

2017 Module on Health and Children's Health¹

(Guidelines and questionnaire)

¹ The variables to be implemented according to the Commission Regulation (EU) 2016/114 of 28 January 2016 implementing Regulation (EC) No 1177/2003 of the European Parliament and of the Council concerning Community statistics on income and living conditions (EU-SILC) as regards the 2017 list of target secondary variables on health and children's health.

Contents

GUIDELINES..... 3

- **UNITS 3**
- **MODES OF DATA COLLECTION..... 3**
- **REFERENCE PERIOD..... 3**
- **DATA TRANSMISSION 3**

QUESTIONNAIRE..... 4

1. **HS200: FINANCIAL BURDEN OF MEDICAL CARE..... 4**
2. **HS210: FINANCIAL BURDEN OF DENTAL CARE 6**
3. **HS220: FINANCIAL BURDEN OF MEDICINES..... 8**
4. **PH080: NUMBER OF VISITS TO A DENTIST OR ORTHODONTIST 10**
5. **PH090: NUMBER OF CONSULTATIONS OF A GENERAL PRACTITIONER OR FAMILY DOCTOR
..... 12**
6. **PH100: NUMBER OF CONSULTATIONS OF A MEDICAL OR SURGICAL SPECIALIST..... 14**
7. **PH110: BODY MASS INDEX (BMI)..... 16**
8. **PH120: TYPE OF PHYSICAL ACTIVITY WHEN WORKING 19**
9. **PH130: TIME SPENT ON PHYSICAL ACTIVITIES (EXCLUDING WORKING) IN A TYPICAL
WEEK..... 23**
10. **PH140: FREQUENCY OF EATING FRUIT 26**
11. **PH150: FREQUENCY OF EATING VEGETABLES OR SALAD..... 28**
12. **RC010T: GENERAL HEALTH (CHILD)..... 30**
13. **RC020T: LIMITATION IN ACTIVITIES BECAUSE OF HEALTH PROBLEMS (CHILD) 32**
14. **RC030T: MODULE CHILD 0-15 PERSONAL WEIGHT (OPTIONAL) 35**
15. **HC010T: UNMET NEED FOR MEDICAL EXAMINATION OR TREATMENT (CHILDREN)..... 36**
16. **HC020T: MAIN REASON FOR UNMET NEED FOR MEDICAL EXAMINATION OR TREATMENT
(CHILDREN)..... 38**
17. **HC030T: UNMET NEED FOR DENTAL EXAMINATION OR TREATMENT (CHILDREN)..... 40**
18. **HC040T: MAIN REASON FOR UNMET NEED FOR DENTAL EXAMINATION OR TREATMENT
(CHILDREN)..... 42**
19. **HC050T: MODULE CHILD 0-15 HOUSEHOLD WEIGHT (OPTIONAL) 44**

Guidelines

Units

The target variables relate to different types of units:

- Information on financial burden applies at household level and refers to the household as a whole.
- Information on health is to be provided for each current household member or, if applicable, for all selected respondents aged 16 and over.
- Information on general health and limitation in activities because due to health problems is to be provided for each child aged 0-15.
- Information on unmet need for dental or medical examination or treatment for children applies at household level and refers to all children aged 0-15 living in the household as a whole.

Age refers to the age at the time of the interview.

Modes of data collection

For variables applying at household level the mode of data collection is personal interview with the household respondent.

For variables applying at individual level, the mode of data collection is personal interview with all current household members aged 16 and over or, where applicable, with each selected respondent.

For children's variables, the mode of data collection is personal interview with the household respondent.

Given the type of information to be collected, only personal interviews (proxy interviews as an exception for anyone temporarily absent or incapacitated) are acceptable.

The body mass index (BMI) variable can be computed from height and weight collected during the interview or directly collected from the interviewee using a show card. Only the BMI value has to be transmitted to Eurostat.

Reference period

The target variables relate to the different types of reference period:

Current reference period: for the BMI variable, the general health for children and the limitation in activities because of health problems for children.

A typical week: for the variables related to physical activity.

A typical week in a given season: for the frequency of eating fruit and vegetables.

Last 12 months: for all other variables.

Data transmission

The target secondary variables should be sent to the Commission (Eurostat) in the Household Data File (H-File), the Register Data File (R-File) and in the Personal Data File (P-file) after the target primary variables.

Questionnaire

HS200: Financial burden of medical care

Domain/Area	Health/Access to health care
Transmission type	Early and regular
Reference period	Last 12 months
Unit	Household - all current household members
Mode of collection	Personal interview with the household respondent
Values	1 Heavy burden 2 Somewhat burden 3 Not a burden at all
Flags	1 Filled -1 Missing -2 Not applicable (no one in the household needed/had medical care) -7 Not applicable (HB010 ≠ 2017)

Description

The objective is to assess perception of the extent to which costs for medical care are a financial burden to the household. The variable would enable collecting qualitative information about the need to pay and the consequences of paying out of pocket for medical care services.

Medical care refers to individual health care services (examinations or treatments) 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:

- health care provided for different purposes (curative, rehabilitative, long-term health care) and by different modes of provision (inpatient, outpatient, day, and home care)
- medical mental health care
- preventive medical services.

Excluded:

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

The variable concerns only financial burden of out-of-pocket expenditure at the point of use or of payment for medical care. Costs of compulsory or voluntary health insurance contributions should be in general excluded. A burden caused by costs when a household pays the costs upfront and then has them reimbursed by health insurance later on can be included.

The variable does not concern cases of unmet needs for relevant services which are tackled by the respective variable on unmet need.

Model question:

Introduction: *The following questions are about health care related goods and services you or any other members of your household used and paid for during the last 12 months. These are addressed at the household level.*

HS200_Q: *To what extent were the costs of medical examinations or treatments a financial*

burden to your household during the past 12 months (excluding dental examinations or treatments)?

- 1. A heavy burden*
- 2. Somewhat a burden*
- 3. Not a burden at all*
- 4. No one in the household needed/had medical examination or treatment*

Implementation guidelines:

Answer category “Not a burden at all” is supposed to be used also in cases when the relevant healthcare goods and services are provided for free.

The variable belongs to a set of variables on financial burden of health care which are measured on household level. All variables are supposed to be included in the questionnaire in the recommended order and with no inclusion of any other variables between them to ensure higher comparability of results.

The question should always be asked to all respondents even if the respective healthcare goods and services are provided for free to the whole population.

Code 4 – Includes cases when no one in the household had medical care, including cases when respective care was needed but was not for various reasons provided to anyone in the household.

Construction of HS200 variable from the model question answers:

HS200 = HS200_Q if HS200_Q in {1, 2, 3}

HS200 = blank and HS200_F = -2 if HS200_Q = 4

HS210: Financial burden of dental care

Domain/Area	Health/Access to health care
Transmission type	Early and regular
Reference period	Last 12 months
Unit	Household - all current household members
Mode of collection	Personal interview with the household respondent
Values	1 Heavy burden 2 Somewhat burden 3 Not a burden at all
Flags	1 Filled -1 Missing -2 Not applicable (no one in the household needed/had dental care) -7 Not applicable (HB010 ≠ 2017)

Description

The objective is to assess perception of the extent to which costs for dental care are a financial burden to the household. The variable would enable collecting qualitative information about the need to pay and the consequences of paying out of pocket for dental care services.

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

Included:

- health care provided by orthodontists.
- preventive dental services

Excluded:

- self-medication (taking prescribed or non-prescribed drugs)
- medical care.

The variable concerns only financial burden of out-of-pocket expenditure at the point of use or of payment for dental care. Costs of compulsory or voluntary health insurance contributions should be in general excluded. A burden caused by costs when a household pays the costs upfront and then has them reimbursed by health insurance later on can be included.

The variable does not concern cases of unmet needs for relevant services which are tackled by the respective variable on unmet need.

Model question:

HS210_Q: *To what extent were the costs of dental examinations or treatments a financial burden to your household during the past 12 months?*

1. *A heavy burden*
2. *Somewhat a burden*
3. *Not a burden at all*
4. *No one in the household needed/had dental examination or treatment*

Implementation guidelines:

Answer category “Not a burden at all” is supposed to be used also in cases when the relevant

healthcare goods and services are provided for free.

The variable belongs to a set of variables on financial burden of health care which are measured on household level. All variables are supposed to be included in the questionnaire in the recommended order and with no inclusion of any other variables between them to ensure higher comparability of results.

The question should always be asked to all respondents even if the respective healthcare goods and services are provided for free to the whole population.

Code 4 – Includes cases when no one in the household had dental care, including cases when respective care was needed but was not for various reasons provided to anyone in the household.

Construction of HS210 variable from the model question answers:

HS210 = HS210_Q if HS210_Q in {1, 2, 3}

HS210 = blank and HS210 _F = -2 if HS210_Q = 4

HS220: Financial burden of medicines

Domain/Area	Health/Access to health care
Transmission type	Early and regular
Reference period	Last 12 months
Unit	Household - all current household members
Mode of collection	Personal interview with the household respondent
Values	1 Heavy burden 2 Somewhat burden 3 Not a burden at all
Flags	1 Filled -1 Missing -2 Not applicable (no one in the household needed/used medicines) -7 Not applicable (HB010 ≠ 2017)

Description

The objective is to assess perception of the extent to which costs for medicines (prescribed and non-prescribed) are a financial burden to the household. The variable would enable collecting qualitative information about the need to pay and the consequences of paying out of pocket for medicines.

Medicines are products that are used to alleviate symptoms, to prevent illness, or to improve poor health, and which are ordinarily purchased from a pharmacy (including hospital pharmacy).

Included:

- prescribed medicines, i.e. medicines which were written on a prescription by a doctor or dentist (irrespective whether they are reimbursed by health insurance or not).
- non-prescribed medicines (also called over-the-counter medicines), i.e. medicines which are used at the respondent's own initiative or consulted with a doctor but were not written on a prescription.
- herbal medicines, homeopathic medicines, dietary supplements (such as vitamins, minerals or tonics), contraceptive pills used for different purposes than contraception, hormones (other than for contraception).
- different dosage forms of medicines, such as pills, drops, syrups, ointments, gels, inhalers, injections.

Excluded:

- contraceptive pills or hormones (both used for contraception)
- herbal teas (if they are not considered as medicines).

The variable concerns only financial burden of out-of-pocket expenditure at the point of use or of payment for medicines. Costs of compulsory or voluntary health insurance contributions should be in general excluded. A burden caused by costs when a household pays the costs upfront and then has them reimbursed by health insurance later on can be included.

The variable does not concern cases of unmet needs for medicines.

Model question:

HS220_Q: *To what extent were the costs of medicines (prescribed and non-prescribed) a financial burden to your household during the past 12 months?*

1. *A heavy burden*
2. *Somewhat a burden*
3. *Not a burden at all*
4. *No one in the household needed/used medicines*

Implementation guidelines:

Answer category “Not a burden at all” is supposed to be used also in cases when the relevant healthcare goods and services are provided for free.

The variable belongs to a set of variables on financial burden of health care which are measured on household level. All variables are supposed to be included in the questionnaire in the recommended order and with no inclusion of any other variables between them to ensure higher comparability of results.

The question should always be asked to all respondents even if the respective healthcare goods and services are provided for free to the whole population.

Code 4 – Includes cases when no one in the household used medicines, including cases when respective care was needed but was not for various reasons provided to anyone in the household.

Construction of HS220 variable from the model question answers:

HS220 = HS220_Q if HS220_Q in {1, 2, 3}

HS220 = blank and HS220 _F = -2 if HS220_Q = 4

PH080: Number of visits to a dentist or orthodontist

Domain/Area	Health/Health care
Transmission type	Early and regular
Reference period	Last 12 months
Unit	Individual level - each current household member aged 16 and over or selected respondent (where applies)
Mode of collection	Personal interview (proxy as an exception)
Values	<i>1 None</i> <i>2 1-2 times</i> <i>3 3-5 times</i> <i>4 6-9 times</i> <i>5 10 times or more</i>
Flags	<i>1 Filled</i> <i>-1 Missing</i> <i>-3 Non-selected respondent</i> <i>-7 Not applicable (PB010 ≠ 2017)</i>

Description

The variable provides a measure of the number of visits to a dentist/stomatologist or orthodontist on respondent's own behalf during the 12 months prior to the interview.

Dentist/stomatologist: a professional who provides comprehensive care regarding teeth and oral cavity, including prevention, diagnosis and treatment of aberrations and diseases. Dentist's tasks include: making diagnosis, advising on and giving necessary dental treatment, giving surgical, medical and other forms of treatment for particular types of dental and oral diseases and disorders.

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

Visit: consultation in a dentist/stomatologist's or orthodontist's office.

Included:

- Visits to a dentist or orthodontist in foreign countries, e.g. during vacations abroad.

Excluded:

- Home visits and consultations by telephone.
- Visits due to oral health of other persons, such as children or elderly relatives.

Model question

Introduction: *The next question is about visits to dentists/stomatologists or orthodontists [of each household member aged 16 or over].*

During the past 12 months, how many times did you visit a dentist or orthodontist on your own behalf?

- 1. Not at all*
- 2. 1-2 times*
- 3. 3-5 times*
- 4. 6-9 times*

5. 10 times or more

Implementation guidelines:

The variable belongs to a set of variables on use of health care goods and services. All variables are supposed to be included in the questionnaire after variables on unmet needs and in the recommended order and with no inclusion of any other variables between them to ensure higher comparability of results. The variable visits to dentist and orthodontist is supposed to be located at the beginning of the set of questions (i.e. before PH090 variable).

PH090: Number of consultations of a general practitioner or family doctor

Domain/Area	Health/Health care										
Transmission type	Early and regular										
Reference period	Last 12 months										
Unit	Individual level - each current household member aged 16 and over or selected respondent (where applies)										
Mode of collection	Personal interview (proxy as an exception)										
Values	<table style="border: none;"> <tr><td>1</td><td>None</td></tr> <tr><td>2</td><td>1-2 times</td></tr> <tr><td>3</td><td>3-5 times</td></tr> <tr><td>4</td><td>6-9 times</td></tr> <tr><td>5</td><td>10 times or more</td></tr> </table>	1	None	2	1-2 times	3	3-5 times	4	6-9 times	5	10 times or more
1	None										
2	1-2 times										
3	3-5 times										
4	6-9 times										
5	10 times or more										
Flags	<table style="border: none;"> <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> <tr><td>-7</td><td>Not applicable (PB010 ≠ 2017)</td></tr> </table>	1	Filled	-1	Missing	-3	Non-selected respondent	-7	Not applicable (PB010 ≠ 2017)		
1	Filled										
-1	Missing										
-3	Non-selected respondent										
-7	Not applicable (PB010 ≠ 2017)										

Description

The variable provides a measure of the number of consultations of a general practitioner or family doctor on respondent's own behalf during the 12 months prior to the interview.

General practitioner (GP) or family doctor is a physician (medical doctor) who does not limit his/her practice to certain disease categories and assumes the responsibility for the provision of continuing and comprehensive medical care or referring to another health care professional. In some countries, GP is treated as a specialisation. The definition should be accommodated local languages and terms. Some illustrative examples of GP's given in ISCO-08 and SHA 2011: district medical doctor – therapist, family medical practitioner, general practitioner, medical doctor (general), medical officer (general), resident medical officer specializing in general practice, paediatricians providing general medicine in private offices (general practitioner for children and adolescents), physicians in walk-in offices/centres.

Consultation: a visit to the doctor's office as well as home visit (a consultation at respondent's place or home) and a consultation by telephone or e-mail. Only consultations on respondent's behalf are considered that is contacts that focus on respondent's health.

Included:

- Hospital out-patient visits
- Visits to a GP in foreign countries, e.g. during vacations abroad

Excluded:

- Contacts with a nurse on behalf of a GP, for instance for receiving a receipt; or visits for prescribed laboratory tests or visits to perform prescribed and scheduled treatment procedures (e.g. injections).
- Telephone contacts (even with a doctor) without consulting own health (for example just for arranging an appointment with a doctor).
- Visits due to illness or health of other persons, such as children or elderly relatives.

Model question:

Introduction: *The next question is about consultations with your general practitioner or*

family doctor [with general practitioner or family doctor of each household member aged 16 or over]. Please include visits to your doctor's office as well as home visits and consultations by telephone.

During the past 12 months, how many times did you consult a GP (general practitioner) or family doctor on your own behalf?

- 1. Not at all*
- 2. 1-2 times*
- 3. 3-5 times*
- 4. 6-9 times*
- 5. 10 times or more*

Implementation guidelines:

The variable belongs to a set of variables on use of health care goods and services. All variables are supposed to be included in the questionnaire after variables on unmet needs and in the recommended order and with no inclusion of any other variables between them to ensure higher comparability of results. The variable consultations of GP is supposed to be located after the variable on visits to dentist and orthodontist (i.e. after PH080 variable).

PH100: Number of consultations of a medical or surgical specialist

Domain/Area	Health/Health care
Transmission type	Early and regular
Reference period	Last 12 months
Unit	Individual level - each current household member aged 16 and over or selected respondent (where applies)
Mode of collection	Personal interview (proxy as an exception)
Values	<i>1 None</i> <i>2 1-2 times</i> <i>3 3-5 times</i> <i>4 6-9 times</i> <i>5 10 times or more</i>
Flags	<i>1 Filled</i> <i>-1 Missing</i> <i>-3 Non-selected respondent</i> <i>-7 Not applicable (PB010 ≠ 2017)</i>

Description

The variable provides a measure of the number of consultations of a medical or surgical specialist on respondent's own behalf during the 12 months prior to the interview.

Medical or surgical specialists refers to physicians that are medical specialists, including dental and other surgeons, but not general dentists. Their tasks include: conducting medical examination and making diagnosis, prescribing medication and giving treatment for diagnosed illnesses, disorders or injuries, giving specialized medical or surgical treatment for particular types of illnesses, disorders or injuries, giving advice on and applying preventive medicine methods and treatments. Included are also general gynaecologists or other specialties that may be called in some countries as 'general' but fulfilling the above definition.

Consultation: a visit to the doctor's office or emergency department at hospital, a consultation by telephone or e-mail. Only consultations on respondent's behalf are considered that is contacts that focus on respondent's health.

Included:

- Consultations of paediatricians, obstetricians and gynaecologists, ophthalmologists and psychiatrists.
- Visits to emergency departments (that is wards at hospitals for emergency care).
- Hospital out-patient visits/visits to outpatient departments (that is wards at hospitals for ambulatory care).
- Visits to a medical or surgical specialist in foreign countries, e.g. during vacations abroad.

Excluded:

- Contacts with a nurse on behalf of a medical or surgical specialist, for instance for receiving a receipt; or visits for prescribed laboratory tests or visits to perform prescribed and scheduled treatment procedures (e.g. injections).
- Visits to general practitioners and dentists/stomatologists.
- Contacts with doctors during hospitalization as an in-patient or day-patient
- Telephone contacts (even with a doctor) without consulting own health (for example

just for arranging an appointment with a doctor).

- Visits due to illness or health of other persons, such as children or elderly relatives.

Visits to **doctors at the workplace or school**: Tasks of doctors at the workplace or school may differ between countries. If their tasks cover mainly or the reason for visiting these doctors is occupational health care (preventive, curative or any other) then the doctors should be treated as specialists. If the nature of their task is mainly general medicine they should be treated as GPs.

Model question:

Introduction: *Next question is about your consultations with medical or surgical specialists [consultations with medical or surgical specialists of each household member aged 16 or over]. Include visits to doctors as outpatient or emergency departments only, but do not include contacts while in hospital as an in-patient or day-patient.*

During the past 12 months, how many times did you consult a medical or surgical specialist on your own behalf?

- 1. Not at all*
- 2. 1-2 times*
- 3. 3-5 times*
- 4. 6-9 times*
- 5. 10 times or more*

Implementation guidelines:

The variable belongs to a set of variables on use of health care goods and services. All variables are supposed to be included in the questionnaire after variables on unmet needs and in the recommended order and with no inclusion of any other variables between them to ensure higher comparability of results. The variable on consultations of specialists is supposed to be located after the variable on consultations of GPs (i.e. after PH090 variable).

PH110: Body mass index (BMI)

Domain/Area	Health/Health determinants
Transmission type	Early and regular
Reference period	Current
Unit	Individual level - each current household member aged 16 and over or selected respondent (where applies)
Mode of collection	Personal interview (proxy as an exception)
Values	16 integer part of BMI value is equal or lower than 16 17 – 39 an integer number (exact value: 17 or 18, ..., or 39) when the integer part of BMI value is higher than 16 and lower than 40 40 integer part of BMI value is equal or higher than 40
Flags	1 Filled -1 Missing -3 Non-selected respondent -7 Not applicable (PB010 ≠ 2017)

Description

The body mass index (BMI) is a measure of a person's weight relative to their height that links fairly well with body fat. The BMI is used as a measure of obesity for adults (those aged 18 years and over) when only weight and height data are available. It is calculated as a person's weight (in kilograms) divided by the square of his or her height (in metres):

$$\text{BMI} = \text{weight (kg)} / [\text{height} * \text{height}] (\text{m}^2)$$

The concept of **height** refers to body length measured without wearing shoes.

The concept of **weight** refers to weight without clothes and shoes. For women who are pregnant the weight before pregnancy is of interest.

There are two ways for measuring BMI: i) asking two questions about respondent's height and weight or ii) direct collection of BMI values.

i) Asking for height and weight:

It is a standard way used in surveys to measure BMI². It can be used in all data collection modes but is the only possibility for CATI.

Model questions:

Introduction: *Now I'm going to ask you about your height and weight [the height and weight of each household member aged 16 or over].*

Q1: *How tall are you without shoes?* [cm]

Q2: *How much do you weigh without clothes and shoes?* [kg]

[Interviewer instruction: Check women aged 50 or younger whether they are pregnant and ask for weight before pregnancy.]

Calculation of the requested variable:

- 1) Calculation of BMI variable based on data on height and weight (see the formula above)

² For more information see for example EHS wave 2 Methodological manual:
<http://ec.europa.eu/eurostat/en/web/products-manuals-and-guidelines/-/KS-RA-13-018>

- 2) Calculation of floor function BMIF so that it includes the integer part of BMI (e.g. for BMI = 24.65 the BMIF = 24)
- 3) Calculation of final variable (PH110):
 - PH110 = 16 if BMIF is equal or lower than 16
 - PH110 = BMIF if BMIF is higher than 16 and lower than 40
 - PH110 = 40 if BMIF is equal or higher than 40

ii) Direct measurement of BMI:

This is an alternative for measuring BMI which can be perceived by some respondents as less sensitive as they do not need to state their height and weight but only the corresponding value of BMI. This option can be implemented in personal face-to-face interview or in self-completion mode of data collection where a showcard is presented to the respondent.

Model question:

Introduction: *Using the following table, indicate the value of your body mass index [the value of body mass index of each household member aged 16 or over].*

(Value from the BMI row corresponding to your height and weight)

BODY MASS INDEX (BMI)																																
BMI	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40							
Height in cm	Weight in kg																															
140	31 or less	33	35	37	39	41	43	45	47	49	51	53	55	57	59	61	63	65	67	69	71	73	74	76	78 or more							
142	32 or less	34	36	38	40	42	44	46	48	50	52	54	56	58	60	62	64	66	68	70	72	75	77	79	81	83	85 or more					
144	33 or less	35	37	39	41	44	46	48	50	52	54	56	58	60	62	64	66	68	71	73	75	77	79	81	83	85 or more						
146	34 or less	36	38	41	43	45	47	49	51	53	55	58	60	62	64	66	68	70	72	75	77	79	81	83	85 or more							
148	35 or less	37	39	42	44	46	48	50	53	55	57	59	61	64	66	68	70	72	74	77	79	81	83	85	88 or more							
150	36 or less	38	41	43	45	47	50	52	54	56	59	61	63	65	68	70	72	74	77	79	81	83	86	88	90 or more							
152	37 or less	39	42	44	46	49	51	53	55	58	60	62	65	67	69	72	74	76	79	81	83	85	88	90	92 or more							
154	38 or less	40	43	45	47	50	52	55	57	59	62	64	66	69	71	74	76	78	81	83	85	88	90	92	95 or more							
156	39 or less	41	44	46	49	51	54	56	58	61	63	66	68	71	73	75	78	80	83	85	88	90	92	95	97 or more							
158	40 or less	42	45	47	50	52	55	57	60	62	65	67	70	72	75	77	80	82	85	87	90	92	95	97	100 or more							
160	41 or less	44	46	49	51	54	56	59	61	64	67	69	72	74	77	79	82	84	87	90	92	95	97	100	102 or more							
162	42 or less	45	47	50	52	55	58	60	63	66	68	71	73	76	79	81	84	87	89	92	94	97	100	102	105 or more							
164	43 or less	46	48	51	54	56	59	62	65	67	70	73	75	78	81	83	86	89	91	94	97	100	102	105	108 or more							
166	44 or less	47	50	52	55	58	61	63	66	69	72	74	77	80	83	85	88	91	94	96	99	102	105	107	110 or more							
168	45 or less	48	51	54	56	59	62	65	68	71	73	76	79	82	85	87	90	93	96	99	102	104	107	110	113 or more							
170	46 or less	49	52	55	58	61	64	66	69	72	75	78	81	84	87	90	92	95	98	101	104	107	110	113	116 or more							
172	47 or less	50	53	56	59	62	65	68	71	74	77	80	83	86	89	92	95	98	101	104	107	109	112	115	118 or more							
174	48 or less	51	54	58	61	64	67	70	73	76	79	82	85	88	91	94	97	100	103	106	109	112	115	118	121 or more							
176	50 or less	53	56	59	62	65	68	71	74	77	81	84	87	90	93	96	99	102	105	108	112	115	118	121	124 or more							
178	51 or less	54	57	60	63	67	70	73	76	79	82	86	89	92	95	98	101	105	108	111	114	117	120	124	127 or more							
180	52 or less	55	58	62	65	68	71	75	78	81	84	87	91	94	97	100	104	107	110	113	117	120	123	126	130 or more							
182	53 or less	56	60	63	66	70	73	76	79	83	86	89	93	96	99	103	106	109	113	116	119	123	126	129	132 or more							
184	54 or less	58	61	64	68	71	74	78	81	85	88	91	95	98	102	105	108	112	115	118	122	125	129	132	135 or more							
186	55 or less	59	62	66	69	73	76	80	83	86	90	93	97	100	104	107	111	114	118	121	125	128	131	135	138 or more							
188	57 or less	60	64	67	71	74	78	81	85	88	92	95	99	102	106	110	113	117	120	124	127	131	134	138	141 or more							
190	58 or less	61	65	69	72	76	79	83	87	90	94	97	101	105	108	112	116	119	123	126	130	134	137	141	144 or more							
192	59 or less	63	66	70	74	77	81	85	88	92	96	100	103	107	111	114	118	122	125	129	133	136	140	144	147 or more							
194	60 or less	64	68	72	75	79	83	87	90	94	98	102	105	109	113	117	120	124	128	132	135	139	143	147	151 or more							
196	61 or less	65	69	73	77	81	85	88	92	96	100	104	108	111	115	119	123	127	131	134	138	142	146	150	154 or more							
198	63 or less	67	71	74	78	82	86	90	94	98	102	106	110	114	118	122	125	129	133	137	141	145	149	153	157 or more							
200	64 or less	68	72	76	80	84	88	92	96	100	104	108	112	116	120	124	128	132	136	140	144	148	152	156	160 or more							

Explanation on the table:

Respondent is handed/shown the table presenting different combinations of height and weight and corresponding values of BMI. The row BMI represent integer part of real values of BMI (e.g. BMI = 28 represents values of BMI 28 – 28.9).

The respondent is supposed first to find the correct row according to his/her height, second to find in that row the respective value of height and third to find the corresponding value of BMI (values 16 to 40) depicted in the first (BMI) row of the table. For example, a person who

is 162 cm high and weighing 92 kg, should find and record BMI equal to 35.

If the real height and/or weight lies between two values in the table, the respondent is supposed to look for the row with lower value of height and/or look for the lower value of weight. For example, providing that the height of respondent is 169 cm and weight 81 kg, the respondent searches in row 168 cm, in that row looks for weight 79 kg and the corresponding value of BMI, which is 28.

Implementation guidelines (both options):

Other measurement units are allowed to measure height and weight (or BMI) but the data has to be converted into cm and kg.

An estimate of height and weight should only be asked when respondent indicates that she/he doesn't know the exact answer.

Self-completion could increase respondent's willingness to answer.

The other option of observing BMI could also be used as a possibility when it seems easier for respondents to answer. For example, if the direct measurement of BMI is used as default option but the respondent has difficulties or is not willing to answer, he or she can be asked to report on his/her height and weight.

The variable belongs to a set of variables on health determinants which are measured on individual level. The variables are recommended to be asked together and located at the end of health module.

PH120: Type of physical activity when working

Domain/Area	Health/Health determinants
Transmission type	Early and regular
Reference period	A typical week
Unit	Individual level - each current household member aged 16 and over or selected respondent (where applies)
Mode of collection	Personal interview (proxy as an exception)
Values	<i>1</i> <i>Mostly sitting</i> <i>2</i> <i>Mostly standing</i> <i>3</i> <i>Mostly walking or tasks of moderate physical effort</i> <i>4</i> <i>Mostly heavy labour or physically demanding work</i>
Flags	<i>1</i> Filled <i>-1</i> Missing <i>-2</i> Not applicable (not performing any working tasks) <i>-3</i> Non-selected respondent <i>-7</i> Not applicable (PB010 ≠ 2017)

Description

The concept of the variable concerns the work-related physical activity level – working tasks according to different levels of physical effort describing what people do when they are working.

Working: refers to a broad understanding of ‘work’ including all the things that people have to do as a part of their daily work activities. ‘Doing work’ includes not only paid and unpaid work, work around the person’s home, taking care of family, studying or training, but also seeking a job, doing volunteer work or care for the elderly.

Mostly sitting or Mostly standing: refers to working tasks involving light physical effort which involve mostly sitting or standing activities. Only standing activities that do not involve extra physical effort should be included.

Examples:

- Sitting at work: light office work, desk work, reading, writing, drawing, using the computer, talking or talking on the phone, studying, driving a car or truck, etc.
- Standing at work not involving extra physical effort: teaching, selling bakery products, hair styling, directing traffic etc.

Mostly walking or tasks of moderate physical effort: refers to working tasks which involve mostly walking or tasks involving moderate physical effort.

Examples:

- Walking at work: delivering letters, carrying light loads, watering the lawn or garden, etc.
- Tasks of moderate physical effort: electrical work, plumbing, automobile repairs, machine tooling, tapping, drilling, painting the house, nursing, multiple household chores involving moderate physical effort such as cleaning the house, vacuuming, shopping or playing with the children, etc.

Mostly heavy labour or physically demanding work: refers to working tasks involving heavy physical effort.

Examples: using heavy power tools, heavy construction work, mining, carrying heavy loads, loading, stacking or chopping wood, clearing land, shovelling or digging, spading, filling

garden, etc.

The reference period is a **typical week**. A 'typical week' refers to a 'typical' 7-day week, including weekdays and weekend days in given season (the season of the interview).

The variable was adapted from the European Health Interview Survey (wave 2)³.

Model question (personal interview mode with the respondent):

Introduction: *The next two questions are about the physical activities you perform [each household member aged 16 or over performs] in a typical week.*

Firstly think about the time you spend doing work. Think of work as the things that you have to do such as paid and unpaid work, work around your home, taking care of family, studying or vocational training.

PH120_Q: *When you are working, which of the following best describes what you do? Would you say ...*

[Interviewer instruction: Respondents should refer their answer to the 'main work' they do. If respondents do multiple tasks, they should include all tasks. Respondents should select only one answer.]

1. *Mostly sitting*
2. *Mostly standing*
3. *Mostly walking or tasks of moderate physical effort*
4. *Mostly heavy labour or physically demanding work*

[Interviewer instruction: Do not read:]

5. *Not performing any working tasks*

Implementation guidelines:

Respondents should refer their answer to the 'main working task' they do. Respondents who do 'paid and unpaid work' should focus on the working tasks they have to accomplish in the context of their main occupation: homemakers should focus on the working tasks they have to do around their home and when they take care of their children and family; students should focus on the working tasks they have to accomplish in the framework of their study programme.

The question may be more difficult to answer for people who are retired, unemployed or do more than one working activity. However, unemployed people should focus on the tasks they have to do when they seeking a job, and retired people on the tasks they have to do around their home, when they take care of their grandchildren or personally caring for a family member. People who do not have a clearly defined main working activity and have to fulfil 'multiple working tasks' - meaning for example, that they work part-time and take care of the household and the family in the remaining time - they should think of all activities they do and provide an average if these activities differ in terms of the degree of physical effort when answering the question.

In personal interviews the answer category "Not performing any working tasks" should not be presented to respondents by interviewers. Only if they indicate that they do not have to

³ Further information can be found in EHIS wave 2 Methodological manual:
<http://ec.europa.eu/eurostat/en/web/products-manuals-and-guidelines/-/KS-RA-13-018>

accomplish any working tasks for varying reasons, for example since they are disabled, retired or unemployed, interviewers should tick the answer option 'Not performing any working tasks'. In self-completion mode the answer category should be presented to respondents but more guidance on the definition should be provided with it.

The term 'typical week' can also be translated as a 'normal week' or 'usual week' if such terms are more commonly used in the specific language setting.

Respondents should tick only ONE answer option, multiple answers are not permitted.

For personal face-to-face interviews or self-completion modes a showcard can be used.

Showcard 'Work-related physical activity':

<p>Mostly sitting</p>	<p>Tasks of light physical effort, for example</p> <ul style="list-style-type: none"> - Light office work - Reading - Writing - Drawing - Using the computer - Talking or talking on the phone - Studying - Driving a car or truck - Sewing - etc.
<p>Mostly standing</p>	<p>Tasks of light physical effort, for example</p> <ul style="list-style-type: none"> - Teaching - Selling bakery products - Hair styling - Directing traffic - etc.
<p>Mostly walking or tasks of moderate physical effort</p>	<p>Tasks of moderate physical effort, for example</p> <ul style="list-style-type: none"> - Delivering letters - Carrying light loads - Watering the lawn or garden - Electrical work - Plumbing - Automobile repairs - Machine tooling - Tapping - Drilling - Painting the house - Nursing - Multiple household chores of moderate physical effort such as - Cleaning the house - Vacuuming - Shopping - Playing with the children - etc.

Mostly heavy labour or physically demanding work	Tasks of heavy physical effort, for example <ul style="list-style-type: none">- Using heavy power tools- Heavy construction work- Mining- Carrying heavy loads- Loading- Stacking or chopping wood- Clearing land- Shovelling or digging- Spading- Filling garden- etc.
---	--

The variable belongs to a set of variables on health determinants which are measured on individual level. The variables are recommended to be asked together and located at the end of health module. The questionnaire includes two variables on physical activity, which should be asked together and in the recommended order. This variable should be asked first.

Construction of PH120 variable from the model question answers:

PH120 = PH120_Q if PH120_Q in {1, 2, 3, 4}

PH120 = blank and PH120_F = -2 if PH120_Q = 5

PH130: Time spent on physical activities (excluding working) in a typical week

Domain/Area	Health/Health determinants
Transmission type	Early and regular
Reference period	A typical week
Unit	Individual level - each current household member aged 16 and over or selected respondent (where applies)
Mode of collection	Personal interview (proxy as an exception)
Values	<i>HHMM</i> The total number of hours and minutes per week (4-digit code) <i>00 – 99</i> HH (hours) <i>00 – 59</i> MM (minutes)
Flags	<i>1</i> Filled <i>-1</i> Missing <i>-3</i> Non-selected respondent <i>-7</i> Not applicable (PB010 ≠ 2017)

Description

The concept of the variable concerns the total time in a typical week spent on sports, fitness and recreational (leisure) physical activity. Only activities that cause at least a small increase in breathing or heart rate (i.e. at least moderately demanding physical activities) and which are performed for at least 10 minutes continuously (i.e. without interruption) are included. Work-related activities (paid job but unpaid work or housework activities) are excluded. Physically active transportation/commuting activities are not primarily focused by the variable but are in general included. It is because it could be difficult for respondents to separate commuting activities from sport activities in the absence of specific commuting activities questions as suggested in the module on measuring physical activities implemented in EHIS. As such the variable provides a broad coverage of all non-work-related physical activities.

Sports: refers to physical activity which is structured, repetitive and usually requires skills. Sports are often aerobic physical activities, competitive or performed as a game.

Examples: ball games, athletics, competitive bicycling, running, swimming, etc.

Fitness: refers to the act or process of retaining or improving physical fitness. Fitness often relates to physical exercise.

Examples: endurance training, strength exercise, flexibility training, etc.

Recreational (leisure) physical activity: refers to the act or process of creating regeneration by performing physical activities that cause at least a small increase in breathing or heart rate. ‘Recreational activities’ are physical activities performed in leisure time.

Examples: nordic walking, brisk walking, ball games, jogging, bicycling, swimming, aerobics, rowing, badminton, etc.

Transport physical activity (commuting activity): refers to activities of getting to and from places. Travelling for long journeys (irregular travelling) are not to be included here.

Examples: walking or cycling from home to work/school and back home, from work to market, from market to home.

The reference period is a **typical week**. A 'typical week' refers to a 'typical' 7-day week, including weekdays and weekend days in given season (the season of the interview).

Causing at least a small increase in breathing or heart rate: refers to moderate- or vigorous-intensity sports, fitness or recreational (leisure) activities which are physically demanding and lead at least to a small increase in breathing or heart rate.

At least 10 minutes continuously: refers to an activity (brisk walking, ball games or jogging) which is performed for at least 10 minutes at a time without interruption.

The variable was adapted from the European Health Interview Survey (wave 2)⁴.

Model question (personal interview mode):

Introduction: *Now think about the physical activities you engage in when you are not working. Think of physical activities as sport, fitness and recreational [leisure] physical activities you engage in for a continuous period of at least 10 minutes and that cause at least a small increase in breathing or heart rate. This includes, for example, brisk walking, cycling, jogging, ball games, swimming, aerobics.*

How much time in total do you spend per week engaged in physical activities when you are not working?

Total hours and minutes per week

Implementation guidelines:

The question asks about the total duration of sports, fitness and recreational (leisure) physical activities in a typical week. Respondents should add up all the sports, fitness and recreational activities they perform in a typical week. It is important to emphasise that work activities should not be included in this question. Respondents should refer in their answer only to the activities they perform in their leisure-time. This could also include at least moderate activities of getting to and from places such as walking at a moderate pace or cycling from home to work and back home.

The respondents choose the time unit of the weekly duration themselves. The duration can be minutes or hours, or a combination of hours and minutes. The interviewer should enter the duration in the same way as the respondents answer the question.

If physical activities are performed irregularly, or the physical activity behaviour differs between summer and winter or between weekdays and weekend days, an average frequency and duration of the activities performed in a 'typical week' in given season should be estimated.

The term 'typical week' can also be translated as a 'normal week' or 'usual week' if such terms are more commonly used in the specific language setting.

If the respondent does not do any 'sports, fitness or recreational activities', the answer 00 hours and 00 minutes should be recorded.

For personal face-to-face interviews or self-completion modes a showcard can be used.

Showcard 'Sports, fitness, recreational (leisure) physical activity':

⁴ Further information can be found in EHIS wave 2 Methodological manual:
<http://ec.europa.eu/eurostat/en/web/products-manuals-and-guidelines/-/KS-RA-13-018>

Sports, fitness, recreational (leisure) physical activities	Leisure-time activities that cause AT LEAST a small increase in breathing or heart rate , for example <ul style="list-style-type: none">- Nordic walking- Brisk walking- Ball games- Jogging- Cycling- Swimming- Aerobics- Rowing- Badminton- etc.
--	--

The variable belongs to a set of variables on health determinants which are measured on individual level. The variables are recommended to be asked together and located at the end of health module. The questionnaire includes two variables on physical activity, which should be asked together and in the recommended order. This variable should be asked second.

The reported variable PH130 must always consist of four-digit code with values ranging from 0000 to 9959 (00 to 99 for hours and 00 to 59 for minutes). Leading zeroes must be included in the code (for example, values 120, 50 or 030 are not allowed).

PH140: Frequency of eating fruit

Domain/Area	Health/Health determinants												
Transmission type	Early and regular												
Reference period	A typical week in a given season												
Unit	Individual level - each current household member 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>Twice or more a day</td></tr> <tr><td>2</td><td>Once a day</td></tr> <tr><td>3</td><td>4 to 6 times a week</td></tr> <tr><td>4</td><td>1 to 3 times a week</td></tr> <tr><td>5</td><td>Less than once a week</td></tr> <tr><td>6</td><td>Never</td></tr> </table>	1	Twice or more a day	2	Once a day	3	4 to 6 times a week	4	1 to 3 times a week	5	Less than once a week	6	Never
1	Twice or more a day												
2	Once a day												
3	4 to 6 times a week												
4	1 to 3 times a week												
5	Less than once a week												
6	Never												
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> <tr><td>-7</td><td>Not applicable (PB010 ≠ 2017)</td></tr> </table>	1	Filled	-1	Missing	-3	Non-selected respondent	-7	Not applicable (PB010 ≠ 2017)				
1	Filled												
-1	Missing												
-3	Non-selected respondent												
-7	Not applicable (PB010 ≠ 2017)												

Description

The concept of the variable concerns the frequency of eating fruits (non-fresh juice excluded). The fruits can be fresh or frozen. Also, they can be cut in small pieces or mashed (puréed). Canned or dried fruits are included.

Fresh fruit pressed at home (or in a restaurant, bar or similar facility) are included. Juices prepared from concentrate or processed fruits, or artificially sweetened are excluded. A glass (150 ml) of unsweetened freshly squeezed 100% juice is included in the definition of fruit. However, regardless the amount of the juice consumed, it can only count as one portion.

The reference period is a **typical week in given season**. It refers to a 'typical' 7-day week, including weekdays and weekend days in given season (the season of the interview).

The variable was adapted from the European Health Interview Survey (wave 2)⁵.

Model question (personal interview mode):

Introduction: *The next two questions are about your consumption of fruit and vegetables [the consumption of fruit and vegetables of each household member aged 16 or over] in a typical week.*

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

1. *Twice or more a day*
2. *Once a day*
3. *4 to 6 times a week*
4. *1 to 3 times a week*
5. *Less than once a week*

⁵ Further information can be found in EHIS wave 2 Methodological manual:
<http://ec.europa.eu/eurostat/en/web/products-manuals-and-guidelines/-/KS-RA-13-018>

6. *Never*

Interviewer clarification: *Only juices squeezed from fresh fruit are included. Juices prepared from concentrate or processed fruits, or juices artificially sweetened are excluded.*

Implementation guidelines:

For personal face-to-face interviews or self-completion modes a showcard with examples of fruit can be used. Each country can specify examples, some common, and some more specific to their country.

If a specific kind of fruits composes a prevailing part of the total amount of national consumption and there is a high risk that respondents would not take it into account, the kind of fruits could be included in the model question. Berries could be such an example in some countries.

The variable belongs to a set of variables on health determinants which are measured on individual level. The variables are recommended to be asked together and located at the end of health module. The questionnaire includes two variables on consumption of fruit and vegetables, which should be asked together and in the recommended order. This variable should be asked first.

PH150: Frequency of eating vegetables or salad

Domain/Area	Health/Health determinants												
Transmission type	Early and regular												
Reference period	A typical week in a given season												
Unit	Individual level - each current household member 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>Twice or more a day</td></tr> <tr><td>2</td><td>Once a day</td></tr> <tr><td>3</td><td>4 to 6 times a week</td></tr> <tr><td>4</td><td>1 to 3 times a week</td></tr> <tr><td>5</td><td>Less than once a week</td></tr> <tr><td>6</td><td>Never</td></tr> </table>	1	Twice or more a day	2	Once a day	3	4 to 6 times a week	4	1 to 3 times a week	5	Less than once a week	6	Never
1	Twice or more a day												
2	Once a day												
3	4 to 6 times a week												
4	1 to 3 times a week												
5	Less than once a week												
6	Never												
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> <tr><td>-7</td><td>Not applicable (PB010 ≠ 2017)</td></tr> </table>	1	Filled	-1	Missing	-3	Non-selected respondent	-7	Not applicable (PB010 ≠ 2017)				
1	Filled												
-1	Missing												
-3	Non-selected respondent												
-7	Not applicable (PB010 ≠ 2017)												

Description

The concept of the variable concerns the frequency of eating vegetables or salad (potatoes and non-fresh juice excluded).

Fresh or frozen vegetables are included. Vegetables may be cut in small pieces or mashed (puréed). Canned vegetables should be included. Legume (beans, lentils) and vegetable dishes, incl. soups (cooked as well as cold ones) should be included.

Fresh and squeezed vegetable juices prepared at home (or in a restaurant, bar or similar facility) are included. Juices prepared from concentrate or processed vegetables, or artificially sweetened are excluded.

A glass (150 ml) of unsweetened freshly squeezed 100% vegetable juice is included in the definition of vegetable. Regardless the amount of the juice consumed, it can only count as one portion.

Potatoes and similar starchy foods, such as yam, plantain, and cassava which are carbohydrate foods, which are included in the bread and cereals food group, are excluded. These foods cannot be counted as a daily portion of vegetables.

The reference period is a **typical week in given season**. It refers to a 'typical' 7-day week, including weekdays and weekend days in given season (the season of the interview).

The variable was adapted from the European Health Interview Survey (wave 2)⁶.

Model question (personal interview mode):

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

1. *Twice or more a day*

2. *Once a day*

⁶ Further information can be found in EHIS wave 2 Methodological manual:
<http://ec.europa.eu/eurostat/en/web/products-manuals-and-guidelines/-/KS-RA-13-018>

3. 4 to 6 times a week

4. 1 to 3 times a week

5. Less than once a week

6. Never

Interviewer clarification: *Vegetable soups as well as juices squeezed from fresh vegetables are included. Juices prepared from concentrate or processed vegetables, or artificially sweetened are excluded.*

Implementation guidelines:

For personal face-to-face interviews or self-completion modes a showcard with examples of vegetables can be used. Each country can specify examples, some common, and some more specific to their country.

The variable belongs to a set of variables on health determinants which are measured on individual level. The variables are recommended to be asked together and located at the end of health module. The questionnaire includes two variables on consumption of fruit and vegetables, which should be asked together and in the recommended order. This variable should be asked second.

RC010T: General health (child)

Domain/Area	Children's health/Health status (children)										
Transmission type	Early and regular										
Reference period	Current										
Unit	Individual level - each current household member aged 0 to 15 (age at the date of interview)										
Mode of collection	Personal interview with the household respondent										
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>-2</td><td>Not applicable: RB110 not equal to 1, 2, 3 or 4 (person is not a current household member)</td></tr> <tr><td>-5</td><td>Not applicable (person is not 0 - 15 years old)</td></tr> <tr><td>-7</td><td>Not applicable (RB010 ≠ 2017)</td></tr> </table>	1	Filled	-1	Missing	-2	Not applicable: RB110 not equal to 1, 2, 3 or 4 (person is not a current household member)	-5	Not applicable (person is not 0 - 15 years old)	-7	Not applicable (RB010 ≠ 2017)
1	Filled										
-1	Missing										
-2	Not applicable: RB110 not equal to 1, 2, 3 or 4 (person is not a current household member)										
-5	Not applicable (person is not 0 - 15 years old)										
-7	Not applicable (RB010 ≠ 2017)										

Description

The concept of the variable refers to the perceived general/overall health of a child. The assessment coming from an adult person about health of a child who lives in the same household might be influenced by impressions or opinions from others and by general social and cultural background of the respondent.

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 different dimensions of health, i.e. physical and emotional functioning, mental health (covering psychological well-being and mental disorders) and biomedical signs and symptoms. Any reference to child's previous or future health state should be omitted.

Five answer 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 (neither good, nor bad), as far as possible keeping in mind cultural interpretations, in the various languages.

Model question:

Introduction: *The next questions are about the health of each of your children under the age of 16. These are addressed at the individual level.*

How would you describe [child's name] health in general? Is it...

1. *Very good*
2. *Good*
3. *Fair*
4. *Poor*
5. *Very poor?*

Implementation guidelines:

The variable is intended to be collected about general health of each child aged 0 - 15 years currently living in the household. In order to ensure higher comparability of results, proxy respondents should be used in all cases and these should be adult persons living in the same household as the child(ren), preferably parents or primary caregivers.

The model question for the variable should not to be filtered by any preceding question. If more questions about health-related issues of children are collected in the questionnaire, the model question for this variable should be asked first.

RC020T: Limitation in activities because of health problems (child)

Domain/Area	Children's health/Health status (children)
Transmission type	Early and regular
Reference period	Current
Unit	Individual level - each current household member aged 0 to 15 (age at the date of interview)
Mode of collection	Personal interview with the household respondent
Values	<i>1</i> Severely limited <i>2</i> Limited but not severely <i>3</i> Not limited at all
Flags	<i>1</i> Filled <i>-1</i> Missing <i>-2</i> Not applicable: RB110 not equal to 1, 2, 3 or 4 (person is not a current household member) <i>-5</i> Not applicable (person is not aged 0 - 15 years) <i>-7</i> Not applicable (RB010 ≠ 2017)

Description

The concept of the variable refers to the participation restriction through long-standing limitation (and its severity) in activities of a child of certain age (0 to 15 years old) because of health problems.

It measures a subjective assessment of whether the child is limited by any on-going physical, mental or emotional health problem, including disease or impairment compared with children of the same age. Consequences of injuries/accidents, congenital conditions and birth defects, etc., are all included.

Only the limitations directly caused by or related to one or more **health problems** are considered. Limitations due to financial, cultural or other non-health-related causes should not be taken into account.

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'.

To identify existing limitations a reference is necessary and therefore the **activity limitations** of the child are assessed against typical activities in reference to that child's cohort. Activities cover all spectrums of activities: self-care and transportation, work or school, home and leisure activities.

The purpose of the variable is to measure the presence of **long-standing limitations**, as the consequences of such long-standing limitations (e.g. care, dependency) are more serious. Temporary or short-term limitations are excluded.

The **period of at least the past 6 months** is strictly related to the duration of the activity limitation and not to the duration 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, even if usual medical knowledge would suggest that the health problem behind a new limitation is very likely to continue for a long time or for the rest of the life of the respondent (such as for diabetes type 1). One reason is that in terms of activity limitation it may be possible to counteract at some point negative consequences for activity limitations by using assisting devices or personal assistance. The activity limitations of the same health problem may also depend on the individual person and circumstances, and only past experience can provide a safe answer.

The **response categories** include 3 levels to better differentiate severity of activity limitations: severely limited (severe limitations), limited but not severely (moderate limitations), not limited at all (no limitations).

‘Severely limited’ means that performing or accomplishing an activity which can normally be done by a child of the same age cannot be done or only done with extreme difficulty. Persons in this category usually cannot do the activity alone and (would) need help.

‘Limited but not severely’ means that performing or accomplishing an activity which can normally be done by a child of the same age can be done but only with some difficulties. Person in this category usually does not need help from other persons.

‘Not limited at all’ is also used in cases when a child cannot perform an activity or can perform it only with difficulties provided that the type of activity is beyond normal capability of children of that age.

Model question:

RC020_Q1: *Is [child's name] limited because of a health problem in activities most children of the same age usually do?*

Would you say he/she is ...

1. *severely limited* => go to RC020_Q2
2. *limited but not severely, or* => go to RC020_Q2
3. *not limited at all?* => go to next module/skip RC020_Q2

RC020_Q2: *Has [he/she] been ~~severely~~ limited for at least the past 6 months?*

1. *Yes*
2. *No*

~~The second question (RC020_Q2) should use the expression ‘severely’ in the wording provided that the respondent answered ‘severely limited’ to the first question (RC020_Q1).~~

Implementation guidelines:

The variable is intended to be collected about activity limitations of each child aged 0 - 15 years currently living in the household. In order to ensure higher comparability of results, proxy respondents should be used in all cases and these should be adult persons living in the same household as the child(ren), preferably parents or primary caregivers.

The question should clearly show that the reference is to the activities of children of the same age. Neither a list with examples of activities or specification of health concepts (e.g. physical and mental health) should be provided.

The model question for the variable should not to be filtered by any preceding question. It

should preferably be collected together with other health status and disability-related variables. If the questionnaire includes more disability-related variables, this variable should be asked first.

In an interview mode, all possible answer categories should systematically be read to respondents.

Construction of RC020 variable from the model questions answers:

RC020 = 1 if RC020_Q1 = 1 and RC020_Q2 = 1

RC020 = 2 if RC020_Q1 = 2 and RC020_Q2 = 1

RC020 = 3 if RC020_Q1 = 3 or RC020_Q2 = 2

RC020 = blank and RC020_F = -1 if RC020_Q1 = Missing or [(RC020_Q1 = 1 or 2) and (RC020_Q2 = Missing)]

RC030T: Module child 0-15 personal weight (optional)

Domain/Area	Basic data/Basic personal data
Transmission type	Early and regular
Reference period	Constant
Unit	All current household members aged 0-15 at the time of interview
Mode of collection	Constructed
Values	0+ (<i>format 2.5</i>) weight (see bellow the required format)
Flags	1 filled -1 missing -2 Not applicable (RB110 not equal to 1, 2, 3 or 4) or not aged 0-15 at the time of interview -7 Not applicable RB010 ≠ last year

Description

See construction of weights in chapter '**Error! Reference source not found.**'.

Required format

weight will be coded with at least one integer and 5 decimals.

In the regular transmission (reconciled file format) this variables should be filled in only for the records related to the last year of operation.

HC010T: Unmet need for medical examination or treatment (children)

Domain/Area	Children's health/Access to health care (children)
Transmission type	Early and regular
Reference period	Last 12 months
Unit	Household level - all current household member aged 0 to 15 (age at the date of interview)
Mode of collection	Personal interview with the household respondent
Values	<p>1 Yes (there was at least one occasion where at least one of the children did not have a medical examination or treatment)</p> <p>2 No (the child(ren) had a medical examination or treatment each time it was needed)</p>
Flags	<p>1 Filled</p> <p>-1 Missing</p> <p>-2 Not applicable (none of the children really needed any medical examination or treatment)</p> <p>-5 Not applicable (no children aged under 16 in the household)</p> <p>-7 Not applicable (HB010 ≠ 2017)</p>

Description

The aim of the variable is to capture the restricted access to medical care via the person's own assessment of whether the children in the household 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.

The variable holds for the whole group of children aged under 16. Even if only one child does not have the item, the whole group of children in the household are assumed not to have the item.

Medical care refers to individual health care services (examinations or treatments) 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:

- health care provided for different purposes (curative, rehabilitative, long-term health care) and by different modes of provision (inpatient, outpatient, day, and home care)
- medical mental health care
- preventive medical services 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 for his/her child and perceives the situation as jeopardizing the child's health.

Excluded:

- taking prescribed or non-prescribed drugs

- dental care.

Model questions

Introduction: *The next questions are about the health care related services any of your children under the age of 16 used or wanted to use during the last 12 months. These are addressed at the household level.*

HC010_Q1: *Was there any time during the past 12 months when [any of] your child[ren] really needed medical examination or treatment (excluding dental examination or treatment)?*

1. Yes ([at least one of] my child[dren] really needed at least once medical examination or treatment) => go to **HC010_Q2**
2. No (my child did not need [none of my children needed] any medical examination or treatment) => go to **HC030_Q1**

HC010_Q2: *Did your child[ren] have a medical examination or treatment each time it was really needed?*

1. Yes (my child[ren] had a medical examination or treatment each time it[they] needed) => go to **HC030_Q1**
2. No (there was at least one occasion when [at least one of] my child[ren] did not have a medical examination or treatment) => go to **HC020_Q1**

Implementation guidelines:

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 child's health), the question should include 'really' (...when (any of) your child(ren) really needed...).

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).

Answer categories: The text in brackets following expressions Yes or No does not need to be read but can be used to clarify the answer if needed.

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 into account when questions on unmet needs for medical care are asked before questions on unmet needs for dental care.

No other questions related to unmet needs should be included before or between the model questions. The proposed order of the questions and answer categories should be followed.

Construction of HC010 variable from the model questions answers:

HC010 = 1 if HC010_Q1 = 1 and HC010_Q2 = 2

HC010 = 2 if HC010_Q1 = 1 and HC010_Q2 = 1

HC010 = blank and HC010_F = -2 if HC010_Q1 = 2.

HC020T: Main reason for unmet need for medical examination or treatment (children)

Domain/Area	Children's health/Access to health care (children)
Transmission type	Early and regular
Reference period	Last 12 months
Unit	Household level - all current household member aged 0 to 15 (age at the date of interview)
Mode of collection	Personal interview with the household respondent
Values	<i>1</i> Could not afford to (too expensive) <i>2</i> Waiting list <i>3</i> Could not make the time because of work, care of other children or of other people <i>4</i> Too far to travel or no means of transport <i>5</i> Other reason
Flags	<i>1</i> Filled -1 Missing -2 Not applicable (HC010T ≠ 1 / HC010T not equal to Yes) -5 Not applicable (no children aged under 16 in the household) -7 Not applicable (HB010 ≠ 2017)

Description

The variable aims to capture the dimension of restricted access to medical 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.

Model question

HS020_Q1: *What was the main reason for not having a medical examination or treatment?*

- 1. Could not afford to (too expensive)*
- 2. Waiting list or the time needed to obtain an appointment was too long*
- 3. Could not take the time because of work, care of other children or of other persons*
- 4. Too far to travel or no means of transportation*
- 5. Other reason*

Implementation guidelines

This is a follow-up variable to HC010 and should be located just after it.

It is recommended 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).

If answer “*Other reason*” is selected, it is recommended to ask an additional open-ended question: “*Please specify*” and record the answer.

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 household could not afford to pay for the treatment/examination of the children.

Moreover, if the cost of transport to the medical examination/treatment was too expensive and therefore the need of treatment/examination was not met the category could not afford (too expensive) should be selected.

- **Waiting list or the time needed to obtain an appointment was too long:** This answer is to be used for children who were actually on a waiting list and, at the same time, were not helped even though the need for care was urgent, for children experiencing delay in getting appointment soon enough to meet their need of care, as well as for persons who were discouraged from seeking care for their children 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.

HC030T: Unmet need for dental examination or treatment (children)

Domain/Area	Children's health/Access to health care (children)
Transmission type	Early and regular
Reference period	Last 12 months
Unit	Household level - all current household member aged 0 to 15 (age at the date of interview)
Mode of collection	Personal interview with the household respondent
Values	<p>1 Yes (there was at least one occasion where at least one of the children did not have a dental examination or treatment)</p> <p>2 No (the child(ren) had a dental examination or treatment each time it was needed)</p>
Flags	<p>1 Filled</p> <p>-1 Missing</p> <p>-2 Not applicable (none of the children really needed any dental examination or treatment)</p> <p>-5 Not applicable (no children aged under 16 in the household)</p> <p>-7 Not applicable (HB010 ≠ 2017)</p>

Description

The aim of the variable is to capture the restricted access to dental care via the person's own assessment of whether the children in the household 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.

The variable holds for the whole group of children aged under 16. Even if only one child does not have the item, the whole group of children in the household are assumed not to have the item.

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

Included:

- health care provided by orthodontists
- preventive dental services if perceived by respondents as important. For example, a national health care system guarantees regular preventive dental check-ups but the respondent is not able to make an appointment for his/her child and perceives the situation as jeopardizing the child's health.

Excluded:

- taking prescribed or non-prescribed drugs
- medical care.

Model questions

HC030_Q1: *Was there any time during the past 12 months when [any of] your child[ren]*

really needed dental examination or treatment?

1. Yes ([at least one of] my child[dren] really needed at least once dental examination or treatment) => go to **HC030_Q2**
2. No (my child did not need [none of my children needed] any dental examination or treatment) => go to next module/skip the next variable HC040

HC030_Q2: *Did your child[ren] have a dental examination or treatment each time it was really needed?*

1. Yes (my child[ren] had a dental examination or treatment each time it[they] needed) => go to **the next module**
2. No (there was at least one occasion when [at least one of] my child[ren] did not have a dental examination or treatment) => HC040_Q1

Implementation guidelines:

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 child's health), the question should include 'really' (...when (any of) your child(ren) really needed...).

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).

Answer categories: The text in brackets following expressions Yes or No does not need to be read but can be used to clarify the answer if needed.

The proposed order of the questions and answer categories should be followed.

Construction of HC030 variable from the model questions answers:

HC030 = 1 if HC030_Q1 = 1 and HC030_Q2 = 2

HC030 = 2 if HC030_Q1 = 1 and HC030_Q2 = 1

HC030 = blank and HC030_F = -2 if HC030_Q1 = 2

HC040T: Main reason for unmet need for dental examination or treatment (children)

Domain/Area	Children's health/Access to health care (children)
Transmission type	Early and regular
Reference period	Last 12 months
Unit	Household level - all current household member aged 0 to 15 (age at the date of interview)
Mode of collection	Personal interview with the household respondent
Values	<i>1</i> Could not afford to (too expensive) <i>2</i> Waiting list <i>3</i> Could not make the time because of work, care of other children or of other people <i>4</i> Too far to travel or no means of transport <i>5</i> Other reason
Flags	<i>1</i> Filled -1 Missing -2 Not applicable (HC030T ≠ 1 / HC030T not equal to Yes) -5 Not applicable (no children aged under 16 in the household) -7 Not applicable (HB010 ≠ 2017)

Description

The variable 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.

Model question

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

HS040_Q1: *What was the main reason for not having a dental examination or treatment?*

- 1. Could not afford to (too expensive)*
- 2. Waiting list or the time needed to obtain an appointment was too long*
- 3. Could not take the time because of work, care of other children or of other persons*
- 4. Too far to travel or no means of transportation*
- 5. Other reason*

Implementation guidelines

This is a follow-up variable to HC030 and should be located just after it.

It is recommended 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).

When several occasions of unmet needs occurred during the reference period, the respondent should consider the case with perceived most severe (possible) consequences for the health of the child(ren). If it is difficult or not possible to distinguish between different occasions of unmet needs, the latest occasion should be taken into account.

If answer “*Other reason*” is selected, it is recommended to ask an additional open-ended question: “*Please specify*” and record the answer.

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 household could not afford to pay for the treatment/examination of the children.

Moreover, if the cost of transport to the dental examination/treatment was too expensive and therefore the need of treatment/examination was not met the category could not afford (too expensive) should be selected.

- **Waiting list or the time needed to obtain an appointment was too long:** This answer is to be used for children who were actually on a waiting list and, at the same time, were not helped even though the need for care was urgent, for children experiencing delay in getting appointment soon enough to meet their need of care, as well as for persons who were discouraged from seeking care for their children because of perceptions of the long waiting times.

Excluded: waiting time to see a dentist 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.

HC050T: Module child 0-15 Household weight (optional)

Domain/Area	Basic data/Basic personal data
Transmission type	Early and regular
Reference period	Constant
Unit	All household with at least one members aged 0-15 at the time of interview
Mode of collection	Constructed
Values	0+ (<i>format 2.5</i>) weight (see bellow the required format)
Flags	1 filled -1 missing -2 Not applicable No household member aged 0-15 at the time of interview with (RB110 equal to 1, 2, 3 or 4) -7 Not applicable RB010 ≠ last year

Description

See construction of weights in chapter '**Error! Reference source not found.**'.

Required format

weight will be coded with at least one integer and 5 decimals.

In the regular transmission (reconciled file format) this variables should be filled in only for the records related to the last year of operation.