PH010: General health

HEALTH (Health, including health status and chronic illness or condition)
Cross-sectional and longitudinal
Reference period: current
Unit: Selected respondent (where applies) or all current household members aged 16 and over
Mode of collection: Personal interview (proxy as an exception) or registers

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

The measurement of self-perceived health (SPH) is, by its very nature, subjective. The notion is restricted to an assessment coming from the individual and not from anyone outside that individual, whether an interviewer, health care worker or relative. SPH is influenced by impressions or opinions from others, but is the result after these impressions have been processed by the individual relative to their own beliefs and attitudes.

The reference is to health in general rather than the present state of health, as the question is not intended to measure temporary health problems. It is expected to include the different dimensions of health, i.e. physical, social and emotional function and biomedical signs and symptoms. It omits any reference to an age as respondents are not specifically asked to compare their health with others of the same age or with their own previous or future health state. It is not time limited.

Five answers categories are proposed. Two (very good and good) are at the upper end of the scale and two (bad and very bad) are at the lower. It is also important to note that the intermediate category ‘fair’ should be translated into an appropriately neutral term (nor good, nor bad), as far as possible keeping in mind cultural interpretations, in the various languages.

For this question a proxy is not allowed.

It is recommended to implement the question as in the EHIS:
HS.1 How is your health in general? Is it…
RUNNING PROMPT

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

(and possibly:

- don't know □ 8
- refusal □ 9)

PH020: Suffer from any a chronic (long-standing) illness or condition

HEALTH (Health, including health status and chronic illness or condition)
Cross-sectional and longitudinal
Reference period: current
Unit: Selected respondent (where applies) or all current household members aged 16 and over
Mode of collection: Personal interview (proxy as an exception) or registers

Values	
1	yes
2	no

It is necessary to keep in mind that the recommended wording contains ‘alternatives’. For instance:

- ‘chronic’ or ‘longstanding’ should be chosen according to what is ‘ best understood’ in a country/language.
- it is intended to ask if people ‘have’ a chronic condition, not if they really suffer from it. But it seems that in some countries/languages it would be strange to use the word ‘have’ and that they ‘suffer’ means the same as ‘have’.
- ‘health problem’ seems not to be understood in some countries/languages and therefore ‘illness or condition’ is the alternative; in any case, only problems of ill-health shall be considered but not solely diseases (e.g., pain).

The main characteristics of a chronic condition are that it is permanent and may be expected to require a long period of supervision, observation or care; temporary problems are not of interest.

Rather than adding further details to the question wording, interviewers should be instructed to be as inclusive as possible in answering to PH020. This means that the following would all be included:

- problems that are seasonal or intermittent, even where they ‘flare up’ for less than six months at a time;
- problems not seem by the respondent as very serious (hay fever again); in particular in case the chronic diseases involves limitations in activities the item on severity or limitation would ‘screen out’ less serious problems at the second stage;
- problems that have not been diagnosed by a doctor (to exclude these would mean permitting those with better access to medical services to declare more problems);
- problems that the respondent treats him self or herself (e.g. with over-the-counter drugs);
- problems that have lasted (or recurred), or are expected to last (recur) over a six-month-period or longer.
- consequences of injuries/accidents, consequences of congenital conditions, birth defects etc.; if necessary this inclusion can be explained to the interviewee, e.g. on his request; however, The words “disability, handicap, impairment” should not be included in the question as that it is being asked about in PH030 (as "limitations") and it might on the opposite result in catching in PH020 already only these persons with disability and handicap (people with only "light" chronic diseases would then not report their illness).

For this question a proxy should be limited as much as possible but is allowed.

It is recommended to implement the question as in the EHIS:

HS.2 Do you have any longstanding illness or [longstanding][1] health problem? [By longstanding I mean illnesses or health problems which have lasted, or are expected to last, for 6 months or more][1].

- Yes □ 1
- No □ 2

(and possibly:

- don't know □ 8
- refusal □ 9)

PH030: Limitation in activities because of health problems

[Limitation in activities people usually do because of health problems for at least the last 6 months]
HEALTH (Health, including health status and chronic illness or condition)
Cross-sectional and longitudinal
Reference period: current
Unit: Selected respondent (where applies) or all current household members aged 16 and over
Mode of collection: Personal interview (proxy as an exception) or registers

Values	
1	yes, strongly limited
2	yes, limited
3	no, not limited

The person's self-assessment of whether they are hampered in their usual activity, as "activities people usually do", by any ongoing physical or mental health problem, illness or disability (as for PH020 consequences of injuries/accidents, congenital conditions and birth defects, etc., shall be covered).

An activity is defined as: 'the performance of a task or action by an individual' and thus activity limitations are defined as 'the difficulties the individual experience in performing an activity'. Limitations should be due to a health-related cause and it is not meant to measure limitations due to financial, cultural or other none health-related causes. People with longstanding limitations due to health problems have passed through a process of adaptation which may have resulted in a reduction of their activities. To identify existing limitations a reference is necessary and therefore the activity limitations are assessed against a generally accepted population standard, relative to cultural and social expectations by referring only to activities people usually do. This is a self-perceived health question and gives no restrictions by culture, age, gender or the subjects own ambition.

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

Specification of health concepts (e.g. physical and mental health) should be avoided.

The purpose of the instrument is to measure the presence of long-standing limitations, as the consequences of these limitations (e.g. care, dependency) are more serious.

The period of at least the last 6 months is relating to the duration of the activity limitation and not of the health problem. The answer to this question is yes (1 or 2) if the person is currently limited and has been limited in activities for at least the last 6 months. New limitations which have not yet lasted 6 months but are expected to continue for more than 6 months shall not be taken into consideration (opposite to PH020). The reason is that for long-standing diseases or health problems it is in general established from medical knowledge about diseases/illness whether they are longstanding or not. If you are diagnosed having, e.g., diabetes, you know from the first day that it is not curable, so long-standing. At this stage you also know that it may be controlled or not so it might have consequences or not but you don't know yet about it. Consequently for the consequences it is a matter of experience from the individual, whether his or her diabetes will have disabling consequences. Only past experience can provide the answer.

In the response categories, a distinction is made in three levels of severity (yes strongly limited, yes limited, no not limited).

If the problem is seasonal or recurring the interviewee has to think in general over the at least the last six months (or coming six months if condition has just developed), would you say it has limited you strongly, somewhat or not at all.

For this question a proxy should be limited as much as possible but is allowed.

It is recommended to implement the question as in the EHIS:

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

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

((and possibly:

- don't know □ 8
- refusal □ 9)

This supposes to adapt the terms of the SILC questions by changing "strongly" into "severely".

PH040: Unmet need for medical examination or treatment

[Unmet need for medical examination or treatment during the last 12 months]
HEALTH (Access to health care)
Cross-sectional
Reference period: last twelve months
Unit: Selected respondent (where applies) or all current household members aged 16 and over
Mode of collection: Personal interview (proxy as an exception) or registers

Values	
1	yes, there was at least one occasion when the person really needed examination or treatment but did not
2	no, there was no occasion when the person really needed examination or treatment but did not

There were very large differences between the EU countries in terms of the proportion of people with free access to health care or medically. In countries where all or nearly all persons are covered, access to health care may still be limited by the existence of waiting lists and other forms of rationing.

Concerning medical examination, the aim of the variable is to capture the person's own assessment of whether he or she needed to consult a medical doctor, but was not able to. In principle, there is no need to explicitly exclude General Practitioners (GP). Actually, the question is not aimed at assessing the access to specialists only for which there is a specific question in the every 5 years European Health Interview Survey (EHIS question HC.14) but in general to examination by medical doctors (GPs, specialists, etc.). Otherwise, the magnitude of the problem of access to medical examination, which concerns potentially any type of medical examination, would be underestimated. In addition the problems listed in PH050 refer to any doctor in numerous Member States. On the other hand, it should be clear that only real needs of medical examination are taken into account.

As a summary, the question aims at covering "core" need as regard to medical care.

Regarding the inclusion of other types of treatment, one strategy is to use a form of wording to make clear that we want to include what is regarded as mainstream medicine in the country, i.e. the kinds of things covered by medical insurance. The key concern is with restrictions in access to what would generally be regarded in the society as appropriate treatment for a health condition. Countries will differ in terms of the extent to which specialists such as chiropractors, specialists in acupuncture and so on, have become 'mainstream'. This may be best accomplished by using an interviewer prompt.

In order to ensure that only serious needs are taken into account, it is suggested adding in the question the term "when you really needed …".
The Working Group also suggests adding the word 'on your own behalf' to make sure that the consultation/treatment was on the person's own behalf rather than on behalf of children, spouse, etc. If this is not clarified, any comparison between men and women or between parents and non-parents might be confounded.

As a model to be adapted to the current PH040, the question on unmet need for specialist consultation in the EHIS is as follows (the terms in italics refers to specialists and should be deleted or adapted):

HC.14 Was there any time during the past 12 months when you really needed to consult a *specialist* but did not?

- Yes, there was at least one occasion □ 1
- No, there was no occasion □ 2 → GO TO HC.16/PH060

(and possibly:

- don't know □ 8 → GO TO HC.16/PH060
- refusal □ 9 → GO TO HC.16/PH060)

PH050: Main reason for unmet need for medical examination or treatment

HEALTH (Access to health care)
Cross-sectional
Reference period: last twelve months
Unit: Selected respondent (where applies) or all current household members aged 16 and over
Mode of collection: Personal interview (proxy as an exception) or registers

Values	
1	Could not afford to (too expensive)
2	Waiting list
3	Could not take time because of work, care for children or for others
4	Too far to travel/no means of transportation
5	Fear of doctor/hospitals/examination/ treatment
6	Wanted to wait and see if problem got better on its own
7	Didn’t know any good doctor or specialist
8	Other reasons

This is a follow-up question to the previous one. It aims capture the dimension of restricted access to health care by including not only formal health care coverage (by insurance or universal coverage), but also restrictions due to rationing, waiting lists, the ability to afford care, and other reasons.

In the proposed classification for this item, option 2 (length of the waiting list) should be used for people who were actually on a waiting list and were not helped, for respondents who were discouraged from seeking care because of perceptions of the long waiting lists, as well as people who have ‘applied’ and are still waiting to see a medical specialist.

‘Not covered by insurance’ should be coded as ‘could not afford to’ if the respondent could not afford to pay for the treatment/examination himself or herself.

The issue on the perception of "Could not afford to (too expensive)" should be tackled in order to not include reaction about "too expensive" which are relative (more expensive than before, etc.) but relate only to the fact that the person could not pay the price, not having money enough for this. The fact that the price is not covered by an insurance fund is in particular an important element to be taken into account.

As a model to be adapted to the current PH050, the question on unmet need for specialist consultation in the EHIS is as follows (the terms in italics refers to specialists and should be deleted or adapted):

HC.15 What was the main reason for not consulting a *specialist*?

- Could not afford to (too expensive or not covered by the insurance fund) □ 01
- Waiting list, *don't have the referral letter* □ 02
- Could not take time because of work, care for children or for others □ 03
- Too far to travel / no means of transportation □ 04
- Fear of doctor / hospitals / examination / treatment □ 05
- Wanted to wait and see if problem got better on its own □ 06
- Didn't know any good *specialist* □ 07
- Other reason □ 08

(and possibly:

- don't know □ 98
- refusal □ 99)

PH060: Unmet need for dental examination or treatment

[Unmet need for dental examination or treatment during the last 12 months]
HEALTH (Access to health care)
Cross-sectional
Reference period: last twelve months
Unit: Selected respondent (where applies) or all current household members aged 16 and over
Mode of collection: Personal interview (proxy as an exception) or registers

Values	
1	yes, there was at least one occasion when the person really needed dental examination or treatment but did not
2	no, there was no occasion when the person really needed dental examination or treatment but did not

There were very large differences between the EU countries in terms of the proportion of people with free access to dental care. In countries where all or nearly all persons are covered, access to health care may still be limited by the existence of waiting lists and other forms of rationing.

The aim of the variable is to capture the person's own assessment of whether he or she needed to consult a dentist, but was not able to.

We would suggest adding the word 'personally' to make sure that the consultation/treatment was on the person's own behalf rather than on behalf of children. If this is not clarified, any comparison between men and women or between parents and non-parents might be confounded.

The same comments as for PH040 shall be considered.

PH070: Main reason for unmet need for dental examination or treatment

HEALTH (Access to health care)
Cross-sectional
Reference period: last twelve months
Unit: Selected respondent (where applies) or all current household members aged 16 and over
Mode of collection: Personal interview (proxy as an exception) or registers

Values	
1	Could not afford to (too expensive)
2	Waiting list
3	Could not take time because of work, care for children or for others
4	Too far to travel/no means of transportation
5	Fear of doctor(dentist)/hospitals/examination/ treatment
6	Wanted to wait and see if problem got better on its own
7	Didn't know any good dentist
8	Other reasons

This is a follow-up question to the previous one. It aims capture the dimension of restricted access to health care by including not only formal health care coverage (by insurance or universal coverage), but also restrictions due to rationing, waiting lists, the ability to afford care, and other reasons.

In the proposed classification for this item, option 4 (length of the waiting list) should be used for people who are discouraged from seeking care because of perceptions of the length of wait, as well as people who have 'applied' and are still waiting to see a dentist.

The same comments as for PH050 shall be considered.