Executive summary

Over the last years a number of inventories of European health surveys have been made by several international organizations, including the WHO Regional Office for Europe, Eurostat, the European Health Monitoring Program and the OECD. At first sight, it appears that European health surveys all cover the same fields and often use the same questions.

However the deeper analysis we have undertaken through Euro-REVES 2, in conjunction with current scientific research, underlines the significant differences that exist in the wording of the existing questions. We think that the main reason for this is the absence of two factors: firstly the absence of a rationale behind the questions clearly demonstrated in the recommendations; secondly the absence of the science behind specific questions forms, more particularly the effect of changes in the wording on the responses;

Any instrument recommended to facilitate international harmonization, should have relevance for policy-makers at the national level as there seems little point in recommending instruments that do not substantially improve upon current recommendations where they exist. **Any recommendation should be accompanied by a plan of implementation as well as regular evaluation of the number of countries using the instrument and the quality of the information collected.** A further stumbling block to the adoption of recommended instruments by countries is the need to retain questions to protect the calculation of trends over time. To address this issue we intend, ultimately, to provide two types of each indicator: one at a **global** level, therefore being concise and requiring little room and time in surveys, to **describe** all the existing differences on this issue between the EU countries, whether they are due to " real " health problems, problems of social organization or culture; secondly, a more **specific** instrument to **explain** the differences between these countries. The central point of this set of indicators is that an increase in the life expectancy with at least one chronic disease or with functional limitations does not necessarily imply an increase in life expectancy with activity restrictions. Between these two, lies the response of the health system in the broadest sense, with its successes and its failures, and this set of indicators aims also to measure these gaps between countries.

Our proposals acknowledge all these issues. Wherever possible, unless there is confusion with the current concepts of the field, our instruments are based on existing recommendations, this being the case “perceived health” where the question chosen is that already recommended by the WHO-Euro. For the measurement of disability, we propose to update the long-term disability instruments of the OECD and the WHO-Euro which both currently mix functional limitations and activity restrictions. This is more in keeping with the new ICF.

In total we have made proposals for 10 instruments:

(1) a general question about chronic morbidity,
(2) a set of specific questions on chronic morbidity,
(3) a set of specific questions on physical and sensory functional limitations,
(4) a set of specific questions on cognitive functional limitations,
(5) a general question about activity restrictions,
(6) a set of specific questions on personal care activities,
(7) a set of specific questions on household activities,
(8) a set of specific questions on other activities of daily living,
(9) a general question about perceived health,
(10) a set of specific questions on mental health.

This coherent set of 10 instruments, the exact wording of which is given below, will lead to many health state expectancies covering the totality of the conceptual framework of the measurement of population health. This number is a good compromise between too little and too many, making it possible at the same time to measure the extent of the differences in health between the European Union countries, to appreciate the causes, to specify the profile of each country and the differences between the various concepts of health: chronic disease, functional limitations, activity restrictions, mental health and health perceptions.