

Annex 7 - MS Survey and MEHM 1 - Draft (23-12-02)

No.	Code	Country	Year	Title Survey	Wording	Absolute format	Age ref.	Time ref.	Verbs Used	What the respondent must analyse	In general	Response categories
		MEHM			How is your health in general?	Yes	No	No	To be	Health	Yes	<i>Nominal 5</i> Very good good fair bad very bad
1	A01	Austria	1999	Microcensus	How do you assess your state of health in general?	Yes	No	No	To assess	State of health	Yes	<i>Nominal 5</i> Very good good moderate poor very poor
2	B02	Belgium	2001	Heath Interview Survey	How is your health in general?	Yes	No	No	To be	Health	Yes	<i>Nominal 5</i> Very good Good Fair (reasonable) Bad Very bad
3	B03	Belgium	2001	General Socio-Economic Survey	How is your health in general?	Yes	No	No	To be	Health	Yes	<i>Nominal 5</i> Very good Good Fair (reasonable) Bad Very bad

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4	no code (Bc02)	Belgium	2002	Census	How is your health in general?	Yes	No	No	To be	Health	Yes	Nominal 5
												Very good
5	CH01	Swiss	1997	Swiss Health Survey	How do you feel now?	Yes	No	Now	To Feel	Themselves	No	Nominal 5
												Very good
6	CH02	Swiss	2002	Swiss Health Survey	How do you feel now?	Yes	No	Now	To Feel	Themselves	No	Nominal 5
												Very good
7	D02	Germany	1998	Survey on living conditions, health and environment	How would you describe your present state of health?	Yes	No	Present	To describe	State of health	No	Nominal 5
												Very good

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No.	Code	Country	Year	Title Survey	Wording	Absolute format	Age ref.	Time ref.	Verbs Used	What the respondent must analyse	In general	Response categories
8	D05	Germany	1998	German National Health Examination and Interview Survey	In general, would you say your health is:	Yes	No	No	To say	Health	Yes	Nominal 5
												Excellent Very good Good Fair Poor
9	DK02	Denmark	2000	Danish Health and Morbidity Survey	How do you rate your present state of health in general?	Yes	No	Present	To rate	State of health	Yes	Nominal 5
												Really good Good Fair Bad Very bad
10	E02	Spain	2001	National Health Survey	We would now like to ask you a few questions on the health of your household. In the last twelve months, i.e. since February 2000, would you consider your health as being very good, good, normal, bad or very bad?	Yes	No	In the last 12 Months	To consider	Health	No	Nominal 5
												Very good Good Normal Bad Very bad

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No.	Code	Country	Year	Title Survey	Wording	Absolute format	Age ref.	Time ref.	Verbs Used	What the respondent must analyse	In general	Response categories
11	E04	Spain	1999	Impairments, Disabilities and Health Status Survey	How would you rate the state of your health generally?	Yes	No	No	To rate	Health	Yes	<i>Nominal 5</i>
												Very good Good Fair Poor Very poor
12	EL02	Greece	1998	National Greek Survey: Psychological factors and health	Would you say that your health, during the last 12 months was:	Yes	No	Last 12 months	To say	Health	No	<i>Nominal 4</i>
												Very Good Good Not so good Bad
13	F03	France	1998	Health and Social Protection Survey	Can you indicate, between 0 and 10, your state of health ?	Yes	No	No	To indicate	State of health	No	<i>Numerical</i>
												0-10
14	F05	France	2002	The INSEE Survey on Handicaps, disabilities and dependency	At Present, given your age, how do you consider your state of health?	Yes	No	At Present	To consider	State of health	No	<i>Nominal 5</i>
												Very good Good Average Mediocre Frankly Bad

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No.	Code	Country	Year	Title Survey	Wording	Absolute format	Age ref.	Time ref.	Verbs Used	What the respondent must analyse	In general	Response categories
15	F07	France	2000	Continuous survey on households living conditions	At present, do you consider your state of health to be:	Yes	No	At present	To consider	State of health	No	Nominal 6
												Very good Good Average Moderate Poor Very poor
16	F08	France	1999	French survey on living conditions and aspirations	Compared with other people your age, would you describe your state of health as:	No	Yes	No	To describe	State of health	No	Nominal 4
												Very good Good Not very good Not very good at all
17	F09	France	2002	Health and Social Protection Survey	How is your general state of health?	Yes	No	No	To be	State of health	Yes	Nominal 5
												Very good Good Average Poor Very poor

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No.	Code	Country	Year	Title Survey	Wording	Absolute format	Age ref.	Time ref.	Verbs Used	What the respondent must analyse	In general	Response categories
18	F11	France	2001	Continuous survey on households living conditions	At present, do you consider your state of health to be:	Yes	No	At present	To consider	State of health	No	Nominal 6
												Very good Good Average Moderate Poor Very poor
19	F12	France	2001	French survey on living conditions and aspirations	Compared with other people your age, would you describe your state of health as:	No	Yes	No	To describe	State of health	No	Nominal 4
												Very good Good Not very good Not very good at all
20	FIN01	Finland	2000	Survey on health behaviour	What is your own assessment of your present state of health?	Yes	No	Present	To assess	State of health	No	Nominal 5
												Good Reasonably good Average Rather poor Poor
21	FIN03	Finland	2000	Health –Survey on Capability and national Health	Is your health status nowadays:	Yes	No	Nowadays	To be	Health status	No	Nominal 5
												Good Rather good Moderate Rather poor Poor

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No.	Code	Country	Year	Title Survey	Wording	Absolute format	Age ref.	Time ref.	Verbs Used	What the respondent must analyse	In general	Response categories
22	FIN06	Finland	2001	Health Behaviour Survey among the adult population	How would you assess your present state of health?	Yes	No	Present	To assess	Health status	No	Nominal 5
												Good Rather good Average Rather poor Poor
23	FIN07	Finland	2002	The National FinRisk Study	How do you find your health status? It is	Yes	No	No	To Find	Health status	No	Nominal 5
												Excellent quite good average quite bad very bad
24	FIN09	Finland	2001	Health Behaviour Survey among the elderly population	How would you assess your present state of health?	Yes	No	Present	To assess	Health status	No	Nominal 5
												Good Rather good Average Rather poor Poor
25	I01	Italy	1999-2000	Health conditions and use of health services	How is your health in general?	Yes	No	No	To be	Health	Yes	Nominal 5
												Very good Good Fair Bad Very bad

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No.	Code	Country	Year	Title Survey	Wording	Absolute format	Age ref.	Time ref.	Verbs Used	What the respondent must analyse	In general	Response categories
26	I04	Italy	2001	Aspects of daily life	How is your health in general?	Yes	No	No	To be	Health	Yes	Numerical 1-5 (Give a score from 1 to 5, where 1 is the worst state and 5 is the best one)
26bis				Aspects of daily life	How is your health in general?	Yes	No	No	To be	Health	Yes	Nominal 5 Very good Good Fair Bad Very bad
27	IRL01	Ireland	1998	Survey of Lifestyle, Attitudes and Nutrition (SLÁN)	In general, would you say your health is:	Yes	No	No	To say	Health	Yes	Nominal 5 Excellent Very good Good Fair Poor
28	IRL02	Ireland	2000	Living in Ireland Survey	In general, how good would you say your health is? Would you say it is:	Yes	No	No	To say	Health	Yes	Nominal 5 Very Good Good Fair Bad Very bad

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No.	Code	Country	Year	Title Survey	Wording	Absolute format	Age ref.	Time ref.	Verbs Used	What the respondent must analyse	In general	Response categories
29	IRL03	Ireland	2002	Survey of Lifestyle, Attitudes and Nutrition (SLÁN)	In general, would you say your health is:	Yes	No	No	To say	Health	Yes	Nominal 5
												Excellent Very good Good Fair Poor
30	IRL04	Ireland	2001	Living in Ireland Survey	In general, how good would you say your health is? Would you say it is:	Yes	No	No	To say	Health	Yes	Nominal 5
												Very Good Good Fair Bad Very bad
31	IS02	Iceland	1989-99	Health and Living Conditions in Iceland	In general, how do you evaluate your physical health? Do you find it very good, good, fair or poor?	Yes	No	No	To evaluate	Physical health	Yes	Nominal 4
												Very good Good Fair Poor
32	IS03	Iceland	2001	Health and lifestyle	Are you generally in good or poor health? Do you find it very good, good, fair or poor?	Yes	No	No	To find	Health	Yes	Nominal 5
												Very good health Rather good health Fair health Rather poor health Very poor health

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No.	Code	Country	Year	Title Survey	Wording	Absolute format	Age ref.	Time ref.	Verbs Used	What the respondent must analyse	In general	Response categories
33	L01	Luxembourg	1996	Panel Living in Luxembourg	Do you feel that you enjoy	Yes	No	No	To Feel	Health	No	Nominal 5
												Very good health Good health More or less good health Poor health Very poor health
34	N01	Norway	1998	Survey on Living Conditions	How would you describe your own general health? Would you say it is:	Yes	No	No	To describe	Health	Yes	Nominal 5
												Very good Good Neither good Nor bad, average Poor Very poor
34bis					In general will you say your health is:	Yes	No	No	To say	Health	Yes	Nominal 5
												Excellent Very good Good Fair Poor
35	NL03	The Netherlands	2001	Continuous Quality of Life Survey	How is your health in general?	Yes	No	No	To be	Health	Yes	Nominal 5
												Excellent Very good good moderate bad
36	P01	Portugal	1995	National Health Survey	What is your general state of health?	Yes	No	No	To be	State of health	Yes	Nominal 5
												Very good Good Reasonable Poor Very poor
	S01	Sweden	1999	Living Conditions	In your opinion, how is your state of health? Is it	Yes	No	No	To be	State of health	No	Nominal 5
												Very good

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37				Survey								Good Fair Bad Very bad
38	S02	Sweden	2001	Living Conditions Survey	In your opinion, how is your state of health? Is it	Yes	No	No	To be	State of health	No	Nominal 5
												Very good Good Fair Bad Very bad
39	UK02	United Kingdom	1998	Health Education Monitoring Survey	How is your health in general? Would you say it was:	Yes	No	No	To say	Health	Yes	Nominal 5
												Very good Good Fair Bad Very bad

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40	UK11	United Kingdom	2001	The General Household Survey	Over the last twelve months would you say your health has on the whole been good, fairly good, or No good?	Yes	No	Over the last 12 months	To say	Health	On the whole	Nominal 3
												Good
41	UK15	United Kingdom	2001	Census	Over the last twelve months would you say your health has on the whole been?	Yes	No	Over the last 12 months	To say	Health	On the whole	Nominal 3
												Good
42	no code (H01)	Hungary	2000	National Health Interview Survey	What do you think about your health in general?	Yes	No	No	To think about	Health	Yes	Nominal 5
												Very good

Annex 8 - MS Survey MEHM 2 - Draft (23-12-02)

No.	Code	Country	Year	Title Survey	Wording	Global approach	Specific approach	Time ref.	Long-standing/chronic	Illness, condition or hlth problem	Other concepts	Use of neutral terminology	Response categories
		MEHM			Do you have any long-standing illness or health problem? Yes/No	Yes		No	Yes	Yes	No	Yes	Dichotomous Yes No
1	A01	Austria	1999	Microcensus	Hand over list A (Diseases).Are you a chronic sufferer of any of the illnesses indicated on this list?		Yes, list						
2	B02	Belgium	2001	Health Interview survey	Face to Face - Do you suffer from one or more longstanding illnesses, chronic conditions or handicaps?	Yes	2a, 3a Yes, Open/ List	No	Yes	Yes	Handicaps	No	Yes No Don't know
2bis					Self-administrated PE.03. Do you suffer from (have) any chronic (long-standing) illness or condition (health problem)?	Yes	No	No	Yes	Yes	No	Yes	Dichotomous Yes No
3	B03	Belgium	2001	General Socio-economic Survey	Do you suffer from one or more longstanding illnesses, chronic conditions or handicaps?	Yes	No	No	Yes	Yes	Handicaps	No	Yes No Don't Know
4	No code (Bc02)	Belgium	2002	Census	Do you suffer from one or more longstanding illnesses, chronic conditions or handicaps?	Yes	No	No	Yes	Yes	Handicaps	No	Yes No Don't Know
5	Ch01	Switzerland	1997	Swiss Health Survey	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	Yes, list	More than one year	No	Yes	No	No	Dichotomous Yes No

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No.	Code	Country	Year	Title Survey	Wording	Global approach	Specific approach	Time ref.	Long-standing/chronic	Illness, condition or hlth problem	Other concepts	Use of neutral terminology	Response categories
6	Ch02	Switzerland	2002	Swiss Health Survey	<i>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?</i>	Yes	Yes, list	More than one year	No	Yes	No	No	Dichotomous Yes No
7	D02	Germany	1998	Survey on living conditions, health and environment	Do you have or have you ever had any of these illnesses?		Yes, list						
8	D05	Germany	1998	German National Health Examination and Interview Survey	Have you ever had any of the following illnesses / diseases?		Yes, list						
9	DK02	Denmark	2000	Danish Health and Morbidity Survey	Do you suffer from any long-standing illness, long- standing after effect from injury, any disability or other long-standing condition? Yes/No	Yes	2a Yes, Open	No	Yes	Yes	After effect from injury, Disability	No	Dichotomous Yes No
10	E02	Spain	2001	National Health Survey	On the card shown you can see a list of chronic illnesses. Have you been informed by a medical specialist that you suffer from any of them? (Note all illness mentioned by the interviewe) (show card B).		Yes, list						
11	E04	Spain	1999	Impairments, Disabilities and Health Status Survey	Specify whether or not you suffer from the following chronic problems or illnesses and, if so, your age at their onset.		Yes, list						
12	EL01	Greece	1991	Population Census	Are there any persons with longstanding illnesses or handicaps living with you?	Yes	2a, Yes, Open	No	Yes	Yes	Handicaps	No	Dichotomous Yes No
13	EL02	Greece	1998	National Greek Survey: Psychosocial factors and Health	Do you suffer from a physical disease or handicap?	Yes	Yes, List	No	No	No	Physical disease, handicap	No	Dichotomous Yes No

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No.	Code	Country	Year	Title Survey	Wording	Global approach	Specific approach	Time ref.	Long-standing/chronic	Illness, condition or hlth problem	Other concepts	Use of neutral terminology	Response categories
14	F03	France	1998	Health and Social Protection Survey	What illnesses, health problems or disabilities are you currently suffering from?		Yes, Open						
15	F08	France	1999	French survey on living conditions and aspirations	Do you suffer from a physical infirmity, handicap or chronic disease which will continue to affect you in the future?	Yes	No	Future	Yes	No	Physical infirmity, handicap	No	Yes No Doesn't Know
16	F09	France	2002	Health and Social Protection Survey	Do you suffer from a chronic disease or health problem?	Yes	Yes (diabetes)	No	Yes	Yes	No	Yes	Yes No Doesn't Know
17	F12	France	2001	French survey on living conditions and aspirations	Do you suffer from a physical infirmity, handicap or chronic disease which will continue to affect you in the future?	Yes	No	Future	Yes	No	Physical infirmity, handicap		Yes No Doesn't Know
18	Fin03	Finland	2000	Health –Survey on Capability and national Health	Do you have some permanent or chronic illness or some defect, trouble or injury, which diminishes your working capacity or functional ability?	Yes	Yes, list	No	Yes, Permanent	Yes	Some defect, trouble or injury, which diminishes your working capacity or functional ability	Yes	Dichotomous Yes No
19	Fin06	Finland	2001	Health Behaviour Survey among the Adult Population	Do you have an illness or disability that affects your work and functional ability?	Yes	Yes, list	No	No	Yes	Affects your work and functional ability - Disability	No	Dichotomous Yes No
20	Fin07	Finland	2002	The National FINRISK Study			Yes, list						
21	Fin09	Finland	2001	Health Behaviour Survey among the Ederly Population			Yes, list						

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No.	Code	Country	Year	Title Survey	Wording	Global approach	Specific approach	Time ref.	Long-standing/chronic	Illness, condition or hlth problem	Other concepts	Use of neutral terminology	Response categories
22	I01	Italy	1999-2000	Health conditions and recourse to health services	Have you had one or more of the following illness or pathological conditions in the past? If you have, was it diagnosed by a physicians? Do you take drugs or are you under therapy? Have you ever been hospitalised for this problem? Did the problem first occur within in the past 12 months?		Yes, list						
23	I04	Italy	2001	Aspects of daily life	Do you suffer from one of the following chronic diseases?		Yes, list						
24	IRL01	Ireland	1998	Survey of Lifestyle, Attitudes and Nutrition (SLÁN)	In the past year (12 months), have you been diagnosed with or treated for the following illnesses by a doctor?		Yes, list						
25	IRL02	Ireland	2000	Living in Ireland Survey	Do you have any chronic, physical or mental health problem, illness or disability?	Yes	Yes, open	No	Yes	Yes	Physical and Mental problem, disability	No	Dichotomous Yes No
26	IRL03	Ireland	2002	Survey of Lifestyle, Attitudes and Nutrition (SLÁN)	In the past year (12 months), have you been diagnosed with or treated for the following illnesses by a doctor? Yes, No		Yes, list						
27	IRL04	Ireland	2001	Living in Ireland Survey	Do you have any chronic, physical or mental health problem, illness or disability?	Yes	Yes, open	No	Yes	Yes	Physical or mental health, disability	No	Dichotomous Yes No
28	No code (IrlC02)	Ireland	2002	Population Census	Do you have any of the following long-lasting conditions: a) Blindness, deafness or a severe vision or hearing impairment? b) A condition that substantially limits one or more basic physical activities such as walking, climbing stairs, reaching, lifting or carrying?	Yes, ¹	Yes, ¹	No	Yes		typologies of disability and Activities limitation	No	Dichotomous Yes No

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No.	Code	Country	Year	Title Survey	Wording	Global approach	Specific approach	Time ref.	Long-standing/chronic	Illness, condition or hlth problem	Other concepts	Use of neutral terminology	Response categories
29	IS02	Iceland	1989-99	Health and Living Conditions in Iceland	Here is a list of various symptoms and diseases. Have you had any of these symptoms or diseases during the past 12 months? Has a doctor diagnosed or confirmed the symptoms?		Yes, list						
30	N01	Norway	1998	Survey on Living Conditions	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. <i>The term 'long-term nature' refers to a situation that has lasted or is expected to last for 6 months or more.</i>	Yes	Yes, Open	has lasted or is expected to last for 6 months or more.	Yes		Disorder, congenital disease or effect of an injury	Yes	Dichotomous Yes No
31	NL02	The Netherlands	2001	Second National Study on Morbidity and use of health services	Specific approach		Yes, list						
32	NL03	The Netherlands	2001	Continuous survey on households living conditions	Do you suffer from any longstanding illness, disorders or handicaps?	Yes	Yes, list	No	Yes	Yes	Disorders, handicap(s)	No	Dichotomous Yes No
33	S01	Sweden	1999	Living Conditions Survey	Do you suffer from any long-term illness, after-effects from an accident, disability or other ailment?	Yes	Yes, open	No	Yes	Yes	After-effects from an accident, disability	No	Dichotomous Yes No
34	S02	Sweden	2001	Living Conditions Survey	Do you suffer from any long-term illness, after-effects from an accident, disability or other ailment?	Yes	Yes, open	No	Yes	Yes	After-effects from an accident, disability	No	Dichotomous Yes No

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No.	Code	Country	Year	Title Survey	Wording	Global approach	Specific approach	Time ref.	Long-standing/chronic	Illness, condition or hlth problem	Other concepts	Use of neutral terminology	Response categories
35	UK02	United Kingdom	1998	Health Education Monitoring Survey	Do you have any long-standing illness, disability or infirmity? <i>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?</i>	Yes	Yes, open	over a period of time or that is likely to affect you over a period of	Yes	Yes	Infirmity, Disability	No	Dichotomous Yes No
36	UK11	United Kingdom	2001	General Household Survey	Do you have any long-standing illness, disability or infirmity? <i>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?</i>	Yes	Yes, open	over a period of time or that is likely to affect you over a period of time	Yes	Yes	Infirmity, disability	No	Dichotomous Yes No
37	UK15	United Kingdom	2001	Populations Census	Do you have long-term illness, health problem or disability which limits your daily activities or the work you can do? <i>Include problems which are due to old age.</i>	Yes	No	No	Yes	Yes	Disability/limitation in the activities	No	Dichotomous Yes No
38	No code (H01)	Hungary	2000	National Health Interview Survey	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	No	Yes	Limits you in usual activities	Yes	Dichotomous Yes No
39	No code (H02)	Hungary	2001	Population census	Specific approach		Yes						

¹ The question asked only about: blindness, deafness or a severe vision or hearing impairment.

Annex 9 - MS Surveys and MEHM 3 - Darft (23-12-02)

N	Code	Country	Year	Title Survey	Wording	Time ref. for activity limitation	Norms ref.	Attribution to health condition	Activity Restriction	Need of help	Use of neutral terminology	Response categories
		MEHM			For the past 6 months or more, have you been limited in activities people usually do because of a health problem?	For the past 6 months or more	No	Yes	Yes	No	Yes	Yes, strongly limited Yes limited No, not limited
1	A01	Austria	1999	Microcensus	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?	No	No	Yes	Important personal functions yourself (e.g. eating, washing/ bathing, going to the toilet...)	Yes	Yes	Never Sometimes Frequently Always Not applicable
1bis					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.	No	No	Yes	(e.g. going shopping, preparing meals, doing the washing...)	Yes	Yes	Never Sometimes Frequently Always Not applicable
	B02	Belgium	2001	Health Interview survey	Are you restricted in you daily activities due to this (these) illness(es), chronic condition(s) or handicaps?	No	No	Yes	Yes	No	No	Continually At intervals Not or seldom
2bis					For the past 6 months or more have you been limited in activities people usually do because of health problem?	For the past 6 months or more	No	Yes	Yes	No	Yes	Yes, strongly limited Yes limited/ No, not limited

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N	Code	Country	Year	Title Survey	Wording	Time ref. for activity limitation	Norms ref.	Attribution to health condition	Activity Restriction	Need of help	Use of neutral terminology	Response categories
3	B03	Belgium	2001	General Socio-economic Survey 2001	¹ Are you restricted in your daily activities due to this (these) illness(es), chronic condition(s) or handicaps?	No	No	Yes	Yes	No	No	Continually At intervals Not or seldom
4	no code (Bc02)	Belgium	2002	Census	Are you restricted in your daily activities due to this (these) illness(es), chronic condition(s) or handicaps?	No	No	Yes	Yes	No	No	Continually At intervals Not or seldom
5	D02	Germany	1998	Survey on living conditions, health and environment	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?	No	No	Yes	(for example, in the home, at work or in your training?)	No	Yes	Not at all A little, Considerably
6	DK02	Denmark	2000	Danish Health and morbidity Survey	Are you restricted by the illness in your work/usual activities?	No	No	Yes	work/usual activities	No	Yes	Yes, very much Yes, a little, No
7	E02	Spain	2001	National Health Survey	Do any of the members of the household require particular attention due to a physical or other type of handicap (must be accompanied at night, requires help to go out, separate toilet facilities, etc.) on a day to day basis either for work or social activities?	No	No	Yes	work or social activities	Yes	No	Yes No
8	F02	France	1999	Handicaps, disabilities and dependency survey	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)	No	No	Yes	physical, sensorial, intellectual or mental difficulties	No	Yes	Yes No
9	F09	France	2002	Health and Social Protection Survey	During at least six months, have you been limited in activities which people normally carry out due to a health problem?	at least six months	No	Yes	Yes	No	Yes	Yes No

Annex 9 - MS Surveys and MEHM 3 - Darft (23-12-02)

N	Code	Country	Year	Title Survey	Wording	Time ref. for activity limitation	Norms ref.	Attribution to health condition	Activity Restriction	Need of help	Use of neutral terminology	Response categories
10	No code (F1999)	France	1999	Everyday life and health survey	Is he/she restricted in the kind or amount of exercise he/she can do (at home, work or school or in any other occupation of his/her age such as travelling, games, sports, leisure activities)?	No	No	No	kind/amount - (at home, work or school or in any other occupation of his/her age such as travelling, games, sports, leisure activities)	No	Yes	Yes No
11	FIN06	Finland	2001	Health Behaviour among the Adult population	Do you have difficulty coping with everyday chores, job tasks or other demands of everyday life?	No	No	No	everyday chores, job tasks or other demands of everyday life	No	Yes	No difficulty coping Slight difficulty coping A great deal of difficulty coping I cannot cope on my own
12	I01	Italy	1999-2000	Health conditions and use of health services	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	No	Yes	daily needs inside and outside the home	Yes	No	Yes, Intermittently or occasionally for some needs Yes, continuously or for important needs No
13	I03	Italy	2000	Aspects of daily life	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	No	Yes	everyday at home and away from home	Yes	Yes	YES, occasionally for some needs YES, continuously or for important needs No
14	I04	Italy	2001	Aspects of daily life	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	No	Yes	everyday needs at home and away from home	Yes	Yes	YES, occasionally for some needs YES, continuously or for important needs No

Annex 9 - MS Surveys and MEHM 3 - Darft (23-12-02)

N	Code	Country	Year	Title Survey	Wording	Time ref. for activity limitation	Norms ref.	Attribution to health condition	Activity Restriction	Need of help	Use of neutral terminology	Response categories
15	IRL01	Ireland	1998	Survey of Lifestyle, Attitudes and Nutrition (SLÁN)	Is your daily activity or work limited by a long term illness, health problem or disability?	No	No	Yes	work	No	No	Yes No Do not have any of the above
16	IRL02	Ireland	2000	Living in Ireland Survey	Are you hampered in your daily activities by this physical or mental health problem, illness or disability? (<i>specific for each disease- max 4 disease</i>)	No	No	Yes	Yes	No	No	Yes, severely Yes, to some extent No
17	IRL03	Ireland	2002	Survey of Lifestyle, Attitudes and Nutrition (SLÁN)	Is your daily activity or work limited by a long term illness, health problem or disability?	No	No	Yes	work	No	No	Yes No Do not have any of the above
18	IRL04	Ireland	2001	Living in Ireland Survey	Are you hampered in your daily activities by this physical or mental health problem, illness or disability? (<i>specific for each disease - max 4 disease</i>)	No	No	Yes	Yes	No	No	Yes, severely Yes, to some extent No
19	No code (IrICO 2)	Ireland	2002	Population Census	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? <i>Answer (a) and (b) if aged 5 years or over:</i> a) Learning, remembering or concentrating? b) dressing, bathing or getting around inside the home? <i>Answer (c) and (d) if aged 15 years or over:</i> c) going outside the home alone to shop or visit a doctor's survey? d) working at job or business ?	No (Illness: 6 months or more)	No	Yes	<i>if aged 5 years or over:</i> a) Learning, remembering or concentrating? b) dressing, bathing or getting around inside the home? <i>if aged 15 years or over:</i> c) going outside the home alone to shop or visit a doctor's survey? d) working at job or business ?	No	Yes	Yes No

Annex 9 - MS Surveys and MEHM 3 - Darft (23-12-02)

N	Code	Country	Year	Title Survey	Wording	Time ref. for activity limitation	Norms ref.	Attribution to health condition	Activity Restriction	Need of help	Use of neutral terminology	Response categories
20	IS02	Iceland	1989-99	Health and Living Conditions in Iceland	How difficult is it usually for you to carry out these activities? Eat Get dressed Start moving around Go up stairs Leave the house Handle work Handle work of the home	No	No	No	Eat Get dressed Star moving around Go up stairs Leave the house Handle work Handle wotk of the home	No	Yes	Very difficult Rather difficult Slightly difficult Not at all difficult
21	N01	Norway	1998	Survey on Living Conditions	Owing to permanent health problems or disability, have you: 1) had trouble getting out of your dwelling on your own; 2) had trouble participating in recreational activities; 3) had trouble using public transportation; 4) had trouble establishing contact with or talking to other people; 5) had trouble doing your job	No	No	Yes	getting out of your dwelling on your own; participating in recreational activities; using public transportation; establishing contact with or talking to other people; doing your job	No	No	Not possible Extremely difficult Somewhat difficult Not difficult
22	NL02	The Netherlands	2001	Second National Study on Morbidity and use of health services	And what about your day-to-day activities? 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 in my day-to-day activities	No	No	Yes	A cards is showed (no information available)	No	Yes	no difficulties some difficulties unable to carry out

