

PH010: General health

Domain/Area	Health/Self-perceived general health: How a person perceives his/her health in general										
Transmission type	Early and regular										
Reference period	Current										
Unit	All current household members aged 16 and over or selected respondent (where applies)										
Mode of collection	Personal interview (proxy as an exception)										
Values	<table> <tr><td>1</td><td>Very good</td></tr> <tr><td>2</td><td>Good</td></tr> <tr><td>3</td><td>Fair</td></tr> <tr><td>4</td><td>Bad</td></tr> <tr><td>5</td><td>Very bad</td></tr> </table>	1	Very good	2	Good	3	Fair	4	Bad	5	Very bad
1	Very good										
2	Good										
3	Fair										
4	Bad										
5	Very bad										
Flags	<table> <tr><td>1</td><td>Filled</td></tr> <tr><td>-1</td><td>Missing</td></tr> <tr><td>-3</td><td>Non-selected respondent</td></tr> </table>	1	Filled	-1	Missing	-3	Non-selected respondent				
1	Filled										
-1	Missing										
-3	Non-selected respondent										

Description

The question corresponding to this variable is the first question of the Minimum European Health Module (MEHM). All three questions included in MEHM should be asked in the recommended order and with no inclusion of any other health status related questions before or between MEHM questions as it could have impact on results. MEHM could be introduced to respondents using a short introduction¹: “I would now like to talk to you about your health”.

The measurement of self-perceived health is, by its very nature, subjective. The notion is restricted to an assessment coming from the individual and not from anyone else, whether an interviewer, healthcare professional or relative. Self-perceived health 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 functioning 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.

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 languages².

For this question a proxy should be avoided and used only as an exception.

¹ The introduction is proposed to be used in the European Health Interview Survey (EHIS) in face-to-face mode of data collection.

² As a reference for translating answer categories for PH010 model question official translations of Commission Regulation (EU) No 141/2013 of 19 February 2013 implementing Regulation (EC) No 1338/2008 of the European Parliament and of the Council on Community statistics on public health and health and safety at work, as regards statistics based on the European Health Interview Survey (EHIS) (Annex I) can be used:

<http://eur-lex.europa.eu/LexUriServ/LexUriServ.do?uri=CELEX:32013R0141:EN:NOT>

It is recommended to implement the question in the following way:

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 to answer 9)

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

Domain/Area	Health/ Long-standing health problem: Suffer from any illness or health problem of a duration of at least six months
Transmission type	Early and regular
Reference period	Current
Unit	All current household members aged 16 and over or selected respondent (where applies)
Mode of collection	Personal interview (proxy as an exception)
Values	1 Yes 2 No
Flags	1 Filled -1 Missing -3 Non-selected respondent

Description

The question corresponding to this variable is part of the Minimum European Health Module (MEHM). It should be asked just after the PH010 question and just before the PH030 question. It should not be used as a filter question for the PH030 variable.

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 the verb '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.

The words "disability, handicap, impairment" should not be included in the question as synonyms for "illness or health problem".

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. Longstanding illnesses or health problems should have lasted (or recurred) or are expected to last (recur) for 6 months or more; therefore temporary problems are not of interest.

Rather than adding further details to the question wording, interviewees should be instructed to be as inclusive as possible in answering the question. 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 (for instance allergies);

chronic problems not considered by the respondent as very serious; severity doesn't play a role in this variable;

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);

a longstanding disease that doesn't bother the respondent and/or is kept under control with medication (for instance people with a high blood pressure);

not only problems of ill-health or diseases but also pain as well as ill-health caused by injuries/accidents, congenital conditions, birth defects, etc.

Specification of the concepts presented above or stating concrete examples of diseases or chronic conditions in the question should be avoided.

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

It is recommended to implement the question in the following way:

HS.2 Do you have any longstanding illness or health problem?

- Yes 1
- No ³ 2

(and possibly:

- Don't know 8
- Refusal 9)

³ If in some languages the wording 'longstanding illness or health problem' was difficult to translate and implement, the following wording of the question could be introduced: '*Do you have any longstanding illness or longstanding health problem? By longstanding I mean illnesses or health problems which have lasted, or are expected to last, for 6 months or more*'. It would be useful to test first the effect of this addition to the question. Depending on results, the wording may be added to the national question or only included in the instructions for the interviewers, etc. The translation and testing should be coordinated with the national EHIS team.

PH030: Limitation in activities because of health problems [*General activity limitation: Limitation in activities people usually do because of health problems for at least the past six months*]

Domain/Area	Health/Health, including health status and chronic illness or condition
Transmission type	Early and regular
Reference period	Current
Unit	All current household members aged 16 and over or selected respondent (where applies)
Mode of collection	Personal interview (proxy as an exception)
Values	1 Yes, strongly limited 2 Yes, limited 3 No, not limited
Flags	1 Filled -1 Missing -3 Non-selected respondent

Description

The model question is part of the Minimum European Health Module (MEHM). It should be asked just after the PH020 question and should not be filtered by the PH020 question.

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

The variable measures the respondent's self-assessment of whether he/she is hampered in "activities people usually do", by any on-going 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. The question should clearly show that the reference is to the activities people usually do and not to the own activities. Neither a list with examples of activities nor a reference to the age group of the subject is included in the question. This is a self-perceived health question and gives no restrictions by culture, age, gender or the subjects own ambition.

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

The period of at least the past 6 months is strictly related to the duration of the activity limitation and not of the health problem. The limitations must have started at least six months ago and still exist at the moment of the interview. This means that a positive answer ("severely limited" or "limited but not severely") should be recorded only if the person is currently limited and has been limited in activities for at least the past 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 a person is diagnosed having, e.g., diabetes, he/she knows from the first day that it is not curable, so long-standing. At this stage he/she also knows that it may be controlled or not so it might have consequences or not but he/she doesn'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.

The response categories include 3 levels to better differentiate severity. 'Severely' means that performing or accomplish an activity - that people usually do – can hardly be done or only with extreme difficulty.

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

It is recommended that this question is implemented in the following way:

HS.3 For at least the past six 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 adapts 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*]

Domain/Area	Health/Access to health care
Transmission type	Early and regular
Reference period	Past 12 months
Unit	All current household members aged 16 and over or selected respondent (where applies)
Mode of collection	Personal interview (proxy as an exception)
Values	1 Yes, there was at least one occasion when the person really needed examination or treatment but did not receive it 2 No, there was no occasion when the person really needed examination or treatment but did not receive it
Flags	1 Filled -1 Missing -2 Not applicable: the person did not really need any medical examination or treatment -3 Non-selected respondent

Description

There were very large differences between the EU countries in terms of the proportion of people with free access to health 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 restricted access to medical care via the person's own assessment of whether he or she needed medical examination or treatment, but didn't get it, experienced a delay in getting it or didn't seek for it.

Delay in getting care can be treated as unmet need if considered by respondents as important. However, a specification of time reference between emerging the need for the service and the time of having the service is not possible as for different health conditions/problems different time references would be needed. It is up to respondents to consider if the delay was too long and if they consider it as unmet need.

Medical care refers to individual health care services (medical examination or treatment) provided by or under direct supervision of medical doctors (ISCO-08 code 221 group on general and specialist medical practitioners), traditional and complementary medical professionals (ISCO-08 code 2230) or equivalent professions according to national health care systems.

Included:

medical mental health care;

prevention if perceived by respondents as important. For example, a national health care system guarantees regular preventive medical check-ups but the respondent is not able to make an appointment and perceives the situation as jeopardizing his/her health.

Excluded:

- taking prescribed or non-prescribed drugs;
- dental care.

Care provided for different purposes (curative, rehabilitative, long-term health care) and by different

modes of provision (inpatient, outpatient, day, and home care) should all be included.

It is recommended that the question is implemented in the following way:

PH040_Q1: Was there any time during the past 12 months when you really needed medical examination or treatment (excluding dental) for yourself?

Yes (I really needed at least at one occasion medical examination or treatment) 1

No (I did not need any medical examination or treatment) 2

FILTER: If PH040_Q1 = 1 then GO TO PH040_Q2. Else GO TO PH060_Q1.

PH040_Q2: Did you have a medical examination or treatment each time you really needed?

Yes (I had a medical examination or treatment each time I needed) 1

No (there was at least one occasion when I did not have a medical examination or treatment) 2

FILTER: If PH040_Q2 = 2 then GO TO PH050_Q1. Else GO TO PH060_Q1.

Recommendations on the model question(s):

In order to ensure that only relevant health-state-related needs (health problems) are taken into account (in situations perceived by respondent as worrying or possibly causing additional health problems or further significantly deteriorating his/her health), the question should include 'really' (... when you really needed ...);

In order to make sure that only consultations needed on the person's own behalf rather than on behalf of children, spouse, etc., the question should include 'for yourself';

Both 'examination and treatment' shall be asked as both terms might be perceived differently by the respondents and the intention is to include all contacts with medical professionals (including diagnostic and preventive check-ups);

Not to include any other questions related to unmet needs before or between the model questions;

To follow the proposed order of all the questions and the answer categories;

Depending on the national context, the model question can explicitly ask for exclusion of dental examination or treatment if there is a worry that respondents could consider it as part of medical care. This should especially be taken in account when questions on unmet needs for medical care are asked before questions on unmet needs for dental care.

Construction of PH040 variable from the model questions:

PH040 = 1 if PH040_Q1 = 1 and PH040_Q2 = 2

PH040 = 2 if PH040_Q1 = 1 and PH040_Q2 = 1

PH040 = missing and flag -2 if PH040_Q1 = 2.

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

Domain/Area	Health/Access to health care	
Transmission type	Early and regular	
Reference period	Past 12 months	
Unit	All current household members aged 16 and over or selected respondent (where applies)	
Mode of collection	Personal interview (proxy as an exception)	
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
Flags	1	Filled
	-1	Missing
	-2	Not applicable (PH040 not equal to 1)
	-3	Non-selected respondent

Description

This is a follow-up variable to the previous one. It aims to 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.

It is recommended that the question is implemented in the following way:

PH050_Q1: What was the main reason for not having a medical examination or treatment?

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

Recommendations on the model question(s):

To follow the proposed order of the answer categories;

All the answer categories are recommended to be read during the interview (to be sure that the main reason is answered based on all possible options).

Explanations for the reasons of unmet needs:

Could not afford to (too expensive):

The issue on the perception of “Could not afford to (too expensive)” should be tackled in order to not to include interpretations 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 and coded under this answer category if the respondent could not afford to pay for the treatment/examination himself or herself.

Waiting list:

This answer is to be used for people who were actually on a waiting list and, at the same time, were not helped even though the need for care was urgent, for respondents experiencing delay in getting appointment soon enough to meet their need of care, as well as for respondents who were discouraged from seeking care because of perceptions of the long waiting times;

Excluded: waiting time to see a doctor on day of appointment (the time spend in the waiting room), being on waiting list for planned (non-urgent) care if the need is not seen as urgent;

Too far to travel or no means of transportation:

Excluded: could not afford the cost of transport.

PH060: Unmet need for dental examination or treatment [*Unmet need for dental examination or treatment during the last 12 months*]

Domain/Area	Health/Access to healthcare
Transmission type	Regular
Reference period	Past12 months
Unit	All current household members aged 16 and over or selected respondent (where applies)
Mode of collection	Personal interview (proxy as an exception)
Values	1 Yes, there was at least one occasion when the person really needed dental examination or treatment but did not receive it 2 No, there was no occasion when the person really needed dental examination or treatment but did not receive it
Flags	1 Filled -1 Missing -2 Not applicable: the person did not really need any dental examination or treatment -3 Non-selected respondent

Description

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 unmet needs for dental care via the person's own assessment of whether he or she needed dental examination or treatment, but didn't get it, experienced a delay in getting it or didn't seek for it.

Delay in getting care can be treated as unmet need if considered by respondents as important. However, a specification of time reference between emerging the need for the service and the time of having the service is not possible as for different health conditions/problems different time references would be needed. It is up to respondents to consider if the delay was too long and if they consider it as unmet need.

Dental care refers to individual health care services provided by or under direct supervision of stomatologists (dentists) (ISCO-08 code 2261). Health care provided by orthodontists is included.

Included:

prevention if perceived by respondents as important. For example, a national health care system guarantees regular preventive medical check-ups but the respondent is not able to make an appointment and perceives the situation as jeopardizing his/her health.

Excluded:

self-medication (taking prescribed or non-prescribed drugs);

medical care.

It is recommended that the question is implemented in the following way:

PH060_Q1: Was there any time during the past 12 months when you really needed dental

examination or treatment for yourself?

Yes (I really needed at least at one occasion dental examination or treatment) 1

No (I did not need any dental examination or treatment) 2

FILTER: If PH060_Q1 = 1 then GO TO PH060_Q2. Else GO TO [*next module*].

PH060_Q2: Did you have a dental examination or treatment each time you really needed?

Yes (I had a dental examination or treatment each time I needed) 1

No (there was at least one occasion when I did not have a dental examination or treatment) 2

FILTER: If PH060_Q2 = 2 then GO TO PH070_Q1. Else GO TO [*next module*].

Recommendations on the model question(s):

In order to ensure that only relevant dental health needs are taken into account (in situations perceived by respondent as worrying or possibly causing additional health problems or further significantly deteriorating his/her dental health), the question should include 'really' (... when you really needed to consult...);

In order to make sure that only consultations needed on the person's own behalf rather than on behalf of children, spouse, etc., the question should include 'for yourself';

Both 'examination and treatment' shall be asked as both terms might be perceived differently by the respondents and the intention is to include all contacts with dental professionals (including diagnostic and preventive check-ups);

Not to include any other questions related to unmet needs before or between the model questions;

To follow the proposed order of all the questions and the answer categories.

Construction of PH060 variable:

PH060 = 1 if PH060_Q1 = 1 and PH060_Q2 = 2

PH060 = 2 if PH060_Q1 = 1 and PH060_Q2 = 1

PH060 = missing and flag -2 if PH060_Q1 = 2

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

Domain/Area	Health/Access to healthcare
Transmission type	Regular
Reference period	Past 12 months
Unit	All current household members aged 16 and over or selected respondent (where applies)
Mode of collection	Personal interview (proxy as an exception)
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
Flags	1 Filled -1 Missing -2 Not applicable (PH060 not equal to 1) -3 Non-selected respondent

Description

This is a follow-up question to the previous one. It aims to capture the dimension of restricted access to dental 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.

It is recommended that the question is implemented in the following way:

PH070 Q1: What was the main reason for not having a dental examination or treatment?

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

Recommendations on the model question(s):

To follow the proposed order of the answer categories;

All the answer categories are recommended to be read during the interview (to be sure that the main reason is answered based on all possible options).

Explanations for the reasons of unmet needs:

Could not afford to (too expensive):

The issue on the perception of "Could not afford to (too expensive)" should be tackled in order to not to

include interpretations 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 and coded under this answer category if the respondent could not afford to pay for the treatment/examination himself or herself;

Waiting list:

This answer is to be used for people who were actually on a waiting list and, at the same time, were not helped even though the need for care was urgent, for respondents experiencing delay in getting appointment soon enough to meet their need of care, as well as for respondents who were discouraged from seeking care because of perceptions of the long waiting times;

Excluded: waiting time to see a dentist or on day of appointment (the time spend in the waiting room), being on waiting list for planned (non-urgent) care if the need is not seen as urgent;

Too far to travel or no means of transportation:

Excluded: could not afford the cost of transport.