

Appendix 4

List of general measure questions selected from the MS survey and census. Draft 27-12-02

The list is ordered by Code survey. (When one survey it is not included in the HIS/HES database a not official code was given to it).

Only the questions in bold were considered for the Empirical Matrix analysis.

A01	Microcensus	1999	Austria
-----	-------------	------	----------------

B. 36 Are you unable, for health reasons, i.e. as a result of a chronic illness, permanent incapacity or old age, to carry out important personal functions yourself (e.g. eating, washing/bathing, going to the toilet....), and are you therefore sometimes – frequently or always dependent on the help of others, or is this not applicable?

If the answer is "frequently or always" or in the case of persons under 15 years of age, then go on to B 38!

B.37 To all persons of 15 years or older, who have answered question B 36 with "never" or "sometimes"

Are you unable, for health reasons, i.e. as a result of a chronic illness, permanent incapacity or for reasons of old age, to perform important activities of daily life (e.g. going shopping, preparing meals, doing the washing...) yourself and are you therefore sometimes – frequently or always dependent on the help of others, or is this not applicable?

B02*	Health Interview Survey	2001	Belgium
------	-------------------------	------	----------------

MB01. Do you suffer from one or more longstanding illnesses, chronic conditions or handicaps?

- Yes
- No
- Don't know
- No answer

MB02. From which longstanding illness(es), chronic condition(s) or handicap(s) do you suffer?
 (open)

Mb03. Are you restricted in your daily activities due to this (these) illness(es), chronic condition(s) or handicaps?

- Continually
- At intervals
- Not or seldom
- Don't know
- No answer

* same question asked in Health Interview Survey- 1997 (B01)

B03	General Socio-Economic Survey	2001	Belgium
-----	-------------------------------	------	----------------

Do you suffer from one or more longstanding illnesses, chronic conditions or handicaps?

- Yes
- No
- Don't know
- No answer

If yes, are you restricted in your daily activities due to this (these) illness(es), chronic condition(s) or handicaps?

- Continually
- At intervals
- Not or seldom
- Don't know
- No answer

No code (<i>Bc02</i>)	Census	2002	Belgium
-------------------------	--------	------	----------------

Do you suffer from one or more longstanding illnesses, chronic conditions or handicaps?

- Yes
- No
- Don't know
- No answer

Are you restricted in you daily activities due to this (these) illness(es), chronic condition(s) or handicaps?

- Continually
- At intervals
- Not or seldom
- Don't know
- No answer

CH02*	Swiss Health Survey	2002	Switzerland
-------	---------------------	------	--------------------

13.00. Today there are a number of people who have a physical or a psychological problem that limits their daily activities. Do you have such a problem or an illness of this type which you have had for more than one year?

Yes

No

No response

* same questions were in Swiss Health Survey 1997 (CH01)

D01*	Questions on Health - Microcensus	1999	Germany
------	-----------------------------------	------	----------------

114. Is your handicap established by an official notice, or have you made an appropriate application?

Yes, by means of a ...

Notice of the public support and pensions office/official (war) invalid identity card/severely handicapped persons identity card ("1")

Other official notice (e.g. pension notice, administrative or court decision) ("2")

Both notice/identity card from the public support and pensions office etc. ("1") and also other official notice ("2")

Application made but no notice received yet

No, no officially established handicap

No information

* same questions asked in "Questions on Health - Microcensus- 2003" (D03)

D02	Survey on living conditions, health and environment	1998	Germany
-----	---	------	----------------

44. Apart from short illnesses: does your state of health prevent you from carrying out your day-to-day activities, for example, in the home, at work or in your training?

Not at all

A little

Considerably.

53. Do you have any disability, which is officially recognised by a pension office?

Yes

No

D05	German National Health Examination and Interview Survey	1998	Germany
-----	---	------	----------------

25. Do you have a disability which has been officially acknowledged by the appropriate body/pension office? answer categories:

Yes

No

26. Since when has the disability been acknowledged? What is the degree of disability today?

Since 19 ...

Degree of disability ... %

DK 02*	The Danish Health Interview and Morbidity Survey	2000	Denmark
--------	--	------	----------------

24. Do you suffer from any long-standing illness, long-standing after effect from injury, any disability or other long-standing condition?

Yes

No

(This question is repeated for max 4 illness)

24a. 1. illness:

Which illness or ailment do you suffer from?

Write which illness: ...

Where in your body is it located?

Write where in the body: ...

For how many years have you suffered from this illness/condition?

Write number of years : ...

Has a doctor told you what it is?

Yes

No

Are you restricted by the illness in your work/usual activities?

Yes, very much

Yes, a little

No

Do you suffer from any other long-standing illnesses?

Yes

No

* same questions asked in The Danish Health Interview and Morbidity Survey - 1994

E02	HEALTH INTERVIEW SURVEY	2001	Spain
-----	------------------------------------	-------------	--------------

1. Does some of people of the household need some type of special dedication for the fact of suffering a handicap or some limitation (not being able to be alone at nights, to need help to go out in the street, personal hygiene, etc.) to carry out with normality the activities of the family, social and labour life?

Yes

No

E04	Impairments, Disabilities and Health Status Survey	1999	Spain
-----	---	------	--------------

19. Does any person in the household have a handicap certificate issued by the National Social Services Institute or the respective Autonomous Community body as a result of suffering from a disability, problem or disease?

YES

NO

EL01	Population Census	1991	Greece
------	-------------------	------	---------------

5. Are there any persons with longstanding illnesses or handicaps living with you?

Yes

No

If yes,

Please indicate which person this concerns: ...

Please indicate the category of this longstanding illness or handicap : ... (open)

EL02	National Greek Survey: Psychological factors and Health	1998	Greece
------	---	------	---------------

A28 Do you suffer from a physical disease or handicap?

No

Yes

A30A How long do you suffer from this disease?

Up to 6 months

7-12 months

1-2 years

2-4 years

5-7 years

8-10 years

More than 10 years

F02	Handicaps, Disabilities and Dependency Survey	1999	France
-----	---	------	---------------

AHANDI1. In everyday life, are you faced with either physical, sensorial, intellectual or mental difficulties? (resulting from an accident, a chronic disease, a problem at birth, an invalidity, ageing)

- Yes
- No
- Will not answer
- Does not know

HANDI3. Can you specify the origin of each disorder you have just mentioned?

...

F09*	Health and Social Protection Survey	2002	France
------	-------------------------------------	------	---------------

57. Do you suffer from a chronic disease or health problem?

- Yes
- No
- Doesn't know

58. During at least six months, have you been limited in activities which people normally carry out due to a health problem?

- Yes
- No
- Doesn't know

*the question asked in the previous survey (1998, Code F03) was: "What illness, health problems or disabilities are you currently suffering from?" indicate the exact name of the illness.

F12*	French survey on living conditions and aspirations	2001	France
------	--	------	---------------

I1. Do you suffer from a physical infirmity, handicap or chronic disease which will continue to affect you in the future?

- Yes
- No
- Doesn't know

* same question was asked in French survey on living conditions and aspirations – 1999 (F08)

No code (F1999)	Every day life and health	1999	France
-----------------	---------------------------	------	---------------

Is he/she restricted in the kind or amount of exercise he/she can do? (at home, work or school or any other occupation of his/her age such as travelling, games, sports, leisure activities)

- Yes
- No

FIN 03	Health Survey	2000	Finland
--------	---------------	------	----------------

BA02. Do you have some permanent or chronic illness or some defect, trouble or injury, which diminishes your working capacity or functional ability?

All chronic illnesses diagnosed by a doctor and all troubles which have lasted at least three months, which a doctor has not diagnosed, but which affect on the capability shall be mentioned.

Yes

No

FIN 06	Health Behaviour Survey among the Adult population	2001	Finland
--------	--	------	----------------

12. Are you receiving disability pension because of a disease or disability?

no

yes, partial pension

yes, temporary pension

yes, permanent pension

19. Do you have an illness or disability that affects your work and functional ability ?

no

yes

21. Do you have difficulty coping with everyday chores, job tasks or other demands of everyday life?

no difficulty coping

slight difficulty coping

a great deal of difficulty coping

I cannot cope on my own

FIN 07*	The National FinRisk Study	2002	Finland
---------	----------------------------	------	----------------

21. Do you receive disability pension for a disease or inability?

no

yes, partial disability pension

yes, temporary disability pension

yes, permanent disability pension

This question was included in the Empirical Matrix but it is not considered as General Measure because it refers to “disability pension”

* same questions asked in The National FinRisk- 1997 (Fin02)

I01	Health Conditions and the Use of Health Services	1999-2000	Italy
-----	--	-----------	--------------

3.1 Are you affected by a longstanding illness or a permanent disability that reduces your personal freedom till requiring help from other people for daily needs inside and outside the home?

NO

YES, intermittently, for some needs

YES, continuously, or for important needs

I04*	Aspects of daily living	2001	Italy
------	-------------------------	------	--------------

5.2 Are you suffering from a chronic disease or a permanent disablement which reduces your personal freedom to the extent of requiring the assistance of other people for everyday needs at home or away from home?

No

YES, occasionally for some needs

YES, continuously or for important needs

* same question asked in "Aspects of daily living" 2000 (I03)

IRL03*	Survey of Lifestyle, Attitudes and Nutrition (SLÁN)	2002	Ireland
--------	---	------	----------------

A5. Is your daily activity or work limited by a long term illness, health problem or disability?

Yes

No

Do not have any of the above

*same question asked in “Survey of Lifestyle, Attitudes and Nutrition (SLÁN), 1998 (IRL01)

IRL04*	Living in Ireland Survey	2001	Ireland
--------	--------------------------	------	----------------

L2. Do you have any chronic, physical or mental health problem, illness or disability?

Yes

No

L3a. What is the nature of this illness or disability?

...

L3b. Since when have you had this illness or disability?

... months ... years

L3c. Are you hampered in your daily activities by this physical or mental health problem, illness or disability?

Yes, severely

Yes, to some extent

No

*same questions were enclosed in “Living in Ireland Survey”, 2000 (IRL02)

No Code (<i>IrlC02</i>)	Census	2002	Ireland
---------------------------	--------	------	----------------

14. Do you have any of the following long-lasting conditions:

a) Blindness, deafness or a severe vision or hearing impairment?

Yes

No

b) A condition that substantially limits one or more basic physical activities such as walking, climbing stairs, reaching, lifting or carrying?

Yes

No

15. Because of a physical, mental or emotional condition lasting 6 months or more, do you have any difficulty in doing any of the following activities?

Answer (a) and (b) if aged 5 years or over

a) Learning, remembering or concentrating?

Yes

No

b) dressing, bathing or getting around inside the home?

Yes

No

Answer (c) and (d) if aged 15 years or over

c) going outside the home alone to shop or visit a doctor's survey?

Yes

No

b) working at job or business

Yes

No

IS02	Health and Living Conditions in Iceland	1989-99	Iceland
------	--	---------	----------------

10. How difficult is it usually for you to carry out these activities?

Very difficult
Rather difficult
Slightly difficult
Not at all difficult

eat
get dressed
start moving around
go up stairs
leave the house
handle work
handle work of the home

IS03	Health and lifestyle	2001	Iceland
------	----------------------	------	----------------

Has health failure caused you to ...

Yes
No

... require assistance with personal needs such as eating, dressing or moving around at home?
... have to be helped with daily needs such as household chores, errands and shopping?
... have less independence or participation in society?

L02	Socio-Economic Panel Living in Luxembourg	2001	Luxembourg
-----	--	------	-------------------

12. Suffers from a handicap on 31/12/2000

- Yes
- No

13. If yes, which handicap?

- Motoric
- Sensorial
- Mental
- Chronic disease
- Combination

N01	Survey on Living Conditions	1998	Norway
-----	-----------------------------	------	--------

H2.a Do you suffer for any illness or disorder of a more long-term nature, any congenital disease or effect of an injury? We are referring to difficulties/limitations of a more long-term nature. The term 'long-term nature' refers to a situation that has lasted or is expected to last for 6 months or more.

Yes? What kind

No ?

H2.b What type of illness, injury or disorder do you have?

H2.c When did you incur the illness, injury or disorder?

in the past 14 days

earlier in 1998, which month?

prior to 1998, which year?

congenital

don't remember

H2.d Is the health problem you mentioned an illness or an

injury?

illness

injury

H2.e Have you any other illnesses of a long-term nature, congenital illness or injury?

YES ? What kind

NO ?

H4.a Have you any disabilities that you still haven't mentioned?

YES ? What kind

NO ?

H4.b What kind of disability?

....

H4.d Is the health problem you mentioned an injury?

yes

no

H4.e Have you any other disability?

YES ? What kind

NO ?

H29. Owing to permanent health problems or disabilities, have you:

had trouble getting out of your dwelling on your own

not possible

extremely difficult

somewhat difficult

not difficult

had trouble participating in recreational activities

not possible

extremely difficult

somewhat difficult
not difficult

had trouble using public transportation
not possible
extremely difficult
somewhat difficult
not difficult

had trouble establishing contact with or talking to other people
not possible
extremely difficult
somewhat difficult
not difficult

had trouble doing your job
not possible
extremely difficult
somewhat difficult
not difficult

NL02	Second National Study on Morbidity and use of health services	2001	The Netherlands
------	---	------	------------------------

**GEZV67 And what about your day-to-day activities?
(with reference to CARD 22C)**

I have no difficulties in my day-to-day activities
I have some difficulties in my day-to-day activities
I am unable to carry out my day-to-day activities

NL03*	Continuous survey on living conditions	2001	The Netherlands
-------	--	------	------------------------

Do you suffer from any longstanding illness, disorders or handicaps?

Yes

No

If the respondent is under 12 years old:

Is your child because of this limited in activities in school, in other activities which are normal for a child of his age?

Severely limited

Moderate limited

Not limited

If the respondent is over 12 years old:

To what degree are you limited because of this in daily activities at home?

Severely limited

Moderate limited

Not limited

For all respondents

To what degree are you limited because of this at school or at work?

Severely limited

Moderate limited

Not limited

To what degree are you limited because of this in leisure time activities, sports or travelling?

Severely limited

Moderate limited

Not limited

P04	General Census	2001	Portugal
-----	----------------	------	-----------------

Do you have any kind of disability?

No

Yes

If yes, please indicate the kind of disability you have:

Hearing

Visual

Mobility

Mental

Cerebral Palsy

Other kind of disability

8.1 Did any competent authority attribute to you a degree of incapacity as a result of the impairment or disability indicated in the previous question?

No

Yes

If yes, please indicate the degree:

Less than 30 %

between 30 and 59 %

between 60 and 80 %

Higher than 80 %

S02	Living conditions Survey	2001	Sweden
-----	--------------------------	------	---------------

42. Do you suffer from any long-term illness, after-effects from an accident, disability or other ailment?

YES

NO

55. Do you need help with the following activities

NEED MANAGE

HELP ONESELF

a) ... cleaning?

b) ... buying food?

c) ... cooking?

d) ... laundry?

e) ... take a bath or shower ?

f) ... to get up or go to bed?

g) Who provides you with assistance)?

How often do you receive help from ?

EVERY DAY

AT LEAST ONCE A WEEK

MORE SELDOM

NO HELP

UK02	Health Education Monitoring Survey	1998	United Kingdom
------	---------------------------------------	------	-----------------------

16. Do you have any long-standing illness, disability or infirmity?

By long-standing I mean anything that has troubled you over a period of time or that is likely to affect you over a period of time

Yes

No

18. Does this illness or disability (Do any of these illnesses or disabilities) limit your activities in any way?

Yes

No

UK11	The General Household Survey	2001	United Kingdom
------	---------------------------------	------	-----------------------

02. Do you have any long-standing illness, disability or infirmity?

By long-standing, I mean anything that has troubled you over a period of time or that is likely to affect you over a period of time.

Yes

No

07. Does this illness or disability (Do any of these illnesses or disabilities) limit your activities in any way?

Yes

No

UK15	Census	2001	United Kingdom
------	--------	------	-----------------------

Do you have any long term illness, health problems or disability which limits your daily activities or work that you can do ? include problems which are due to old age.

Yes No

No Code (H01)	National Health Interview Survey	2000	Hungary
---------------	----------------------------------	------	----------------

The next questions will ask you about what limitations does your general state of health impose on you. Please do not include here any illness that lasts over a short period of time only, such as flu.

10. In general, are you able to ... without difficulty, with some difficulty, or only with somebody to help you?

- ...get in and out of bed...
- ...get in and out of a chair...
- ...dress and undress...
- ...wash hands and face...
- ...eat, including cutting up the food...
- ...use the toilet...
 - Without difficulty
 - With difficulty
 - Only with help
 - Does not know
 - Refused

14. Do you have any condition or disease that limits you in your usual activities, such as working, shopping, taking care of day-to-day things, exercising, meeting other people?

- Yes
- No
- Does not know/Not sure
- Refused

(only in the self-administered questionnaire:)

Please choose the statement that best describes your own health TODAY!

3. Usual activities (e.g. work, studies, housework, family or recreational activities)
- I have no problems with performing my usual activities
 - I have some problems with performing my usual activities
 - I am unable to perform my usual activities

(mental disorders:)

27. Now I will ask you about how you felt mentally and emotionally during the past TWO WEEKS.

27_1 Did you, in the past two weeks, lose sleep because you were unable to get asleep, or woke up several times during the night, or woke up early and couldn't get back to sleep?

27_2 Have you in the past 2 weeks, felt under strain for several days in a row?

- Not at all
- Yes, but not more than usual
- Rather more than usual
- Yes, much more than usual
- Does not know/not sure
- Refused

27_3 In the past 2 weeks, have you been able to concentrate on whatever you were doing?

27_4 In the past 2 weeks, have you felt that what you were doing is useful?

27_5 In the past 2 weeks, have you been able to overcome your difficulties?

- More than usual
- Just as usual
- Less than usual
- Much less than usual

Does not know
Refused

27_6. In the past two weeks, have you been able to take decisions?

27_7. In the past 2 weeks, have you felt you couldn't overcome your difficulties?

Not at all
Yes, but not more than usual
Rather more than usual
Yes, much more than usual
Does not know/not sure
Refused

27_8. In the past 2 weeks, have you been feeling reasonably happy, all in all?

27_9. In the past 2 weeks, have you been able to enjoy your everyday activities?

More than usual
Just as usual
Less than usual
Much less than usual
Does not know
Refused

27_10. In the past two weeks, have you been feeling unhappy or depressed?

27_11. In the past 2 weeks, have you been losing confidence in yourself?

27_12. In the past 2 weeks, have you been thinking of yourself as a worthless person?

Not at all
Yes, but not more than usual
Rather more than usual
Yes, much more than usual
Does not know/not sure
Refused

No code (H02)	Population census	2001	Hungary
---------------	-------------------	------	----------------

25.1 What deficiencies do you have? Please mark three deficiencies maximum.

- No deficiency
- Deficiency in movement
- Lack of lower, upper limb
- Other physical deficiency
- Mental deficiency
- Hard of hearing
- Deaf
- Defective speech
- Dumb
- Deaf and dumb
- Hard of seeing
- Blind in one eye
- Blind
- Other
- Do not wish to answer

Please mark three deficiencies maximum.

No code (H03)	Labour Force Survey	2002	Hungary
---------------	---------------------	------	----------------

0. Have you got any longstanding health problem or disability?

- Yes
- No
- Does not know

Following questions were asked providing that answer was "Yes".

1. What type of health problem or disability do you have which has been hindering normal way of living during the past 6 months or will hinder it expectedly during the next at least 6 months?
(In case of having more than one problem, please state the most serious one.)
 - Problem with arms or hands (missing)
 - Locomotor problem (problem with legs or feet)
 - Problem with back or neck
 - Weak sight that can not be corrected sufficiently with glasses or contact lenses (blindness)
 - Hearing defect that can not be corrected sufficiently with hearing aids or grommets (deafness)
 - Serious speech impediment
 - Deaf-mutness
 - Cutaneous disease, allergy (eg. eczema)
 - Respiratory problem, asthma, bronchitis
 - Heart, blood pressure or circulation problem
 - Stomach, liver, kidney or digestive problem
 - Diabetes
 - Epilepsy
 - Mental or nervous system problem
 - Other permanent disease (including cancer, HIV, Parkinson's disease etc.)
 - Other longstanding health problem, permanent disability, namely:...

5. Does your health problem or disability hinder you in working?

Yes

No

Does not know

6. Does your health problem or disability restrict the amount of work you can do or the number of hours or days you can work?

Yes

No

Does not know

7. Does your health problem or disability hinder you in getting to and from work?

Yes

No

Does not know

Q8-9 refer only to persons with a present job!

8. Do you get any type of assistance mentioned below at work?

(Maximum 3 answers are possible to be checked in order of priority.)

Can carry out special work regarding the disability

Can work in shortened working time

Less work than the average is expected to be carried out

Gets help in access to work

Can work at home

Have special equipment(s) at the workplace

Gets special attention or help from superiors and from colleague

Gets other type of help, namely:...

Not any help is provided

Does not know

10. Do you need any type of assistance to carry out work or to take on work?

(In case of working person: Would you need any further type of assistance which was not checked at Q 8?)

Yes

No

Does not know

11. What type of assistance would you need to work?

(Maximum 3 answers are possible to be checked in order of priority.)

type of work formed with regard to the disability

Altered or shortened working hours and/or reduced work intensity

Assistance to get to and from work

Opportunity to work at home

Equipments helping mobility at work place

Support and understanding by superiors and colleagues

Special, protected or supported work place provided

Other, namely:...

No code (H04)	Time-use Survey	1999-2001	Hungary
---------------	-----------------	-----------	----------------

IV. Health conditions

1. **How many persons live in your household who have**
Handicap, but not permanent illness
Have permanent illness, but do not have handicap
Have permanent illness and handicap
Have reduced working possibilities because of permanent illness or handicap
(permanent illness: registrated by a doctor, lasting more than 3 months)

Q2-3 refer only to persons with handicap!

2. **What kind of handicap do you have?**
Physically handicapped
Absence of hands
Absence of legs
Other physical handicap
Mentally handicapped
Defect of hearing
Defect of speach
Mute
Deaf-mute
Defect of eyesight
Blind for one eye
Blind
Other

Q4 refers only to persons with permanent illness!

4. What kind of permanent illness do you have?

Q6 refers only to persons with handicap!

5. **In what the person is handicapped due to illness or handicap?**
Self-catering
Working ability
Everyday life, transport
Spending spare time
No handicap
6. Degree of disablement according to the doctor

List of Question of European Survey

Survey on Income and Living Conditions SILC (The Minimum European Health Module -MEHM)

1. How is your health in general?

Very good

Good

Fair

Bad

Very bad.

2. Do you have any long-standing illness or health problem?

Yes/ No

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

Yes, strongly limited

Yes, limited

No, not limited

European Community Household Panel (1994-2001)

Questions 158 and 159 can be seen as a 'disability screener'

Part of the Health section in ECHP:

P053390 Q157:

How is your health in general?

Very good1

Good.....2

Fair.....3

Bad.....4

Very bad5

Missing.....9

P053400 Q158:

Do you have any chronic physical or mental health problem, illness or disability?

Yes1 PP053410

No2 PP053420

Missing.....9 PP053420

P053410 Q159:

Are you hampered in your daily activities by this physical or mental health problem, illness or disability?

Yes, severely.....1

Yes, to some extent.....2

No3

Missing.....9

European Labour Force Survey 2002

Reference question for screening the respondents for the module on 'employment of disabled people', 2002

Do you have any longstanding health problem or disability?

Yes

No

(If no: end module)
