		

### Question

Other than holidays or short visits abroad, ^B\_FillText.Haveyou2 always lived in the Republic of Ireland?

### Instructions

Note: Short visits abroad are less than 12 months.

### BLAISE INSTRUCTION: Prefill

Blaise: Prefill with proxy name

### Choices

1	Yes
2	No

## YearResid

Name YearResid	Label	Location European Health Interview Survey › Personal details of selected respondent › Individual personal and social characteristics
Type Integer	Low 1900	High 2020
Condition AllResid Contains 2 No		

### Question

Other than holidays or short visits abroad, since which year have you (if proxy: has name) been living in the Republic of Ireland continuously?

### Instructions

Note: Short visits abroad are less than 12 months


**BLAISE INSTRUCTION: Prefills**

Blaise: Prefill question: YES

Blaise: Autofill answer: Yes. (If IrishBorn = "Yes" and Always ResId = "Yes" then YearResid = "00")

**BLAISE INSTRUCTION: Screen note**

Blaise: Add note to screen in blue

 MonthResid		
<b>Name</b> MonthResid	<b>Label</b>	<b>Location</b> European Health Interview Survey › Personal details of selected respondent › Individual personal and social characteristics
<b>Type</b> Multiple Choice	<b>Selection Type</b> SelectOne	<b>Display Style</b>
<b>Condition</b> YearResid Greater than 2013		

**Question**

And could you tell me which month?

**Instructions**

Blaise: Insert correct month


**BLAISE INSTRUCTION: Prefill**

Blaise: Prefill if needed

**Choices**

1	January
2	February
3	March
4	April
5	May
6	June
7	July
8	August
9	September
10	October

11	November
12	December


**PrevCntry**

Name PrevCntry	Label	Location European Health Interview Survey › Personal details of selected respondent › Individual personal and social characteristics
Type Text	Minimum Length	Maximum Length 3
Condition AllResid Contains 2 No		

**Question**

What country did you live in previously?

**Instructions**

Note: Interviewer: Press Backspace to code Country.

**BLAISE INSTRUCTION: Screen note**

Blaise: Add note to screen in blue

**BLAISE INSTRUCTION: Lookup**

Blaise: Provide lookup search containing a list of countries that can be searched by entering the 1st 2nd and 3rd letters of the country name

**BLAISE INSTRUCTION: Autofill**

Blaise: Add note to screen if respondent is self completing (PercCharIntro = 1 Yes). "Once you press backspace on the tablet a screen will pop up that will allow you to enter the first three letters of the country that you wish to select. As you enter the letters you can select the country from the list that appears below the box."


**Totstay**

Name Totstay	Label	Location European Health Interview Survey › Personal details of selected respondent › Individual personal and social characteristics
-----------------	-------	---

Type	Low	High
Integer	1	12
Condition		
YearResIRL Greater than or equal to 2018		

**Question**

How long do you intend to stay in the Republic of Ireland in total?

**BLAISE INSTRUCTION: Prefill**

Blaise: Prefill with proxy details as required

**BLAISE INSTRUCTION: Dynamic filter**

Blaise: set filter to ask this question if YearResIRL is 1 year or less

COBFather		
Name	Label	Location
COBFather		European Health Interview Survey › Personal details of selected respondent › Individual personal and social characteristics
Type	Selection Type	Display Style
Multiple Choice	SelectOne	

**Question**

What is/was your father's country of birth?

**BLAISE INSTRUCTION: Lookup**

Insert lookup file that contains a list of countries classified for the years 1900- 1978

**BLAISE INSTRUCTION: Autofill**

Blaise: Add note to screen if respondent is self completing (PercCharIntro = 1 Yes). Note: Once you press backspace on the tablet a screen will pop up that will allow you to enter the first three letters of the country that you wish to select. As you enter the letters you will be able to select the country from the list that appears below the box. Use the SELECT button to choose the country once it is highlighted in the box

**Choices**

1	Standard country code
---	-----------------------

COBMother
-----------

Name COBMother	Label	Location European Health Interview Survey › Personal details of selected respondent › Individual personal and social characteristics
Type Multiple Choice	Selection Type SelectOne	Display Style

**Question**

What is/was your mother's country of birth?

**BLAISE INSTRUCTION: Lookup**

Blaise: COBMotherCode :{Code Country of Birth - Mother} STRING[6]

**BLAISE INSTRUCTION: Autofill**

Blaise: Add note to screen if respondent is self completing (PercCharIntro = 1 Yes). Note: Once you press backspace on the tablet a screen will pop up that will allow you to enter the first three letters of the country that you wish to select. As you enter the letters you will be able to select the country from the list that appears below the box. Use the SELECT button to choose the country once it is highlighted in the box

**Choices**

1	Standard Country code
---	-----------------------

## Employment details

Label Employment details	Location European Health Interview Survey › Personal details of selected respondent
Type Sequence	Order InOrderOfAppearance

## Employment

Name Employment	Label	Location European Health Interview Survey › Personal details of selected respondent › Employment details
Type Multiple Choice	Selection Type SelectOne	Display Style

**Question**

We will now move to a series of questions on employment and education.

**Instructions**

Note: Press 1 to continue

**BLAISE INSTRUCTION: Screen note**

Blaise: Add note to screen in blue

**Choices**

1	Continue
---	----------

MainStatus		
Name MainStatus	Label	Location European Health Interview Survey › Personal details of selected respondent › Employment details
Type Multiple Choice	Selection Type SelectOne	Display Style
Condition Employment Contains Any 1 Continue		

**Question**

Which of these categories best describes your (if proxy: name's) situation in the week ending Sunday (refweek)?

**Instructions**

Note: This question relates to the respondents usual employment situation. If on maternity leave, unpaid leave, holidays or other leave from a job, code 1.

**BLAISE INSTRUCTION: Screen note**

Blaise: Add note on screen in blue

**Choices**

1	Working for payment or profit
2	Looking for first regular job
3	Unemployed
4	A student or pupil
5	Retired from employment
6	Unable to work due to permanent sickness or disability
7	Looking after family home
8	Other

 EMP12M

Name EMP12M	Label	Location European Health Interview Survey › Personal details of selected respondent › Employment details
Type Multiple Choice	Selection Type SelectOne	Display Style
Condition MainStat Contains none of 1 Working for payment or profit or 2 Looking for first job		

**Question**

Did you carry out a job or profession at any time during the last 12 months (including unpaid work for a family business or holding an apprenticeship or paid traineeship, etc.)?

**Choices**

1	Yes
2	No

 FTPT

Name FTPT	Label	Location European Health Interview Survey › Personal details of selected respondent › Employment details
Type Multiple Choice	Selection Type SelectOne	Display Style
Condition Mainstat contains 1 Working for payment or profit		

**Question**

Do you (If proxy: Does name) work full-time or part-time in this job?

**BLAISE INSTRUCTION: Prefill**

Blaise: If FTPT\_CONFIRM = 1 then use the D\_FTPT from the last interview. If FTPT\_CONFIRM = 1 then use the opposite of the value of D\_FTPT from the last interview

**Choices**

1	Full-time
2	Part-time

## Stapro\_EmpstatGHS

Name Stapro_EmpstatGHS	Label	Location European Health Interview Survey › Personal details of selected respondent › Employment details
Type Multiple Choice	Selection Type SelectOne	Display Style
Condition MainStat contains 1 Working for payment or profit or 7 Looking after home or family		

### Question

Which of the following best describes your work status?

### Instructions

Note: Main job profile. When in doubt the main job should be the one with the greatest number of hours worked.

### BLAISE INSTRUCTION: Screen note

Blaise: Add note to screen in blue

### Choices

1	Self-employed with employees
2	Self-employed without employees
3	Employee with a permanent job or work contract of unlimited duration
4	Employee with a temporary job or work contract of limited duration
5	Family worker

## NACE3D

Name NACE3D	Label	Location European Health Interview Survey › Personal details of selected respondent › Employment details
Type Text	Minimum Length	Maximum Length 100
Condition MainStat contains 1 Working for payment or profit		

**Question**

What is the main activity of the business or organisation where (DIR = "you work" PROXY= "(Insert proxy name) works")?

**Instructions**

Note: Please enter a full description. If further explanation is needed read the following: 'What does the business mainly make or do?'

Interviewer: It is extremely important to enter a detailed description for this question/

Inadequate Response

Cars, Food, Software, Local Authority

Possible Correct Responses

Repairing cars, Bread wholesaler, Software development and support, Local Authority Library Service

**BLAISE INSTRUCTION: Dynamic text**

Blaise: Prefill with proxy names as required

**BLAISE INSTRUCTION: Screen note**

Blaise: place instruction to interviewer on screen

**BLAISE INSTRUCTION: Prefill**

Blaise: Prefill yes

**BLAISE INSTRUCTION: Note**

Blaise: For the HFCS survey insert 'This question relates to your main job' before question

Occupation		
Name Occupation	Label	Location European Health Interview Survey › Personal details of selected respondent › Employment details
Type Text	Minimum Length	Maximum Length 100
Condition MainStat contains 1 Working for payment or profit		

**Question**

What is (DIR = "your" PROXY = "(Insert Proxy Name)'"s occupation in that job?

**Instructions**

Note: Prompt if needed: 'What did you mainly do in the business/organisation?'

Please describe the occupation fully using the full job title.

Inadequate response: Teacher, Manager, Engineer

Possible correct Response: Secondary school teacher, Retail store manager, Electrical engineer

**BLAISE INSTRUCTION: Prefill**

Blaise: Prefill with proxy or direct

SIZEFIRM_number - Employment: Size of firm		
Name SIZEFIRM_number	Label Employment: Size of firm	Location European Health Interview Survey › Personal details of selected respondent › Employment details
Type Multiple Choice	Selection Type SelectOne	Display Style
Condition MainStat Contains 1 Working for payment or profit		

**Question**

How many other people work for (DIRECT = "your" PROXY = "(proxy name)'s" employer at the place where you work?

**Instructions**

Note: Read questions only and then enter response. Respondents should include people who do not work 'on site' but are paid by the same employer e.g. sales reps, repair and maintenance teams.

Note: If self-employed, indicate how many people work for you at your place of work

**BLAISE INSTRUCTION: Prefill**

Blaise: Prefill with direct or proxy text

**Choices**

1	1 person
2	2 people
3	3 people
4	4 people
5	5 people
6	6 people
7	7 people
8	8 people
9	9 people

10	10 people
11	11-19 people
12	20-49 people
13	50-99 people
14	100-249 people
15	250-500 people
16	501 people or more

 YStartWk\_Emp


Name YStartWk_Emp	Label	Location European Health Interview Survey › Personal details of selected respondent › Employment details
Type Date		
Condition Mainjobprofile Contains Any 3 Employee with a permanent job or work contract of unlimited duration or 4 Employee with a temporary job or work contract of limited duration		

**Question**

In what year did ^B\_FillText.You2 begin working continuously for ^B\_FillText.Your1 current employer in ^B\_FillText.Your1 current occupation?

**BLAISE INSTRUCTION: Autofill**

Blaise: Autofill with dynamic text of name for question

 YStartWk\_Self

Name YStartWk_Self	Label	Location European Health Interview Survey › Personal details of selected respondent › Employment details
Type Date		
Condition Mainjobprofile Contains Any 1 Self-employed with employees or 2 Self-employed without employees		

**Question**

In what year did ^B\_FillText.You2 begin working continuously as a self-employed person in ^B\_FillText.Your1 current occupation?

**BLAISE INSTRUCTION: Autofill**

Blaise: Autofill question with dynamic text

HATLEVEL		
Name HATLEVEL	Label	Location European Health Interview Survey › Personal details of selected respondent
Type Multiple Choice	Selection Type SelectOne	Display Style
Condition Employment Contains Any 1 Continue		

**Question**

What is the highest level of education or training you have (if proxy interview insert: name has) ever successfully completed?

**Instructions**

Note: Enter level and hit First Letter to code (for Tablet)

**BLAISE INSTRUCTION: Lookup**

Blaise: Provide lookup function to allow respondent to select the correct educational attainment level using a word search

**BLAISE INSTRUCTION: Screen note**


Blaise: Insert note on screen in blue

**Choices**

1	No formal education or training
2	Pre-primary education
3	Primary education
4	FETAC Certificate at NFQ level 1 or 2.
5	Junior Certificate
6	Intermediate Certificate
7	Group Certificate
8	NCVA foundation Certificate
9	SOLAS (formerly FAS) Introductory Skills Certificate

10	FETAC Certificate at NFQ level 3
11	O-levels
12	GSCE (formerly O-levels)
13	Lower secondary equivalent at NFQ level 3
14	Transition year programme
15	Leaving Certificate (Traditional)
16	Leaving Certificate Vocational Programme (LCVP)
17	Leaving Certificate Applied (LCA)
18	Secondary Equivalent Qualification at NFQ level 4/5
19	Secretarial
20	Certificate in Hotel Operations
21	PLC (Post Leaving Certificate Course)
22	SOLAS (formerly FAS) National Skills Certificate
23	SOLAS (formerly FAS) Specific Skills Certificate
24	FETAC NFQ level 4 Certificate
25	FETAC NFQ level 5 Certificate
26	A levels
27	Post leaving cert equivalent qualification at NFQ level 4/5
28	Apprenticeship
29	Teagasc farming or horticulture certificate or diploma
30	National Craft Certificate
31	FETAC advanced Certificate at NFQ level 6
32	Post leaving cert equivalent Qualification at NFQ level 6
33	Nursing Certificate (Pre-1994)
34	National Certificate (NCEA/DIT/IOT)
35	Cadetship (army, air corps or naval service)
36	HETAC or DIT Higher Certificate at NFQ level 6

37	Higher Certificate Equivalent qualification at NFQ level 6
38	National Diploma (HETAC/NCEA e.g. 3 year diploma)
39	Nursing Higher Certificate (1994-2002)
40	Policing National Diploma (Prior to 2004)
41	DIT Bachelor Degree
42	Diploma Equivalent qualification at NFQ level 7
43	Ordinary Bachelor Degree
44	Policing Ordinary Bachelor Degree (2004 onwards)
45	Honours Bachelor Degree
46	Nursing Honours Bachelor Degree (2002 onwards)
47	Graduate Diploma
48	Higher Diploma at NFQ level 8
49	Professional qualification (Honours Bachelor Degree equivalent or higher)
50	Post-Graduate Diploma at NFQ level 9
51	Masters Degree at NFQ level 9
52	Post Graduate qualification at NFQ level 9)
53	Doctorate or higher (e.g. Doctoral Degree/higher Doctorate at NFQ level 10)
54	Phd
55	Other

 HATLEVELCODE		
Name <b>HATLEVELCODE</b>	Label	Location European Health Interview Survey › Personal details of selected respondent
Type <b>Multiple Choice</b>	Selection Type <b>SelectOne</b>	Display Style
Condition <b>Employment Contains Any 1 Continue</b>		

**Question**

Note: Press Backspace to code Education level.

Note: Holds value from Lookup HATLEVEL

**Instructions**


Blaise: Holded selected value from HATLEVEL code

**Choices**

1	No formal education or training
2	Pre-primary education
3	Primary education
4	FETAC Certificate at NFQ level 1 or 2
5	Junior Certificate
6	Intermediate Certificate
7	Group Certificate
8	NCVA foundation Certificate
9	SOLAS (formerly FÁS) Introductory Skills Certificate
10	FETAC Certificate at NFQ level 3
11	O-levels
12	GSCE (formerly O-levels)
13	Lower secondary equivalent at NFQ level 3
14	Transition year programme
15	Leaving Certificate (Traditional)
16	Leaving Certificate Vocational Programme (LCVP)
17	Leaving Certificate Applied (LCA)
18	Secondary Equivalent Qualification at NFQ level 4/5
19	Secretarial
20	Certificate in Hotel Operations
21	PLC (Post Leaving Certificate Course)
22	SOLAS (formerly FÁS) National Skills Certificate
23	SOLAS (formerly FÁS) Specific Skills Certificate
24	FETAC NFQ level 4 Certificate

25	FETAC NFQ level 5 Certificate
26	A levels
27	Post leaving cert equivalent qualification at NFQ level 4/5
28	Apprenticeship
29	Teagasc farming or horticulture certificate or diploma
30	National Craft Certificate
31	FETAC advanced Certificate at NFQ level 6
32	Post leaving cert equivalent Qualification at NFQ level 6
33	Nursing Certificate (Pre-1994)
34	National Certificate (NCEA/DIT/IOT)
35	Cadetship (army, air corps or naval service)
36	HETAC or DIT Higher Certificate at NFQ level 6
37	Higher Certificate Equivalent qualification at NFQ level 6
38	National Diploma (HETAC/NCEA e.g. 3 year diploma)
39	Nursing Higher Certificate (1994-2002)
40	Policing National Diploma (Prior to 2004)
41	DIT Bachelor Degree
42	Diploma Equivalent qualification at NFQ level 7
43	Ordinary Bachelor Degree
44	Policing Ordinary Bachelor Degree (2004 onwards)
45	Honours Bachelor Degree
46	Nursing Honours Bachelor Degree (2002 onwards)
47	Graduate Diploma
48	Higher Diploma at NFQ level 8
49	Professional qualification (Honours Bachelor Degree equivalent or higher)
50	Post-Graduate Diploma at NFQ level 9

51	Masters Degree at NFQ level 9
52	Post Graduate qualification at NFQ level 9
53	Doctorate or higher (e.g. Doctoral Degree/ higher Doctorate at NFQ level 10)
54	Phd
55	Other

		
Name HatField	Label	Location European Health Interview Survey › Personal details of selected respondent
Type Text	Minimum Length	Maximum Length 60
Condition HATLEVEL Greater than or equal to 15 Employment Contains Any 1 Continue		

**Question**


What main subject area or areas did you (if proxy interview insert: did name) study to get this educational qualification? For example: carpentry, accountancy, French and Italian, etc.

**Instructions**

Interviewer: Capture a description of the subject area from the respondent

**BLAISE INSTRUCTION: Screen note**

Blaise: Add note to screen in blue

		
Name HATFIELD216	Label	Location European Health Interview Survey › Personal details of selected respondent
Type Multiple Choice	Selection Type SelectOne	Display Style
Condition Employment Contains Any 1 Continue		

**Question**


INTERVIEWER NOTE: Please select the field of education from the list below.

**Instructions**

Blaise: Allow DK

**Choices**

1	Generic programmes and qualifications
2	Education
3	Arts and humanities
4	Social sciences, journalism and information
5	Business administration and law
6	Natural sciences, mathematics and statistics
7	Information and communication technologies
8	Engineering, manufacturing and construction
9	Agriculture, forestries, fisheries and veterinary
10	Health and welfare
11	Services
12	Unable to code

 HATYEAR		
Name HATYEAR	Label	Location European Health Interview Survey › Personal details of selected respondent
Type Integer	Low 1930	High 2030
Condition HATLEVEL >= 2 Employment Contains Any 1 Continue		

**Question**

Could you tell me which year you (or if proxy interview insert: name) successfully completed that level of education?

**BLAISE INSTRUCTION: Edit**

Limit number entries to between 1930 and current year

European Health Status Module

Label European Health Status Module	Location European Health Interview Survey
Type Sequence	Order InOrderOfAppearance

**Description**

The module on health status is a central point of the survey. It allows measurement of the health status of the population in general and not only in relation with specific health problems. It covers different aspects and dimensions of health: physical and mental health, chronic and temporary problems, specific conditions but also their general impact on the functional status and the limitations in activities of daily living of the respondents.

## Health Status - Minimum European Health Module

Label Health Status - Minimum European Health Module	Location European Health Interview Survey › European Health Status Module
Type Sequence	Order InOrderOfAppearance

**Description**

The following three general questions on self-perceived health, chronic conditions and activity limitations constitute the Minimum European Health Module (MEHM). All three questions of the MEHM should be asked in the recommended order and with no inclusion of any other health status related questions before or between the MEHM questions as it could have an impact on the results. The indicators calculated from the data are given high importance in EU health policies and monitoring of health state of populations. The variables HS1, HS2 and HS3 of the MEHM are also used or planned to be used as standardised core variables in other social surveys (EU-SILC, EULFS, and HETUS); see also Annex 2, variables (25), (26) and (27).

## Introduction\_HS

Name Introduction_HS	Label	Location European Health Interview Survey › European Health Status Module › Health Status - Minimum European Health Module
Type Multiple Choice	Selection Type SelectOne	Display Style

**Question**

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

**Instructions**

Note: Press 1 to continue

**BLAISE INSTRUCTION: Screen note**

Blaise: Add not to screen in blue

**Choices**

1	Continue
---	----------

## HS1: Self-perceived general health - Self-perceived general health

Name HS1: Self-perceived general health	Label Self-perceived general health	Location European Health Interview Survey › European Health Status Module › Health Status - Minimum European Health Module
Type Multiple Choice	Selection Type SelectOne	Display Style
Condition Introduction to HS Contains Any 1 Continue		

**Question**

How is your health in general? Is it...

**Choices**

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

## HS2: Long-standing health problem - Long-standing health problem

Name HS2: Long-standing health problem	Label Long-standing health problem	Location European Health Interview Survey › European Health Status Module › Health Status - Minimum European Health Module
---	---------------------------------------	---

Type Multiple Choice	Selection Type SelectOne	Display Style
Condition Introduction to HS Contains Any 1 Continue		

**Question**

Do you have any longstanding illness or longstanding health problem?

**Instructions**

Note: By longstanding I mean illnesses or health problems which have lasted, or are expected to last, for 6 months or more.

**BLAISE INSTRUCTION: Screen note**

Blaise: Add note to tablet in blue

**Choices**

1	Yes
2	No

## HS3a: Limitation in activities because of health problems

Name HS3a: Limitation in activities because of health problems	Label	Location European Health Interview Survey › European Health Status Module › Health Status - Minimum European Health Module
Type Multiple Choice	Selection Type SelectOne	Display Style
Condition Introduction to HS Contains Any 1 Continue		

**Question**

Are you limited because of a health problem in activities people usually do? Would you say you are....

**Choices**

1	severely limited
2	limited but not severe
3	not limited at all

## HS3b: Limitation in activities because of health problems - Limitations in activities because of health problems

Name HS3b: Limitation in activities because of health problems	Label Limitations in activities because of health problems	Location European Health Interview Survey › European Health Status Module › Health Status - Minimum European Health Module
Type Multiple Choice	Selection Type SelectOne	Display Style
Condition (HS3a: Limitation in activities because of health problems Contains Any 1 severely limited or 2 limited but not severe) Or (HS3a: Limitation in activities because of health problems Don't Know)		

### Question

Have you been limited for at least the past 6 months?

### Choices

1	Yes
2	No

## Diseases and chronic conditions

Label Diseases and chronic conditions	Location European Health Interview Survey › European Health Status Module
Type Sequence	Order InOrderOfAppearance

### Description

Chronic diseases or chronic conditions represent one of the main public health concerns. They are, in fact, a major cause of use of health care services and their treatments are often very expensive. Measuring chronic morbidity, both the extent of the phenomenon and the types of diseases, is useful for overall evaluations in the domain of health status. It is also useful for the study of health care systems in terms of evaluation, policy formulation and assessment of need for health care.

## Introduction\_CD2

Name Introduction_CD2	Label	Location European Health Interview Survey › European Health Status Module › Diseases and chronic conditions
Type Multiple Choice	Selection Type SelectOne	Display Style

**Question**

The next questions are about the health of your teeth and gums and diseases or chronic illness you might have

**Instructions**


Note: Press 1 to continue

**BLAISE INSTRUCTION: Screen note**

Blaise: Add note to screen in blue

**Choices**

1	Continue
---	----------

 CD2		
Name CD2	Label	Location European Health Interview Survey › European Health Status Module › Diseases and chronic conditions
Type Multiple Choice	Selection Type SelectOne	Display Style
Condition Introduction_CD2 Contains Any 1 Continue		

**Question**

How would you describe the state of your teeth and gums? Would you say it is.....

**Instructions**

Note: Read response categories


**BLAISE INSTRUCTION: Screen note**

Blaise: Add note to screen in blue

**Choices**

1	very good
2	good
3	fair (neither good nor bad)

4	bad
5	very bad

 CD1

Name CD1	Label	Location European Health Interview Survey › European Health Status Module › Diseases and chronic conditions
Type Multiple Choice	Selection Type SelectAllThatApply	Display Style
Condition Introduction_CD2 Contains Any 1 Continue		

**Question**

During the past 12 months, have you had any of the following diseases or conditions?

**Instructions**

Note: Here is a list of chronic diseases or conditions

Note: Select all that apply

Note: Please include any disease or condition that might have occurred for any shorter periods over the last 12 months.

Note: When the symptoms of a disease/condition are not persistent due to medical treatment please also include and answer "Yes"


**BLAISE INSTRUCTION: Scree note**

Blaise: Screen notes in blue

**Choices**

1	Asthma (allergic asthma included)
2	Chronic bronchitis, chronic obstructive pulmonary disease, emphysema
3	A myocardial infarction (heart attack) or chronic consequences of myocardial
4	A coronary heart disease or angina pectoris
5	High blood pressure
6	A stroke (cerebral haemorrhage, cerebral thrombosis) or chronic consequences
7	Arthrosis (arthritis excluded)

8	A low back disorder or other chronic back defect (conditions such as dorsalgia, lumbago and scatica should be included here)
9	A neck disorder or other chronic neck defect
10	Diabetes
11	An allergy, such as rhinitis, hay fever, eye inflammation, dermatitis, food allergy
12	Cirrhosis of the liver
13	Urinary incontinence, problems in controlling the bladder
14	Kidney problems
15	Depression
16	High blood lipids (including high cholesterol, high triglycerides or high blood lipids)
17	None of the above

 CD1A

Name CD1A	Label	Location European Health Interview Survey › European Health Status Module › Diseases and chronic conditions
Type Multiple Choice	Selection Type SelectOne	Display Style
Condition CD1 Contains Any 10 Diabetes		

**Question**

Which type of diabetes did you experience in the last 12 months?

**Choices**

1	Type 1 Diabetes
2	Type 2 Diabetes

## Accidents and Injuries

Label Accidents and Injuries	Location European Health Interview Survey › European Health Status Module
Type Sequence	Order InOrderOfAppearance

**Description**

The following questions aim to measure the occurrence of different kinds of accidents and injuries (excluding self-inflicted injuries or injuries due to interpersonal violence) which represent also a high burden in term of consequences on health state, use of health care services and health and rehabilitation expenditures, in particular among young people (which on the opposite suffer less from chronic diseases). The severity of the most serious injury is also observed.

AC1		
Name AC1	Label	Location European Health Interview Survey › European Health Status Module › Accidents and Injuries
Type Multiple Choice	Selection Type SelectAllThatApply	Display Style

**Question**

In the past 12 months, have you had any of the following type of accidents resulting in injury?

**Instructions**

Note: Select all that apply

Note: Trivial injuries such as superficial cuts or scratches should not be included.

Note: Do not include work related accidents (i.e. accidents that happened in the course of work) but do include any road traffic accidents that may have occurred when travelling to work.

**BLAISE INSTRUCTION: Screen note**

Blaise: Add screen notes in blue

**Choices**

1	Road traffic accident
2	Home accident
3	Leisure accident
4	No, I have not had any accidents that resulted in an injury

 AC2

Name AC2	Label	Location European Health Interview Survey › European Health Status Module › Accidents and Injuries
Type Multiple Choice	Selection Type SelectOne	Display Style
Condition AC1 Contains Any 1 Road traffic accident or 2 Home accident or 3 Leisure accident		

**Question**

Did you need medical care as a result of (Autofill: "this accident" or "these accidents")?

**BLAISE INSTRUCTION: Autofill**

Blaise: Autofill with correct text depending if respondent indicates in AC1 to have experienced 1 or more than 1 accident

**Choices**

1	Yes, I was ADMITTED to a hospital or any other health facility and stayed
2	Yes, I was ADMITTED to a hospital or any other health facility but didn't stay
3	Yes, from a doctor or nurse
4	No, no intervention was needed

## Absence from work (due to health problems)

Label Absence from work (due to health problems)	Location European Health Interview Survey › European Health Status Module
Type Sequence	Order InOrderOfAppearance

**Description**

The questions measure the direct burden of health problems on the economic activity, i.e. in term of absenteeism during the last 12 months. They refer to all kind of health problems, i.e. the chronic diseases, injuries, occupational diseases measured in the previous questions, but also any other type of diseases and health problems including communicable diseases and temporary health problems.

 Introduction\_Work\_Absence

Name Introduction_Work_Absence	Label	Location European Health Interview Survey › European Health Status Module › Absence from work (due to health problems)
Type Multiple Choice	Selection Type SelectOne	Display Style
Condition MainStat contains 1 Working for payment or profit or 7 Looking after home or family		

**Question**

The next questions are to be asked only for currently employed people. Those who worked before in the year or who are unemployed at the date of interview are not required to answer the questions.

**Instructions**


Note: Press 1 to continue

**BLAISE INSTRUCTION: Screen note**

Blaise: Add note to screen in blue

**Choices**

1	Continue
---	----------

 AW1		
Name AW1	Label	Location European Health Interview Survey › European Health Status Module › Absence from work (due to health problems)
Type Multiple Choice	Selection Type SelectOne	Display Style
Condition Introduction_Work_Absence Contains Any 1 Continue		

**Question**

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.

**Instructions**

Note: Only full absence from work should be included

**BLAISE INSTRUCTION: Screen note**

Blaise: Add note in blue

**Choices**

1	Yes
2	No

AW2		
Name AW2	Label	Location European Health Interview Survey › European Health Status Module › Absence from work (due to health problems)
Type Integer	Low 0	High 235
Condition AW1 Contains Any 1 Yes		

**Question**

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

**Instructions**

Note: Only include absence from normal working days (i.e. do not include weekends / public holidays if respondent does not usually work on these days)

Note: If absent at the time of interview, count up to the previous before the interview.

## Functional limitations

Label Functional limitations	Location European Health Interview Survey › European Health Status Module
Type Sequence	Order InOrderOfAppearance

**Description**

These questions measure the main physical and sensory functional limitations. Measuring the prevalence of these limitations constitute the basic evaluation of the health state of the population, i.e. its situation in terms of functioning capacity whatever the reasons of the limitations (born with, disease, accident, ageing, etc.).

Introduction_Func_lim		
Name Introduction_Func_lim	Label	Location European Health Interview Survey › European Health Status Module › Functional limitations

Type	Selection Type	Display Style
Multiple Choice	SelectOne	

**Question**

Now I am going to ask you some further questions about your general physical and sensory health. These questions deal with your ability to do different basic activities. Please ignore any temporary problems.

**Instructions**


Note: Press 1 to continue

**BLAISE INSTRUCTION: Screen note**

Blaise: Add note to screen in blue

**Choices**

1	Continue
---	----------

 PL1		
Name	Label	Location
PL1		European Health Interview Survey › European Health Status Module › Functional limitations
Type	Selection Type	Display Style
Multiple Choice	SelectOne	
Condition		
Introduction_Func_lim Contains Any 1 Continue		

**Question**

Do you wear glasses or contact lenses?

**Instructions**

Note: If a respondent is blind, do not ask the question, mark with answer 3

**Choices**

1	Yes
2	No
3	I am blind or cannot see at all

 PL2a		
Name	Label	Location
PL2a		European Health Interview Survey › European Health Status Module › Functional limitations


Type Multiple Choice	Selection Type SelectOne	Display Style
Condition (PL1 Contains Any 1 Yes) Or (PL1 Don't Know)		

**Question**

Do you have difficulty seeing even when wearing your glasses or contact lenses? Would you say ...

**Choices**

1	No difficulty
2	Some difficulty
3	A lot of difficulty
4	Cannot do at all/ Unable to do

 PL2b		
Name PL2b	Label	Location European Health Interview Survey › European Health Status Module › Functional limitations
Type Multiple Choice	Selection Type SelectOne	Display Style
Condition (PL1 Contains Any 2 No) Or (PL1 Don't Know)		

**Question**

Do you have difficulty seeing? Would you say ...

**Choices**

1	No difficulty
2	Some difficulty
3	A lot of difficulty
4	Cannot do at all/ Unable to do

 PL3		
Name PL3	Label	Location European Health Interview Survey › European Health Status Module › Functional limitations

Type	Selection Type	Display Style
Multiple Choice	SelectOne	
Condition		
Introduction_Func_lim Contains Any 1 Continue		

**Question**

Do you use a hearing aid?

**Instructions**

Note: If respondent is completely deaf do not ask the question, mark with code 3


Note: If respondent has a hearing aid, but declares to wear it only rarely they should be considered as someone who does not use a hearing because the predominant situation for this person is 'without hearing aid'.

**BLAISE INSTRUCTION: Screen note**

Blaise: Add note on screen in blue

**Choices**

1	Yes
2	No
3	I am profoundly deaf

 PL4a		
Name	Label	Location
PL4a		European Health Interview Survey › European Health Status Module › Functional limitations
Type	Selection Type	Display Style
Multiple Choice	SelectOne	
Condition		
(PL3 Contains Any 1 Yes) Or (PL3 Don't Know)		

**Question**

Do you have difficulty hearing what is said in a conversation with one other person in a quiet room, even when using your hearing aid? Would you say.....

**Choices**

1	No difficulty
2	Some difficulty
3	A lot of difficulty
4	Cannot do at all/ Unable to do

 PL4b

Name PL4b	Label	Location European Health Interview Survey › European Health Status Module › Functional limitations
Type Multiple Choice	Selection Type SelectOne	Display Style
Condition (PL3 Contains Any 2 No) Or (PL3 Don't Know)		

**Question**

Do you have difficulty hearing what is said in a conversation with one other person in a quiet room? Would you say ...

**Choices**

1	No difficulty
2	Some difficulty
3	A lot of difficulty
4	Cannot do at all/ Unable to do

 PL5a

Name PL5a	Label	Location European Health Interview Survey › European Health Status Module › Functional limitations
Type Multiple Choice	Selection Type SelectOne	Display Style
Condition (PL3 Contains Any 1 Yes) Or (PL3 Don't Know)		

**Question**

Do you have difficulty hearing what is said in a conversation with one other person in a noisier room, even when using your hearing aid? Would you say ...

**Choices**

1	No difficulty
2	Some difficulty
3	A lot of difficulty
4	Cannot do at all/ Unable to do

 PL5b

Name PL5b	Label	Location European Health Interview Survey › European Health Status Module › Functional limitations
Type Multiple Choice	Selection Type SelectOne	Display Style
Condition (PL3 Contains Any 2 No) Or (PL3 Don't Know)		

**Question**

Do you have difficulty hearing what is said in a conversation with one other person in a noisier room? Would you say ...

**Instructions**

Note: In case a person is deaf in one ear, his/ her answer should reflect an average situation

**BLAISE INSTRUCTION: Screen note**

Blaise: Add note to screen in blue

**Choices**

1	No difficulty
2	Some difficulty
3	A lot of difficulty
4	Cannot do at all/ Unable to do

 PL6

Name PL6	Label	Location European Health Interview Survey › European Health Status Module › Functional limitations
Type Multiple Choice	Selection Type SelectOne	Display Style
Condition Introduction_Func_lim Contains Any 1 Continue		

**Question**

Do you have difficulty walking half a kilometre (500 metres) on level ground that would be without the use of any aid?

**Instructions**


Note: an example of half a km would be to walk the length of 5 soccer fields

**BLAISE INSTRUCTION: Screen note**

Blaise: Add note to screen in blue

**Choices**

1	No difficulty
2	Some difficulty
3	A lot of difficulty
4	Cannot do at all / Unable to do

 PL7		
Name PL7	Label	Location European Health Interview Survey › European Health Status Module › Functional limitations
Type Multiple Choice	Selection Type SelectOne	Display Style
Condition Introduction_Func_lim Contains Any 1 Continue		

**Question**

Do you have difficulty walking up or down 12 steps? Would you say ...

**Instructions**

Note: The use of handrails is not considered an indicator of difficulty as handrails are present on most steps and the use of them could be due to other factors such as weather conditions

**Choices**

1	No difficulty
2	Some difficulty
3	A lot of difficulty
4	Cannot do at all / Unable to do

 PL8		
Name PL8	Label	Location European Health Interview Survey › European Health Status Module › Functional limitations

Type	Selection Type	Display Style
Multiple Choice	SelectOne	
Condition		
Introduction_Func_lim Contains Any 1 Continue		

**Question**

Do you have difficulty remembering or concentrating? Would you say ...

**Instructions**


Note: Showcard

**BLAISE INSTRUCTION: Screen note**

Blaise: Add screen note in blue

**Choices**

1	No difficulty
2	Some difficulty
3	A lot of difficulty
4	Cannot do at all/ Unable to do

 PL9

Name	Label	Location
PL9		European Health Interview Survey › European Health Status Module › Functional limitations
Type	Selection Type	Display Style
Multiple Choice	SelectOne	
Condition		
AGE of selected respondent is 55 years or greater		
Introduction_Func_lim Contains Any 1 Continue		

**Question**

Do you have difficulty biting and chewing on hard foods such as a firm apple? Would you say ...

**Instructions**

Note: Showcard


**BLAISE INSTRUCTION: Screen note**

Blaise: Add note to screen in blue

**Choices**

1	No difficulty
2	Some difficulty

3	A lot of difficulty
4	Cannot do at all/ Unable to do

 Introduction\_PC1

Name Introduction_PC1	Label	Location European Health Interview Survey › European Health Status Module
Type Multiple Choice	Selection Type SelectOne	Display Style
Condition Age = 55 or greater than 55		

**Question**

Now I would like you to think about some everyday personal care activities. Here is a list of activities. Please ignore temporary problems.

**Instructions**

Note: Showcard


Note: Press 1 to continue

**BLAISE INSTRUCTION: Screen note**

Blaise: Add note to screen in blue

**Choices**

1	Continue
---	----------

 PC1

Name PC1	Label	Location European Health Interview Survey › European Health Status Module
Type Multiple Choice	Selection Type SelectOne	Display Style
Condition Introduction_PC1 Contains Any 1 Continue Age = 55 or greater than 55		

**Question**

Do you usually have difficulty doing any of these activities without help ?

**Instructions**

Note: Showcard

Note: For the purpose of this survey "without help" means without help from other people

Note: Press 1 to continue and show activities

**Choices**

1	Continue
---	----------

PC1_feed		
Name PC1_feed	Label	Location European Health Interview Survey › European Health Status Module
Type Multiple Choice	Selection Type SelectOne	Display Style
Condition PC1 Contains Any 1 Continue Age = 55 or greater than 55		

**Question**

Feeding yourself ?

**Instructions**

Note: For the purpose of this survey "Feeding yourself" refers to the physical act of placing drinks or food into your mouth and does not include activities such as shopping for food.

**BLAISE INSTRUCTION: Screen note**

Blaise: Add note to screen in blue

**Choices**

1	No difficulty
2	Some difficulty
3	A lot of difficulty
4	Cannot do at all / Unable to do

PC1_get		
Name PC1_get	Label	Location European Health Interview Survey › European Health Status Module

Type	Selection Type	Display Style
Multiple Choice	SelectOne	
Condition		
PC1 Contains Any 1 Continue		
Age = 55 or greater than 55		

**Question**

Getting in and out of a bed or chair?

**Instructions**


Note: In case the respondent has different difficulties associated with the different activities please use the more difficult activity to guide the answer

**BLAISE INSTRUCTION: Screen note**

Blaise: Add note to screen in blue

**Choices**

1	No difficulty
2	Some difficulty
3	A lot of difficulty
4	Cannot do at all / Unable to do

 PC1\_dress

Name	Label	Location
PC1_dress		European Health Interview Survey › European Health Status Module
Type	Selection Type	Display Style
Multiple Choice	SelectOne	
Condition		
PC1 Contains Any 1 Continue		
Age = 55 or greater than 55		

**Question**

Dressing and undressing?

**Instructions**


Note: If respondent has different levels of difficulty with each activity, use the more difficult activity as a guide for answering.

**BLAISE INSTRUCTION: Screen note**

Blaise: Add note to screen in blue

**Choices**

1	No difficulty
2	Some difficulty
3	A lot of difficulty
4	Cannot do at all / Unable to do

 PC1\_toil

Name PC1_toil	Label	Location European Health Interview Survey › European Health Status Module
Type Multiple Choice	Selection Type SelectOne	Display Style
Condition PC1 Contains Any 1 Continue Age = 55 or greater than 55		

**Question**

Using toilets?

**Instructions**


Note: this activity should include the activity of nappy changing if relevant

**BLAISE INSTRUCTION: Screen note**

Blaise: Add note to screen in blue

**Choices**

1	No difficulty
2	Some difficulty
3	A lot of difficulty
4	Cannot do at all / Unable to do

 PC1\_bath

Name PC1_bath	Label	Location European Health Interview Survey › European Health Status Module
Type Multiple Choice	Selection Type SelectOne	Display Style

## Condition

PC1 Contains Any 1 Continue

Age = 55 or greater than 55

**Question**

Bathing or showering?

**Instructions**

Note: This activity includes getting in and out of a bath/shower

Note: In case respondent associates different levels of difficulty with different activities, use the more difficult activity to answer

**BLAISE INSTRUCTION: Screen note**

Blaise: Add note to screen in blue

**Choices**

1	No difficulty
2	Some difficulty
3	A lot of difficulty
4	Cannot do at all / Unable to do

 PC2

Name PC2	Label	Location European Health Interview Survey › European Health Status Module
Type Multiple Choice	Selection Type SelectOne	Display Style

## Condition

(PC1\_bath Contains Any 2 Some difficulty or 3 A lot of difficulty or 4 Cannot do at all / Unable to do) Or  
(PC1\_toil Contains Any 2 Some difficulty or 3 A lot of difficulty or 4 Cannot do at all / Unable to do) Or  
(PC1\_dress Contains Any 2 Some difficulty or 3 A lot of difficulty or 4 Cannot do at all / Unable to do) Or  
(PC1\_get Contains Any 2 Some difficulty or 3 A lot of difficulty or 4 Cannot do at all / Unable to do) Or  
(PC1\_feed Contains Any 2 Some difficulty or 3 A lot of difficulty or 4 Cannot do at all / Unable to do) Or  
(PC1\_bath Don't Know) Or (PC1\_toil Don't Know) Or (PC1\_dress Don't Know) Or (PC1\_get Don't Know)  
Or (PC1\_feed Don't Know)

Age = 55 or greater than 55

**Question**

Thinking about all personal care activities where you have difficulty in doing them without help, do you usually have help for any of these activities?

**Instructions**

Note: Any kind of help should be considered: help from another person, the use of technical aids and housing alterations

#### Choices

1	Yes, with at least one activity
2	No

#### PC3a

Name PC3a	Label	Location European Health Interview Survey › European Health Status Module
Type Multiple Choice	Selection Type SelectOne	Display Style
Condition PC2 Contains Any 1 Yes, with at least one activity Age = 55 or greater than 55		

#### Question

Would you need more help?

#### Instructions

Note: Any kind of help should be considered: help from another person, the use of technical aids and housing adaptation.

#### BLAISE INSTRUCTION: Screen note

Blaise: Add note to screen in blue

#### Choices

1	Yes, with at least one activity
2	No

#### PC3b

Name PC3b	Label	Location European Health Interview Survey › European Health Status Module
Type Multiple Choice	Selection Type SelectOne	Display Style

## Condition

PC2 Contains Any 2 No

Age = 55 or greater than 55

**Question**

Would you need help?

**Instructions**

Note: Any kind of help should be considered: help from another person, the use of technical aids and housing adaptation.

**BLAISE INSTRUCTION: Screen note**

Blaise: Add note to screen in blue

**Choices**

1	Yes, with at least one activity
2	No

## Health literacy

Label Health literacy	Location European Health Interview Survey › European Health Status Module
Type Sequence	Order InOrderOfAppearance

**Description**

Questions relating to respondent ability to find information on health concerns

## Intro\_Lit

Name Intro_Lit	Label	Location European Health Interview Survey › European Health Status Module › Health literacy
Type Multiple Choice	Selection Type SelectOne	Display Style

**Question**

The next questions ask you about how you access information about health conditions

**Instructions**

Note: Press 1 to continue

**BLAISE INSTRUCTION: Screen note**

Blaise: Add note to screen in blue

**Choices**

1	Continue
---	----------

Lit		
Name Lit	Label	Location European Health Interview Survey › European Health Status Module › Health literacy
Type Multiple Choice	Selection Type SelectOne	Display Style
Condition Intro_Lit Contains Any 1 Continue		

**Question**

On a scale from very easy to difficult, how easy would you say it is to:

**Instructions**

Note: Press 1 to see selection

**Choices**

1	Continue
---	----------

Lit1		
Name Lit1	Label	Location European Health Interview Survey › European Health Status Module › Health literacy
Type Multiple Choice	Selection Type SelectOne	Display Style
Condition Lit Contains Any 1 Continue		

**Question**

Find information on treatments of illnesses that concern you?

**Instructions**

Note: select 1 option

**BLAISE INSTRUCTION: Screen note**

Blaise: Add note to screen in blue

#### Choices

1	very difficult
2	fairly difficult
3	fairly easy
4	very easy

Lit2		
Name Lit2	Label	Location European Health Interview Survey › European Health Status Module › Health literacy
Type Multiple Choice	Selection Type SelectOne	Display Style
Condition Lit Contains Any 1 Continue		

#### Question

Find out where to get professional help when you are ill?

#### Choices

1	very difficult
2	fairly difficult
3	fairly easy
4	very easy


Lit3		
Name Lit3	Label	Location European Health Interview Survey › European Health Status Module › Health literacy
Type Multiple Choice	Selection Type SelectOne	Display Style
Condition Lit Contains Any 1 Continue		

#### Question

Understand what your doctor says to you?

**Choices**

1	very difficult
2	fairly difficult
3	fairly easy
4	very easy


 Lit4		
Name Lit4	Label	Location European Health Interview Survey › European Health Status Module › Health literacy
Type Multiple Choice	Selection Type SelectOne	Display Style
Condition Lit Contains Any 1 Continue		

**Question**

Understand your doctor's or pharmacist's instruction on how to take a prescribed medicine?

**Choices**

1	very difficult
2	fairly difficult
3	fairly easy
4	very easy

 Lit5		
Name Lit5	Label	Location European Health Interview Survey › European Health Status Module › Health literacy
Type Multiple Choice	Selection Type SelectOne	Display Style
Condition Lit Contains Any 1 Continue		

**Question**

Judge when you may need to get a second opinion from another doctor?

**Choices**

1	very difficult
2	fairly difficult
3	fairly easy
4	very easy

Lit6		
Name Lit6	Label	Location European Health Interview Survey › European Health Status Module › Health literacy
Type Multiple Choice	Selection Type SelectOne	Display Style
Condition Lit Contains Any 1 Continue		

**Question**

Use information the doctor gives you to make decisions about your illness?

**Choices**

1	very difficult
2	fairly difficult
3	fairly easy
4	very easy

Lit7		
Name Lit7	Label	Location European Health Interview Survey › European Health Status Module › Health literacy
Type Multiple Choice	Selection Type SelectOne	Display Style
Condition Lit Contains Any 1 Continue		

**Question**

Follow instructions from your doctor or pharmacist ?

**Choices**

1	very difficult
---	----------------

2	fairly difficult
3	fairly easy
4	very easy

Lit8		
Name Lit8	Label	Location European Health Interview Survey › European Health Status Module › Health literacy
Type Multiple Choice	Selection Type SelectOne	Display Style
Condition Lit Contains Any 1 Continue		

**Question**

Find information on how to manage mental problems like stress or depression?

**Choices**

1	very difficult
2	fairly difficult
3	fairly easy
4	very easy

Lit9		
Name Lit9	Label	Location European Health Interview Survey › European Health Status Module › Health literacy
Type Multiple Choice	Selection Type SelectOne	Display Style
Condition Lit Contains Any 1 Continue		


**Question**

Understand health warnings about behaviour such as smoking, low physical activity and drinking too much?

**Choices**

1	very difficult
2	fairly difficult

3	fairly easy
4	very easy

 Lit10


Name Lit10	Label	Location European Health Interview Survey › European Health Status Module › Health literacy
Type Multiple Choice	Selection Type SelectOne	Display Style
Condition Lit Contains Any 1 Continue		

**Question**

Understand why you need health screenings?

**Choices**

1	
2	
3	
4	

 Lit11

Name Lit11	Label	Location European Health Interview Survey › European Health Status Module › Health literacy
Type Multiple Choice	Selection Type SelectOne	Display Style
Condition Lit Contains Any 1 Continue		


**Question**

Judge if the information on health risks in the media is reliable?

**Choices**

1	very difficult
2	fairly difficult
3	fairly easy

4	very easy
---	-----------

 Lit12


Name Lit12	Label	Location European Health Interview Survey › European Health Status Module › Health literacy
Type Multiple Choice	Selection Type SelectOne	Display Style
Condition Lit Contains Any 1 Continue		

**Question**

Decide how you can protect yourself from illness based on information in the media?

**Choices**

1	very difficult
2	fairly difficult
3	fairly easy
4	very easy

 Lit13

Name Lit13	Label	Location European Health Interview Survey › European Health Status Module › Health literacy
Type Multiple Choice	Selection Type SelectOne	Display Style
Condition Lit Contains Any 1 Continue		

**Question**

Find out about activities that are good for your mental well-being?

**Choices**

1	very difficult
2	fairly difficult
3	fairly easy
4	very easy

 Lit14

Name Lit14	Label	Location European Health Interview Survey › European Health Status Module › Health literacy
Type Multiple Choice	Selection Type SelectOne	Display Style
Condition Lit Contains Any 1 Continue		

**Question**

Understand advice on health from family members or friends?

**Choices**

1	very difficult
2	fairly difficult
3	fairly easy
4	very easy

 Lit15

Name Lit15	Label	Location European Health Interview Survey › European Health Status Module › Health literacy
Type Multiple Choice	Selection Type SelectOne	Display Style
Condition Lit Contains Any 1 Continue		

**Question**

Understand information in the media on how to get healthier?

**Choices**

1	very difficult
2	fairly difficult
3	fairly easy
4	very easy

 Lit16

Name Lit16	Label	Location European Health Interview Survey › European Health Status Module › Health literacy
Type Multiple Choice	Selection Type SelectOne	Display Style
Condition Lit Contains Any 1 Continue		

**Question**

Judge which everyday behaviour is related to your health?

**Choices**

1	very difficult
2	fairly difficult
3	fairly easy
4	very easy

 Introduction\_HA1

Name Introduction_HA1	Label	Location European Health Interview Survey › European Health Status Module
Type Multiple Choice	Selection Type SelectOne	Display Style
Condition Age = 55 or greater than 55		

**Question**

Now I would like you to think about some household activities. Here is a list of activities. Please ignore any temporary problems.

**Instructions**

Note: Showcard of household activities

Note: Press 1 to continue

**BLAISE INSTRUCTION: Screen note**

Blaise: Add note to screen in blue

**Choices**

1	Continue
---	----------

## HA1

Name HA1	Label	Location European Health Interview Survey › European Health Status Module
Type Multiple Choice	Selection Type SelectOne	Display Style
Condition Introduction_HA1 Contains Any 1 Continue Age = 55 or greater than 55		

**Question**

Do you usually have difficulty doing any of these activities without help?

**Instructions**

Note: for the purpose of this question "help" means including help from other people and excluding help from technical aids and housing adaptations.

Note: Press 1 to continue

**BLAISE INSTRUCTION: Screen note**

Blaise: Add note to screen in blue

**Choices**

1	Continue
---	----------

## HA1A

Name HA1A	Label	Location European Health Interview Survey › European Health Status Module
Type Multiple Choice	Selection Type SelectOne	Display Style
Condition HA1 Contains Any 1 Continue Age = 55 or greater than 55		

**Question**

Preparing meals?

**Instructions**

Note: For the purpose of this question the activity is mainly related to cooking or preparing meals for himself/herself.

**BLAISE INSTRUCTION: Screen note**

Blaise; Add note to screen in blue

**Choices**

1	No difficulty
2	Some difficulty
3	A lot of difficulty
4	Cannot do at all / Unable to do
5	Not applicable (never tried it or do not need to do it)

HA1B		
Name HA1B	Label	Location European Health Interview Survey › European Health Status Module
Type Multiple Choice	Selection Type SelectOne	Display Style
Condition HA1 Contains Any 1 Continue Age = 55 or greater than 55		

**Question**

Using the telephone?

**Instructions**

Note: For the purpose of this question the activity includes making and answering telephone calls.

**BLAISE INSTRUCTION: Screen note**

Blaise: Add note to screen in blue

**Choices**

1	No difficulty
2	Some difficulty
3	A lot of difficulty
4	Cannot do at all / Unable to do

5	Not applicable (never tried it or do not need to do it)
---	---

HA1C		
Name HA1C	Label	Location European Health Interview Survey › European Health Status Module
Type Multiple Choice	Selection Type SelectOne	Display Style
Condition HA1 Contains Any 1 Continue Age = 55 or greater than 55		

**Question**

Shopping?

**Instructions**

Note: For the purpose of this question shopping means being able to go for shopping without help from another person.

**BLAISE INSTRUCTION: Screen note**

Blaise: Add note to screen in blue

**Choices**

1	No difficulty
2	Some difficulty
3	A lot of difficulty
4	Cannot do at all / Unable to do
5	Not applicable (never tried it or do not need to do it)

HA1D		
Name HA1D	Label	Location European Health Interview Survey › European Health Status Module
Type Multiple Choice	Selection Type SelectOne	Display Style

## Condition

HA1 Contains Any 1 Continue

Age = 55 or greater than 55

**Question**

Managing medication?

**Instructions**

Note: For the purpose of this survey this means being able to remember and take medicine but excludes any travel needed to get medicine (e.g. visiting pharmacy)

**BLAISE INSTRUCTION: Screen note**

Blaise: Add note to screen in blue

**Choices**

1	No difficulty
2	Some difficulty
3	A lot of difficulty
4	Cannot do at all / Unable to do
5	Not applicable (never tried it or do not need to do it)

## HA1E

Name HA1E	Label	Location European Health Interview Survey › European Health Status Module
Type Multiple Choice	Selection Type SelectOne	Display Style

## Condition

HA1 Contains Any 1 Continue

Age = 55 or greater than 55

**Question**

Light housework?

**Instructions**

Note: Examples of this would be washing dishes, ironing, bed making, child care.

**BLAISE INSTRUCTION: Screen note**

Blaise: Add note to screen in blue

**Choices**

1	No difficulty
2	Some difficulty
3	A lot of difficulty
4	Cannot do at all / Unable to do
5	Not applicable (never tried it or do not need to do it)

HA1F		
Name HA1F	Label	Location European Health Interview Survey › European Health Status Module
Type Multiple Choice	Selection Type SelectOne	Display Style
Condition HA1 Contains Any 1 Continue Age = 55 or greater than 55		

**Question**

Occasional heavy housework?

**Instructions**

Note: For example walking for 5 minutes with heavy shopping, spring cleaning, scrubbing floors, vacuum-cleaning, cleaning windows.

**BLAISE INSTRUCCION: Screen note**

Blaise: Add note to screen in blue

**Choices**

1	No difficulty
2	Some difficulty
3	A lot of difficulty
4	Cannot do at all / Unable to do
5	Not applicable (never tried it or do not need to do it)

HA1G		
------	--	--

Name HA1G	Label	Location European Health Interview Survey › European Health Status Module
Type Multiple Choice	Selection Type SelectOne	Display Style
Condition HA1 Contains Any 1 Continue Age = 55 or greater than 55		

**Question**

Taking care of finances and everyday administrative tasks?

**Instructions**


Note: For example paying bills, completing forms, going to the bank or post office etc.

**BLAISE INSTRUCTION: Screen note**

Blaise: Add note to screen in blue

**Choices**

1	No difficulty
2	Some difficulty
3	A lot of difficulty
4	Cannot do at all / Unable to do
5	Not applicable (never tried it or do not need to do it)

 HA2		
Name HA2	Label	Location European Health Interview Survey › European Health Status Module
Type Multiple Choice	Selection Type SelectOne	Display Style

## Condition

(HA1A Contains Any 2 Some difficulty or 3 A lot of difficulty or 4 Cannot do at all / Unable to do) Or  
 (HA1B Contains Any 2 Some difficulty or 3 A lot of difficulty or 4 Cannot do at all / Unable to do) Or  
 (HA1C Contains Any 2 Some difficulty or 3 A lot of difficulty or 4 Cannot do at all / Unable to do) Or  
 (HA1D Contains Any 2 Some difficulty or 3 A lot of difficulty or 4 Cannot do at all / Unable to do) Or  
 (HA1E Contains Any 2 Some difficulty or 3 A lot of difficulty or 4 Cannot do at all / Unable to do) Or  
 (HA1F Contains Any 2 Some difficulty or 3 A lot of difficulty or 4 Cannot do at all / Unable to do) Or  
 (HA1G Contains Any 2 Some difficulty or 3 A lot of difficulty or 4 Cannot do at all / Unable to do)  
 Age = 55 or greater than 55

**Question**

Do you usually have help with any of these activities?

**Instructions**

Note: For the purpose of this question any kind of help should be considered: help from another person, the use of technical aids and housing adaptation.

**Choices**

1	Yes, with at least one activity
2	No

 HA3a

Name HA3a	Label	Location European Health Interview Survey › European Health Status Module
Type Multiple Choice	Selection Type SelectOne	Display Style

## Condition

HA2 Contains Any 1 Yes, with at least one activity  
 Age = 55 or greater than 55

**Question**

Would you need more help?

**Choices**

1	Yes, with at least one activity
2	No

 HA3b

Name HA3b	Label	Location European Health Interview Survey › European Health Status Module
Type Multiple Choice	Selection Type SelectOne	Display Style
Condition HA2 Contains Any 2 No Age = 55 or greater than 55		

**Question**

Would you need help?

**Choices**

1	Yes, with at least one activity
2	No

## Pain

Label Pain	Location European Health Interview Survey › European Health Status Module
Type Sequence	Order InOrderOfAppearance

**Description**

Pain covers another important domain of health state, in particular in terms of physical aspects of well-being.

## Introduction\_PN

Name Introduction_PN	Label	Location European Health Interview Survey › European Health Status Module › Pain
Type Multiple Choice	Selection Type SelectOne	Display Style

**Question**

The next questions are about any physical pain you have had during the past 4 weeks

**Instructions**

Note: Press one to continue

**BLAISE INSTRUCTION: Screen note**

Blaise: Add note to screen in blue

**Choices**

1	Continue
---	----------

PN1		
Name PN1	Label	Location European Health Interview Survey › European Health Status Module › Pain
Type Multiple Choice	Selection Type SelectOne	Display Style
Condition Introduction_PN Contains Any 1 Continue		

**Question**

How much bodily pain have you had during the past 4 weeks?

**Instructions**

Note: Answer according to whatever medication is being taken

**BLAISE INSTRUCTION: Screen note**

Blaise: Add note to screen in blue

**Choices**

1	None
2	Very mild
3	Mild
4	Moderate
5	Severe
6	Very severe

PN2		
Name PN2	Label	Location European Health Interview Survey › European Health Status Module › Pain
Type Multiple Choice	Selection Type SelectOne	Display Style
Condition Introduction_PN Contains Any 1 Continue		

**Question**

During the past 4 weeks, how much did pain interfere with your normal life (including work, home and leisure activities)?

**Instructions**

Note: For the purpose of this survey "normal life" includes activities respondent usually does in leisure time (sports, housework, school etc.)

**Choices**

1	Not at all
2	A little bit
3	Moderately
4	Quite a bit
5	Extremely

## Mental health

Label Mental health	Location European Health Interview Survey › European Health Status Module
Type Sequence	Order InOrderOfAppearance

**Description**

Mental health is an important domain of health state as it composes high share of total burden of diseases and is important part of well-being.

## Introduction\_MH

Name Introduction_MH	Label	Location European Health Interview Survey › European Health Status Module › Mental health
Type Multiple Choice	Selection Type SelectOne	Display Style

**Question**

The next questions are about how you feel and how things have been with you during the past 2 weeks. For each question, please give the answer that comes closest to the way you have been feeling.

**Instructions**

Note: Press 1 to continue

**BLAISE INSTRUCTION: Screen note**

Blaise: Add note to screen in blue

**Choices**

1	Continue
---	----------

MH1		
Name MH1	Label	Location European Health Interview Survey › European Health Status Module › Mental health
Type Multiple Choice	Selection Type SelectOne	Display Style
Condition Introduction_MH Contains Any 1 Continue		

**Question**

Over the last 2 weeks, how often have you been bothered by any of the following problems?

**Instructions**

Note: Showcard

Note: Press 1 to continue

**BLAISE INSTRUCTION: Screen note**

Blaise: Add note to screen in blue

**Choices**

1	Continue
---	----------

MH1A		
Name MH1A	Label	Location European Health Interview Survey › European Health Status Module › Mental health
Type Multiple Choice	Selection Type SelectOne	Display Style
Condition MH1 Contains Any 1 Continue		

**Question**

Little interest or pleasure in doing things?

**Choices**

1	Not at all
2	Several days
3	More than half the days
4	Nearly every day

 **MH1B**

Name <b>MH1B</b>	Label	Location European Health Interview Survey › European Health Status Module › Mental health
Type <b>Multiple Choice</b>	Selection Type <b>SelectOne</b>	Display Style
Condition <b>MH1 Contains Any 1 Continue</b>		

**Question**

Feeling down, depressed or hopeless?

**Choices**

1	Not at all
2	Several days
3	More than half the days
4	Nearly every day

 **MH1C**


Name <b>MH1C</b>	Label	Location European Health Interview Survey › European Health Status Module › Mental health
Type <b>Multiple Choice</b>	Selection Type <b>SelectOne</b>	Display Style
Condition <b>MH1 Contains Any 1 Continue</b>		

**Question**

Trouble falling or staying asleep, or sleeping too much?

**Choices**

1	Not at all
2	Several days
3	More than half the days
4	Nearly every day


 MH1D		
Name MH1D	Label	Location European Health Interview Survey › European Health Status Module › Mental health
Type Multiple Choice	Selection Type SelectOne	Display Style
Condition MH1 Contains Any 1 Continue		

**Question**

Feeling tired or having little energy?

**Choices**

1	Not at all
2	Several days
3	More than half the days
4	Nearly every day

 MH1E		
Name MH1E	Label	Location European Health Interview Survey › European Health Status Module › Mental health
Type Multiple Choice	Selection Type SelectOne	Display Style
Condition MH1 Contains Any 1 Continue		

**Question**

Poor appetite or overeating?

**Choices**

1	Not at all
---	------------

2	Several days
3	More than half the days
4	Nearly every day

MH1F		
Name <b>MH1F</b>	Label	Location European Health Interview Survey › European Health Status Module › Mental health
Type Multiple Choice	Selection Type SelectOne	Display Style
Condition MH1 Contains Any 1 Continue		

**Question**

Feeling negative about yourself or that you are a failure or have let yourself or your family down?

**Choices**

1	Not at all
2	Several days
3	More than half the days
4	Nearly every day

MH1G		
Name <b>MH1G</b>	Label	Location European Health Interview Survey › European Health Status Module › Mental health
Type Multiple Choice	Selection Type SelectOne	Display Style
Condition MH1 Contains Any 1 Continue		

**Question**

Trouble concentrating on things, such as reading the newspaper or watching television?

**Choices**

1	Not at all
2	Several days

3	More than half the days
4	Nearly every day

MH1H		
Name MH1H	Label	Location European Health Interview Survey › European Health Status Module › Mental health
Type Multiple Choice	Selection Type SelectOne	Display Style
Condition MH1 Contains Any 1 Continue		

**Question**

Moving or speaking so slowly that other people could have noticed; or being so fidgety or restless that you have been moving around a lot more than usual?

**Choices**

1	Not at all
2	Several days
3	More than half the days
4	Nearly every day

## European Health Care Module

Label European Health Care Module	Location European Health Interview Survey
Type Sequence	Order InOrderOfAppearance

**Description**

The ECHM module collects data on the use of health care services and the unmet needs for health care. Information on health care consumption is an essential part of the health information system in order to assign necessary resources to the population. Administrative data may provide more reliable and accurate data on health care services, but not necessarily comparable between countries. The advantage of observing the data via EHIS is that firstly, we can receive comparable data for all countries due to same method of data collection; and secondly, it enables linking the data with characteristics of health status, health determinants and socio-economic characteristics. This allows analysing the relations between health consumption and several determinants such as health status, lifestyles or socio-demographic characteristics as well as the relations between different types of health care use. As such EHIS data permit the comparison of the health needs and health consumption and thus make it also possible to explore the concepts of vertical and horizontal equity in health care.

## Use of inpatient and day care

Label	Location
Use of inpatient and day care	European Health Interview Survey › European Health Care Module
Type	Order
Sequence	InOrderOfAppearance

### Description

Hospital services are the most expensive care services and are in particular related to the most severe health problems for which ill person are admitted either as inpatients or day patients. Inpatients are patients who are formally admitted to an institution for treatment and/ or care and stay for a minimum of one night or more than 24 hours in the institution. Day patients are patients who are formally admitted to an institution for treatment and/ or care with the intention to discharge these patients on the same day. Day patients have to be distinguished from out-patient services including emergency services that are not included in the concept of day patients here.

### Guidelines

Hospitals comprise licensed establishments primarily engaged in providing medical, diagnostic, and treatment services that include physician, nursing, and other health services to inpatients and the specialised accommodation services required by inpatients. Hospitals provide inpatient health services, many of which can only be provided using the specialised facilities and equipment that form a significant and integral part of the hospitals' production process. In some countries, health facilities need in addition a minimum size (such as a minimum number of beds) in order to be formally registered as a hospital (SHA definition). Hospitals may also provide out-patient services (i.e., a patient has contact with an ambulatory care physician in hospital or a short-term treatment in the emergency unit of the hospital) as a secondary activity, but such cases are not considered within variable HO1. All types of hospitals are included: the general term hospital is preferred. When necessary and due to local singularities, the interviewer should explain that all kinds of hospitals as well as psychiatric/ mental health hospitals and specialized hospitals or clinics are included. On the other hand, nursing homes and institutes providing care for those with learning disabilities are excluded. Hospitalisation abroad is also included. The time spent in hospital for women giving birth without further complications should not be included in the number of hospital days. However, time spent for reasons related to antenatal and postnatal period (e.g., complications during pregnancy, abortions, and complications after giving birth) should be included. The former variables HO1 (Admission as an inpatient in a hospital the past 12 months: Yes/ No) and HO2 (Thinking of all occasions having been an inpatient, number of nights in total spent in hospital: Number of nights) in EHIS waves 1 and 2 are merged into one variable in EHIS wave 3 guidelines; this in order to streamline the list of variables.

## Introduction\_HO

Name Introduction_HO	Label	Location European Health Interview Survey › European Health Care Module › Use of inpatient and day care
Type Multiple Choice	Selection Type SelectOne	Display Style

**Question**

The next set of questions is about time spent in hospital. All types of hospitals are included.

**Instructions**

Note: For the purpose of this survey this excludes time spent in hospital giving birth for women under the age of 50


Note: Press 1 to continue

**BLAISE INSTRUCTOIN: Screen note**

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**Choices**

1	Continue
---	----------


**HO1**

Name HO1	Label	Location European Health Interview Survey › European Health Care Module › Use of inpatient and day care
Type Multiple Choice	Selection Type SelectOne	Display Style

Condition  
Introduction\_HO Contains Any 1 Continue

**Question**

In the past 12 months have you been in hospital as an inpatient, that is overnight or longer?

**Instructions**

Note: Visits to emergency departments only (without overnight stay) or as outpatient only should not be included.

**BLAISE INSTRUCTION: Screen note**

Blaise: Add note to screen in blue

**Choices**

1	Yes
---	-----

2	No
---	----

## HO1B

Name HO1B	Label	Location European Health Interview Survey › European Health Care Module › Use of inpatient and day care
Type Integer	Low 1	High 365
Condition HO1 Contains Any 1 Yes		

### Question

Thinking of all these occasions you have been an inpatient, how many nights in total did you spend in hospital?

## HO2A

Name HO2A	Label	Location European Health Interview Survey › European Health Care Module › Use of inpatient and day care
Type Multiple Choice	Selection Type SelectOne	Display Style
Condition Introduction_HO Contains Any 1 Continue		

### Question

In the past 12 months have you been admitted to hospital as a day patient, that is admitted to a hospital for diagnostic, treatment or other types of health care, but not required to remain overnight?

### Choices

1	Yes
2	No

## HO2B

Name HO2B	Label	Location European Health Interview Survey › European Health Care Module › Use of inpatient and day care
Type Integer	Low 0	High 365
Condition HO2A Contains Any 1 Yes		

**Question**

In the past 12 months how many times have you been admitted to hospital as a day patient?

## Use of ambulatory and home care

Label Use of ambulatory and home care	Location European Health Interview Survey › European Health Care Module
Type Sequence	Order InOrderOfAppearance

**Description**

## Guidelines

Dental services are not the most frequently used outpatient care services but they are often expensive and have a big prevention potential.

Dentist: professional who provides comprehensive care regarding teeth and oral cavity, including prevention, diagnosis and treatment of aberrations and diseases.

Dentist's tasks include: making diagnosis, advising on and giving necessary dental treatment, giving surgical, medical and other forms of treatment for particular types of dental and oral diseases and disorders.

Orthodontist: dental specialist who diagnoses, prevents and corrects irregularities of the teeth and jaw problems (for example, correcting misaligned teeth through the use of braces).

Other dental care specialists (dental hygienists or dental hygiene practitioner). Their tasks can differ from one country to another. Also, in some cases they practice under the supervision of a dentist. They do less complex dental and oral care, such as advice patients to develop and maintain good oral health, examine patients' teeth and gums, remove deposits and plaque from teeth, make fillings, dental X-rays or local anaesthesia, etc.

## Introduction\_AM1

Name Introduction_AM1	Label	Location European Health Interview Survey › European Health Care Module › Use of ambulatory and home care
Type Multiple Choice	Selection Type SelectOne	Display Style

**Question**

The next set of questions are about visits to the GP, medical or surgical specialists, dentist, orthodontist or other dental care specialist. It also includes questions on different homecare services

**Instructions**


Note: Press 1 to continue

**BLAISE INSTRUCTION: Screen note**

Blaise: Add note to screen in blue

**Choices**

1	Continue
---	----------

 AM1

Name AM1	Label	Location European Health Interview Survey › European Health Care Module › Use of ambulatory and home care
Type Multiple Choice	Selection Type SelectOne	Display Style
Condition Introduction_AM1 Contains Any 1 Continue		

**Question**

When was the last time you visited a dentist or orthodontist for the purpose of addressing your own dental care?

**Choices**

1	Less than 6 months
2	6 to less than 12 months
3	12 months or longer
4	Never

 AM2

Name AM2	Label	Location European Health Interview Survey › European Health Care Module › Use of ambulatory and home care
Type Multiple Choice	Selection Type SelectOne	Display Style
Condition Introduction_AM1 Contains Any 1 Continue		

**Question**

When was the last time you consulted a GP (general practitioner) or family doctor for your own care?

**Instructions**

Note: Please include visits to your doctor's office as well as home visits and consultations by telephone.

**BLAISE INSTRUCTION: Screen note**

Blaise: Add note to screen in blue

**Choices**

1	Less than 12 months ago
2	12 months ago or longer
3	Never

 AM3

Name AM3	Label	Location European Health Interview Survey › European Health Care Module › Use of ambulatory and home care
Type Integer	Low 0	High 350
Condition AM2 Contains Any 1 Less than 12 months ago		

**Question**

During the past four weeks ending yesterday, how many times did you consult a GP (general practitioner) or family doctor for your own care?

 AM3A

Name AM3A	Label	Location European Health Interview Survey › European Health Care Module › Use of ambulatory and home care
Type Multiple Choice	Selection Type SelectOne	Display Style
Condition AM3 Greater than 0		

**Question**

During these consultations, how many times if any did you meet with each of the following GP personnel?

**Instructions**

Note: Press 1 to continue

Note: The options are:

- Doctor(s) only
- Nurse(s) only
- Doctor(s) and Nurse(s) on the same occasion
- Another member of the GP practice (e.g. Physiotherapist)
- I did not visit the GP practice for all the consultations. This occurred on \_\_ times

**BLAISE INSTRUCTION: Screen note**

Blaise: Add note to screen in blue

**Choices**

1	Continue
---	----------

 AM3B

Name AM3B	Label	Location European Health Interview Survey › European Health Care Module › Use of ambulatory and home care
Type Integer	Low 0	High 100
Condition AM3A Contains Any 1 Continue		

**Question**

The practice doctor(s) only?

**Instructions**

Note: Only include face to face consultations.

AM3C		
Name AM3C	Label	Location European Health Interview Survey › European Health Care Module › Use of ambulatory and home care
Type Integer	Low 0	High 100
Condition AM3A Contains Any 1 Continue		

**Question**

The practice nurse(s) only?

AM3D		
Name AM3D	Label	Location European Health Interview Survey › European Health Care Module › Use of ambulatory and home care
Type Integer	Low 0	High 100
Condition AM3A Contains Any 1 Continue		

**Question**

Both the practice doctor(s) and nurse(s)?

AM3E		
Name AM3E	Label	Location European Health Interview Survey › European Health Care Module › Use of ambulatory and home care
Type Integer	Low 0	High 100

Condition

AM3A Contains Any 1 Continue

**Question**

A different member of the GP practice (e.g. physiotherapist)?

AM3F

Name AM3F	Label	Location European Health Interview Survey › European Health Care Module › Use of ambulatory and home care
Type Integer	Low 0	High 100

Condition

AM3A Contains Any 1 Continue

**Question**

I did not visit the GP practice for all the consultations. (number of times this occurred)

AM3a

Name AM3a	Label	Location European Health Interview Survey › European Health Care Module › Use of ambulatory and home care
Type Multiple Choice	Selection Type SelectOne	Display Style

Condition

AM3 Greater than or Equal to 1

**Question**

On the most recent consultation with your GP (general practitioner) or family doctor, in what way did consultation take place?


**Instructions**

Note: Only include consultations with your GP ( excluding general information searches)

**Choices**

1	just by phone call
2	by phone call and visit to premises

3	solely by visit to premises
4	by other means (e.g. internet, text etc.)


**AM3b**

Name <b>AM3b</b>	Label	Location European Health Interview Survey › European Health Care Module › Use of ambulatory and home care
Type Multiple Choice	Selection Type SelectAllThatApply	Display Style
Condition AM3 Greater than or Equal to 1		

**Question**

On your most recent consultation with your GP (general practitioner) or family doctor, who did you deal with from the practice members?

**Instructions**


Note: Select all that apply making your 1st selection the most significant

**BLAISE INSTRUCTION: Screen note**

Blaise: Add note to screen in blue

**Choices**

1	the practice doctor(s)
2	the practice nurse(s)
3	another member of the GP practice


**AM4**

Name <b>AM4</b>	Label	Location European Health Interview Survey › European Health Care Module › Use of ambulatory and home care
Type Multiple Choice	Selection Type SelectOne	Display Style
Condition Introduction_AM1 Contains Any 1 Continue		

**Question**

When was the last time you consulted a medical or surgical specialist for your own care?

**Instructions**

Note: Include visits to doctors as outpatient or emergency departments only, but do not include contacts while in hospital as an in-patient or day-patient.

note: Exclude visits to general dentists but include visits to dental surgeons

**BLAISE INSTRUCTION: Screen note**

Blaise: Add note to screen in blue

**Choices**

1	Less than 12 months ago
2	12 months ago or longer
3	Never

AM5		
Name AM5	Label	Location European Health Interview Survey › European Health Care Module › Use of ambulatory and home care
Type Integer	Low 0	High 365
Condition AM4 Contains Any 1 Less than 12 months ago		

**Question**

During the past four weeks, how many times did you consult a specialist for your own care?

AM6a		
Name AM6a	Label	Location European Health Interview Survey › European Health Care Module › Use of ambulatory and home care
Type Multiple Choice	Selection Type SelectAllThatApply	Display Style
Condition Introduction_AM1 Contains Any 1 Continue		

**Question**

In the past 12 months have you visited for your own care any of the following:

**Instructions**


Note: Select all that apply

**BLAISE INSTRUCTION: Screen note**

Blaise: Add note to screen in blue

**Choices**

1	physiotherapist
2	kinesitherapist
3	chiropractor
4	osteopath
5	None of the above

 AM6b

Name AM6b	Label	Location European Health Interview Survey › European Health Care Module › Use of ambulatory and home care
Type Multiple Choice	Selection Type SelectAllThatApply	Display Style
Condition Introduction_AM1 Contains Any 1 Continue		

**Question**

In the past 12 months have you visited for your own care any of the following:

**Instructions**

Note: Select all that apply

**BLAISE INSTRUCTION: Screen note**

Blaise: Add note to screen in blue

**Choices**

1	psychologist
2	psychotherapist
3	psychiatrist

4	None of the above
---	-------------------

AM7		
Name AM7	Label	Location European Health Interview Survey › European Health Care Module › Use of ambulatory and home care
Type Multiple Choice	Selection Type SelectOne	Display Style
Condition Introduction_AM1 Contains Any 1 Continue		

**Question**

In the past 12 months, have you yourself used or received any home care services?

**Instructions**

Note: Home care services refer to the provision of medical and nonmedical in-home supporting care services for persons who, due to the physical or mental illness or disability or because of old age, cannot perform specific personal or household care activities or are confined to their own houses

**Choices**

1	Yes
2	No

## Medicine use

Label Medicine use	Location European Health Interview Survey › European Health Care Module
Type Sequence	Order InOrderOfAppearance

**Description**

The use of medicines (pharmaceuticals, drugs) has increased a lot during the last decades (it may also be an issue in an ageing society) and it indicates aspects of accessibility, up-to-date quality of care and costs. They shall consequently be also surveyed together with the other elements of the health care services consumption. The sub-module used distinguishes between prescribed medicines (these further divided between medicines used for treatment of certain diseases or health problems and other medicines) and nonprescribed medicines (also called over-the-counter medicines).

## Introduction\_MD

Name Introduction_MD	Label	Location European Health Interview Survey › European Health Care Module › Medicine use
Type Multiple Choice	Selection Type SelectOne	Display Style

### Question

I'd now like to ask about your use of medicines in the past 2 weeks.

### Instructions

Note: Press 1 to continue

### BLAISE INSTRUCTION: Screen note

Blaise: Add note to screen in blue

### Choices

1	Continue
---	----------

## MD1

Name MD1	Label	Location European Health Interview Survey › European Health Care Module › Medicine use
Type Multiple Choice	Selection Type SelectOne	Display Style
Condition Introduction_MD Contains Any 1 Continue		

### Question

During the past two weeks, have you used any medicines that were prescribed for you by a doctor?

### Instructions

Note: For the purpose of this survey, if female, exclude contraceptive pills or hormones used solely for contraception.

### BLAISE INSTRUCTION: Screen note

Blaise: Add note to screen in blue

### Choices

1	Yes
---	-----

2	No
---	----

MD2		
Name <b>MD2</b>	Label	Location European Health Interview Survey › European Health Care Module › Medicine use
Type <b>Multiple Choice</b>	Selection Type <b>SelectOne</b>	Display Style
Condition Introduction_MD Contains Any 1 Continue		

**Question**

During the past two weeks, have you used any medicines or herbal medicines or vitamins not prescribed by a doctor?

**Instructions**

Note: For the purpose of this survey, if female, exclude contraceptive pills or hormones used solely for contraception.

**Choices**

1	Yes
2	No

## Preventive services

Label <b>Preventive services</b>	Location European Health Interview Survey › European Health Care Module
Type <b>Sequence</b>	Order <b>InOrderOfAppearance</b>

**Description**

Preventive health care services are important not only to avoid certain diseases but also to identify already existing health problems in their early stages. This enables more effective treatment in terms of bigger impact on health status of the population but also in terms of saving of total health care expenditure. Questions to measure the use of preventing health care services, such as vaccination, checking for important blood parameters related to risk of diseases of the circulatory system and diabetes, and screening of some cancers, are included in this section. In EU Member States the majority of the population is covered from the first years of the life by the systematic vaccination against some of the most dangerous communicable diseases. In terms of vaccinations a growing challenge, in particular again in an ageing society, is to protect persons at risk – elderly people and people suffering some chronic diseases – against influenza. In addition, the most important causes of deaths among people 44-65 are different types of cancer. Among people 65+ diseases of the circulatory system – this last type of diseases

counting also for an important share of premature deaths (<65) – are the most important causes of deaths. Finally, in relation with the important increase of obesity in EU Member States in the last decades, diabetes is one of the main concerns for the health care system – and could become an important cause of death in the future. This is why the preventing actions related to these risks are an important strategic element for the quality and sustainability of health care systems and for the increase of healthy life years.

Introduction_PA1		
Name Introduction_PA1	Label	Location European Health Interview Survey › European Health Care Module › Preventive services
Type Multiple Choice	Selection Type SelectOne	Display Style

### Question

I would now like to ask you about preventative medicines and treatments or procedures you might have taken

### Instructions

Note: Press 1 to continue

### BLAISE INSTRUCTION: Screen note

Blaise: Add note to screen in blue

### Choices

1	Continue
---	----------

PA1 - Flu vaccination indicator		
Name PA1	Label Flu vaccination indicator	Location European Health Interview Survey › European Health Care Module › Preventive services
Type Multiple Choice	Selection Type SelectOne	Display Style
Condition Introduction_PA1 Contains Any 1 Continue		

### Question

Have you ever been vaccinated against flu?

### Choices

1	Yes
---	-----

2 No

## PA1a - Flu vaccination date

Name PA1a	Label Flu vaccination date	Location European Health Interview Survey › European Health Care Module › Preventive services
Type Date		
Condition PA1 Contains Any 1 Yes		

### Question

When was the last time you've been vaccinated against flu?

### Instructions

Note: Please ask the respondent to estimate the date if he/she is not sure.

### BLAISE INSTRUCTION: Screen note

Blaise: Add note to screen in blue

## PA2

Name PA2	Label	Location European Health Interview Survey › European Health Care Module › Preventive services
Type Multiple Choice	Selection Type SelectOne	Display Style
Condition Introduction_PA1 Contains Any 1 Continue		

### Question

When was the last time that your blood pressure was measured by a health professional?

### Instructions

Note: Health professionals should include individuals who are qualified to test for blood pressure. It will usually be medical or dental staff but may also include pharmacists

### BLAISE INSTRUCTION: Screen note

Blaise: Add note to screen in blue

### Choices

1	Within the past 12 months
2	1 to less than 3 years
3	3 to less than 5 years
4	5 years or more
5	Never

PA3		
Name PA3	Label	Location European Health Interview Survey › European Health Care Module › Preventive services
Type Multiple Choice	Selection Type SelectOne	Display Style
Condition Introduction_PA1 Contains Any 1 Continue		

**Question**

When was the last time that your blood cholesterol was measured by a health professional?

**Instructions**

Note: Health professionals should include individuals who are qualified to test for cholesterol. It will usually be medical or dental staff but may also include pharmacists

**BLAISE INSTRUCTION: Screen note**

Blaise: Add note to screen in blue

**Choices**

1	Within the past 12 months
2	1 to less than 3 years
3	3 to less than 5 years
4	5 years or more
5	Never

PA4		
Name PA4	Label	Location European Health Interview Survey › European Health Care Module › Preventive services

Type	Selection Type	Display Style
Multiple Choice	SelectOne	
Condition		
Introduction_PA1 Contains Any 1 Continue		

**Question**

When was the last time that your blood sugar was measured by a health professional?

**Instructions**


Note: Health professionals should include individuals who are qualified to test for blood sugar. It will usually be medical or dental staff but may also include pharmacists

**BLAISE INSTRUCTION: Screen note**

Blaise: Add note to screen in blue

**Choices**

1	Within the past 12 months
2	1 to less than 3 years
3	3 to less than 5 years
4	5 years or more
5	Never

 PA5		
Name	Label	Location
PA5		European Health Interview Survey › European Health Care Module › Preventive services
Type	Selection Type	Display Style
Multiple Choice	SelectOne	
Condition		
Introduction_PA1 Contains Any 1 Continue		

**Question**

When was the last time you had a faecal occult blood test?


**Instructions**

Note: The aim of the test is to detect subtle blood loss in the gastrointestinal tract, anywhere from the mouth to the colon

Note: Health professionals should include individuals who are qualified to test for faecal occult. It will usually be medical or dental staff but may also include pharmacists

**Choices**

1	Within the past 12 months
2	1 to less than 2 years
3	2 to less than 3 years
4	3 years or more
5	Never

 PA6

Name PA6	Label	Location European Health Interview Survey › European Health Care Module › Preventive services
Type Multiple Choice	Selection Type SelectOne	Display Style
Condition Introduction_PA1 Contains Any 1 Continue		

**Question**

When was the last time you had a colonoscopy?

**Instructions**

Note: It is visual examination of the colon (with a colonoscope) from the cecum to the rectum

**BLAISE INSTRUCTION: Screen note**

Blaise: Add note to screen in blue

**Choices**

1	Within the past 12 months
2	1 to less than 5 years
3	5 to less than 10 years
4	10 years or more
5	Never

 PA7

Name PA7	Label	Location European Health Interview Survey › European Health Care Module › Preventive services
-------------	-------	--

Type Multiple Choice	Selection Type SelectOne	Display Style
Condition Sex contains 2 Female		

**Question**

When was the last time you had a mammography (breast X-ray)?

**Instructions**


Note: "Mammography" is a procedure used to generate a mammogram, an X-ray image of the breast.

**BLAISE INSTRUCTION: Screen note**

Blaise: Add note to screen in blue

**Choices**

1	Within the past 12 months
2	1 to less than 2 years
3	2 to less than 3 years
4	3 years or more
5	Never

 PA8

Name PA8	Label	Location European Health Interview Survey › European Health Care Module › Preventive services
Type Multiple Choice	Selection Type SelectOne	Display Style
Condition Sex contains 2 Female		

**Question**

When was the last time you had a cervical smear test?

**Instructions**

Note: A "cervical smear test": test to screen for uterus cancer known also as a pap smear test.

**BLAISE INSTRUCTION: Screen note**

Blaise: Add note to screen in blue

**Choices**

1	Within the past 12 months
---	---------------------------

2	1 to less than 2 years
3	2 to less than 3 years
4	3 years or more
5	Never

## Unmet needs for health care

Label Unmet needs for health care	Location European Health Interview Survey › European Health Care Module
Type Sequence	Order InOrderOfAppearance

### Description

Equity in access to health care services including financial barriers to health care is given high importance in different EU policies.

## Introduction\_UN

Name Introduction_UN	Label	Location European Health Interview Survey › European Health Care Module › Unmet needs for health care
Type Multiple Choice	Selection Type SelectOne	Display Style

### Question

There are many reasons why people experience some delay in getting health care or do not get it at all. The next set of questions ask about unmet health care

### Instructions

Note: Press 1 to continue

### BLAISE INSTRUCTION: Screen note

Blaise: Add note to screen in blue

### Choices

1	Continue
---	----------

## UN1A

Name UN1A	Label	Location European Health Interview Survey › European Health Care Module › Unmet needs for health care
Type Multiple Choice	Selection Type SelectOne	Display Style
Condition Introduction_UN Contains Any 1 Continue		

**Question**

Have you experienced delay in getting health care in the past 12 months because the time needed to obtain an appointment was too long?

Interviewer note: If the spontaneous answer is "No" you should probe if the respondent needed health care or not. In case no care was needed answer "3. No need for health care" should be coded.

**Instructions**

Note: Health care can be either goods or services. It covers curative care, rehabilitative care, long-term health care, ancillary services and medical goods provided to outpatients.

Note: Only the delay which is perceived by respondent as worrying or possibly causing additional health problem or further significantly deteriorating his/ her health should be taken into account.

**BLAISE INSTRUCTION: Screen note**

Blaise: Add note to screen in blue

**Choices**

1	Yes
2	No
3	No need for health care

UN1B		
Name UN1B	Label	Location European Health Interview Survey › European Health Care Module › Unmet needs for health care
Type Multiple Choice	Selection Type SelectOne	Display Style
Condition Introduction_UN Contains Any 1 Continue		

**Question**

Have you experienced delay in getting health care in the past 12 months due to distance or transportation problems?

Interviewer instruction If the spontaneous answer is "No" you should probe if the respondent needed health care or not. In case no care was needed answer "3. No need for health care" should be coded.

### Instructions

Note: Health care can be either goods or services. It covers curative care, rehabilitative care, long-term health care, ancillary services and medical goods provided to outpatients.

Note: Only the delay which is perceived by respondent as worrying or possibly causing additional health problem or further significantly deteriorating his/ her health should be taken into account.

### BLAISE INSTRUCTION: Screen note

Blaise: Add note to screen in blue

### Choices

1	Yes
2	No
3	No need for health care

UN2		
Name UN2	Label	Location European Health Interview Survey › European Health Care Module › Unmet needs for health care
Type Multiple Choice	Selection Type SelectOne	Display Style
Condition Introduction_UN Contains Any 1 Continue		

### Question

Was there any time in the past 12 months when you needed the following kinds of health care, but could not afford it?

Interviewer instruction: If the spontaneous answer is "No" you should probe if the respondent needed health care or not.

In case no care was needed answer "3. No need" should be coded.

### Instructions

Note: Showcard

Note: Press 1 to continue

**BLAISE INSTRUCTION: Screen note**

Blaise: Add notes to screen in blue

**Choices**

1	Continue
---	----------

UN2A		
Name UN2A	Label	Location European Health Interview Survey › European Health Care Module › Unmet needs for health care
Type Multiple Choice	Selection Type SelectOne	Display Style
Condition UN2 Contains Any 1 Continue		

**Question**

Medical care?

**Instructions**

Note: If the spontaneous answer is "No" you should probe if the respondent needed medical care or not.

Note: In case no care was needed answer "3. No need" should be coded.

**Choices**

1	Yes
2	No
3	No need for medical care

UN2B		
Name UN2B	Label	Location European Health Interview Survey › European Health Care Module › Unmet needs for health care
Type Multiple Choice	Selection Type SelectOne	Display Style
Condition UN2 Contains Any 1 Continue		

**Question**

Dental care?

**Instructions**

Note: If the spontaneous answer is "No" you should probe if the respondent needed dental care or not.

Note: In case no care was needed answer "3. No need" should be coded.

**BLAISE INSTRUCTION: Screen note**

Blaise: add note to screen in blue

**Choices**

1	Yes
2	No
3	No need for dental care

UN2C		
Name UN2C	Label	Location European Health Interview Survey › European Health Care Module › Unmet needs for health care
Type Multiple Choice	Selection Type SelectOne	Display Style
Condition UN2 Contains Any 1 Continue		

**Question**

Prescribed medicines?

**Instructions**

Note: If the spontaneous answer is "No" you should probe if the respondent needed prescribed medicines or not.

Note: In case no care was needed answer "3. No need" should be coded.

**BLAISE INSTRUCTION: Screen note**

Blaise: Add note to screen in blue

**Choices**

1	Yes
2	No
3	No need for prescribed medicine

## UN2D

Name UN2D	Label	Location European Health Interview Survey › European Health Care Module › Unmet needs for health care
Type Multiple Choice	Selection Type SelectOne	Display Style
Condition UN2 Contains Any 1 Continue		

**Question**

Mental health care by a psychologist, psychotherapist or a psychiatrist for example?

**Instructions**

Note: If the spontaneous answer is "No" you should probe if the respondent needed mental health care or not.

Note: In case no care was needed answer "3. No need" should be coded.

**BLAISE INSTRUCTION: Screen note**

Blaise: Add note to screen in blue

**Choices**

1	Yes
2	No
3	No need for this type of health care

## European Health Determinants Module

Label European Health Determinants Module	Location European Health Interview Survey
Type Sequence	Order InOrderOfAppearance

**Description**

The general focus of the module is to measure some aspects in lifestyles or health-related behaviours having a positive or negative impact on someone's health state. Better lifestyles are probably the main potential source of improvement in the health of the population. For public health actors in health-promotion it is essential to measure regularly the prevalence of specific healthrelated behaviours and their trends at population level and in specific population subgroups. Such measurement is imperative for the evaluation of programmes and policies and for raising awareness of the population.

## Weight and height

Label Weight and height	Location European Health Interview Survey › European Health Determinants Module
Type Sequence	Order InOrderOfAppearance

**Description**

The increase of obesity and overweight among the population becomes one of the most important public health issues in the developed countries, as overweight and obesity represent a high risk factor for diseases of the circulatory system, diabetes and other chronic diseases. The evolution of the way of life and food consumption in the EU Member States is characterised by low physical activity and energetic food intake which involve the increase of the body mass index.

## Introduction\_WH

Name Introduction_WH	Label	Location European Health Interview Survey › European Health Determinants Module › Weight and height
Type Multiple Choice	Selection Type SelectOne	Display Style

**Question**

Now I'm going to ask you about your height and weight.

**Instructions**

Note: Press 1 to continue

**BLAISE INSTRUCTION: Screen note**

Blaise: Add note to screen in blue

**Choices**

1	Continue
---	----------

## BM1

Name BM1	Label	Location European Health Interview Survey › European Health Determinants Module › Weight and height
-------------	-------	---

Type		
Question Grid		
Condition	Introduction_WH Contains Any 1 Continue	

**Question**


How tall are you without shoes?

**Rows**

1	Height
---	--------

**Columns**

cms	Numeric
feet and inches	Numeric

 BM1_oth		
Name	Label	Location
BM1_oth		European Health Interview Survey › European Health Determinants Module › Weight and height
Type	Selection Type	Display Style
Multiple Choice	SelectOne	
Condition	(BM1 Empty) And (BM1 Empty)	

**Question**

Can you give me your best estimate of how tall you are ?

**Choices**

1	Under 100 cm
2	100-125cm
3	125 - 150 cm
4	150 - 175 cm
5	175 - 200 cm
6	200 cm (6 foot 6 inches) or more

 BM2

Name BM2	Label	Location European Health Interview Survey › European Health Determinants Module › Weight and height
Type Question Grid		

**Question**

How much do you weigh?

**Rows****Columns**

Kgs	Numeric
Stones	Numeric

 BM2\_oth

Name BM2_oth	Label	Location European Health Interview Survey › European Health Determinants Module › Weight and height
Type Multiple Choice	Selection Type SelectOne	Display Style

**Condition**

(BM2WeightKgs Empty) And (BM2WeightStones Empty)

**Question**

Can you estimate your weight?

**Choices**

1	Under 25 kg
2	25-35 kg
3	35-45 kg
4	45-55 kg
5	55-65 kg
6	65-75 kg
7	75-85 kg
8	85-95 kg

9	95-100 kg
10	Over 100 kg

## Physical activity / exercise

Label Physical activity / exercise	Location European Health Interview Survey › European Health Determinants Module
Type Sequence	Order InOrderOfAppearance

### Description

While also linked with the previous topic on obesity and overweight, monitoring physical activity focuses more generally the measurement of the effect of physical activity on health states and risks of morbidity and mortality. In particular, increased physical activity has been related to reduction of mortality for all causes and in particular cardiovascular mortality; it decreases the risk of colorectal cancer, diabetes, depression, and is a factor in the prevention of osteoporosis. There is a strong social gradient for physical activities and distinction between working and leisure time activities is essential from this point of view. The physical activity sub-module enables assessment of work-related physical activity, transportation (commuting) physical activity and leisure-time physical activities

Introduction_PE		
Name Introduction_PE	Label	Location European Health Interview Survey › European Health Determinants Module › Physical activity / exercise
Type Multiple Choice	Selection Type SelectOne	Display Style

### Question

Next I am going to ask you about the time you spend doing different types of physical activity in a typical week. Please answer these questions even if you do not consider yourself to be a physically active person.

### Instructions

Note: Press 1 to continue

Note: Provide respondent with showcard

### BLAISE INSTRUCTION: Screen note

Blaise: Add note to screen in blue

### Choices

1	Continue
---	----------

PE1		
Name PE1	Label	Location European Health Interview Survey › European Health Determinants Module › Physical activity / exercise
Type Multiple Choice	Selection Type SelectOne	Display Style
Condition Introduction_PE Contains Any 1 Continue		

**Question**

When you are WORKING, which of the following best describes what you do? Would you say ...

**Instructions**

Note: For the purpose of this survey think of work as the things that you have to do such as paid and unpaid work, work around your home, taking care of family, studying or training.

Note: Only read out first three answer options.

**BLAISE INSTRUCTION: Screen note**

Blaise: Add note to screen in blue

**Choices**

1	Mostly sitting or standing
2	Mostly walking or tasks of moderate physical effort
3	Mostly heavy labour or physically demanding work
4	Not performing any working tasks

Introduction_PE2_PE4		
Name Introduction_PE2_PE4	Label	Location European Health Interview Survey › European Health Determinants Module › Physical activity / exercise
Type Multiple Choice	Selection Type SelectOne	Display Style
Condition Introduction_PE Contains Any 1 Continue		

**Question**

The next questions EXCLUDE the WORK-RELATED PHYSICAL ACTIVITIES that you have already mentioned. Now I would like to ask you about the way you usually GET TO AND FROM PLACES; for example to work, to school, for shopping, or to market.

**Instructions**

Note: Press 1 to continue

**BLAISE INSTRUCTION: Screen note**

Blaise: Add note to screen in blue

**Choices**

1	Continue
---	----------

PE2		
Name PE2	Label	Location European Health Interview Survey › European Health Determinants Module › Physical activity / exercise
Type Multiple Choice	Selection Type SelectOne	Display Style
Condition Introduction_PE2_PE4 Contains Any 1 Continue		

**Question**

In a typical week, on how many days do you WALK for at least 10 minutes continuously in order to get to and from places?

**Choices**

1	1 day
2	2 days
3	3 days
4	4 days
5	5 days
6	6 days
7	7 days
8	I never carry out such physical activity

 PE3

Name PE3	Label	Location European Health Interview Survey › European Health Determinants Module › Physical activity / exercise
Type Multiple Choice	Selection Type SelectOne	Display Style
Condition PE2 Contains Any 1 1 day or 2 2 days or 3 3 days or 4 4 days or 5 5 days or 6 6 days or 7 7 days		

**Question**

How much time do you spend walking in order to get to and from places on a typical day?

**Instructions**

Note: Showcard on Getting to and from places

**BLAISE INSTRUCTION: Screen note**

Blaise: Add note to screen in blue

**Choices**

1	10 - 29 minutes per day
2	30 - 59 minutes per day
3	1 hour to less than 2 hours per day
4	2 hours to less than 3 hours per day
5	3 hours or more per day

 PE4

Name PE4	Label	Location European Health Interview Survey › European Health Determinants Module › Physical activity / exercise
Type Multiple Choice	Selection Type SelectOne	Display Style
Condition Introduction_PE2_PE4 Contains Any 1 Continue		

**Question**

In a typical week, on how many days do you BICYCLE for at least 10 minutes continuously to get to and from places?

**Choices**

1	1 day
2	2 days
3	3 days
4	4 days
5	5 days
6	6 days
7	7 days
0	I never carry out such physical activities

PE5		
Name PE5	Label	Location European Health Interview Survey › European Health Determinants Module › Physical activity / exercise
Type Multiple Choice	Selection Type SelectOne	Display Style
Condition PE4 Contains Any 1 1 day or 2 2 days or 3 3 days or 4 4 days or 5 5 days or 6 6 days or 7 7 days		

**Question**

How much time do you spend bicycling in order to get to and from places on a typical day?

**Choices**

1	10 - 29 minutes per day
2	30 - 59 minutes per day
3	1 hour to less than 2 hours per day
4	2 hours to less than 3 hours per day
5	3 hours or more per day

Introduction_PE6_PE8
----------------------

Name Introduction_PE6_PE8	Label	Location European Health Interview Survey › European Health Determinants Module › Physical activity / exercise
Type Multiple Choice	Selection Type SelectOne	Display Style
Condition Introduction_PE Contains Any 1 Continue		

**Question**

The next questions EXCLUDE the WORK and TRANSPORTATION ACTIVITIES that you have already mentioned. Now I would like to ask you about SPORTS, FITNESS and RECREATIONAL (LEISURE) PHYSICAL ACTIVITIES that cause AT LEAST a small increase in breathing or heart rate. For example brisk walking, ball games, jogging, cycling or swimming.

**Instructions**


Note: Press 1 to continue

**BLAISE INSTRUCTION: Screen note**

Blaise: Add note to screen in blue

**Choices**

1	Continue
---	----------

 PE6		
Name PE6	Label	Location European Health Interview Survey › European Health Determinants Module › Physical activity / exercise
Type Multiple Choice	Selection Type SelectOne	Display Style
Condition Introduction_PE6_PE8 Contains Any 1 Continue		

**Question**

In a typical week, on how many days do you carry out sports, fitness or recreational physical activities for at least 10 minutes continuously?

**Choices**

1	1 day
2	2 days

3	3 days
4	4 days
5	5 days
6	6 days
7	7 days
0	I never carry out such physical activities

PE7		
Name PE7	Label	Location European Health Interview Survey › European Health Determinants Module › Physical activity / exercise
Type Integer	Low 1	High 1024
Condition PE6 Contains Any 2 2 days or 3 3 days or 4 4 days or 5 5 days or 6 6 days or 7 7 days		

**Question**

How much time in total do you spend on sports, fitness or recreational physical activities in a typical week?

**Instructions**

Note: Answer in hours and minutes HH:MM

**BLAISE INSTRUCTION: Screen note**

Blaise: Add note to screen in blue

**BLAISE INSTRUCTION: Answer categories**

Blaise: Answer in hours and minutes (HH:MM)

PE8		
Name PE8	Label	Location European Health Interview Survey › European Health Determinants Module › Physical activity / exercise
Type Multiple Choice	Selection Type SelectOne	Display Style

Condition

Introduction\_PE6\_PE8 Contains Any 1 Continue

**Question**

In a typical week, on how many days do you carry out physical activities specifically designed to STRENGTHEN your muscles such as doing resistance training or strength exercises?

**Instructions**

Note: Include all such activities even if you have mentioned them before.

**BLAISE INSTRUCTION: Screen note**

Blaise: Add note to screen in blue

**Choices**

1	1 day
2	2 days
3	3 days
4	4 days
5	5 days
6	6 days
7	7 days
8	I never carry out such physical activities



## Introduction\_PE9

Name Introduction_PE9	Label	Location European Health Interview Survey › European Health Determinants Module › Physical activity / exercise
Type Multiple Choice	Selection Type SelectOne	Display Style

Condition

Introduction\_PE Contains Any 1 Continue

**Question**

The last question in this module is about sitting at work, at home, getting to and from places, or with friends including time spent sitting at a desk, sitting with friends, travelling in car, bus, train, reading, playing cards or watching television on a typical day; but time spent sleeping should not be included here.

**Instructions**

Note: Press 1 to continue

**BLAISE INSTRUCTION: Screen note**

Blaise: Add note to screen in blue

**Choices**

1	Continue
---	----------

PE9		
Name PE9	Label	Location European Health Interview Survey › European Health Determinants Module › Physical activity / exercise
Type Multiple Choice	Selection Type SelectOne	Display Style
Condition Introduction_PE9 Contains Any 1 Continue		

**Question**

How much time do you spend sitting and reclining on a typical day?

**Choices**

1	Less than 4 hours
2	4 hours to less than 6 hours
3	6 hours to less than 8 hours
4	8 hours to less than 10 hours
5	10 hours to less than 12 hours
6	12 hours or more

**Dietary habits**

Label Dietary habits	Location European Health Interview Survey › European Health Determinants Module
Type Sequence	Order InOrderOfAppearance

**Description**

Healthy food intake is a key element for preventing numerous chronic diseases. Only selected aspects of food habits can be assessed via a general health survey and consumption of fruit and vegetables were selected.

## Introduction\_FV

Name Introduction_FV	Label	Location European Health Interview Survey › European Health Determinants Module › Dietary habits
Type Multiple Choice	Selection Type SelectOne	Display Style

### Question

I would now like to ask you some questions on your consumption of fruits and vegetables.

### Instructions

Note: Press 1 to continue

### BLAISE INSTRUCTION: Screen note

Blaise: Add note to screen in blue

### Choices

1	Continue
---	----------

## DH1

Name DH1	Label	Location European Health Interview Survey › European Health Determinants Module › Dietary habits
Type Multiple Choice	Selection Type SelectOne	Display Style
Condition Introduction_FV Contains Any 1 Continue		

### Question

How often do you eat fruit, excluding juice squeezed from fresh fruit or made from concentrate?

### Instructions

Note: Frozen, dried, canned, etc. fruits should be included. But any fruit juices should be excluded.


### BLAISE INSTRUCTION: Screen note

Blaise: Add note to screen in blue

### Choices

1	Once or more a day
---	--------------------

2	4 to 6 times a week
3	1 to 3 times a week
4	Less than once a week
5	Never

 DH2

Name DH2	Label	Location European Health Interview Survey › European Health Determinants Module › Dietary habits
Type Integer	Low 1	High 500
Condition DH1 Contains Any 1 Once or more a day		


**Question**

How many portions of fruit, of any sort, excluding juice, do you eat each day?

**Instructions**

Note: One portion of fresh fruit is:

One medium-sized fruit, such as one apple, banana, pear, orange, nectarine, or a sharon fruit or a number of small-sized fruits: for example two plums, two satsumas, three apricots, two kiwi fruit, seven strawberries, a handful (about 14) of cherries, 6 lychees, a handful of blueberries or a piece of a large-sized fruit: for example half a grapefruit or avocado, a good slice (two-inch slice) of papaya, melon, pineapple, mango, etc.

 DH3

Name DH3	Label	Location European Health Interview Survey › European Health Determinants Module › Dietary habits
Type Multiple Choice	Selection Type SelectOne	Display Style
Condition Introduction_FV Contains Any 1 Continue		

**Question**

How often do you eat vegetables or salad, excluding potatoes and fresh juice or juice made from concentrate?

**Instructions**

Note: Frozen, dried, canned, etc. vegetables should be included but any kind of vegetable juices or soups (warm and cold) should be excluded.

**BLAISE INSTRUCTION: Screen note**

Blaise: Add note to screen in blue

**Choices**

1	Once or more a day
2	4 to 6 times a week
3	1 to 3 times a week
4	Less than once a week
5	Never

DH4		
Name DH4	Label	Location European Health Interview Survey › European Health Determinants Module › Dietary habits
Type Integer	Low 1	High 500
Condition DH3 Contains Any 1 Once or more a day		

**Question**

How many portions of vegetables or salad do you eat each day?

**Instructions**

Note: One portion of vegetables is:

Green vegetables: Two broccoli spears, eight cauliflower florets, four heaped tablespoons of cabbage, spinach, spring greens or green beans.

Cooked vegetables: Three heaped tablespoons of cooked (e.g., steamed, boiled, microwaved) vegetables such as courgettes, carrots, Brussels sprouts or swede.

Salad vegetables: Three sticks of celery, two-inch piece of cucumber, one medium tomato, seven cherry tomatoes.

Pulses and beans: Three heaped tablespoons of kidney, cannelloni or butter beans or chick peas. Remember that beans or pulses only count as one of the five day portions.

**BLAISE INSTRUCTION: Screen note**

Blaise: Add note to screen in blue

**BLAISE INSTRUCTION**

Put "Green Vegetables", "Cooked vegetables", "Salad Vegetables" and "Pulses" in bold lettering for clarity.

DH5		
Name DH5	Label	Location European Health Interview Survey › European Health Determinants Module › Dietary habits
Type Multiple Choice	Selection Type SelectOne	Display Style
Condition Introduction_FV Contains Any 1 Continue		

**Question**

How often do you drink 100% pure fruit or vegetable juice, excluding juice made from concentrate or sweetened juice?

**Instructions**

Note: "100% pure fruit or vegetable juice" means juice from fresh or frozen fruits or vegetables; also, they can be cut in small pieces or mashed (puréed); fresh fruit pressed at home or in a restaurant, bar or similar facility are included as well as "pure" smoothies not containing other ingredients

**BLAISE INSTRUCTION: Screen note**

Blaise: Add note to screen in blue

**Choices**

1	Once or more a day
2	4 to 6 times a week
3	1 to 3 times a week
4	Less than once a week
5	Never

DH6		
Name DH6	Label	Location European Health Interview Survey › European Health Determinants Module › Dietary habits

Type	Selection Type	Display Style
Multiple Choice	SelectOne	
Condition		
Introduction_FV Contains Any 1 Continue		

**Question**

How often do you drink sugared soft drinks, for example lemonade or cola? Please, exclude light, diet or artificially sweetened soft drinks.

**Instructions**

Note: Light, diet or artificially sweetened soft drinks are excluded

**BLAISE INSTRUCTION: Screen note**

Blaise: Add note to screen in blue

**Choices**

1	Once or more a day
2	4 to 6 times a week
3	1 to 3 times a week
4	Less than once a week
5	Never

## Smoking

Label	Location
Smoking	European Health Interview Survey › European Health Determinants Module
Type	Order
Sequence	InOrderOfAppearance

**Description**

Smoking is an important risk factor for lung diseases, lung cancer, some other cancers and diseases of the circulatory system. Important policy activities are developed at national and EU level in order to limit tobacco consumption. For these reasons it is a major determinant of health outcomes. The module on smoking may be implemented in self-completion mode. If self-completion mode is applied, the visual ("respondent-friendly") layout of the questionnaire is of greater importance. Specifically, the use of arrows for branching questions or referring to instructions should be carefully considered.

## Introduction\_SK

Name Introduction_SK	Label	Location European Health Interview Survey › European Health Determinants Module › Smoking
Type Multiple Choice	Selection Type SelectOne	Display Style

**Question**

The following questions are about your smoking habits and exposure to tobacco smoke.

**Instructions**


Note: Press 1 to continue

**BLAISE INSTRUCTION: Screen note**

Blaise: Add note to screen in blue

**Choices**

1	Continue
---	----------

 SK1

Name SK1	Label	Location European Health Interview Survey › European Health Determinants Module › Smoking
Type Multiple Choice	Selection Type SelectOne	Display Style
Condition Introduction_SK Contains Any 1 Continue		

**Question**

Do you smoke any tobacco products (excluding electronic cigarettes or similar electronic devices)?

**Instructions**

Note: This relates to current smoking habits

**Choices**

1	Yes, daily
2	Yes, occasionally
3	Not at all

 SK2A


Name <b>SK2A</b>	Label	Location European Health Interview Survey › European Health Determinants Module › Smoking
Type <b>Multiple Choice</b>	Selection Type <b>SelectOne</b>	Display Style
Condition <b>SK1 Contains Any 1 Yes, daily</b>		

**Question**

Do you smoke manufactured or hand-rolled cigarettes each day?


**Choices**

1	hand-rolled
2	manufactured
3	Other tobacco products

 <b>SK2B</b>		
Name <b>SK2B</b>	Label	Location European Health Interview Survey › European Health Determinants Module › Smoking
Type <b>Integer</b>	Low <b>1</b>	High <b>100</b>
Condition <b>(SK1 Contains Any 1 Yes, daily) And (SK2A Contains Any 1 hand-rolled or 2 manufactured)</b>		

**Question**

On average, how many cigarettes do you smoke each day?

 <b>SK3</b>		
Name <b>SK3</b>	Label	Location European Health Interview Survey › European Health Determinants Module › Smoking
Type <b>Multiple Choice</b>	Selection Type <b>SelectOne</b>	Display Style
Condition <b>SK1 Contains Any 2 Yes, occasionally or 3 Not at all</b>		

**Question**

Have you ever smoked tobacco (cigarettes, cigars, pipes) daily, or almost daily, for at least one year?

**Choices**

1	Yes
2	No

 SK4

Name SK4	Label	Location European Health Interview Survey › European Health Determinants Module › Smoking
Type Integer	Low 1	High 50
Condition (SK1 Contains Any 1 Yes, daily) Or (SK3 Contains Any 1 Yes)		

**Question**

For how many years have you smoked daily? Count all separate periods of smoking daily. If you don't remember the exact number of years, please give an estimate.

 SK5

Name SK5	Label	Location European Health Interview Survey › European Health Determinants Module › Smoking
Type Multiple Choice	Selection Type SelectOne	Display Style
Condition Introduction_SK Contains Any 1 Continue		

**Question**

How often are you exposed to tobacco smoke indoors?

**Instructions**

Note: You can specify that "by indoors we mean at home, at work, at public places, at restaurants, etc."

**BLAISE INSTRUCTION: Screen note**

Blaise: Add note to screen in blue

**Choices**

1	Every day, 1 hour or more a day
2	Every day, less than 1 hour per day

3	At least once a week (but not every day)
4	Less than once a week
5	Never or almost never

## SK6

Name SK6	Label	Location European Health Interview Survey › European Health Determinants Module › Smoking
Type Multiple Choice	Selection Type SelectOne	Display Style
Condition Introduction_SK Contains Any 1 Continue		

### Question

Do you currently use electronic cigarettes or similar electronic devices (e.g. e-shisha, e-pipe)?

### Instructions

Note: "Electronic cigarettes" or "e-cigarettes" are handheld electronic devices that try to create the feeling of tobacco smoking.

### BLAISE INSTRUCTION: Screen note

Blaise: Add screen note in blue

### Choices

1	Yes, daily vaping
2	Yes, occasionally vaping
3	No, but former vaping
4	Never vaping

## Alcohol consumption

Label Alcohol consumption	Location European Health Interview Survey › European Health Determinants Module
Type Sequence	Order InOrderOfAppearance

## Introduction\_AL

Name Introduction_AL	Label	Location European Health Interview Survey › European Health Determinants Module › Alcohol consumption
Type Multiple Choice	Selection Type SelectOne	Display Style

**Question**

The following questions are about your use of alcoholic beverages during the past 12 months

**Instructions**


Note: Press 1 to continue

**BLAISE INSTRUCTION: Screen note**

Blaise: Add note to screen in blue

**Choices**

1	Continue
---	----------

 AL1		
Name AL1	Label	Location European Health Interview Survey › European Health Determinants Module › Alcohol consumption
Type Multiple Choice	Selection Type SelectOne	Display Style
Condition Introduction_AL Contains Any 1 Continue		


**Question**

In the past 12 months, how often have you had an alcoholic drink of any kind [beer, wine, cider, spirits, cocktails, premixes, liquor, homemade alcohol...]?

**Choices**

1	Every day or almost
2	5 - 6 days a week
3	3 - 4 days a week
4	1 - 2 days a week
5	2 - 3 days in a month
6	Once a month

7	Less than once a month
8	Not in the past 12 months, as I no longer drink alcohol
9	Never, or only a few sips or tries, in my whole life

 AL2


Name AL2	Label	Location European Health Interview Survey › European Health Determinants Module › Alcohol consumption
Type Multiple Choice	Selection Type SelectOne	Display Style
Condition AL1 Contains Any 1 Every day or almost or 2 5 - 6 days a week or 3 3 - 4 days a week or 4 1 - 2 days a week		

**Question**

Thinking of Monday to Thursday, on how many of these 4 days do you usually drink alcohol?

**Choices**

1	On all 4 days
2	On 3 of the 4 days
3	On 2 of the 4 days
4	On 1 of the 4 days
5	On none of the 4 days

 AL3

Name AL3	Label	Location European Health Interview Survey › European Health Determinants Module › Alcohol consumption
Type Multiple Choice	Selection Type SelectOne	Display Style
Condition (AL1 Contains Any 1 Every day or almost or 2 5 - 6 days a week or 3 3 - 4 days a week or 4 1 - 2 days a week) And (AL2 Contains Any 1 On all 4 days or 2 On 3 of the 4 days or 3 On 2 of the 4 days or 4 On 1 of the 4 days)		

**Question**

From Monday to Thursday, how many drinks do you have on average on such a day when you drink alcohol?

**Instructions**


Note: Showcard

**BLAISE INSTRUCTION: Screen note**

Blaise: Add note to screen in blue

**Choices**

1	16 or more drinks a day
2	10 - 15 drinks a day
3	6 - 9 drinks a day
4	4 - 5 drinks a day
5	3 drinks a day
6	2 drinks a day
7	1 drink a day
8	0 drink a day

 AL4

Name AL4	Label	Location European Health Interview Survey › European Health Determinants Module › Alcohol consumption
Type Multiple Choice	Selection Type SelectOne	Display Style
Condition (Introduction_AL Contains Any 1 Continue) And (AL1 Contains Any 1 Every day or almost or 2 5 - 6 days a week or 3 3 - 4 days a week or 4 1 - 2 days a week or 5 2 - 3 days in a month or 6 Once a month or 7 Less than once a month)		

**Question**

Thinking of Friday to Sunday, on how many of these 3 days do you usually drink alcohol?

**Choices**

1	On all 3 days
2	On 2 of the 3 days
3	On 1 of the 3 days

4	On none of the 3 days
---	-----------------------

## AL5

Name AL5	Label	Location European Health Interview Survey › European Health Determinants Module › Alcohol consumption
Type Multiple Choice	Selection Type SelectOne	Display Style
Condition (Introduction_AL Contains Any 1 Continue) And (AL4 Contains Any 1 On all 3 days or 2 On 2 of the 3 days or 3 On 1 of the 3 days) And (AL1 Contains Any 1 Every day or almost or 2 5 - 6 days a week or 3 3 - 4 days a week or 4 1 - 2 days a week)		

### Question

From Friday to Sunday, how many drinks do you have on average on such a day when you drink alcohol?

### Instructions

Note: Showcard

### BLAISE INSTRUCTION: Screen note

Blaise: Add note on screen in blue

### Choices

1	16 or more drinks a day
2	10-15 drinks a day
3	6 - 9 drinks a day
4	4 - 5 drinks a day
5	3 drinks a day
6	2 drinks a day
7	1 drink a day
8	0 drink a day

## AL6

Name <b>AL6</b>	Label	Location European Health Interview Survey › European Health Determinants Module › Alcohol consumption
Type <b>Multiple Choice</b>	Selection Type <b>SelectOne</b>	Display Style
Condition (Introduction_AL Contains Any 1 Continue) And (AL1 Contains Any 1 Every day or almost or 2 5 - 6 days a week or 3 3 - 4 days a week or 4 1 - 2 days a week or 5 2 - 3 days in a month or 6 Once a month or 7 Less than once a month)		

**Question**

In the past 12 months, how often have you had [6 or more] drinks containing alcohol on one occasion? For instance, during a party, a meal, an evening out with friends, alone at home, ...

**Instructions**

Note: Showcard

**BLAISE INSTRUCTION: Screen note**

Blaise: Add screen note in blue

**Choices**

1	Every day or almost every day
2	5 - 6 days a week
3	3 - 4 days a week
4	1 - 2 days a week
5	2 - 3 days in a month
6	Once a month
7	Less than once a month
8	Not in the past 12 months
9	Never in my whole life

## Social support

Label <b>Social support</b>	Location European Health Interview Survey › European Health Determinants Module
Type <b>Sequence</b>	Order <b>InOrderOfAppearance</b>

**Description**

The concept of social support is defined as the belief that one is cared for and loved, esteemed and valued. It is a consequence of the interplay between individual factors and the social environment. It is a strategic concept in not only giving understanding to the maintenance of health and the development of (mental and somatic) health problems, but also their prevention.

Introduction_SS		
Name Introduction_SS	Label	Location European Health Interview Survey › European Health Determinants Module › Social support
Type Multiple Choice	Selection Type SelectOne	Display Style

**Question**

In the following I will ask three questions about your social relationships.

**Instructions**

Note: Press 1 to continue

**BLAISE INSTRUCTION: Screen note**

Blaise; Add note on screen in blue

**Choices**

1	Continue
---	----------


SS1		
Name SS1	Label	Location European Health Interview Survey › European Health Determinants Module › Social support
Type Multiple Choice	Selection Type SelectOne	Display Style
Condition Introduction_SS Contains Any 1 Continue		

**Question**

How many people are so close to you that you can count on them if you have serious personal problems?

**Choices**

1	None
2	1 or 2
3	3 to 5
4	6 or more

 SS2


Name SS2	Label	Location European Health Interview Survey › European Health Determinants Module › Social support
Type Multiple Choice	Selection Type SelectOne	Display Style
Condition Introduction_SS Contains Any 1 Continue		

**Question**

How much concern do people show in what you are doing?

**Choices**

1	A lot of concern and interest
2	Some concern and interest
3	Uncertain
4	Little concern and interest
5	No concern and interest

 SS3

Name SS3	Label	Location European Health Interview Survey › European Health Determinants Module › Social support
Type Multiple Choice	Selection Type SelectOne	Display Style
Condition Introduction_SS Contains Any 1 Continue		

**Question**

How easy is it to get practical help from neighbours if you should need it?

**Choices**

1	Very easy
2	Easy
3	Possible
4	Difficult
5	Very difficult

MedCard - Medical or GP visit card		
Name MedCard	Label Medical or GP visit card	Location European Health Interview Survey › European Health Determinants Module › Social support
Type Multiple Choice	Selection Type SelectAllThatApply	Display Style
Condition Introduction_SS Contains Any 1 Continue		

**Question**

Do you have a GP visit card or a medical card?

**Instructions**

Note: A medical card is a card that entitles the owner/bearer to receive free or reduced-rate medical treatment in the Republic of Ireland

**BLAISE INSTRUCTION: Screen note**

Blaise: Add note to screen in blue

**Choices**

1	Yes, Medical card
2	Yes, GP visit card
3	Does not have GP visit or medical card

## Provision of informal care or assistance

Label Provision of informal care or assistance	Location European Health Interview Survey › European Health Determinants Module
Type Sequence	Order InOrderOfAppearance

**Description**

The section should allow the assessment of long-term care activities provided by non-professional carers and provide data on possible lack in LTC care and on barriers for people in exercising their "normal" job.

Introduction_IC		
Name Introduction_IC	Label	Location European Health Interview Survey › European Health Determinants Module › Provision of informal care or assistance
Type Multiple Choice	Selection Type SelectOne	Display Style

**Question**

The next questions are about the provision of care or assistance to other people with health problems.

**Instructions**

Note: Press 1 to continue

**BLAISE INSTRUCTION: Screen note**

Blaise; Add note to screen in blue

**Choices**

1	Continue
---	----------

IC1		
Name IC1	Label	Location European Health Interview Survey › European Health Determinants Module › Provision of informal care or assistance
Type Multiple Choice	Selection Type SelectOne	Display Style
Condition Introduction_IC Contains Any 1 Continue		

**Question**

Do you provide care or assistance to one or more persons suffering from some age problem, chronic health condition or infirmity, at least once a week?

**Instructions**

Note: Exclude any care you provide as part of your profession

**BLAISE INSTRUCTION: Screen note**

Blaise; Add note to screen in blue

**Choices**

1	Yes
2	No

IC2		
Name IC2	Label	Location European Health Interview Survey › European Health Determinants Module › Provision of informal care or assistance
Type Multiple Choice	Selection Type SelectOne	Display Style
Condition IC1 Contains Any 1 Yes		

**Question**

Is this person or are these persons:

**Instructions**

Note: Only one answer allowed. At times where multiple persons are involved, select the one to whom you are providing the most care.

**BLAISE INSTRUCTION: Screen note**

Blaise: Add note on screen in blue

**Choices**

1	Member(s) of your family
2	Non-member(s) of your family (someone else)?

IC3		
Name IC3	Label	Location European Health Interview Survey › European Health Determinants Module › Provision of informal care or assistance
Type Multiple Choice	Selection Type SelectOne	Display Style

Condition

IC1 Contains Any 1 Yes

**Question**

For how many hours per week do you provide care or assistance?

**Instructions**

Note: sum the time spent during one week by providing care or assistance to all people – this is a difference compared to IC2. If the number of hours per week differs substantially from week to week, an average should be reported

**BLAISE INSTRUCTION: Screen note**

Blaise: Add not on screen in blue

**Choices**

1	less than 10 hours per week
2	at least 10 but less than 20 hours per week
3	20 hours per week or more

## Crime and Victimisation

Label Crime and Victimisation	Location European Health Interview Survey
Type Sequence	Order InOrderOfAppearance



## Introduction\_CandV - Introduction to Crime and Victimisation

Name Introduction_CandV	Label Introduction to Crime and Victimisation	Location European Health Interview Survey › Crime and Victimisation
Type Multiple Choice	Selection Type SelectOne	Display Style

**Question**

The next part of the survey will cover the subject of crime relating to households in Ireland

**Instructions**

Note: Press 1 to continue

**Choices**

1	Continue
---	----------

## A\_Intro - Crime in general introduction

Name A_Intro	Label Crime in general introduction	Location European Health Interview Survey › Crime and Victimization
Type Multiple Choice	Selection Type SelectOne	Display Style
Condition Introduction_CandV Contains Any 1 Continue		

### Question

In the first part of the survey we want to understand your feelings about crime and antisocial behaviour in the last 12 months.

### Instructions

Note: Press 1 to continue

### Choices

1	Continue
---	----------

## A2 - Household residency check

Name A2	Label Household residency check	Location European Health Interview Survey › Crime and Victimization
Type Multiple Choice	Selection Type SelectOne	Display Style
Condition A_Intro Contains Any 1 Continue Introduction_CandV Contains Any 1 Continue		

### Question

Can I just check, have you been living at this address for the last 12 months?

### Choices

1	Yes
2	No

## A3 - Area residency check

Name A3	Label Area residency check	Location European Health Interview Survey › Crime and Victimization
------------	-------------------------------	--

Type	Selection Type	Display Style
Multiple Choice	SelectOne	
Condition		
A1 Contains Any 2 No		
Introduction_CandV Contains Any 1 Continue		

**Question**

Have you been living in this area for the last 12 months?

**Instructions**

Note: This area is within about a 15-minute walk

**Choices**

1	Yes
2	No



## A4A - Concerns over crime

Name	Label	Location
A4A	Concerns over crime	European Health Interview Survey > Crime and Victimization
Type	Selection Type	Display Style
Multiple Choice	SelectOne	
Condition		
A_Intro Contains Any 1 Continue		
Introduction_CandV Contains Any 1 Continue		

**Question**

To what extent do you worry that you could be a victim of any of the following types of crimes:

**Instructions**

Note: Indicate for each of the following examples of crimes your level of concern by using one of the following answer options:

All the time  
Often  
Rarely  
I don't worry at all

Press 1 to continue

**Choices**

1	Continue
---	----------

## A4B - Crimes causing physical injury

Name A4B	Label Crimes causing physical injury	Location European Health Interview Survey › Crime and Victimization
Type Multiple Choice	Selection Type SelectOne	Display Style
Condition A4A Contains Any 1 Continue Introduction_CandV Contains Any 1 Continue		

### Question

Crimes which could result in physical harm or injury to you?

### Choices

1	All the time
2	Often
3	Rarely
4	I don't worry at all

## A4C - Crimes causing property damage

Name A4C	Label Crimes causing property damage	Location European Health Interview Survey › Crime and Victimization
Type Multiple Choice	Selection Type SelectOne	Display Style
Condition A4A Contains Any 1 Continue Introduction_CandV Contains Any 1 Continue		

### Question

Crimes that could result in damage or loss of property belonging to you?

### Choices

1	All the time
2	Often
3	Rarely
4	I don't worry at all

## A4D - Crimes causing financial loss

Name A4D	Label Crimes causing financial loss	Location European Health Interview Survey › Crime and Victimization
Type Multiple Choice	Selection Type SelectOne	Display Style
Condition A4A Contains Any 1 Continue Introduction_CandV Contains Any 1 Continue		

### Question

Crimes involving fraud or deception targeting your personal finances or data?

### Choices

1	All the time
2	Often
3	Rarely
4	I don't worry at all

## A4E - Crimes caused by internet mis use

Name A4E	Label Crimes caused by internet mis use	Location European Health Interview Survey › Crime and Victimization
Type Multiple Choice	Selection Type SelectOne	Display Style
Condition A4A Contains Any 1 Continue Introduction_CandV Contains Any 1 Continue		

### Question

Crimes arising from your use of the internet (e.g. This could include harassment or bullying, credit card fraud, hacking etc.)?

### Choices

1	All the time
2	Often
3	Rarely
4	I don't worry at all

## A5 - Walking at night

Name A5	Label Walking at night	Location European Health Interview Survey › Crime and Victimization
Type Multiple Choice	Selection Type SelectOne	Display Style
Condition A_Intro Contains Any 1 Continue Introduction_CandV Contains Any 1 Continue		

### Question

How safe have you felt when walking in this area during darkness over the last 12 months?

### Instructions

Note: If you do not go out at night alone, how safe would you feel

### BLAISE INSTRUCTION: Screen note

Blaise: Add note to screen in blue

### Choices

1	Very safe
2	Fairly safe
3	A little unsafe
4	Very unsafe

## A6 - local crime concerns

Name A6	Label local crime concerns	Location European Health Interview Survey › Crime and Victimization
Type Multiple Choice	Selection Type SelectOne	Display Style
Condition A_Intro Contains Any 1 Continue Introduction_CandV Contains Any 1 Continue		

### Question

To what extent have crimes in this area impacted on your quality of life over the last 12 months?

### Choices

1	To a great extent
2	To a little extent

3	Not very much
4	Not at all

## A7 - Antisocial behaviour

Name <b>A7</b>	Label <b>Antisocial behaviour</b>	Location European Health Interview Survey › Crime and Victimization
Type <b>Multiple Choice</b>	Selection Type <b>SelectOne</b>	Display Style
Condition A_Intro Contains Any 1 Continue Introduction_CandV Contains Any 1 Continue		

### Question

To what extent has antisocial behaviour in this area over the last 12 months impacted on your quality of life?

### Instructions

Note: Anti-social behaviour is behaviour which you may not regard as crime, but may cause you mild alarm or distress or may lack consideration for others. This could include inconsiderate behaviour or excessive noise at night, public graffiti, etc.

### BLAISE INSTRUCTION: Screen note

Blaise: Add note to screen in blue

### Choices

1	To a great extent
2	To a little extent
3	Not very much
4	Not at all

## A8 - Garda performance local

Name <b>A8</b>	Label <b>Garda performance local</b>	Location European Health Interview Survey › Crime and Victimization
Type <b>Multiple Choice</b>	Selection Type <b>SelectOne</b>	Display Style
Condition A_Intro Contains Any 1 Continue Introduction_CandV Contains Any 1 Continue		

**Question**

How effective do you think the Gardaí have been at tackling crime in this area over the last 12 months?

**Choices**

1	Very effective
2	Quite effective
3	Not very effective
4	Not effective at all

### A9 - Garda performance nationally

Name <b>A9</b>	Label <b>Garda performance nationally</b>	Location <b>European Health Interview Survey › Crime and Victimisation</b>
Type <b>Multiple Choice</b>	Selection Type <b>SelectOne</b>	Display Style
Condition A_Intro Contains Any 1 Continue Introduction_CandV Contains Any 1 Continue		

**Question**

In relation to national events, how effective do you think the Gardaí have been at tackling crime in Ireland over the last 12 months?

**Choices**

1	Very effective
2	Quite effective
3	Not very effective
4	Not effective at all

### A10 - Criminal justice system performance

Name <b>A10</b>	Label <b>Criminal justice system performance</b>	Location <b>European Health Interview Survey › Crime and Victimisation</b>
Type <b>Multiple Choice</b>	Selection Type <b>SelectOne</b>	Display Style
Condition A_Intro Contains Any 1 Continue Introduction_CandV Contains Any 1 Continue		

**Question**

Overall, how confident are you that the wider criminal justice system has brought people who commit crimes in Ireland to justice?

**Instructions**

Note: By the criminal justice system we mean all the organisations that deal with finding offenders and arresting them, then taking them through the court system and deciding what sentence they are given if they are found guilty, and then carrying out that sentence.

**BLAISE INSTRUCTION: Scree note**

Blaise: Add note to screen in blue

**Choices**

1	Very confident
2	Quite confident
3	Not very confident
4	Not confident at all

 B - Introduction to individual experiences of crime

Name B	Label Introduction to individual experiences of crime	Location European Health Interview Survey › Crime and Victimization
Type Multiple Choice	Selection Type SelectOne	Display Style
Condition Introduction_CandV Contains Any 1 Continue		

**Question**

In the next section we would like to find out about your own experiences of crime over the last 12 months

**Instructions**

Note: Press 1 to continue

**Choices**

1	Continue
---	----------

## Theft

Label Theft	Location European Health Interview Survey › Crime and Victimization
----------------	--

Type	Order
Sequence	InOrderOfAppearance
Condition	
Introduction_CandV Contains Any 1 Continue	

## B1 - Robbery

Name	Label	Location
B1	Robbery	European Health Interview Survey › Crime and Victimization › Theft
Type	Selection Type	Display Style
Multiple Choice	SelectOne	
Condition		
Introduction_CandV Contains Any 1 Continue		

### Question

Did anyone steal, or attempt to steal, an item from you, using force or violence, or a threat of force or violence over the last 12 months?

### Choices

1	Yes
2	No

## B2 - Number of incidents

Name	Label	Location
B2	Number of incidents	European Health Interview Survey › Crime and Victimization › Theft
Type	Low	High
Integer	1	50
Condition		
B1 Contains Any 1 Yes		
Introduction_CandV Contains Any 1 Continue		

### Question

On how many occasions did this take place?

## B3 - Number of incidents

Name <b>B3</b>	Label <b>Number of incidents</b>	Location <b>European Health Interview Survey › Crime and Victimization › Theft</b>
Type <b>Multiple Choice</b>	Selection Type <b>SelectOne</b>	Display Style
Condition <b>B1 Contains Any 1 Yes</b> <b>Introduction_CandV Contains Any 1 Continue</b>		

**Question**

How many of these incidents did you report to the Guards?

**Choices**

1	All
2	Some of the incidents but not all
3	I did not report any of the incidents

 **B4 - Reasons for not reporting**

Name <b>B4</b>	Label <b>Reasons for not reporting</b>	Location <b>European Health Interview Survey › Crime and Victimization › Theft</b>
Type <b>Multiple Choice</b>	Selection Type <b>SelectAllThatApply</b>	Display Style
Condition <b>B3 Contains Any 2 Some of the incidents but not all or 3 I did not report any of the incidents</b> <b>Introduction_CandV Contains Any 1 Continue</b>		

**Question**

What were the main reasons that you did not report all of these incidents to the guards?

**Instructions**

Note: Code all that apply

Note: Select the most significant reason 1st followed by the next most significant reason etc.

**BLAISE INSTRUCTION: Screen note**

Blaise: Add note to screen in blue

**Choices**

1	Not serious enough/no loss
2	Solved it myself (knew the perpetrator/thief)

3	No insurance claim anticipated/could not claim insurance
4	Believed Gardaí could do nothing
5	Believed Gardaí wouldn't do anything
6	Did not wish to involve the Gardaí.
7	Feared reprisal
8	Did not have time
9	Other reasons

B5 - Causes of crime		
Name B5	Label Causes of crime	Location European Health Interview Survey › Crime and Victimization › Theft
Type Multiple Choice	Selection Type SelectAllThatApply	Display Style
Condition B1 Contains Any 1 Yes Introduction_CandV Contains Any 1 Continue		

**Question**

Did you feel any of these incidents took place because of any of the following characteristics about yourself? Your:

**Instructions**

Note: Code all that apply

**BLAISE INSTRUCTION: Note**

Blaise: Note: Code all that apply

**Choices**

1	Race, religion or ethnicity
2	Gender
3	Age
4	Disability (if relevant)
5	Sexual orientation
6	Another factor (please specify)
7	No, I cannot identify any particular motivation

## B151 - Causes of crime (other)

Name <b>B151</b>	Label <b>Causes of crime (other)</b>	Location European Health Interview Survey › Crime and Victimization › Theft
Type <b>Text</b>	Minimum Length	Maximum Length <b>50</b>
Condition B5 Contains Any 6 Another factor (please specify) Introduction_CandV Contains Any 1 Continue		

### Question

Please specify

## B7 - Mobile phone robbery

Name <b>B7</b>	Label <b>Mobile phone robbery</b>	Location European Health Interview Survey › Crime and Victimization › Theft
Type <b>Multiple Choice</b>	Selection Type <b>SelectOne</b>	Display Style
Condition B1 Contains Any 1 Yes Introduction_CandV Contains Any 1 Continue		

### Question

Did any of the incidents relate to the theft of a mobile communication device such as a smart phone or tablet?

### Instructions

Note: Devices also include smartwatches, activity bands or laptops

### BLAISE INSTRUCTION: Screen note

Blaise: Add note to screen in blue

### Choices

1	Yes
2	No

## B10 - Non-violent robbery

Name <b>B10</b>	Label <b>Non-violent robbery</b>	Location European Health Interview Survey › Crime and Victimization › Theft
Type <b>Multiple Choice</b>	Selection Type <b>SelectOne</b>	Display Style
Condition Introduction_CandV Contains Any 1 Continue		

**Question**

Did anyone steal, or attempt to steal, an item from you, without using force or violence, over the last 12 months?

**Choices**

1	Yes
2	No

## B11 - Number of incidents

Name <b>B11</b>	Label <b>Number of incidents</b>	Location European Health Interview Survey › Crime and Victimization › Theft
Type <b>Integer</b>	Low <b>1</b>	High <b>50</b>
Condition B10 Contains Any 1 Yes Introduction_CandV Contains Any 1 Continue		

**Question**

On how many occasions did this take place?

## B12 - Number of reported incidents

Name <b>B12</b>	Label <b>Number of reported incidents</b>	Location European Health Interview Survey › Crime and Victimization › Theft
Type <b>Multiple Choice</b>	Selection Type <b>SelectOne</b>	Display Style
Condition B11 Greater than 0 Introduction_CandV Contains Any 1 Continue		

**Question**

How many of these incidents did you report to the Guards?

#### Choices

1	All
2	Some of the incidents but not all
3	I did not report any of the incidents

### B13 - Reasons for not reporting incidents

Name <b>B13</b>	Label Reasons for not reporting incidents	Location European Health Interview Survey › Crime and Victimisation › Theft
Type Multiple Choice	Selection Type SelectAllThatApply	Display Style
Condition B12 Contains Any 2 Some of the incidents but not all or 3 I did not report any of the incidents Introduction_CandV Contains Any 1 Continue		

#### Question

What were the main reasons that you did not report all of these incidents to the guards?

#### Instructions

Note: Code all that apply

Note: Select the most significant reason 1st followed by the next most significant reason etc.

#### Choices

1	Not serious enough/no loss
2	Solved it myself (knew the perpetrator/thief)
3	No insurance claim anticipated/could not claim insurance
4	Believed Gardaí could do nothing
5	Believed Gardaí wouldn't do anything
6	Did not wish to involve the Gardaí.
7	Feared reprisal
8	Did not have time
9	Other reasons

## B14 - Motivation of perpetrator

Name B14	Label Motivation of perpetrator	Location European Health Interview Survey › Crime and Victimisation › Theft
Type Multiple Choice	Selection Type SelectAllThatApply	Display Style
Condition B10 Contains Any 1 Yes Introduction_CandV Contains Any 1 Continue		

### Question

Did you feel any of these incidents took place because of any of the following characteristics about yourself? Your:

### Choices

1	Race, religion or ethnicity
2	Gender
3	Age
4	Disability (if relevant)
5	Sexual orientation
6	Another factor (please specify)
7	No, I cannot identify any particular motivation

## B141 - Motivations of perpetrator (other)

Name B141	Label Motivations of perpetrator (other)	Location European Health Interview Survey › Crime and Victimisation › Theft
Type Text	Minimum Length	Maximum Length 50
Condition B14 Contains Any 6 Another factor (please specify) Introduction_CandV Contains Any 1 Continue		

### Question

Please specify

## B16 - Mobile phone robbery

Name <b>B16</b>	Label <b>Mobile phone robbery</b>	Location European Health Interview Survey › Crime and Victimization › Theft
Type <b>Multiple Choice</b>	Selection Type <b>SelectOne</b>	Display Style
Condition B10 Contains Any 1 Yes Introduction_CandV Contains Any 1 Continue		

**Question**

Did any of the incidents relate to the theft of a mobile communication device such as a smart phone or tablet?

**Instructions**

Note: Devices also include smartwatches, activity bands or laptops

**BLAISE INSTRUCTION: Screen note**

Blaise: Add note to screen in blue

**Choices**

1	Yes
2	No

## Assault

Label <b>Assault</b>	Location European Health Interview Survey › Crime and Victimization
Type <b>Sequence</b>	Order <b>InOrderOfAppearance</b>
Condition Introduction_CandV Contains Any 1 Continue	

## B30 - Physical attacks

Name <b>B30</b>	Label <b>Physical attacks</b>	Location European Health Interview Survey › Crime and Victimization › Assault
Type <b>Multiple Choice</b>	Selection Type <b>SelectOne</b>	Display Style
Condition Introduction_CandV Contains Any 1 Continue		

**Question**

Did anyone assault you in the last 12 months?

**Instructions**

Note: If asked by respondent to clarify, include all incidents no matter how minor

**BLAISE INSTRTUCTION: Screen note**

Blaise: Add note to screen in black

**Choices**

1	Yes
2	No

 **B31 - Number of incidents**

Name <b>B31</b>	Label <b>Number of incidents</b>	Location European Health Interview Survey › Crime and Victimization › Assault
Type <b>Integer</b>	Low <b>1</b>	High <b>50</b>
Condition B30 Contains Any 1 Yes Introduction_CandV Contains Any 1 Continue		

**Question**

On how many occasions did this take place?

 **B32 - Reported to Garda indicator**

Name <b>B32</b>	Label <b>Reported to Garda indicator</b>	Location European Health Interview Survey › Crime and Victimization › Assault
Type <b>Multiple Choice</b>	Selection Type <b>SelectOne</b>	Display Style
Condition B31 Greater than 0 Introduction_CandV Contains Any 1 Continue		

**Question**

How many of these incidents did you report to the Guards?

**Choices**

1	All
2	Some of the incidents but not all

3	I did not report any of the incidents
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### B33 - Reasons for not reporting incidents

Name B33	Label Reasons for not reporting incidents	Location European Health Interview Survey › Crime and Victimization › Assault
Type Multiple Choice	Selection Type SelectAllThatApply	Display Style
Condition B32 Contains Any 2 Some of the incidents but not all or 3 I did not report any of the incidents Introduction_CandV Contains Any 1 Continue		

#### Question

What were the main reasons that you did not report all of these incidents to the guards?

#### Instructions

Note: Code all that apply

Note: Select the most significant reason 1st followed by the next most significant reason etc.

#### Choices

1	Not serious enough/no loss
2	Solved it myself (knew the perpetrator/thief)
3	No insurance claim anticipated/could not claim insurance
4	Believed Gardaí could do nothing
5	Believed Gardaí wouldn't do anything
6	Did not wish to involve the Gardaí.
7	Feared reprisal
8	Did not have time
9	Other reasons

### B34 - Motivations of perpetrator

Name B34	Label Motivations of perpetrator	Location European Health Interview Survey › Crime and Victimization › Assault
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Type	Selection Type	Display Style
Multiple Choice	SelectAllThatApply	
Condition		
B30 Contains Any 1 Yes		
Introduction_CandV Contains Any 1 Continue		

**Question**

Did you feel any of these incidents took place because of any of the following characteristics about yourself? Your:

**Instructions**


Note: Code all that apply

**BLAISE INSTRUCTION: Screen note**

Blaise: Add note to screen in blue

**Choices**

1	Race, religion or ethnicity
2	Gender
3	Age
4	Disability (if relevant)
5	Sexual orientation
6	Another factor (please specify)
7	No, I cannot identify any particular motivation


**B341 - Motivations of perpetrator (other)**

Name	Label	Location
B341	Motivations of perpetrator (other)	European Health Interview Survey › Crime and Victimization › Assault
Type	Minimum Length	Maximum Length
Text		50
Condition		
B34 Contains Any 6 Another factor (please specify)		
Introduction_CandV Contains Any 1 Continue		

**Question**

Please specify

Fraud

Label <b>Fraud</b>	Location European Health Interview Survey › Crime and Victimization
Type <b>Sequence</b>	Order InOrderOfAppearance
Condition Introduction_CandV Contains Any 1 Continue	

B40 - Fraud		
Name <b>B40</b>	Label <b>Fraud</b>	Location European Health Interview Survey › Crime and Victimization › Fraud
Type <b>Multiple Choice</b>	Selection Type <b>SelectOne</b>	Display Style
Condition Introduction_CandV Contains Any 1 Continue		

**Question**

Have you personally been a victim of fraud in the past 12 months?

**Instructions**

Note: For the purposes of this survey, fraud could include bank debit or credit card fraud, internet fraud, or deception involving an attempt to defraud.

**Choices**

1	Yes
2	No

B41 - Number of incidents		
Name <b>B41</b>	Label <b>Number of incidents</b>	Location European Health Interview Survey › Crime and Victimization › Fraud
Type <b>Integer</b>	Low <b>1</b>	High <b>50</b>
Condition B40 Contains Any 1 Yes Introduction_CandV Contains Any 1 Continue		

**Question**

On how many occasions did this take place?

## B42 - Number of incidents not reported

Name B42	Label Number of incidents not reported	Location European Health Interview Survey › Crime and Victimization › Fraud
Type Multiple Choice	Selection Type SelectOne	Display Style
Condition B40 Contains Any 1 Yes Introduction_CandV Contains Any 1 Continue		

### Question

How many of these incidents did you report to the Guards?

### Choices

1	All
2	Some of the incidents but not all
3	I did not report any of the incidents

## B43 - Reasons for not reporting incidents

Name B43	Label Reasons for not reporting incidents	Location European Health Interview Survey › Crime and Victimization › Fraud
Type Multiple Choice	Selection Type SelectAllThatApply	Display Style
Condition B42 Contains Any 2 Some of the incidents but not all or 3 I did not report any of the incidents Introduction_CandV Contains Any 1 Continue		

### Question

What were the main reasons that you did not report all of these incidents to the guards?

### Instructions

Note: Code all that apply

Note: Select the most significant reason 1st followed by the next most significant reason etc.

### Choices

1	Not serious enough/no loss
2	Solved it myself (knew the perpetrator/thief)

3	No insurance claim anticipated/could not claim insurance
4	Believed Gardaí could do nothing
5	Believed Gardaí wouldn't do anything
6	Did not wish to involve the Gardaí.
7	Feared reprisal
8	Did not have time
9	Other reasons

B44 - Motivations of perpetrator

Name B44	Label Motivations of perpetrator	Location European Health Interview Survey › Crime and Victimization › Fraud
Type Multiple Choice	Selection Type SelectAllThatApply	Display Style
Condition B40 Contains Any 1 Yes Introduction_CandV Contains Any 1 Continue		

**Question**

Did you feel any of these incidents took place because of any of the following characteristics about yourself? Your:

**Instructions**

Note: Code all that apply

**BLAISE INSTRUCTION: Screen note**

Blaise: Add note to screen in blue

**Choices**

1	Race, religion or ethnicity
2	Gender
3	Age
4	Disability (if relevant)
5	Sexual orientation
6	Another factor (please specify)
7	No, I cannot identify any particular motivation

## B441 - Motivations of perpetrator (other)

Name <b>B441</b>	Label <b>Motivations of perpetrator (other)</b>	Location European Health Interview Survey › Crime and Victimization › Fraud
Type <b>Text</b>	Minimum Length	Maximum Length <b>50</b>
Condition <b>B44 Contains Any 6 Another factor (please specify)</b> <b>Introduction_CandV Contains Any 1 Continue</b>		

### Question

Please specify

## Motor vehicle theft and damage

Label <b>Motor vehicle theft and damage</b>	Location European Health Interview Survey › Crime and Victimization
Type <b>Sequence</b>	Order <b>InOrderOfAppearance</b>
Condition <b>Introduction_CandV Contains Any 1 Continue</b>	

## B50 - Indicator of car ownership

Name <b>B50</b>	Label <b>Indicator of car ownership</b>	Location European Health Interview Survey › Crime and Victimization › Motor vehicle theft and damage
Type <b>Multiple Choice</b>	Selection Type <b>SelectOne</b>	Display Style
Condition <b>Introduction_CandV Contains Any 1 Continue</b>		

### Question

Have you, in the past 12 months, owned or had the use of a car or any other motorised vehicle for transport purposes?

### Instructions

Note: Car, motorbike, van or commercial vehicle

### Choices

1	Yes
---	-----

2	No
---	----

## B51 - Car theft

Name <b>B51</b>	Label <b>Car theft</b>	Location European Health Interview Survey › Crime and Victimization › Motor vehicle theft and damage
Type <b>Multiple Choice</b>	Selection Type <b>SelectOne</b>	Display Style
Condition B50 Contains Any 1 Yes Introduction_CandV Contains Any 1 Continue		

### Question

Has there been a theft or attempted theft of your vehicle in the last 12 months?

### Instructions

Note: This includes vehicles the respondent also had the use of.

### Choices

1	Yes
2	No

## B52 - Number of incidents

Name <b>B52</b>	Label <b>Number of incidents</b>	Location European Health Interview Survey › Crime and Victimization › Motor vehicle theft and damage
Type <b>Integer</b>	Low <b>1</b>	High <b>50</b>
Condition B51 Contains Any 1 Yes Introduction_CandV Contains Any 1 Continue		

### Question

On how many occasions did this take place?

B521

Name B521	Member Label	Location European Health Interview Survey › Crime and Victimization › Motor vehicle theft and damage
Type Roster	Iteration Source (max 9)	Display Style Table
Condition B52 Greater than 1 Introduction_CandV Contains Any 1 Continue		

**Description**

Location of thefts or attempted thefts

B521 - Location of incidents		
Name B521	Label Location of incidents	Location European Health Interview Survey › Crime and Victimization › Motor vehicle theft and damage › B521
Type Multiple Choice	Selection Type SelectOne	Display Style
Condition B52 Greater than 1 Introduction_CandV Contains Any 1 Continue		

**Question**

Where did this theft or attempted theft take place?

**Instructions**

Note: Interviewer: Repeat location for each of the incidents

**BLAISE INSTRUCTION: Dynamic reference**

Blaise: Insert above question "Incident number (Loop number of B52) and put whole text in bold

**Choices**

1	On this property (driveway/car park).
2	On a street/road outside the property
3	Other (please specify)

## B522 - Other locations

Name B522	Label Other locations	Location European Health Interview Survey › Crime and Victimization › Motor vehicle theft and damage › B521
Type Text	Minimum Length	Maximum Length 50
Condition B521 Contains Any 3 Other (please specify) B52 Greater than 1 Introduction_CandV Contains Any 1 Continue		

**Question**

Please specify?

 B53 - Number of incidents

Name B53	Label Number of incidents	Location European Health Interview Survey › Crime and Victimization › Motor vehicle theft and damage
Type Multiple Choice	Selection Type SelectOne	Display Style
Condition B52 Greater than 0 Introduction_CandV Contains Any 1 Continue		

**Question**

How many of these incident(s) did you report to the Guards?

**Choices**

1	All
2	Some of the incidents but not all
3	I did not report any of the incidents

 B54 - Reasons for not reporting incidents

Name B54	Label Reasons for not reporting incidents	Location European Health Interview Survey › Crime and Victimization › Motor vehicle theft and damage
Type Multiple Choice	Selection Type SelectAllThatApply	Display Style

## Condition

B53 Contains Any 2 Some of the incidents but not all or 3 I did not report any of the incidences

Introduction\_CandV Contains Any 1 Continue

**Question**

What were the main reasons that you did not report all of these incidents to the guards?

**Instructions**

Note: Code all that apply

Note: Select the most significant reason 1st followed by the next most significant reason etc.

**Choices**

1	Not serious enough/no loss
2	Solved it myself (knew the perpetrator/thief)
3	No insurance claim anticipated/could not claim insurance
4	Believed Gardaí could do nothing
5	Believed Gardaí wouldn't do anything
6	Did not wish to involve the Gardaí.
7	Feared reprisal
8	Did not have time
9	Other reasons

 B55 - Motivations of perpetrator

Name B55	Label Motivations of perpetrator	Location European Health Interview Survey › Crime and Victimization › Motor vehicle theft and damage
Type Multiple Choice	Selection Type SelectAllThatApply	Display Style

## Condition

B51 Contains Any 1 Yes

Introduction\_CandV Contains Any 1 Continue

**Question**

Did you feel any of these incidents took place because of any of the following characteristics about yourself? Your:

**Instructions**

Note: Code all that apply

**BLAISE INSTRUCTION: Screen note**

Blaise: Add note to screen in blue

**Choices**

1	Race, religion or ethnicity
2	Gender
3	Age
4	Disability (if relevant)
5	Sexual orientation
6	Another factor (please specify)
7	No, I cannot identify any particular motivation

 **B551 - Motivations of perpetrator (other)**

Name B551	Label Motivations of perpetrator (other)	Location European Health Interview Survey › Crime and Victimization › Motor vehicle theft and damage
Type Text	Minimum Length	Maximum Length 50
Condition B55 Contains Any 6 Another factor (please specify) Introduction_CandV Contains Any 1 Continue		

**Question**

Please specify

 **B61 - Theft from vehicles**

Name B61	Label Theft from vehicles	Location European Health Interview Survey › Crime and Victimization › Motor vehicle theft and damage
Type Multiple Choice	Selection Type SelectOne	Display Style
Condition B50 Contains Any 1 Yes Introduction_CandV Contains Any 1 Continue		

**Question**

Has there been a theft or attempted theft from your vehicle in the last 12 months?

**Instructions**

Note: This include vehicles the respondent has the use of

**BLAISE INSTRUCTION: Screen note**

Blaise: Add note to screen in blue

**Choices**

1	Yes
2	No

 B62 - Number of incidents

Name B62	Label Number of incidents	Location European Health Interview Survey › Crime and Victimization › Motor vehicle theft and damage
Type Integer	Low 1	High 9
Condition B61 Contains Any 1 Yes Introduction_CandV Contains Any 1 Continue		

**Question**

On how many occasions did this take place?

## B621

Name B621	Member Label	Location European Health Interview Survey › Crime and Victimization › Motor vehicle theft and damage
Type Roster	Iteration Source B62 (max 9)	Display Style
Condition Introduction_CandV Contains Any 1 Continue		

**Description**

Location of attempted theft from the vehicle

 B621 - Location of incidents

Name <b>B621</b>	Label Location of incidents	Location European Health Interview Survey › Crime and Victimization › Motor vehicle theft and damage › B621
Type Multiple Choice	Selection Type SelectOne	Display Style
Condition Introduction_CandV Contains Any 1 Continue		

**Question**

Where did the theft or attempted theft take place?

**Instructions**


Note: Interviewer: Repeat location for each of the incidents

**BLAISE INSTRUCTION: Dynamic fill**

Blaise: Insert above question "Incident number (Loop number of B62) and put whole text in bold

**Choices**


1	On this property (driveway/car park).
2	On a street/road outside the property
3	Other (please specify)


**B622 - Location of thefts (other)**

Name <b>B622</b>	Label Location of thefts (other)	Location European Health Interview Survey › Crime and Victimization › Motor vehicle theft and damage › B621
Type Text	Minimum Length	Maximum Length 50
Condition B621 Contains Any 3 Other (please specify) Introduction_CandV Contains Any 1 Continue		

**Question**

Please specify


**B63 - Number of incidents that were reported**

Name B63	Label Number of incidents that were reported	Location European Health Interview Survey › Crime and Victimization › Motor vehicle theft and damage
Type Multiple Choice	Selection Type SelectOne	Display Style
Condition B61 Contains Any 1 Yes Introduction_CandV Contains Any 1 Continue		

**Question**

How many of these incident(s) did you report to the Guards?

**Choices**

1	All
2	Some of the incidents but not all
3	I did not report any of the incidents

## B64 - Reasons for not reporting incidents

Name B64	Label Reasons for not reporting incidents	Location European Health Interview Survey › Crime and Victimization › Motor vehicle theft and damage
Type Multiple Choice	Selection Type SelectAllThatApply	Display Style
Condition B63 Contains Any 2 Some of the incidents but not all or 3 I did not report any of the incidents Introduction_CandV Contains Any 1 Continue		

**Question**

What were the main reasons that you did not report all of these incidents to the guards?

**Instructions**

Note: Code all that apply

Note: Select the most significant reason 1st followed by the next most significant reason etc.

**Choices**

1	Not serious enough/no loss
2	Solved it myself (knew the perpetrator/thief)
3	No insurance claim anticipated/could not claim insurance
4	Believed Gardaí could do nothing

5	Believed Gardaí wouldn't do anything
6	Did not wish to involve the Gardaí.
7	Feared reprisal
8	Did not have time
9	Other reasons

## B65 - Motivations of perpetrator

Name B65	Label Motivations of perpetrator	Location European Health Interview Survey › Crime and Victimisation › Motor vehicle theft and damage
Type Multiple Choice	Selection Type SelectAllThatApply	Display Style
Condition B61 Contains Any 1 Yes Introduction_CandV Contains Any 1 Continue		

### Question

Did you feel any of these incidents took place because of any of the following characteristics about yourself? Your:

### Instructions

Note: Code all that apply

### BLAISE INSTRUCTION: Screen note

Blaise: Add note to screen in blue

### Choices

1	Race, religion or ethnicity
2	Gender
3	Age
4	Disability (if relevant)
5	Sexual orientation
6	Another factor (please specify)
7	No, I cannot identify any particular motivation

## B651 - Motivations of perpetrator (other)

Name <b>B651</b>	Label <b>Motivations of perpetrator (other)</b>	Location European Health Interview Survey › Crime and Victimization › Motor vehicle theft and damage
Type <b>Text</b>	Minimum Length	Maximum Length <b>50</b>
Condition <b>B65 Contains Any 6 Another factor (please specify)</b> <b>Introduction_CandV Contains Any 1 Continue</b>		

**Question**

Please specify

## Bicycle theft

Label <b>Bicycle theft</b>	Location European Health Interview Survey › Crime and Victimization
Type <b>Sequence</b>	Order <b>InOrderOfAppearance</b>
Condition <b>Introduction_CandV Contains Any 1 Continue</b>	

 **B80 - Bicycle ownership**

Name <b>B80</b>	Label <b>Bicycle ownership</b>	Location European Health Interview Survey › Crime and Victimization › Bicycle theft
Type <b>Multiple Choice</b>	Selection Type <b>SelectOne</b>	Display Style
Condition <b>Introduction_CandV Contains Any 1 Continue</b>		

**Question**

Have you owned or had the use of a bicycle in the past 12 months?

**Choices**

1	Yes
2	No

 **B81 - Bicycle theft**

Name <b>B81</b>	Label <b>Bicycle theft</b>	Location European Health Interview Survey › Crime and Victimization › Bicycle theft
Type <b>Multiple Choice</b>	Selection Type <b>SelectOne</b>	Display Style
Condition B80 Contains Any 1 Yes Introduction_CandV Contains Any 1 Continue		

**Question**

Has there been a theft or attempted theft of your bicycle in the last 12 months?

**Instructions**


Note: This includes bicycles that the respondent has the use of

**BLAISE INSTRUCTION: Screen note**

Blaise: Add note to screen in blue

**Choices**


1	Yes
2	No


**B82 - Number of incidents**

Name <b>B82</b>	Label <b>Number of incidents</b>	Location European Health Interview Survey › Crime and Victimization › Bicycle theft
Type <b>Integer</b>	Low <b>1</b>	High <b>50</b>
Condition B81 Contains Any 1 Yes Introduction_CandV Contains Any 1 Continue		

**Question**

On how many occasions did this take place?


**B83 - Thefts reported**

Name <b>B83</b>	Label <b>Thefts reported</b>	Location European Health Interview Survey › Crime and Victimization › Bicycle theft
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Type <b>Multiple Choice</b>	Selection Type <b>SelectOne</b>	Display Style
Condition B81 Contains Any 1 Yes Introduction_CandV Contains Any 1 Continue		

**Question**

How many of these incidents did you report to the Guards?

**Choices**

1	All
2	Some of the incidents but not all
3	I did not report any of the incidents

 B84 - Reasons for not reporting incidents

Name <b>B84</b>	Label Reasons for not reporting incidents	Location European Health Interview Survey › Crime and Victimization › Bicycle theft
Type <b>Multiple Choice</b>	Selection Type <b>SelectAllThatApply</b>	Display Style
Condition B83 Contains Any 2 Some of the incidents but not all or 3 I did not report any of the incidents Introduction_CandV Contains Any 1 Continue		

**Question**

What were the main reasons that you did not report all of these incidents to the guards?

**Instructions**

Note: Code all that apply

Note: Select the most significant reason 1st followed by the next most significant reason etc.

**Choices**

1	Not serious enough/no loss
2	Solved it myself (knew the perpetrator/thief)
3	No insurance claim anticipated/could not claim insurance
4	Believed Gardaí could do nothing
5	Believed Gardaí wouldn't do anything
6	Did not wish to involve the Gardaí.

7	Feared reprisal
8	Did not have time
9	Other reasons

## B85 - Incident related to discrimination

Name B85	Label Incident related to discrimination	Location European Health Interview Survey › Crime and Victimisation › Bicycle theft
Type Multiple Choice	Selection Type SelectAllThatApply	Display Style
Condition B81 Contains Any 1 Yes Introduction_CandV Contains Any 1 Continue		

### Question

Did you feel any of these incidents took place because of any of the following characteristics about yourself? Your:

### Instructions

Note: Code all that apply

### BLAISE INSTRUCTION: Screen note

Blaise: Add note to screen in blue

### Choices

1	Race, religion or ethnicity
2	Gender
3	Age
4	Disability (if relevant)
5	Sexual orientation
6	Another factor (please specify)
7	No, I cannot identify any particular motivation

## B851 - Reasons incidents took place (other)

Name B851	Label Reasons incidents took place (other)	Location European Health Interview Survey › Crime and Victimisation › Bicycle theft
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Type <b>Text</b>	Minimum Length	Maximum Length <b>50</b>
Condition B85 Contains Any 6 Another factor (please specify) Introduction_CandV Contains Any 1 Continue		

**Question**

Please specify

## General household related crime

Label <b>General household related crime</b>	Location European Health Interview Survey › Crime and Victimisation
Type <b>Sequence</b>	Order InOrderOfAppearance
Condition Introduction_CandV Contains Any 1 Continue	

 CD\_Intro - Household questions on crime

Name <b>CD_Intro</b>	Label Household questions on crime	Location European Health Interview Survey › Crime and Victimisation › General household related crime
Type <b>Multiple Choice</b>	Selection Type <b>SelectOne</b>	Display Style
Condition Introduction_CandV Contains Any 1 Continue		

**Question**

In the next section we would like to find out about this household's experiences of crime over the last 12 months.

**Instructions**

Note: The household's experiences covers the experiences of all household members. You will need to answer the questions on behalf of the household overall all (as best as possible)

**BLAISE INSTRUCTION: Screen note**

Blaise: Add note to screen in blue

**Choices**

1	Continue
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## Z1 - Burglary

Name <b>Z1</b>	Label <b>Burglary</b>	Location European Health Interview Survey › Crime and Victimization › General household related crime
Type <b>Multiple Choice</b>	Selection Type <b>SelectOne</b>	Display Style
Condition CD_Intro Contains Any 1 Continue Introduction_CandV Contains Any 1 Continue		

### Question

Did anyone enter this home or an outbuilding without permission and steal, or attempt to steal, anything from it in the last 12 months?

### Choices

1	Yes
2	No

## Z2 - Number of incidents

Name <b>Z2</b>	Label <b>Number of incidents</b>	Location European Health Interview Survey › Crime and Victimization › General household related crime
Type <b>Integer</b>	Low <b>1</b>	High <b>50</b>
Condition Z1 Contains Any 1 Yes Introduction_CandV Contains Any 1 Continue		

### Question

On how many occasions did this take place?

## Z3 - Number of reported incidents

Name <b>Z3</b>	Label Number of reported incidents	Location European Health Interview Survey › Crime and Victimization › General household related crime
Type Multiple Choice	Selection Type SelectOne	Display Style
Condition Z1 Contains Any 1 Yes Introduction_CandV Contains Any 1 Continue		

**Question**

How many of these incidents did you report to the Guards?

**Choices**

1	All
2	Some of the incidents but not all
3	I did not report any of the incidents

 Z4 - Reasons for not reporting incidents		
Name <b>Z4</b>	Label Reasons for not reporting incidents	Location European Health Interview Survey › Crime and Victimization › General household related crime
Type Multiple Choice	Selection Type SelectAllThatApply	Display Style
Condition Z3 Contains Any 2 Some of the incidents but not all or 3 I did not report any of the incidents Introduction_CandV Contains Any 1 Continue		

**Question**

What were the main reasons that you did not report all of these incidents to the guards?

**Instructions**


Note: Code all that apply

Note: Select the most significant reason 1st followed by the next most significant reason etc.

**Choices**

1	Not serious enough/no loss
2	Solved it myself (knew the perpetrator/thief)

3	No insurance claim anticipated/could not claim insurance
4	Believed Gardaí could do nothing
5	Believed Gardaí wouldn't do anything
6	Did not wish to involve the Gardaí.
7	Feared reprisal
8	Did not have time
9	Other reasons



## Z5 - Reasons why incidents took place

Name <b>Z5</b>	Label Reasons why incidents took place	Location European Health Interview Survey › Crime and Victimization › General household related crime
Type Multiple Choice	Selection Type SelectAllThatApply	Display Style
Condition Z1 Contains Any 1 Yes Introduction_CandV Contains Any 1 Continue		

**Question**

Did you feel any of these incidents took place because of any of the following characteristics about yourself? Your:

**Instructions**

Note: Code all that apply

**BLAISE INSTRUCTION: Screen note**

Blaise: Add note to screen in blue

**Choices**

1	Race, religion or ethnicity
2	Gender
3	Age
4	Disability (if relevant)
5	Sexual orientation
6	Another factor (please specify)
7	No, I cannot identify any particular motivation

## Z51 - Motivation of perpetrator (other)

Name <b>Z51</b>	Label <b>Motivation of perpetrator (other)</b>	Location European Health Interview Survey › Crime and Victimisation › General household related crime
Type <b>Text</b>	Minimum Length	Maximum Length <b>50</b>
Condition <b>Z5 Contains Any 6 Another factor (please specify)</b> <b>Introduction_CandV Contains Any 1 Continue</b>		

### Question

Please specify

## Z6 - Burglary characteristics

Name <b>Z6</b>	Label <b>Burglary characteristics</b>	Location European Health Interview Survey › Crime and Victimisation › General household related crime
Type <b>Multiple Choice</b>	Selection Type <b>SelectOne</b>	Display Style
Condition <b>Z1 Contains Any 1 Yes</b> <b>Introduction_CandV Contains Any 1 Continue</b>		

### Question

Was there someone at home at the time of the burglary?

### Choices

1	Yes
2	No

## Z7 - Burglary characteristics

Name <b>Z7</b>	Label <b>Burglary characteristics</b>	Location European Health Interview Survey › Crime and Victimization › General household related crime
Type <b>Multiple Choice</b>	Selection Type <b>SelectOne</b>	Display Style
Condition C1 Contains Any 1 Yes Introduction_CandV Contains Any 1 Continue		

**Question**

Was a weapon used or threatened to be used by the burglar?

**Choices**

1	Yes
2	No

## D1 - Vandalism

Name <b>D1</b>	Label <b>Vandalism</b>	Location European Health Interview Survey › Crime and Victimization › General household related crime
Type <b>Multiple Choice</b>	Selection Type <b>SelectOne</b>	Display Style
Condition CD_Intro Contains Any 1 Continue Introduction_CandV Contains Any 1 Continue		

**Question**

Did anyone vandalise, or attempt to vandalise this property in the last 12 months?

**Choices**

1	Yes
2	No

## D2 - Number of incidents

Name D2	Label Number of incidents	Location European Health Interview Survey › Crime and Victimisation › General household related crime
Type Integer	Low 1	High 50
Condition D1 Contains Any 1 Yes Introduction_CandV Contains Any 1 Continue		

**Question**

On how many occasions did this take place?

### D3 - Number of incidences reported to guards

Name D3	Label Number of incidences reported to guards	Location European Health Interview Survey › Crime and Victimisation › General household related crime
Type Multiple Choice	Selection Type SelectOne	Display Style
Condition D1 Contains Any 1 Yes Introduction_CandV Contains Any 1 Continue		

**Question**

How many of these incidents did you report to the Guards?

**Choices**

1	All
2	Some of the incidents but not all
3	I did not report any of the incidents

### D4 - Reasons for not reporting incidents

Name D4	Label Reasons for not reporting incidents	Location European Health Interview Survey › Crime and Victimisation › General household related crime
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Type	Selection Type	Display Style
Multiple Choice	SelectAllThatApply	
Condition		
D3 Contains Any 2 Some of the incidents but not all or 3 I did not report any of the incidents		
Introduction_CandV Contains Any 1 Continue		

**Question**

What were the main reasons that you did not report all of these incidents to the guards?


**Instructions**

Note: Code all that apply

Note: Select the most significant reason 1st followed by the next most significant reason etc.

**Choices**

1	Not serious enough/no loss
2	Solved it myself (knew the perpetrator/thief)
3	No insurance claim anticipated/could not claim insurance
4	Believed Gardaí could do nothing
5	Believed Gardaí wouldn't do anything
6	Did not wish to involve the Gardaí.
7	Feared reprisal
8	Did not have time
9	Other reasons



## D5 - Reasons why incidents took place

Name	Label	Location
D5	Reasons why incidents took place	European Health Interview Survey › Crime and Victimization › General household related crime
Type	Selection Type	Display Style
Multiple Choice	SelectAllThatApply	
Condition		
D1 Contains Any 1 Yes		
Introduction_CandV Contains Any 1 Continue		

**Question**

Did you feel any of these incidents took place because of any of the following characteristics about yourself? Your:

**Choices**

1	Race, religion or ethnicity
2	Gender
3	Age
4	Disability (if relevant)
5	Sexual orientation
6	Another factor (please specify)
7	No, I cannot identify any particular motivation

### D51 - Reasons why incidents took place (other)

Name D51	Label Reasons why incidents took place (other)	Location European Health Interview Survey › Crime and Victimization › General household related crime
Type Text	Minimum Length	Maximum Length 50
Condition D5 Contains Any 6 Another factor (please specify) Introduction_CandV Contains Any 1 Continue		

#### Question

Please specify

### Farm related crime

Label Farm related crime	Location European Health Interview Survey › Crime and Victimization
Type Sequence	Order InOrderOfAppearance
Condition Introduction_CandV Contains Any 1 Continue	

### Farm\_intro - Introduction to farm related questions

Name Farm_intro	Label Introduction to farm related questions	Location European Health Interview Survey › Crime and Victimization › Farm related crime
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Type	Selection Type	Display Style
Multiple Choice	SelectOne	
Condition		
Introduction_CandV Contains Any 1 Continue		

**Question**

In the final section relating to crime in Ireland we would like to find out about crime related to farms and farming. Press 1 to continue if this household is a farm or continue to the next section if this household is not related to farming

**Instructions**


Note: Press 1 to continue to questions on farming or select 2 to continue onto the next section

**BLAISE INSTRUCTION: Screen note**

Blaise: Add note to screen in blue

**Choices**

1	Continue
2	Continue (Non farm household)

 F1 - Farm related crime

Name	Label	Location
F1	Farm related crime	European Health Interview Survey › Crime and Victimisation › Farm related crime
Type	Selection Type	Display Style
Multiple Choice	SelectAllThatApply	
Condition		
Farm_intro Contains Any 1 Continue		
Introduction_CandV Contains Any 1 Continue		

**Question**

Has this farm experienced any of the following crimes or attempted crimes in the last 12 months?

**Instructions**

Note: Select all that apply

**Choices**

1	Trespassing of farm's land
2	Theft of farm vehicle
3	Theft of other farming machinery
4	Theft of / interfering with livestock

5	Other farm related crimes (please specify)
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### F11 - Farm related crime (other)

Name <b>F11</b>	Label <b>Farm related crime (other)</b>	Location European Health Interview Survey › Crime and Victimization › Farm related crime
Type <b>Text</b>	Minimum Length	Maximum Length <b>50</b>
Condition F1 Contains Any 5 Other (please specify) Introduction_CandV Contains Any 1 Continue		

#### Question

Please specify

### F2 - Number of incidents

Name <b>F2</b>	Label <b>Number of incidents</b>	Location European Health Interview Survey › Crime and Victimization › Farm related crime
Type <b>Integer</b>	Low <b>1</b>	High <b>50</b>
Condition F1 Contains Any 1 Trespassing of farm's land or 2 Theft of farm vehicle or 3 Theft of other farming machinery or 4 Theft of / interfering with livestock or 5 Other (please specify) Introduction_CandV Contains Any 1 Continue		

#### Question

On how many occasions did this take place?

### F3 - Number of incidents reported to guards

Name <b>F3</b>	Label <b>Number of incidents reported to guards</b>	Location European Health Interview Survey › Crime and Victimization › Farm related crime
Type <b>Multiple Choice</b>	Selection Type <b>SelectOne</b>	Display Style

## Condition

F1 Contains Any 1 Trespassing of farm's land or 2 Theft of farm vehicle or 3 Theft of other farming machinery or 4 Theft of / interfering with livestock or 5 Other (please specify)

Introduction\_CandV Contains Any 1 Continue

**Question**

How many of these incidents did you report to the Guards?

**Choices**

1	All
2	Some of the incidents but not all
3	I did not report any of the incidents



## F4 - Reasons for not reporting incidents

Name F4	Label Reasons for not reporting incidents	Location European Health Interview Survey › Crime and Victimization › Farm related crime
Type Multiple Choice	Selection Type SelectAllThatApply	Display Style

## Condition

F3 Contains Any 2 Some of the incidents but not all or 3 I did not report any of the incidents

Introduction\_CandV Contains Any 1 Continue

**Question**

What were the main reasons that you did not report all of these incidents to the guards?

**Instructions**

Note: Code all that apply

Note: Select the most significant reason 1st followed by the next most significant reason etc.

**Choices**

1	Not serious enough/no loss
2	Solved it myself (knew the perpetrator/thief)
3	No insurance claim anticipated/could not claim insurance
4	Believed Gardaí could do nothing
5	Believed Gardaí wouldn't do anything
6	Did not wish to involve the Gardaí.
7	Feared reprisal

8	Did not have time
9	Other reasons

## Household profile

Label Household profile	Location European Health Interview Survey
Type Sequence	Order InOrderOfAppearance

### Description

Questions to estimate an approximate household income required for AES regulation.

HF_Intro		
Name HF_Intro	Label	Location European Health Interview Survey › Household profile
Type Multiple Choice	Selection Type SelectOne	Display Style

### Question

In the final part of the survey we ask questions in relation to the overall financial profile of the household

### Instructions

Press 1 to continue

### BLAISE INSTRUCTION: Screen note

Blaise: Add note to screen in blue

### Choices

1	Continue
---	----------

OCCUPY		
Name OCCUPY	Label	Location European Health Interview Survey › Household profile
Type Multiple Choice	Selection Type SelectOne	Display Style

### Question

Is this household....?

**Choices**

1	Owner occupied
2	Rented
3	Other (please specify)

Occupied		
Name Occupied	Label	Location European Health Interview Survey › Household profile
Type Text	Minimum Length	Maximum Length 50
Condition OCCUPY Contains 3 Other (please specify)		

**Question**

Please specify.

HouseOwned		
Name HouseOwned	Label	Location European Health Interview Survey › Household profile
Type Multiple Choice	Selection Type SelectOne	Display Style
Condition OCCUPY Contains 1 Owner occupied or 3 Other (please specify)		

**Question**

Does the property have an outstanding mortgage on it?

**Instructions**

Note: A mortgage includes an outstanding purchase agreement made with a local authority

**BLAISE INSTRUCTION: Screen note**

Blaise: Add note to screen in blue

**Choices**

1	Yes
2	No

## HouseR

Name HouseR	Label	Location European Health Interview Survey › Household profile
Type Multiple Choice	Selection Type SelectOne	Display Style
Condition OCCUPY Contains 2 Rented		

### Question

Is the household rented from...?

### Choices

1	A private landlord
2	A local authority
3	Other(please specify)

## OccupyT

Name OccupyT	Label	Location European Health Interview Survey › Household profile
Type Text	Minimum Length	Maximum Length 50
Condition HouseR Contains 3 Other (please specify)		

### Question

Please specify

## Income

Name Income	Label	Location European Health Interview Survey › Household profile
Type Multiple Choice	Selection Type SelectOne	Display Style

### Question

Can you estimate your net monthly household income (including social transfers and after tax)?

### Instructions

Blaise: Allow DK/RF

**Choices**

1	Yes
2	No

Household_Income		
Name	Label	Location
Household_Income		European Health Interview Survey › Household profile
Type	Selection Type	Display Style
Multiple Choice	SelectOne	
Condition		
Income Contains 1 Yes		

**Question**

Please indicate from the following the net household income:

**Choices**

1	€0 - €1115
2	€1116 - €1596
3	€1597 - €2114
4	€2115 - €2644
5	€2645 - €3246
6	€3247 - €3874
7	€3875 - €4637
8	€4638 - €5553
9	€5554 - €6987
10	€6987 or more

End_Hse		
Name	Label	Location
End_Hse		European Health Interview Survey › Household profile
Type	Selection Type	Display Style
Multiple Choice	SelectOne	

**Question**

This is the end of the housing questions.

**Instructions**

Note: Press 1 to continue

**BLAISE INSTRUCTION: Screen note**

Blaise: Display note in blue on screen

**Choices**

1	Continue
---	----------

## Contact Details

Label	Location
Contact Details	European Health Interview Survey
Type	Order
Sequence	InOrderOfAppearance

**Description**

Collect contact details of respondents if not already available

## Contact\_Pers

Name	Label	Location
Contact_Pers		European Health Interview Survey › Contact Details
Type	Selection Type	Display Style
Multiple Choice	SelectOne	

**Question**

Thank you for answering my questions today.

(Prefill: with relevant contact name or name and contact number request)

**Instructions**

Press 1 to continue

**BLAISE INSTRUCTION: Screen note**

Blaise: Add note to screen in blue

**BLAISE INSTRUCTION: Prefill**

Blaise: IF (P\_Participation.AES\_SampleSelection = C2) OR (P\_Participation.AES\_SampleSelection1Pers = C3) OR (P\_Participation.AES\_SampleSelection1Pers = C1) OR (P\_Participation.P\_AESModule.H\_HouseholdIncome.AccClose

= 1) THEN FillContactNameTextOne := 'Can I ask you for your contact name @Uand@U telephone number' ELSE  
FillContactNameTextOne := "

### Choices

1	Continue
---	----------

Contact_Number1		
Name Contact_Number1	Label	Location European Health Interview Survey › Contact Details
Type Integer	Low 8	High 8
Condition Contact_Pers Contains Any 1 Continue		

### Question

Could you give me a telephone number?

### Instructions

Note: We can't enter numbers outside the Republic of Ireland.

### BLAISE INSTRUCTIN: Scree note

Blaise: Add notes to screen in blue

### BLAISE INSTRUCTION: Validation

Blaise: Include validations here to ensure accurate entry of telephone number. Delete the suppress check on the phone number.

### BLAISE INSTRUCTION: Prefill

Blaise: If CATI\_CHECK = 1 then insert [ ]

### BLAISE INSTRUCTION: DK/RF

Blaise: Allow RF only.

contact_number2		
Name contact_number2	Label	Location European Health Interview Survey › Contact Details
Type Integer	Low 1	High 8
Condition Contact_Pers Contains Any 1 Continue		

**Question**

And could you also give me an alternative telephone number?

**Instructions**

Note: Enter telephone number.

Note: Press the forward button if there is no alternative telephone number.

Note: We can't enter numbers outside the Republic of Ireland.

**BLAISE INSTRUCTION: Screen note**

Blaise: Add note to screen in blue

**BLAISE INSTRUCTION: Validation**

Blaise: please include validations here to ensure accurate entry of telephone number. Delete the suppress check on the phone number.

**BLAISE INSTRUCTION: DK/RF**

Blaise: Allow RF only.