

Scientific Board of the Health Interview Survey

**ESTONIAN HEALTH INTERVIEW
SURVEY 2006**

Questionnaire
Males

Tallinn 2006

___/___/___/___

COUNTY CODE

___/___/___/___

QUESTIONNAIRE No

___/___/___/___/___

RESPONDENT No

INTERVIEWER'S PART

WO1. LOCATION OF THE INTERVIEW:

1. At the respondent's home
2. At the respondent's workplace/school
3. At the interviewer's workplace
4. At the hospital/home for aged people/nursing home
5. Elsewhere (where?)

WO2. DATE OF THE INTERVIEW ___/___ DAY; ___/___ MONTH; ___/___/___ YEAR

IN CASE OF INTERRUPTION

DATE OF CONTINUATION: ___/___ DAY; ___/___ MONTH; ___/___/___ YEAR

WO3. BEGINNING OF THE INTERVIEW: ___/___ HOUR; ___/___ MINUTES

IN CASE OF INTERRUPTION

TIME OF CONTINUATION: ___/___ HOUR; ___/___ MINUTES

WO4. ___/___/___/___ INTERVIEWER CODE No

HOUSEHOLD

A01.	How many members are there in your household? _____	
A02.	First, would you please name all the members of your household. To keep track of your answers, I would like to write down their first names and also their relationship to you. CHART <i>WRITE THE NAMES AND ALL THE ANSWERS INTO THE BLANKS A02- A09 OF THE HOUSEHOLD TABLE. READ OUT LOUD, IF THERE ARE AT LEAST TWO MEMBERS IN THE HOUSEHOLD.</i>	
	1. Respondent 2. Your wife/husband 3. Your partner 4. Your or your partner's child (also adopted) 5. Your (foster) parent or her/his partner 6. Your or your partner's grandparent or grandparent's partner	7. Your or your partner's grandchild 8. Your or your partner's son's/daughter's spouse or partner 9. Father/mother in law 10. Sister, brother 11. Other relative 12. Non-relative
	Now let's speak about each member of your household separately, starting with you.	
	<i>FILL IN GENDER. WHEN ASKING ABOUT OTHER MEMBERS OF THE HOUSEHOLD SPECIFY IF NEEDED.</i>	
A03.	Is [NAME...] a man or a woman?	
	1 Man 2 Woman	
A04.	In what year, month (and day) was [NAME...] born?	
	<i>ASK THE DATE OF BIRTH OF THE RESPONDENT ONLY</i>	
A05.	What is your/[NAME...] marital status? CHART	
	1 Never married/lived in unmarried partnership 2 Married 3 Unmarried partnership	4 Divorced 5 Separated 6 Widowed
A06.	Which of the following statuses on the chart characterizes you/[NAME...] best? CHART	
	1 Working 2 Unemployed/looking for work 3 Military conscript 4 Pre-school child 5 Pupil/student 6 On disability pension (non-working)	7 On old-age pension (non-working) 8 On parental leave 9 Homemaker 10 Internee 11 Other, what? WRITE
A07.	Do you / [NAME...] need permanent care due to your/his/her health status?	
	<i>THE PERSON IS UNABLE TO COPE INDEPENDENTLY WITH DAILY ACTIVITIES SUCH AS SHOPPING, PREPARING FOOD OR TAKING CARE OF HIMSELF/HERSELF, AND THEREFORE NEEDS A CARETAKER</i> 1 Yes 2 No → A09	
A08.	Who mainly takes care of you/her/him? CHART	
	1 Other members of the household 2 Other relatives outside the household 3 Other acquaintances	4 Neighbors 5 Social worker, nurse 6 Nobody 7 Someone else, who? WRITE
A09.	Do you/[NAME...] now live(s) together or temporarily separately from the members of your household?	

HOUSEHOLD TABLE

		1 Respondent	2	3	4	5
	First name	.....	.....	.....	.....	.....
A02	Relationship to the respondent	0	I_I	I_I	I_I	I_I
A03	1 male / 2 female	1 / 2	1 / 2	1 / 2	1 / 2	1 / 2
A04	year month (day)	Y_ / _ / _ / _ / M_ / _ D_ / _	Y_ / _ / _ / _ / M_ / _	Y_ / _ / _ / _ / M_ / _	Y_ / _ / _ / _ / M_ / _	Y_ / _ / _ / _ / M_ / _
A05	Marital status	I_I	I_I	I_I	I_I	I_I
A06	Status	I_I	I_I	I_I	I_I	I_I
A07	Daily care needed because of health status? 1 Yes 2 No → A09	1 / 2 → A09	1 / 2 → A09	1 / 2 → A09	1 / 2 → A09	1 / 2 → A09
A08	Main caretaker	I_I	I_I	I_I	I_I	I_I
A09	Lives: 1 Together 2 Temporarily apart from the household	1 / 2	1 / 2	1 / 2	1 / 2	1 / 2

UNTIL ALL THE MEMBERS OF THE HOUSEHOLD ARE INSERTED INTO THE TABLE → A02- A09

WHEN ALL THE MEMBERS OF THE HOUSEHOLD ARE INSERTED INTO THE TABLE → A10

A10.	What is the common language in your household? If you use several languages, indicate the most frequently used one. 1 Estonian 2 Russian 3 Other language, WRITE _____	
A11.	What sources constitute the annual total income of your household? You can choose several alternatives. CHART	
	1 Salary, wage 2 Business income 3 Rental income 4 Income from property and dividends 5 Old-age pension 6 Disability pension 7 Child benefit (Family allowance) 8 Disability allowance	9 Unemployment benefit 10 Dependant's pension 11 Parental benefit 12 Alimony 13 Living allowance 14 Caretaker's benefit 15 Income tax return 16 Other state allowance 17 Other [WRITE].....
A12.	What was your household's average net income per month during the last 12 months? Take into account all the sources of income on the chart A11 above. <i>NET INCOME IS THE SUM IN ESTONIAN CROWNS THAT A PERSON GETS AFTER DEDUCTION OF ALL THE TAXES.</i> _____ Estonian crowns	
	Next, we'll talk about you	
A13.	What was your average net income per month during the last 12 months? _____ Estonian crowns	

A14.	What is your ethnicity? 1 Estonian 2 Russian 3 Other, WRITE _____
A15.	Tell me please, what is your citizenship? If you hold dual citizenship, tell both. 1 Citizen of Estonia 2 Citizen of Russia 3 Citizen of another foreign country, which? _____ 4 Undefined citizenship (alien's passport)
	Next, let's talk about your spouses with whom you are/have been married or/and partners with whom you live/have lived together. The latter we call unmarried partnership. <i>CONSIDER UNMARRIED PARTNERSHIP AS COMMON FAMILY LIFE IN EVERY SENSE, EXCEPT ITS FORMAL REGISTRATION AS A MARRIAGE.</i> <i>IF IT IS OBVIOUS THAT THE RESPONDENT IS (HAS BEEN) MARRIED OR LIVES IN A PARTNERSHIP, YOU CAN FILL IN A16 WITHOUT ASKING.</i>
A16.	To avoid unnecessary questions, have you ever lived in a partnership either in civil marriage, church marriage or in an unmarried status that has lasted more than 12 months? Don't count sham marriages without real partnership! Both the partnerships of a man and a woman as well as of the partners of the same sex should be considered as a partnership. 1 Yes 2 No → A25
A17.	How many partnerships that lasted more than 12 months have you had? _____
A18.	How did your first/next partnership start? CHART 1 Partnership started before the registration of the marriage. 2 We live(d) in an unmarried partnership. 3 Partnership started with the registration of the marriage. 4 Partnership started some time after the registration of the marriage. 5 Other, WRITE _____
A19.	In what year and month did the first/next partnership begin that lasted at least 12 months? Starting point of the partnership is to be considered the beginning of living together. In case the civil/church marriage took place later, write the actual beginning of the partnership. WRITE THE STARTING POINT OF THE PARTNERSHIP INTO THE TABLE Year and month of the beginning of the partnership
A20.	<i>ASK FROM THOSE ONLY WHOSE A18 =2, FROM OTHERS ASK A21</i> Has this been a partnership with the partner of the same sex? 1 Yes 2 No
A21.	Do you still live with this partner? 1 Yes → A24 2 No, we divorced 3 No, we separated 4 No, my partner died
A22.	In what year and month did this partnership end? YEAR AND MONTH OF THE END OF THE PARTNERSHIP/YEAR AND MONTH OF THE PARTNER'S DEATH. IF THIS PARTNERSHIP HAS SPLIT UP MEANWHILE, THEN WRITE THE REUNION OF THE PARTNERSHIP INTO THE NEXT COLUMN
A23.	Have you had any other partnership except this one that has lasted more than 12 months? 1 Yes → A18 2 No
A24.	INTERVIEWER: ARE ALL YOUR PARTNERSHIPS RECORDED IN THE TABLE? 1 Yes → B01 2 No → A18

TABLE OF PARTNERSHIPS

	1	2	3	4
A18	I_I	I_I	I_I	I_I
A19	Y_/_/_/_/_/ M_/_/_	Y_/_/_/_/_/ M_/_/_	Y_/_/_/_/_/ M_/_/_	Y_/_/_/_/_/ M_/_/_
A20	1 / 2	1 / 2	1 / 2	1 / 2
A21	I_I	I_I	I_I	I_I
A22	Y_/_/_/_/_/ M_/_/_	Y_/_/_/_/_/ M_/_/_	Y_/_/_/_/_/ M_/_/_	Y_/_/_/_/_/ M_/_/_
A23	1 → A18 / 2	1 → A18 / 2	1 → A18 / 2	1 → A18 / 2
A24	1 → B01 / 2 → A18	1 → B01 / 2 → A18	1 → B01 / 2 → A18	1 → B01 / 2 → A18

A25.	Do you have a regular sexual relationship at present that you do not consider yourself as a partnership? 1 Yes 2 No → B01
A26.	For how long has your regular relationship lasted? (IN YEARS AND/OR MONTHS) _____ years _____ months

STATE OF HEALTH

General Health

	Now let's talk about your health.	
B01.	How do you evaluate your health status in general? CHART	
	1 Very good 2 Good 3 Average, satisfactory	4 Bad 5 Very bad
B02.	Do you have any long-term illness or health problem? 1 Yes 2 No	
B03.	To what extent have your daily activities been limited because of your long-term illness or health problem during <u>at least the last 6 months</u> ? Have they been...: 1 Significantly limited 2 Limited, but not significantly 3 Not limited at all	

CHRONIC ILLNESSES

WRITE ALL THE ANSWERS TO THE QUESTIONS **B04-B13** INTO THE TABLE OF CHRONIC ILLNESSES.

B04.	Have you ever suffered from any chronic disease or long-term illness listed on the chart? CHART	
	1 Asthma 2 Allergy 3 Diabetes 4 Thyroid diseases 5 Cataract 6 Glaucoma 7 Hypertension (high blood pressure) 8 Myocardial infarction 9 Cardiac ischemia 10 Cerebral infarction(stroke) 11 Chronic bronchitis, chronic obstructive lung disease or emphysema 12 Lung tuberculosis	13 Gastric or duodenum ulcer 14 Gastric or duodenum inflammation 15 Hepatitis 16 Gallbladder inflammation and/or gallstones 17 Nephritis 18 Radiculitis/backache 19 Rheumatoid arthritis 20 Osteoporosis 21 Cancer (malignant tumor, incl. leucaemia and lymphoma) 22 Migraine or recurrent headaches 23 Chronic anxiety or depression 24 Other long-term/chronic illness (write which)

B04A. HAS THE RESPONDENT HAD ANY CHRONIC ILLNESS?

- 1 YES
2 NO → **C01**

IF THE RESPONDENT SAYS THAT HE/SHE HAS HAD ANY OF THE DISEASES IN THE LIST, WRITE THE CORRESPONDING NUMBER(S) ON THE CHART INTO THE BLANK(S). WHEN ALL THE DISEASES ARE RECORDED, FILL IN THE REST OF THE TABLE - QUESTIONS B06-B13. B05 WILL BE FILLED IN ONLY IN CASE B04=24

	☀	1.	2.	3.	4.
B04	Chronic or long-term illness	I__I_I	I__I_I	I__I_I	I__I_I
B05	Specify the disease: <i>FILL IN IF B04=24</i>				
B06	In what year and month did the illness symptoms appear for the first time?	Y_/_/_/_/_/ M_/_	Y_/_/_/_/_/ M_/_	Y_/_/_/_/_/ M_/_	Y_/_/_/_/_/ M_/_
B07	Has it ever been diagnosed by a doctor? 1 Yes / 2 No → B09	1 / 2 → B09	1 / 2 → B09	1 / 2 → B09	1 / 2 → B09
B08	In what year and month did the doctor diagnose the illness for the first time?	Y_/_/_/_/_/ M_/_	Y_/_/_/_/_/ M_/_	Y_/_/_/_/_/ M_/_	Y_/_/_/_/_/ M_/_
B09	Has this illness/health problem recurred also during the last 12 months? 1 Yes → B11 / 2 No	1 → B11 / 2	1 → B11 / 2	1 → B11 / 2	1 → B11 / 2
B10	In what year and month did you last have it ? NEXT ASK B13	Y_/_/_/_/_/ M_/_	Y_/_/_/_/_/ M_/_	Y_/_/_/_/_/ M_/_	Y_/_/_/_/_/ M_/_
B11	Have you used medicaments or received any treatment during the last 12 months? 1 Yes / 2 No	1 / 2	1 / 2	1 / 2	1 / 2
B12	Does this disease/health problem limit your daily activities at present (during the last 4 weeks)? 1 Limits significantly 2 Limits, but not significantly 3 Does not limit at all	1 2 3	1 2 3	1 2 3	1 2 3
B13.	INTERVIEWER: HAS THE TABLE BEEN FILLED IN FOR ALL THE DISEASES RECORDED UNDER B4? 1 Yes 2 No → B06	1 / 2 → B06	1 / 2 → B06	1 / 2 → B06	1 / 2 → B06
	CONTINUE UNTIL THE TABLE IS FILLED FOR ALL THE DISEASES MARKED UNDER B4.				

INJURIES AND POISONINGS

C01.	Next, let's talk about injuries and poisonings. Have you ever had any injuries or poisonings which caused you to stop working, studying or being engaged in other daily activities for a period of 4 weeks or longer? 1 Yes 2 No → D01
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WRITE THE ANSWERS TO THE QUESTIONS C02-C04 INTO THE TABLE OF INJURIES AND POISONINGS.

Fill in the table for all the injuries and poisonings you've had:

TABLE OF INJURIES AND POISONINGS

		1	2	3
C02.	In what year and month did it happen?	Y_/_/_/_/_/ M_/_/___	Y_/_/_/_/_/ M_/_/___	Y_/_/_/_/_/ M_/_/___
C03.	For how many weeks did you have to stop your regular activities because of that? IF IT LASTED FOR MONTHS, CHANGE IT INTO WEEKS. IF IT LASTED FOR LESS THAN 4 WEEKS, ASK ABOUT THE NEXT INJUR /POISONING OR CONTINUE WITH <u>D01</u>	I_II_I	I_II_I	I_II_I
C04.	Was this injury/poisoning ... 1 Unintentional (accident) 2 Intentional self-injury 3 Intentional attack 4 Other intentional violence (e.g. military activities, etc.)	I_I	I_I	I_I
C05.	Was it a traffic accident? 1 Yes 2 No	1 / 2	1 / 2	1 / 2
C06.	During what kind of activity did the injury or poisoning take place? CHART <i>NB! UNPAID WORK IS ANY KIND OF WORK RENDERED AS A SERVICE TO OTHER PEOPLE, BUT IS PERFORMED BY THE RESPONDENT FREE OF CHARGE, E.G. CHOPPING WOOD, TIDYING UP, DOING LAUNDRY, ETC.</i> <i>ACTIVITIES NECESSARY FOR LIVING INCLUDE, FOR EXAMPLE, ACTIVITIES RELATED TO EATING, SLEEPING, ETC.</i>	I_I	I_I	I_I
	1 Paid work 2 Unpaid work 3 Activity related to education 4 Leisure time sports activities 5 Vacationing or playing 6 Activity necessary for living 7 During nursing and/or treatment 8 Other, what? WRITE	.....	.....	.....
C07.	Does this injury/poisoning limit your daily activities at present? (during the last 4 weeks) 1 Limits significantly 2 Limits, but not significantly 3 Does not limit at all	1 2 3	1 2 3	1 2 3
C08.	ARE ALL THE INJURIES AND POISONINGS RECORDED IN THE TABLE? 1 Yes 2 No → C02	1 / 2 → C02	1 / 2 → C02	1 / 2 → C02

MENTAL HEALTH

	Next, let's talk about the aspects of mental health.
D01.	<p>Have you ever felt depressed or downhearted almost every day for two weeks in a row?</p> <p>1 Yes 2 No → D03</p>
D02.	<p>Have you felt constantly depressed or dejected almost every day or most of the day <u>during the last two weeks?</u></p> <p>1 Yes 2 No</p>
D03.	<p>Have you <u>ever had</u> at least a two week period, when you were less interested in or felt less pleasure in doing things that have usually pleased you?</p> <p>1 Yes 2 No → D05</p>
D04.	<p>Have you felt less interest in most of the things or less capable of being happy about things that have usually pleased you <u>during the last two weeks?</u></p> <p>1 Yes 2 No</p>
D05.	<p>HAS AT LEAST ONE SYMPTOM OF DEPRESSION OCCURED DURING THE LAST TWO WEEKS? THE ANSWER TO D02 OR D04 WAS "YES".</p> <p>1 Yes → D07 2 No</p>
D06.	<p>HAS AT LEAST ONE SYMPTOM OF DEPRESSION EVER OCCURED DURING HIS/HER LIFETIME? THE ANSWER TO D01 OR D03 WAS „YES“.</p> <p>1 Yes → D14 2 No 17</p>
	<p><i>NB! ALL THE QUESTIONS D07-D13 CONCERN THE LAST TWO WEEKS. THESE QUESTIONS SPECIFY WHAT OTHER PROBLEMS HAS THE RESPONDENT HAD TOGETHER WITH DEPRESSION/LOSS OF INTEREST.</i></p>
D07.	<p>During the last two weeks when you felt depressed and/or experienced lack of interest, did your appetite decrease or increase almost every day, or did your weight increase or decrease regardless of your attempt to achieve it intentionally (e.g. ±5% of weight or ±3.5 kg a month for a person with the weight of 70 kg)?</p> <p><i>IF EITHER OF THE ANSWERS IS "YES", WRITE "YES"</i></p> <p>1 Yes 2 No</p>
D08.	<p>Do you have sleep problems almost every night (difficulties falling asleep, awakenings during the night, too early awakenings or excessive need for sleep)? (REPEAT: "DURING THE LAST TWO WEEKS...", IF NEEDED)</p> <p><i>IF ANY SLEEP PROBLEMS HAVE OCCURED, WRITE "YES"</i></p> <p>1 Yes 2 No</p>
D09.	<p>Did you speak or move more slowly than usually almost every day or did you feel so anxious or restless that it was hard to sit still ? (REPEAT: "DURING THE LAST TWO WEEKS...", IF NEEDED)</p> <p>1 Yes 2 No</p>

D10.	Did you have fatigue or loss of energy almost every day? (REPEAT: "DURING THE LAST TWO WEEKS...", IF NEEDED) 1 Yes 2 No						
D11.	Did you have a feeling of worthlessness or self-accusation almost every day? (REPEAT: "DURING THE LAST TWO WEEKS...", IF NEEDED) 1 Yes 2 No						
D12.	Was it hard to concentrate or make decisions almost every day? (REPEAT: "DURING THE LAST TWO WEEKS...", IF NEEDED) 1 Yes 2 No						
D13.	Did you have recurrent thoughts of self-injury or suicide or did you wish to be dead? (REPEAT: "DURING THE LAST TWO WEEKS...", IF NEEDED) 1 Yes 2 No						
D14.	Tell me please, in what year and month did you have the first two week or longer period while you were depressed or lost interest towards most of the things and you had other problems we have been talking about ? Year of beginning /_/_/_/_/_/ month ___/___						
D15.	In what year and month did you have such period last? IF IT OCCURED DURING THE LAST TWO WEEKS, WRITE YOURSELF. Year of beginning of the last period /_/_/_/_/_/ month ___/___						
D16.	How many of such periods of depression/loss of interest have you had in your lifetime ? ___/___						
D17.	Have you ever in your life sought for help because of emotional problems (depression, anxiety)? 1 Yes 2 No → E01						
D18.	Whom have you turned to for help? Several answers allowed. CHART						
	<table border="0"> <tr> <td>1 Family doctor</td> <td>4 Social worker</td> </tr> <tr> <td>2 Psychiatrist</td> <td>5 Someone else, who? _____</td> </tr> <tr> <td>3 Psychologist</td> <td></td> </tr> </table>	1 Family doctor	4 Social worker	2 Psychiatrist	5 Someone else, who? _____	3 Psychologist	
1 Family doctor	4 Social worker						
2 Psychiatrist	5 Someone else, who? _____						
3 Psychologist							
D19.	Have you sought for help due to your emotional problems (depression, anxiety) during the last 12 months? 1 Yes 2 No → E01						
D20.	Whom have you turned to and how many times for help because of your emotional problems during the last 12 months? Number of times 1 Family doctor _____ times 2 Psychiatrist _____ times 3 Psychologist _____ times 4 Social worker _____ times 5 Someone else, _____ times who?						
D21.	What methods were used for treatment of your emotional problems during the last 12 months? SEVERAL ANSWERS POSSIBLE 1 No treatment at all → E01 2 Medicaments 3 Psychotherapy 4 Something else, what _____						
D22.	How long did this treatment last/has been lasting _____ weeks						

EMOTIONAL FEELINGS

	Next, please answer the questions about your emotions and state of mind. <i>PASS ALONG THE CHART WITH THE SCALE</i>					
E01-E30	Please evaluate to what extent each problem has troubled you during the last four weeks. CHART <i>READ OUT THE PROBLEMS ONE BY ONE</i>					
		Not at all	Rarely	Some-times	Often	Very often
E01.	Feeling of sadness	1	2	3	4	5
E02.	Loss of interest	1	2	3	4	5
E03.	Inferiority complex	1	2	3	4	5
E04.	Self-accusations	1	2	3	4	5
E05.	Recurrent thoughts of death or suicide	1	2	3	4	5
E06.	Feeling of loneliness	1	2	3	4	5
E07.	Hopelessness about the future	1	2	3	4	5
E08.	Inability to enjoy things	1	2	3	4	5
E09.	Becoming easily irritated or angry	1	2	3	4	5
E10.	Feeling of anxiety or fear	1	2	3	4	5
E11.	Tension or inability to relax	1	2	3	4	5
E12.	Excessive worrying about several things	1	2	3	4	5
E13.	Feeling of restlessness or impatience so that it is hard to sit still	1	2	3	4	5
E14.	Being startled easily	1	2	3	4	5
E15.	Sudden attacks of panic with palpitations, shortness of breath, faintness or other frightening bodily sensations	1	2	3	4	5
E16.	Fear of being alone outside home	1	2	3	4	5
E17.	Feeling of fear in public places or streets	1	2	3	4	5
E18.	Fear of fainting in public	1	2	3	4	5
E19.	Being afraid to travel by bus, tram, train or car	1	2	3	4	5
E20.	Afraid of being the centre of attention	1	2	3	4	5
E21.	Fear of communicating with strangers	1	2	3	4	5
E22.	Excessive anxiety in socializing	1	2	3	4	5
E23.	Anxiety when in need to express one's opinion in front of other people	1	2	3	4	5
E24.	Fatigue or lassitude	1	2	3	4	5
E25.	Diminished ability of attentiveness or concentration	1	2	3	4	5
E26.	Rest does not restore strength	1	2	3	4	5
E27.	Getting tired easily	1	2	3	4	5
E28.	Difficulties to fall asleep	1	2	3	4	5
E29.	Restless or disturbed sleep	1	2	3	4	5
E30.	Too early awakenings (much earlier than desired)	1	2	3	4	5
E31. If any of the problems listed above occurred during the last four weeks, then how much did it disturb your ...						
		Not at all	Rarely	Moderately	A lot	<i>INAPPLICABLE</i>
<i>IF NOT WORKING OR STUDYING, THEN "INAPPLICABLE"</i>		1	2	3	4	9
A) Activities related to job or school						
B) Socializing and communication with friends		1	2	3	4	9
C) Family life and fulfillment of duties at home		1	2	3	4	9

FUNCTIONAL LIMITATIONS RELATED TO PHYSICAL AND MENTAL ORGANS

	<p>Functional limitations are limitations in bodily functions. The activities/situations are described only to help evaluate the level of functioning. IN SOME CASES THERE IS A POSSIBILITY FOR USING TECHNICAL APPLIANCES/FACILITIES AND THEREFORE THE QUESTION WILL BE ASKED TWICE – TO DETERMINE THE ABILITY WITH AND WITHOUT FACILITIES. IN OTHER CASES THE ASSISTANCE OF OTHER PEOPLE CAN BE USED BUT IN THAT CASE IT SHOULD BE RECORDED THAT HE/SHE HAS DIFFICULTIES. THE AIM IS TO EVALUATE THE PERSON'S OWN ABILITIES.</p>
	<p>Please think about daily activities. Do not take into account temporary problems.</p>
F01.	<p>Would you see clearly a newspaper print <u>without</u> glasses, contact lenses or any other supportive means for eyesight (magnifying glass, etc)?</p> <p>1 Yes → F03 2 No 3 No, I am blind → F05</p>
F02.	<p>Would you see clearly a newspaper print with your glasses, contact lenses or some other supportive means for eyesight (magnifying glass, etc)? <i>BY SUPPORTIVE MEANS FOR EYESIGHT A MAGNIFYING GLASS AND MEANS FOR THE BLIND ARE MEANT.</i></p> <p>1 Yes 2 No 3 I have neither glasses, contact lenses nor any other supportive means for vision.</p>
F03.	<p>Would you see clearly the face of a person at a distance of 4-5 meters (across the street) <u>without</u> glasses, contact lenses or any other supportive means for eyesight?</p> <p>1 Yes → F05 2 No</p>
F04.	<p>Would you see clearly the face of a person at a distance of 4-5 meters (across the street) with your glasses, contact lenses or some other supportive means for eyesight?</p> <p>1 Yes 2 No 3 I have neither glasses, contact lenses nor other supportive means for vision.</p>
F05.	<p>Would you hear clearly what is discussed among several people <u>without</u> any hearing aid or any other supportive aid for hearing?</p> <p>1 Yes → F07 INTRODUCTORY TEXT 2 No 3 No, I am deaf → F07 INTRODUCTORY TEXT</p>
F06.	<p>Would you hear clearly what is discussed among several people with a hearing aid or some other supportive aid for hearing?</p> <p>1 Yes 2 No 3 I have no supportive aid for hearing</p>
	<p><i>INTRODUCTORY TEXT: READ OUT THE FOLLOWING TEXT TO THE RESPONDENT:</i></p> <p>The following questions might not concern you directly, but they are important for conducting the interview, therefore I kindly ask you to answer these questions too.</p>

F07.	<p>Are you able to walk 500 m without any problem using no walking stick or any other supportive aid for walking? <i>THE WALKING AIDS ARE: ORTHOPEDIC SHOES, WALKING STICK, SPLINT, METAL SUPPORTS, STILTS, PROSTHESES. IF THERE IS A NEED TO LEAN ON SOMEONE'S HAND IT SHOULD BE RECORDED: „YES, WITH DIFFICULTIES“.</i></p> <p>1 Yes, without difficulties 2 Yes, with difficulties 3 Not able at all 4 No, I am unable to move → F15</p>
F08.	<p>Are you able to walk up and down one length of the stairway unit without a walking stick or any other supportive aid for walking? <i>IF THERE IS A NEED FOR USING A GRAB BAR OR LEAN ON SOMEONE'S HAND IT SHOULD BE RECORDED: „YES, WITH DIFFICULTIES“. THE NUMBER OF STAIRS IN THE STAIRCASE IS NOT IMPORTANT, SUPPOSING THAT A REGULAR LENGTH OF A STAIRCASE UNIT IS MEANT.</i></p> <p>1 Yes, without difficulties 2 Yes, with difficulties 3 No, not at all</p>
F09.	<p>Are you able to bend down and straighten up without any difficulties?</p> <p>1 Yes, without difficulties 2 Yes, with difficulties 3 No, not at all</p>
F10.	<p>Are you able to get down on your knees as well as get up without any problems?</p> <p>1 Yes, without difficulties 2 Yes, with difficulties 3 No, not at all</p>
F11.	<p>Are you able to lift up a 5 kg shopping bag and carry it at least 10 meters without any problem? <i>IF AN ASSISTING PERSON IS NEEDED, OR IF A WHEELBAG IS USED OR ANY OTHER AID IS NEEDED TO MOVE THE SHOPPING BAG, IT SHOULD BE RECORDED: „NO, NOT AT ALL“.</i></p> <p>1 Yes, without difficulties 2 Yes, with difficulties 3 No, not at all</p>
F12.	<p>Do you have <u>often</u> pain in your shanks while walking?</p> <p>1 Yes 2 No → F14</p>
F13.	<p>What do you do when you have pain?</p> <p>1 Continue walking as before 2 Stop walking/slow down the speed of walking</p>
F14.	<p>While walking, do you begin to gasp earlier if compared to other people of your age?</p> <p>1 Yes 2 No</p>
F15.	<p><u>Without</u> using any helping aids, are you able to grasp with your fingers or hold small items such as a pencil without any problems?</p> <p>1 Yes, without difficulties 2 Yes, with difficulties 3 No, not at all 4 No, I am unable to move</p>
F16.	<p>Are you able to bite and chew hard food such as a fresh apple without any problems?</p> <p>1 Yes, without difficulties 2 Yes, with difficulties 3 No, not at all</p>

F17.	To what extent have you experienced physical pain during the last four weeks? CHART	
	1 Not at all → F19 2 Very little 3 A little	4 Moderately 5 Much 6 Very much
F18.	To what extent did physical pain disturb you in your daily activities (outside home as well as doing housework) during the last four weeks? CHART	
	1 Not at all 2 A little 3 Moderately	4 Much 5 Very much
<i>ASK THE NEXT QUESTION FROM A PROXY OF THE RESPONDENT ONLY OR ANSWER IT YOURSELF.</i>		
F19.	Is the respondent able to make himself/herself understandable to other people in a conversation without any problems? BEAR IN MIND ONLY THE DIFFICULTIES CAUSED BY PHYSICAL STATUS AND NOT THE LANGUAGE PROBLEMS THAT CAN OCCUR BETWEEN THE RESPONDENT OR THE PROXY OF THE RESPONDENT AND THE INTERVIEWER. IF THE RESPONDENT IS ABLE TO MAKE HIMSELF/HERSELF UNDERSTANDABLE USING SUPPORTIVE MEANS (E.G. WRITING) THEN RECORD „YES“. 1 Yes 2 No 3 No, respondent is dumb (cannot speak)	

TAKING CARE OF ONESELF

	Next questions may not be related to you but they are relevant for carrying out the interview, therefore I kindly ask you to answer these questions too.
	Now, please think of the daily activities that are related to taking care of yourself. Do not take into account temporary problems. Next questions specify how you succeed in taking care of yourself. Let's start with the first activity. <i>(DO YOU USUALLY HAVE PROBLEMS WITH EATING)</i>
G01.	Do you have health related daily problems with some of the activities listed on the chart without using supportive means or someone's assistance?(READ OUT THE ACTIVITIES ON THE CHART): EATING, LAYING DOWN AND GETTING OUT OF BED OR SITTING ON A CHAIR AND GETTING UP, DRESSING AND UNDRRESSING, USING THE TOILET, WASHING THE WHOLE BODY? CHART IF THE RESPONDENT SAYS IMMEDIATELY THAT HE/SHE HAS PROBLEMS WITH SOME ACTIVITIES OR THAT HE/SHE IS NOT SURE, CONTINUE WITH G02 ACTIVITIES ONE BY ONE.
	1 Has difficulties (without supportive means or assistance) 2 Has no difficulties with any of the activities → H01 3 Not sure/does not know(even about one activity)

	<p>QUESTION G02 – IF THE RESPONDENT'S ANSWERS IS " NOT SURE", CONTINUE WITH QUESTION <u>G03</u></p> <p>COLUMN 4 REMEMBER, THAT "USING THE TOILET" ALSO INCLUDES SITTING ON THE TOILET SEAT AND GETTING UP, DRESSING AND CLEANING UP OR USING THE CATHETER/COLOSTOMY</p>
G02.	<p>Do you usually have difficulties with... CHART</p> <p>1 Yes</p> <p>2 No → ASK ABOUT THE NEXT ACTIVITY</p> <p>3 Not sure</p>
G03.	<p>Does someone usually help you, do you use supportive means or do you mainly manage yourself? CHART</p> <p>EATING, LAYING DOWN AND GETTING OUT OF BED OR SITTING ON A CHAIR AND GETTING UP, DRESSING AND UNDESSING, USING THE TOILET, WASHING THE WHOLE BODY?</p> <p>1 Someone helps (INCL. CASES, WHERE THE ACTIVITY IS PERFORMED BY ANOTHER PERSON, E.G. RESPONDENT IS FED)</p> <p>2 Using supportive means</p> <p>3 Someone helps and I use supportive means</p> <p>4 Nobody helps → G05</p> <p>5 It differs/not sure</p>
G04.	<p>Is the assistance received or are the supportive means available sufficient for the performance of this activity?</p> <p>1 Yes → ASK ABOUT THE NEXT ACTIVITY</p> <p>2 No</p>
G05.	<p>Do you need assistance or supportive means for this activity?</p> <p>1 Yes</p> <p>2 No</p> <p>ASK ABOUT THE NEXT ACTIVITY UNTIL ALL THE ACTIVITIES HAVE BEEN ASKED, THEN CONTINUE WITH H01</p>

TABLE OF TAKING CARE OF ONESELF

	1. Eating	2. Laying down and getting out of bed or sitting on and getting up from a chair	3. Dressing and undressing	4. Using the toilet	5. Washing the whole body
G02.	1 / 2 / 3	1 / 2 / 3	1 / 2 / 3	1 / 2 / 3	1 / 2 / 3
G03.	I_I	I_I	I_I	I_I	I_I
G04.	1 / 2	1 / 2	1 / 2	1 / 2	1 / 2
G05.	1 / 2	1 / 2	1 / 2	1 / 2	1 / 2

HOUSEWORK

	Please think whether you have <u>health</u> related problems while doing your housework. Do not take into account temporary problems.
	The following questions specify your ability to cope with housework. Let's start with the first activity. <i>(DO YOU USUALLY HAVE DIFFICULTIES PREPARING FOOD)</i>
H01.	Do you have difficulties doing daily housework listed on the chart CHARTREAD OUT THE ACTIVITIES ON THE CHART: PREPARING FOOD, USING TELEPHONE, GOING SHOPPING, DOING LAUNDRY, DOING SIMPLE HOUSEWORK, DOING HARDER HOUSEWORK, ARRANGING FINANCIAL MATTERS? HAND OVER THE CHART WITH THE LIST. <i>IF THE RESPONDENT SAYS IMMEDIATELY THAT HE/SHE HAS DIFFICULTIES WITH SOME ACTIVITY OR HE/SHE IS NOT SURE, CONTINUE WITH H02 INDIVIDUAL ACTIVITIES.</i>
	1 Has difficulties (without assistance or supportive means) 2 No difficulties with any of the activities → Im01 3 Not sure(even about one activity)

	QUESTION H02 – IF THE RESPONDENT ANSWERS THAT HE/SHE NEVER DOES THE WORK, WRITE "3 – NOT SURE" AND CONTINUE WITH THE NEXT ACTIVITY H02.
	QUESTION H03 ANSWER "3" CAN BE UNDERSTOOD AS SHARING THE HOUSEWORK IN THE HOUSEHOLD (WITH THE PARTNER OR SOME OTHER MEMBER OF THE HOUSEHOLD), WHEN THE WORK IS PARTLY OR ENTIRELY DONE BY SOMEONE ELSE.
H02.	Do you usually have difficulties doing independently... 1 Yes 2 No → ASK ABOUT THE NEXT ACTIVITY 3 Not sure, never performed that activity → ASK ABOUT THE NEXT ACTIVITY
H03.	Does someone usually assist you or do you do it yourself? 1 I always do it myself (alone) 2 Occasionally someone helps me → H05 3 Someone always helps me → H05
H04.	Would you need assistance for this particular activity? 1 Yes → CONTINUE WITH THE NEXT ACTIVITY 2 No → CONTINUE WITH THE NEXT ACTIVITY
H05.	Do you have enough assistance for this activity? 1 Yes 2 No ASK ABOUT THE NEXT ACTIVITY UNTIL ALL THE ACTIVITIES ARE GONE THROUGH, THEN CONTINUE WITH Im01

TABLE OF HOUSEWORK

	1. Preparing food	2. Using telephone	3. Doing shopping	4. Doing laundry (also with washing machine, independently)	5. Doing other easier housework	6. Doing harder housework on occasion	7. Arranging of financial matters
H02.	1	1	1	1	1	1	1
	2	2	2	2	2	2	2
	3	3	3	3	3	3	3
H03.	1	1	1	1	1	1	1
	2 → H05	2 → H05	2 → H05	2 → H05	2 → H05	2 → H05	2 → H05
	3 → H05	3 → H05	3 → H05	3 → H05	3 → H05	3 → H05	3 → H05
H04.	1 / 2	1 / 2	1 / 2	1 / 2	1 / 2	1 / 2	1 / 2
H05.	1 / 2	1 / 2	1 / 2	1 / 2	1 / 2	1 / 2	1 / 2
<i>ASK ABOUT THE NEXT ACTIVITY UNTIL ALL THE ACTIVITIES ARE COVERED, THEN CONTINUE WITH Im01</i>							

REPRODUCTIVE HEALTH

MALES: CHILDREN

	First, let's talk about all children to whom you are a biological father.
Im01.	<p>Have you ever had any children?</p> <p>1 Yes</p> <p>2 No → Jm01</p>
Im02.	<p>How many children have you? Take into account all live-born children.</p> <p>Number of children _____</p>

Im03.	<p>Next, let's talk about each child separately. Please name all the children to whom you are a biological father, beginning with the first one. Please tell the first name and date of birth of each child. Please name also children who died at a very young age.</p> <p><i>WRITE THE ANSWERS TO THE QUESTIONS Im03-Im08 INTO THE CHILDREN'S TABLE.</i></p>
Im04.	<p>Was [THIS CHILD...] a boy or a girl?</p> <p><i>IF OBVIOUS, WRITE WITHOUT ASKING</i></p>
Im05.	<p>Which of the following statements describes best [THE CHILD'S ...] postnatal health status? CHART</p>
	<p>1 Full-term and healthy child 2 Born prematurely but healthy 3 Born prematurely, needed postnatal treatment 4 Born with a malformation 5 Born with other health disorder that required postnatal treatment at hospital, what? <i>[WRITE]</i></p>
Im06.	<p>Was [THIS CHILD ...] born into your household?</p>
Im07.	<p>Is [THIS CHILD ...] alive now?</p>
Im08.	<p>In what year and month did [THIS CHILD ...] die?</p>

TABLE OF CHILDREN (MALES)

	Child(ren)	1	2	3	4
	Name	.....	.....	.....	.....
Im03	Year and month of birth	Y_/_/_/_/_/ M_/_/_	Y_/_/_/_/_/ M_/_/_	Y_/_/_/_/_/ M_/_/_	Y_/_/_/_/_/ M_/_/_
Im04	1 Boy 2 Girl	1 / 2	1 / 2	1 / 2	1 / 2
Im05	Postnatal health status	I_I	I_I	I_I	I_I
Im06	Was the child born into your household? 1 Yes/ 2 No	1 / 2	1 / 2	1 / 2	1 / 2
Im07	Is the child alive? 1 Yes→ Im09 2 No	1→ Im09 / 2	1→ Im09 / 2	1→ Im09 / 2	1→ Im09 / 2
Im08	Died Year Month	Y_/_/_/_/_/ M_/_/_	Y_/_/_/_/_/ M_/_/_	Y_/_/_/_/_/ M_/_/_	Y_/_/_/_/_/ M_/_/_

UNTIL THE DATA FOR ALL THE CHILDREN ARE RECORDED IN THE TABLE → Im03-Im08

WHEN THE DATA FOR ALL THE CHILDREN ARE RECORDED IN THE TABLE → Im09

Im09.	<p>Could any of your children to whom you are a biological father be still not recorded in the table?</p> <p>1 Yes → Im03</p> <p>2 No → Jm03</p>
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SEXUAL BEHAVIOUR

Jm01.	<p><i>INTERVIEWER: HAS THE RESPONDENT BEEN MARRIED/LIVED IN AN UNMARRIED PARTNERSHIP/HAS CHILDRENI? LOOK AT QUESTIONS A16=1, A25=1 OR Im01=1</i></p> <p>1 YES → Jm03</p> <p>2 NO</p>
Jm02.	<p>To avoid unnecessary questions, I would first ask if you have ever had sexual intercourse?</p> <p>1 Yes</p> <p>2 No → Jm14</p>

Jm03.	How old were you when you first had sexual intercourse? Age _____ in full years
Jm04.	Did you or your partner do or use anything to avoid pregnancy/sexually transmitted diseases? 1 Yes 2 No → Jm06
Jm05.	Which contraceptive method or means did you or your partner use at that time? If you used several, list them all. CHART
	1 Observing menstrual period (periodical abstinence) 2 Interrupted intercourse 3 Condom 4 Hormonal contraceptives (pills, tablets, plaster, cervical cap) 5 Intra-uterine devices (spiral) 6 Chemical contraceptive (foam) 7 Emergency pills 8 Other, what? _____ WRITE THE NUMBERS OF THE ANSWERS INTO THE BLANKS: _____, _____ AND _____ CONTINUE WITH Jm07
Jm06.	What is the main reason why you have not used any contraceptive means? CHART ONE ANSWER ONLY
	1 Lack of knowledge 2 Contraceptives not easily available 3 Religious considerations 4 Partner's infertility 5 Abortion easily available 8 To avoid pregnancy is the decision of the woman 9 Other, what? _____
Jm07.	Infertility can be a serious personal problem. Has it ever been a problem for you? 1 Yes 2 No → Jm10
Jm08.	In what year did you first become aware of it? Year ___/___/___/___
Jm09.	Have you seen a doctor about your own infertility problem? 1 Yes 2 No
Jm10.	Have you ever had sexually transmitted diseases? 1 Yes; Number of times _____ 2 No → Jm14 98 Refusal → Jm14
Jm11.	In what year did it happen for the first time? (IF HE DOESN'T REMEMBER, WRITE AGE AND CHANGE IT INTO THE YEAR) YEAR ___/___/___/___ (Age _____)
Jm12.	Have you had sexually transmitted diseases during the last 12 months? 1 Yes 2 No → Jm14

Jm13.	What action did you take when having a sexually transmitted disease? WRITE THE ANSWER ON EVERY ROW. CHART	
	YES	NO
A) I saw a dermatologist - venereologist	1	2
B) I saw an andrologist or urologist	1	2
C) I saw a family doctor or another doctor	1	2
D) I asked for a medicine at the chemist's	1	2
E) I used the medicine I had at home at my own discretion	1	2
F) I did not take any action	1	2
Jm14.	Have you had an HIV test during the last 12 months? 1 Yes 2 No	
Jm15.	How likely do you think you may be infected with HIV? CHART	
	1 It is excluded 2 Probability is low 3 Probability is average	4 Probability is high 5 Once I will be infected anyway
Jm16.	HAS THE RESPONDENT EVER HAD SEXUAL INTERCOURSE? LOOK AT QUESTION Jm01 AND Jm02 1 YES 2 NO → Jm24	
Jm17.	So far we have talked about your earlier years. Next let's concentrate <u>on the last four weeks</u>. Have you had sexual intercourse during this period? 1 Yes → Jm20 2 No	
Jm18.	May I ask, why have you had no sexual intercourse? CHART ONE ANSWER	
	1 No partner 2 Partner's temporary absence 3 Lack of time 4 Partner's pregnancy 5 Illness, bad health	6 Quarrels with the partner 7 Respondent hasn't wanted 8 Partner hasn't wanted 9 Other reason, what? _____
Jm19.	In what year and month did you last have sexual intercourse? Year ___/___/___/___ Month ___/___ <i>CONTINUE WITH QUESTION Jm24</i>	
Jm20.	How many times have you had sexual intercourses during the last four weeks? Number of sexual intercourses _____ 98 REFUSAL	
Jm21.	Have you or your partner used any contraceptive method or means during the last 4 weeks? 1 Yes → Jm23 2 No	
Jm22.	What is the main reason why you have not been using any contraceptive method or means during the last four weeks? CHART ONE ANSWER ONLY	
	1 Partner's pregnancy 2 Desire to have a baby 3 Lack of knowledge 4 Contraceptives not easily available 5 Religious considerations 6 Own infertility	7 Partner's infertility 9 It is the woman's decision to avoid pregnancy 10 Partner does not become pregnant easily 11 Abortion easily available 13 Other reason, what? _____ <i>CONTINUE WITH QUESTION Jm24</i>

Jm23.	Which of the enlisted contraceptive methods and devices have you or your partner used during the last four weeks? If you have used several, name the two main ones. CHART
	1 Observing menstrual period (periodical abstinence) 2 Interrupted intercourse 3 Condom 4 Hormonal contraceptives (pills, tablets, plaster, cervical cap) 5 Intra-uterine devices (spiral) 6 Chemical contraceptives (foam) 7 Sterilization 8 Emergency pills 9 Other, what? _____ WRITE THE NUMBERS OF THE ANSWERS INTO THE BLANKS: _____ AND _____
Jm24.	Has the doctor ever examined your prostate by palpation or by ultrasound (ultrasonography, i.e. method for detecting prostate cancer at an early phase)? 1 Yes 2 No → Jm27
Jm25.	Name the two last times, year and month, when your prostate was examined? 1 Last time Year ___/___/___/___ month ___/___ 2 Last but one time Year ___/___/___/___ month ___/___ (IF NO LAST BUT ONE TIME WRITE 99)
Jm26.	What was the reason for the examination last time? 1 I myself wanted to check 2 Complaint, at doctor's suggestion 3 In connection with another disease (complaint) at doctor's suggestion
Jm27.	Have you ever been sexually harassed? 1 Yes; number of times _____ 2 No → Jm29 98 REFUSAL → Jm29
Jm28.	In what year did it happen for the first time? Year ___/___/___/___
Jm29.	Have you ever paid for or received payment for a sexual intercourse? 1 Yes 2 No 98 REFUSAL
Jm30.	Have you ever had sexual intercourse with a male partner? 1 Yes 2 No 98 REFUSAL
	ASK QUESTIONS Jm31 - Jm33 ONLY IF THE RESPONDENT HAS HAD SEXUAL INTERCOURSE DURING THE LAST FOUR WEEKS (Jm17=1), OR THE TIME OF THE LAST INTERCOURSE WAS Jm19 = YEAR 2005, 2006 OR 2007. OTHERWISE, CONTINUE WITH QUESTION K01.
Jm31.	Whether or not you have a regular partner, there might also be irregular and more occasional sexual relationships. Next let's talk about such relationships. Have you had different sexual partners during the last 12 months? 1 Yes 2 No → K01

Jm32.	How many different sexual partners have you had during the last year? Number of sexual partners _____
Jm33.	Have you used a condom during such sexual intercourses? 1 No, I have not used at all 2 Yes, sometimes 3 Yes, mostly 4 Yes, always during such sexual intercourses

EDUCATION AND OCCUPATION

	Now, let's talk about your education.	
K01.	Have you ever had to limit significantly your activities related to school/studies because of health problems? Do not take into account temporary problems as our aim is to find out about long-term limitations. 1 Yes 2 No → K03	
K02.	To what extent did you have to limit your activities related to school/studies because of health problems? CHART	
	1 I have never attended school → <i>WRITE K03 =1 AND ASK K12</i> 2 I did not complete my studies together with my contemporaries 3 I did not complete my studies at all 4 I went to a school for the pupils with special needs/school-sanatorium 5 Other, WRITE _____	
K03.	What is your highest completed level of education and what is the total number of years of your education? CHART	
	1 Without primary education GENERAL EDUCATION 2 Primary education 3 Basic education 4 General secondary education VOCATIONAL EDUCATION: 5 Vocational education without basic education (incl. without primary education) 6 Vocational education based on basic education 7 Vocational education based on general secondary education 8 Specialized secondary education based on basic education 9 Specialized secondary education based on general secondary education	HIGHER EDUCATION: 10 Vocational higher education (professional higher education) 11 Higher education (diploma) 12 Higher education (bachelor) 13 Higher education (master) 14 Doctorate/scientific degree <i>NB! IF A YEAR'S COURSE IS REPEATED, CONSIDER IT AS ONE YEAR!</i> K03a. Total number of years of education _____
K04.	When did you obtain the <u>last</u> highest level of your education? Year ___/___/___/___	
	<i>IF THE LEVEL OF EDUCATION IS K03 =1-4, THEN K06, IF K03 = 5 OR MORE, ASK:</i>	
K05.	WHAT WAS THE PROFESSION OBTAINED ON THIS LEVEL OF EDUCATION? _____ <i>IF NO PROFESSION, SPECIFY THE LEVEL OF EDUCATION(K03)</i>	

K06.	Are you currently studying? 1 Yes 2 No → K12		
K07.	On which level are you studying currently? CHART		
	<table border="1"> <tr> <td> GENERAL EDUCATION: 1 Primary education 2 Basic education 3 General secondary education VOCATIONAL EDUCATION: 4 Vocational education without basic education (incl. without primary education) 5 Vocational education based on basic education 6 Vocational education based on general secondary education </td> <td> HIGHER EDUCATION: 7 Vocational higher education (professional education) 8 Higher education (diploma) 9 Higher education (bachelor) 10 Higher education (master) 11 Doctorate </td> </tr> </table>	GENERAL EDUCATION: 1 Primary education 2 Basic education 3 General secondary education VOCATIONAL EDUCATION: 4 Vocational education without basic education (incl. without primary education) 5 Vocational education based on basic education 6 Vocational education based on general secondary education	HIGHER EDUCATION: 7 Vocational higher education (professional education) 8 Higher education (diploma) 9 Higher education (bachelor) 10 Higher education (master) 11 Doctorate
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	<i>IF K01 IS "NO", THEN WRITE ALSO K08 "NO" WITHOUT ASKING AND CONTINUE WITH K12</i>		
K08.	Are health problems currently limiting your activities related to school/studies? Do not take into account temporary problems as our aim is to find out about long-term limitations. 1 Yes 2 No → K12		
K09.	Do you use supportive devices for the activities related to your school/studies? THESE COULD BE A WHEELCHAIR, A GUIDE DOG, A SPECIALLY CUSTOMISED CAR, ETC. 1 Yes 2 No		
K10.	Does someone help you to manage with the activities related to school/studies? <i>CAN BE AN ASSISTANT, A TEACHER, A SPECIAL SCHOOL (BECAUSE OF HEALTH), ETC.</i> 1 Yes 2 No		
K11.	Do you need more help to manage with the activities related to school/studies? <i>CAN BE AN ASSISTANT A TEACHER, A SPECIAL SCHOOL (BECAUSE OF HEALTH), ETC</i> 1 YES 2 No		
	Next let's talk about your <u>OCCUPATION</u>		
K12.	Have you ever worked? Consider working as any activity aimed at earning living with the duration of <u>at least three months</u>, including in your own farm. 1 Yes 2 No		
K13.	Have you ever had to limit considerably your activities related to work because of health problems? CHART		
	1 Yes, I have never worked because of my health problems → L01 2 Yes, I had to limit significantly, the limitations have been of ongoing nature → K14 3 Yes, I had to limit significantly, the limitations have been temporary → K15 4 No, I didn't have to limit → K15 5 (Inapplicable:) Has not been working due to other reasons → L01		

K14.	<p>To what extent did you have to limit the activities related to work because of health problems and since what year and month? SEVERAL ANSWERS POSSIBLE. CHART</p> <p><i>UNDER THE CHARACTER OF WORK IT IS UNDERSTOOD, FOR EXAMPLE, WHETHER IT IS EASY OR HARD PHYSICAL WORK, MENTAL WORK, MAINLY SITTING, MAINLY MOVING AROUND, INDOORS OR OUTDOORS, ETC. DEPENDING ON THE NATURE OF THE HEALTH PROBLEM, PERFORMING SOME KIND OF WORK MAY BE COMPLICATED.</i></p>												
	<table border="0"> <tr> <td>1 I had to change the character of the work</td> <td>1 Yes / 2 No</td> <td>Year ___/___ month___/___</td> </tr> <tr> <td>2 I had to limit the amount (working hours)</td> <td>1 Yes / 2 No</td> <td>Year ___/___ month___/___</td> </tr> <tr> <td>3 I stopped working</td> <td>1 Yes / 2 No</td> <td>Year ___/___ month___/___</td> </tr> <tr> <td>4 OTHER _____</td> <td>1 Yes / 2 No</td> <td>Year ___/___ month___/___</td> </tr> </table>	1 I had to change the character of the work	1 Yes / 2 No	Year ___/___ month___/___	2 I had to limit the amount (working hours)	1 Yes / 2 No	Year ___/___ month___/___	3 I stopped working	1 Yes / 2 No	Year ___/___ month___/___	4 OTHER _____	1 Yes / 2 No	Year ___/___ month___/___
1 I had to change the character of the work	1 Yes / 2 No	Year ___/___ month___/___											
2 I had to limit the amount (working hours)	1 Yes / 2 No	Year ___/___ month___/___											
3 I stopped working	1 Yes / 2 No	Year ___/___ month___/___											
4 OTHER _____	1 Yes / 2 No	Year ___/___ month___/___											
K15.	<p>How many occupations have you had in total? _____ occupations</p>												
	<p><i>WRITE ALL THE FOLLOWING ANSWERS TO QUESTIONS K15A-K36 INTO THE TABLE OF OCCUPATIONS.</i></p> <p><i>MAKE SURE THAT THE ANSWERS TO THE FIRST THREE QUESTIONS WILL BE WRITTEN INTO THE RIGHT COLUMNS!</i></p>												

K15A.	Let's begin with your first permanent job. In what year and month did you first go to work? <i>NEXT ASK QUESTION K16</i>
K15B.	In what year and month did you start working in your main (<i>TIMEWISE THE LONGEST JOB</i>) occupation? <i>NEXT ASK QUESTION K16</i>
K15C.	In what year and month did you start working in your current (last) occupation?
K16.	What was your K15A) first/ K15B) main/ K15C) current (last) workplace? <i>WRITE THE <u>BRANCH OF ECONOMY</u> OF THE INSTITUTION AND MAKE SURE THAT THE FIELD OF ACTIVITY IS UNDERSTANDABLE</i>
K17.	What was your occupation; how would you describe your first/main/current (last) job? <i>MAKE SURE THAT THE CHARACTER OF WORK IS UNDERSTANDABLE</i>
K18.	How many subordinates did you have in that occupation? <i>IF NONE, WRITE 0.</i>
K19.	What was your position/status in this occupation? CHART
	<ul style="list-style-type: none"> 1 Employee 2 Entrepreneur-employer, farmer with hired workers 3 Entrepreneur, farmer without hired workers 4 Freelancer 5 Without fixed salary in a family enterprise 6 Other, what?
K20.	<i>ASK ABOUT THE FIRST EMPLOYMENT ONLY:</i> Has this job been your main occupation during your working life? <ul style="list-style-type: none"> 1 Yes 2 No → K36
K21.	How would you characterize physical exertion related to that work? CHART
	<ul style="list-style-type: none"> 1 Mainly sitting 2 Mainly standing or walking, but the work doesn't demand extra physical exertion 3 Mainly standing or walking, and the work demands moderate physical exertion 4 Work that demands hard physical exertion
K22.	Does/did this work demand haste/speed? 1 Yes / 2 No
K23.	Does/did this work demand mental/psychological exertion? 1 Yes / 2 No
K24.	Do/did you decide yourself about the tempo of the work? 1 Yes / 2 No
K25.	Is/was this work monotonous? 1 Yes / 2 No
K26.	Is/was this work connected with vibration or shaking? 1 Yes/ 2 No
K27.	Does/did this work demand bending or another uncomfortable pose of working? 1 Yes / 2 No
K28.	Is/was this work connected with a noise level that requires(ed) louder speaking? 1 Yes / 2 No
K29.	Is/was this work connected with toxic substances and other chemicals? 1 Yes / 2 No
K30.	Do/did you get in contact with micro-organisms causing diseases? 1 Yes / 2 No
K31.	Is/was this work connected with dusty, smoky or gassed environment? 1 Yes / 2 No
K32.	Is/was this work connected with asbestos? 1 Yes / 2 No
K33.	Is/was this work connected with radiation? 1 Yes/ 2 No
K34.	Is/was this work connected with continuous sitting at the computer? 1 Yes / 2 No

TABLE OF OCCUPATIONS

	Employment	First A	Main B	Current/ Last C
K15 A/B/C	Year of beginning month	Y_/_/_/_/_/ M_/_	Y_/_/_/_/_/ M_/_	Y_/_/_/_/_/ M_/_
K16	Branch of activity	I_II_II_I	I_II_II_I	I_II_II_I
K17	Occupation/Character of work	I_II_II_II_I	I_II_II_II_I	I_II_II_II_I
K18	Number of subordinates	I_II_I	I_II_I	I_II_I
K19	Social status	I_I	I_I	I_I
K20	Has this work been your main occupation through your working life? 1 Yes / 2 No	1 / 2 → K36	1 / X	X / 2 → K35
K21	Physical load	I_I	I_I	I_I
K22	Demand for speed	1 / 2	1 / 2	1 / 2
K23	Psychologically demanding	1 / 2	1 / 2	1 / 2
K24	Decision about tempo	1 / 2	1 / 2	1 / 2
K25	Monotonousness	1 / 2	1 / 2	1 / 2
K26	Connected with vibration	1 / 2	1 / 2	1 / 2
K27	Bending/uncomfortable pose of working	1 / 2	1 / 2	1 / 2
K28	Noise	1 / 2	1 / 2	1 / 2
K29	Toxic/chemicals	1 / 2	1 / 2	1 / 2
K30	Micro-organisms causing diseases	1 / 2	1 / 2	1 / 2
K31	Dust/smoke/gas	1 / 2	1 / 2	1 / 2
K32	Asbestos	1 / 2	1 / 2	1 / 2
K33	Radiation	1 / 2	1 / 2	1 / 2
K34	Sitting at the computer	1 / 2	1 / 2	1 / 2

NB! TABLE CONTINUES ON THE NEXT PAGE

K35.	Is/was this work your current or last job? 1 Yes, I still have this job → K37 2 Yes, this was my last job → K36 3 No → K36
K36.	In what year and month did you leave this job/quit working?

		First A	Main B	Current/Last C	
K35	Is/was this job your current/last job? 1 Yes, I still work 2 Yes, it was my last job 3 No	1 → K37 2 → K36 3 → K36	1 → K37 2 → K36 3 → K36	1 → K37 2 X	
K36	In what year and month did you leave/quit working?	Y__ / __ / __ / __ M__ / __ <i>IF K20=2, THEN ASK NEXT K15B; IF K35=2, THEN ASK K40, IF K35=3, THEN ASK K15C,</i>	Y__ / __ / __ / __ M__ / __ <i>IF K35=2, THEN ASK K40, IF K35=3, THEN ASK K15C,</i>	Y__ / __ / __ / __ M__ / __ <i>IF K35=2, THEN ASK K40,</i>	
ASK FROM THOSE WHO ARE STILL WORKING (<u>K35=1</u> , FROM OTHERS ASK <u>K40</u>):					
K37.	Are you currently or have you been on sick leave during the last four weeks? 1 Yes, I am on sick leave now 2 Yes, during the last four weeks but not now(today) 3 No → K39				
K38.	Is/was your sick-leave related to 1 Your own illness 2 Your own injury/trauma 3 Taking care of a sick child				
K39.	How long has your average working week been during the last 12 months (taking into account total working time at your main and additional job)? _____ working hours per week				
K40.	Have you ever in your life had periods of unemployment that lasted for more than 12 months? Do not take into account the time you have been on child leave or when you have been at home on your own discretion. 1 Yes 2 No → K45				
		1	2	3	4
K41	In what year and month did you have the first /next unemployment period that lasted <u>12 months or longer?</u>	Y__ / __ / __ / __ M__ / __	Y__ / __ / __ / __ M__ / __	Y__ / __ / __ / __ M__ / __	Y__ / __ / __ / __ M__ / __
K42	Does this unemployment period last till now?	1 Yes → K45 / 2 No	1 Yes → K45 / 2 No	1 Yes → K45 / 2 No	1 Yes → K45 / 2 No
K43	Unemployment ended Year and month	Y__ / __ / __ / __ M__ / __	Y__ / __ / __ / __ M__ / __	Y__ / __ / __ / __ M__ / __	Y__ / __ / __ / __ M__ / __
K44	Did you have another 12-month unemployment period?	1 Yes → K41 / 2 No	1 Yes → K41 / 2 No	1 Yes → K41 / 2 No	1 Yes → K41 / 2 No

K45.	INTERVIEWER: HAVE YOU EVER HAD TO LIMIT SIGNIFICANTLY THE ACTIVITIES RELATED TO WORK BECAUSE OF YOUR HEALTH, LOOK K13, ANSWERS 2 AND 3 1 YES 2 NO → L01
K46.	Have you currently problems with work related activities due to your health disorders? 1 Yes 2 No → L01
K47.	Do you use special devices for the work related activities? <i>THESE DEVICES MAY INCLUDE A WHEELCHAIR, A GUIDE-DOG, A SPECIALLY CUSTOMISED VEHICLE OR WORKING CONDITIONS AND FLEXIBLE WORKING SCHEDULE, ETC.</i> 1 Yes 2 No
K48.	Does anyone help you to cope with work-related activities? 1 Yes 2 No
K49.	Would you need more assistance to cope with work-related activities? 1 Yes 2 No

RESIDENTIAL MOVES

L01.	The following questions are about your birth place and residential moves. Where were you born? <i>IN CASE OF FOREIGN COUNTRIES, THE NAME OF THE COUNTRY IS ENOUGH, IN CASE OF RUSSIA AND UKRAINE, INDICATION OF THE NAME OF OBLAST IS REQUIRED</i> Country County/Oblast City/borough/community Village/rural settlement
L02.	INTERVIEWER: WAS HE/SHE BORN IN ESTONIA? 1 YES → L04 2 NO
L03.	Was it a rural settlement or an urban settlement? 1 Rural settlement 2 Urban settlement
L04.	Did you live the first 14 years of your life at the place of your birth? 1 Yes → L09 2 No
L05.	Where did you live the main part of your childhood till 14 years? <i>IN CASE OF FOREIGN COUNTRIES THE NAME OF THE COUNTRY IS ENOUGH, IN CASE OF RUSSIA AND UKRAINE INDICATE THE NAME OF OBLAST</i> Country County/Oblast City/borough/community Village/rural settlement
L06.	INTERVIEWER: WAS YOUR PARENTAL HOME IN ESTONIA? 1 Yes → L08 2 No
L07.	FILL IN ONLY IF IN A FOREIGN COUNTRY: Was it a rural or an urban settlement? 1 Rural settlement 2 Urban settlement
L08.	INTERVIEWER: ASK FROM THOSE ONLY, WHO WERE BORN ABROAD(L01), BUT THEIR PARENTAL HOME WAS IN ESTONIA (L05), FROM THE REST ASK <u>L09</u> In what year and month did you move to Estonia? Year ___/___/___/___ month ___/___

L09.	How would you describe your household's place of residence where you spent the major part of your childhood (UP TO 14 YEARS)? CHART	
	1 Private house 2 Semi-detached/terraced house 3 Part of a private house 4 Private flat 5 Shared flat 6 Efficiency apartment	7 Room in a flat/hostel room 8 Part of a room/place in a hostel room/prison camp 9 Nursing home 10 Other, what? _____
L10.	How many rooms did your household have at your disposal in this place of residence? When defining the number of rooms you should consider only the rooms that were at the disposal of your household. Do not include kitchen, entrance halls and auxiliary rooms. Number of rooms ___ / ___	
L11.	How many members were there in your household? Number of members _____	
L12.	What kind of conveniences were there in the place of residence of your household? CHART SEVERAL ANSWERS POSSIBLE	
	1 Electricity 2 Sewage 3 Running water (cold) 4 Central heating 5 Hot water 6 Bath and/or shower	7 Gas or electric stove 8 Telephone 9 Internet connection 10 Elevator 11 NONE OF THE CONVENIENCES LISTED
L13.	<i>INTERVIEWER: WAS YOUR PARENATAL HOME (L05) ABROAD?</i> 1 YES 2 NOI → L16	
L14.	In what year and month did you move to Estonia? Year ___/___/___/___ month ___/___	
L15.	Where was your first place of residence in Estonia? County City/borough/community Village/settlement	
L16.	Do you still live there/at your parental home? (L02=1 JA L04=1 OR L06=1) 1 Yes → L20 2 No	
L17.	Where are you living currently? County City/borough/community Village/settlement	
L18.	Since what year and month do you live at your current place of residence? Year ___/___ month ___/___	
L19.	In what kind of dwelling are you currently living? CHART	
	1 Private house 2 Semi-detached or terraced house 3 Part of a private house 4 Private flat 5 Shared flat 6 Efficiency apartment	7 Room in a flat/hostel room 8 Part of a room/place in a hostel room/place in a casern in military forces 9 Nursing home 10 Medical institution (if been there for more than 4 months) 11 OTHER

L20.	How many rooms are at your household's disposal in the current place of residence? When defining the number of rooms, consider these rooms only that are at the disposal of your household. Do not include kitchen, entrance halls or auxiliary rooms. IF THE RESPONDENT LIVES IN HIS CHILDHOOD HOME(L02=1 AND L04=1 OR L06=1 AND L16=1): We ask this question once more as the number of rooms may have changed due to possible renovation work. _____ rooms	
L21.	What is the total living space at the disposal of your household? Total living space in square meters _____	
L22.	What kind of conveniences are there in your dwelling? CHART SEVERAL ANSWERS POSSIBLE	
	1 Electricity 2 Sewage 3 Running water (cold) 4 Central heating 5 Hot water 6 Bath/or shower	7 Gas or electric stove 8 Telephone 9 Internet connection 10 Elevator 11 NONE OF THE CONVENIENCES LISTED
L23.	Which of the following disturbing environmental conditions describe best your current place of residence? CHART SEVERAL ANSWERS POSSIBLE	
	1 Noise from streets, trains or planes 2 Noise from industry 3 High voltage power lines in the neighborhood Distance in meters _____ 4 Air pollution caused by traffic 5 Air pollution caused by other environmental factors 6 Bad drinking water 7 OTHER 8 No disturbances caused by environment	
	<i>IF THE INTERVIEW IS NOT TAKING PLACE AT THE RESPONDENT'S HOME, ASK THE RESPONDENT THE FOLLOWING QUESTIONS L24 – L25, OTHERWISE RECORD YOURSELF AND ASK L26:</i>	
L24.	In order to get an idea about your daily living conditions, please tell me to which type of dwellings listed does your place of residence belong to? CHART	
	1 Farm with farming-related buildings 2 Private/terraced house(urban or rural) 3 Smaller apartment house(1-3 stories, 1-3 staircases) 4 Bigger apartment house (4-5 stories and more than 3 staircases) 5 Multi-stories apartment house (6 or more stories)	
L25.	Which of the following describes best the general environment of your place of residence? CHART	
	IN RURAL AREA 1 Place of residence in the centre of settlement 2 Place of residence outside the centre of settlement	IN URBAN AREA 3 House as a part of a street front 4 House on a separated plot not open to public access 5 House on a public right-of-way 6 House in a free planning area
L26.	Which of the following things belong to your household? CHART SEVERAL ANSWERS POSSIBLE	
	1 Car 2 Lorry, minibus 3 Workroom with tools 4 Agricultural tools/farm machinery (tractor, refrigeration equipment, etc) 5 Livestock 6 Purebred dog/cat 7 Current dwelling	8 Flat somewhere else 9 Private house/plot somewhere else 10 Farm somewhere else 11 Summer cottage/house 12 Deposits, securities in the value of more than 10 000 Estonian crowns 13 PC/notebook 14 NOTHING IN THE LIST
L27.	Approximately, how many books do you have at your home? CHART	
	1 No books 2 Less than 50 3 50–149	4 150–499 5 500–999 6 1000 and more

L28.	How would you describe your attitude towards religion? CHART	
	1 Religious 2 Following religious customs	3 Indifferent towards religion 4 Atheist → M01
L29.	What religion do you consider the closest to you?	
	1 Lutheran 2 Catholic 3 Orthodox	4 Baptist 5 OTHER

PARENTAL HOME

	Next, let's talk about your childhood, starting with your MOTHER.	
M01.	When was your mother born? Year ___/___/___/___ 9999 Doesn't know mother's year of birth 9997 Doesn't know anything about mother → M14	
M02.	Where was your mother born? <i>IN CASE OF FOREIGN COUNTRIES THE NAME OF COUNTRY IS ENOUGH, IN CASE OF RUSSIA AND UKRAINE, INDICATE OBLAST</i> Country County/Oblast City/borough/community Village/rural settlement	
M03.	WAS SHE BORN IN ESTONIA? 1 Yes → M05 2 No	
M04.	Was it a rural or urban settlement? 1 Rural settlement 2 Urban settlement	
M05.	What is/was you mother's ethnicity? 1. Estonian 2. Russian 3. Other, write _____	
M06.	How many children, including yourself, has your mother had all together? Please take into account all the children born alive, including those, who have died very young (before becoming 1 year old). Number of children _____ 99 does not know	
M07.	Which child in number of your mother's children were you born? Please take into account all the children born alive including those who died very young (before becoming 1 year old). Child No _____	
M08.	Did your mother have any of the following long-term chronic diseases or health problems? CHART <i>SEVERAL ANSWERS POSSIBLE</i>	
	1 Diabetes 2 Infarction (Heart attack) 3 Cerebral infarction (Stroke) 4 Asthma 5 Allergy	6 Cancer 7 Alcoholism 8 None of the diseases listed 9 Doesn't know

M09.	Is your mother still living? 1 Yes → M11 2 No
M10.	In what year did your mother die? Year ___/___/___/___
M11.	What is/was your mother's highest level of completed education? CHART 1 Primary or less ___ years 2 Basic education ___ years 3 General secondary education ___ years 4 Vocational education 5 Specialized secondary education 6 Higher education ___ years 7 Scientific degree
M12.	Was your mother repressed by the authorities? 1 Yes 2 No → M14
M13.	In what way was she repressed? CHART 1 Murdered/died in prison or in exile 2 Long-term imprisonment 3 Deported/sent to exile 4 Forced to evacuate 5 Could not get education 6 Could not have a job corresponding to her profession 7 Other, how? _____
	Next, let's talk about your FATHER
M14.	When was your father born? Year ___/___/___/___ 9999 Doesn't know father's year of birth 9997 Doesn't know anything about father → M25
M15.	Where was your father born? <i>IN CASE OF FOREIGN COUNTRIES THE NAME OF COUNTRY IS ENOUGH, IN CASE OF RUSSIA AND UKRAINE, INDICATE OBLAST</i> Country County/Oblast City/borough/community Village/settlement
M16.	WAS HE BORN IN ESTONIA? 1 Yes → M18 2 No
M17.	Was it a rural or urban settlement? 1 Rural settlement 2 Urban settlement
M18.	What is/was your father's ethnicity? 1 Estonian 2 Russian 3 Other, write _____

M19.	Has your father had any of the following long-term chronic diseases or health problems? CHART <i>SEVERAL ANSWERS POSSIBLE</i>	
	1 Diabetes 2 Infarction (heart attack) 3 Cerebral infarction (stroke) 4 Asthma 5 Allergy	6 Cancer 7 Alcoholism 8 None of the diseases listed 9 Doesn't know
M20.	Is your father still living? 1 Yes → M22 2 No	
M21.	In what year did your father die? Year ___/___/___/___	
M22.	What is/was your father's highest level of completed education? CHART	
	1 Primary or less _____ years 2 Basic education _____ years 3 General secondary education _____ years 4 Vocational education 5 Specialized secondary education 6 Higher education _____ years 7 Scientific degree	
M23.	Was your father ever repressed by the authorities? 1 Yes 2 No → M25	
M24.	In what way was he repressed? CHART	
	1 Murdered/died in prison or in exile 2 Long-term imprisonment 3 Deported/sent to exile 4 Forced to evacuate 5 Could not get education 6 Could not have a job corresponding to his profession 7 Other, how? _____	
	Next questions are about your <u>parental home</u> as a whole.	
M25.	<i>INTERVIEWER: DID HE/SHE KNOW ANYTHING AT LEAST ABOUT ONE BIOLOGICAL PARENT? LOOK AT QUESTIONS M01 AND M14.</i> 1 Yes 2 No → M28	
M26.	Have your biological parents ever divorced or separated? 1 Yes 2 No → M28 3 Never lived together → M28	
M27.	How old were you when your parents divorced/separated? Age _____	
M28.	By whom was the atmosphere at your childhood home mainly shaped? CHART <i>ONE ANSWER. IF M25 = 2, THEN ANSWERS 1 – 3 ARE NOT POSSIBLE</i>	
	1 Mother and father 2 Mother alone 3 Father alone 4 Grandparents or other close relatives	5 Someone else, who? _____ 6 I grew up at an orphanage → M30
M29.	Which child in number at your parental home did you grow up? Here do not count the sisters and brothers who died very young but take into account all the foster sisters and brothers. IF THE ONLY CHILD IN THE FAMILY, WRITE „1“. Number _____	

M30.	<i>INTERVIEWER: WAS THE RESPONDENT BORN EARLIER THAN 1965? (SEE A04, COLUMN 1)</i>	
	1 Yes 2 No → M33	
M31.	Were you ever repressed by the authorities?	
	1 Yes 2 No → M33	
M32.	In what way were you repressed? CHART	
	1 Long-term imprisonment 2 Deported/sent to exile 3 Forced to evacuate	4 Could not get education 5 Could not have a job corresponding to my profession 6 Other, how? _____
M33.	How often, if ever, had you to go to bed hungry at your parental home? CHART	
	1 Never 2 Seldom	3 Sometimes 4 Often
M34.	How many books were there approximately at your parental home? CHART	
	1 No books 2 Less than 50 3 50–149	4 150–499 5 500–999 6 1000 and more
M35.	How often was alcohol used at your parental home? CHART	
	1 Daily (almost every day) 2 3 – 4 times a week 3 1 – 2 times a week	4 1 – 3 times a month 5 Some times a year 6 Not at all
M36.	Did anybody smoke regularly at your parental home?	
	1 No 2 Mother/foster mother did 3 Father/foster father did	4 Both parents did 5 Somebody else did, who?.....
M37.	Did you have fur-covered animals at home or in the rooms where you stayed during your pre-school age? (pets, domestic animals, etc)	
	1 Yes 2 No	

SOCIAL NETWORK, SOCIAL CONTACTS

	The following questions concern your relations with people around you.
N01.	Did you ever have to limit your leisure-time activities and social activeness (socializing, involvement in public activities) because of your health problems? CHART <i>UNDER SOCIAL ACTIVENESS ANY INVOLVEMENT IN PUBLIC ACTIVITIES OR CHARITY WORK, INCLUDING COMMUNICATION WITH FRIENDS AND RELATIVES, IS MEANT.</i>
	1 Yes, I am fully excluded from leisure-time activities as well as from socializing → N02 2 Yes, I had to limit my leisure-time activities and socializing (social activeness) → N03 3 No, I didn't have to limit my leisure-time activities and social activeness → N06
N02.	Since what year and month did you have to stop completely your leisure-time activities and socializing? Year ___/___/___/___ Month ___/___

N03.	<p>Do you use any supportive devices for your leisure-time activities and for active socializing? <i>THESE MAY INCLUDE A WHEELCHAIR, A SPECIALLY CUSTOMISED VEHICLE, ETC.</i></p> <p>1 Yes 2 No</p>
N04.	<p>Does anybody help you spend actively your leisure time or be socially active?</p> <p>1 Yes 2 No</p>
N05.	<p>Would you need more assistance to spend actively your leisure time and be socially active?</p> <p>1 Yes 2 No</p>
N06.	<p>Did you ever have to limit going out and moving around because of your health or emotional problems?</p> <p>1 Yes, I stopped completely going out 2 Yes, I had to limit going out → N08 3 No, I haven't had to limit my going out → N11</p>
N07.	<p>Since what year and month did you have to completely stop going out and moving around?</p> <p>Year ___/___/___/___ Month ___/___</p>
N08.	<p>Do you use any supportive devices for going out or moving around? <i>THESE MAY INCLUDE A WHEELCHAIR, A SPECIALLY CUSTOMISED VEHICLE, ETC.</i></p> <p>1 Yes 2 No</p>
N09.	<p>Do you use someone's assistance for going out or moving around?</p> <p>1 Yes 2 No</p>
N10.	<p>Would you need more assistance for going out or moving around?</p> <p>1 Yes 2 No</p>

N11.	Please tell, with whom do you communicate and/or meet during your <u>free time</u> and how often? CHART <i>NB! TAKE INTO ACCOUNT ONLY THOSE NOT LIVING IN THE SAME HOUSEHOLD WITH THE RESPONDENT.</i>						
	<i>IF THERE ARE NO PARENTS, SPOUSE'S PARENTS, CHILDREN, SISTERS/BROTHERS OR IF THE RESPONDENT LIVES TOGETHER WITH THEM - MARK THE LAST COLUMN "INAPPLICABLE".</i>						
	Do not meet/commu-nicate at all	At least once a year but not every month	Once a month	Several times a month but not every week	Every week but not every day	Every day	<i>Inappli-cable</i>
A) Own parents or grandparents	1	2	3	4	5	6	9
B) Partner's parents or grandparents	1	2	3	4	5	6	9
C) Son or daughter	1	2	3	4	5	6	9
D) Son- or daughter-in-law (or partner of a grown-up child)	1	2	3	4	5	6	9
E) Grandchild	1	2	3	4	5	6	9
F) Sister or brother	1	2	3	4	5	6	9
G) Other relative	1	2	3	4	5	6	9
H) Friend	1	2	3	4	5	6	9
I) Colleague or study-mate	1	2	3	4	5	6	9
J) Neighbor, acquaintance	1	2	3	4	5	6	9
K) Someone else, who?.....	1	2	3	4	5	6	9
L) I do not meet anyone		99					

N12.	Are you a member of any organization, association/union or a group in the list? CHART <i>SEVERAL ANSWERS POSSIBLE</i>
	1 Trade union 2 Occupational union, society, association 3 Political party, including youth party 4 Religious organization, congregation 5 Sports association 6 Charity or health care organization (e.g. Red Cross) 7 Organization of contemporaries (scouts, fraternities, unions for elderly people) 8 Organization for environmental protection 9 Hobby club (music, theatre, philately, etc) 10 Union of tenants or owners 11 Other, what? (write)..... 12 I am not a member of any of the organizations, unions or groups listed

N13. Please tell, to what extent do you agree with the following statements: CHART			
	Agree totally	Agree more or less	Do not agree at all
A) There is always someone whom I can talk to about my daily worries	1	2	3
B) I miss a very close friend a lot	1	2	3
C) I have a feeling of emptiness	1	2	3
D) There are many people whom I can rely on in case of problems	1	2	3
E) I miss socializing with other people	1	2	3
F) I think that the circle of my friends and acquaintances is too limited	1	2	3
G) There are many people I can trust completely	1	2	3
H) There are enough people to whom I feel close	1	2	3
I) I miss people around me	1	2	3
J) I often feel myself rejected	1	2	3
K) I can call my friends whenever I need them	1	2	3

USE OF MEDICAL SERVICES

	<p>The following questions are about consultations with doctors. Take into account visits to a doctor, doctor's home visits and telephone consultations. Also consider visits to ambulatory departments of hospitals, first-aid stations, casualty or reception departments of hospitals, but do not count these contacts that you had during your stay (treatment period) at an hospital.</p>
O01.	<p>In what year and month did you last visit the doctor because of your own health problem, a routine check-up, to get some advice or a document (certificate)? NB! Do not take into account visits to a dentist!</p> <p>Year ___/___/___/___ month ___/___ 9997 never visited</p>
O02.	<p><i>DIRECTING QUESTION FOR THE INTERVIEWER:</i></p> <p><i>HAS THE RESPONDENT VISITED THE DOCTOR DURING THE LAST 12 MONTHS? CONSIDER THE ANSWER TO THE PREVIOUS QUESTION:</i></p> <p>1 Yes 2 No → O17</p>

CONTACTS WITH DOCTORS AND DENTISTS / MEDICAL CONSULTATIONS

O03.	<p>Have you seen a family doctor due to your health problems during the last 12 months? Take into account your family doctor's home visits and consultations over the telephone. Do not count inquiries of tests results and bookings for visits. Consider also contacts made during your stay in a foreign country.</p> <p>1 Yes 2 No → O08</p>
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O04.	<p>How many times have you seen a <u>family doctor</u> due to your health problems during the last 12 months? Consider also family doctor's home visits and consultations over the telephone.</p> <p>1 I have seen a family doctor (nurse) _____ times 2 Family doctor made a home visit _____ times 3 I consulted a family doctor over the telephone _____ times 4 I called to statewide family doctors' helpdesk number _____ times</p>	
O05.	<p>Have you seen a <u>family doctor</u> due to your health problems during the last 4 weeks? Consider also family doctor's home visits and consultations made over the telephone.</p> <p>1 Yes 2 No → O07</p>	
O06.	<p>How many times have you seen a <u>family doctor</u> due to your health problems during the last 4 weeks? Consider also family doctor's home visits and consultations made over the telephone.</p> <p>1 I saw a family doctor _____ times 2 Family doctor made a home visit _____ times 3 I consulted a family doctor over the telephone _____ times 4 I called to statewide family doctors' helpdesk number _____ times</p>	
O07.	<p>Considering your last visit to a <u>family doctor</u>, what was the main reason for that? CHART</p>	
	<p>1 Injury/intoxication 2 Illness or health problem 3 Routine check-up 4 Renewal of prescription</p>	<p>5 Need for a certificate or referral 6 Other reason.....</p>
O08.	<p>Have you seen a <u>specialist</u> due to your health problems during the last 12 months? Take into account also consultations over the telephone.</p> <p><i>NB! DO NOT CONSIDER FAMILY DOCTORS AND DENTISTS AS SPECIALISTS!</i></p> <p>1 Yes 2 No → O17</p>	
O09.	<p>How many times did you see a <u>specialist</u> due to your health problems during the last 12 months? Take into account also consulting a specialist over the telephone.</p> <p>1 I saw myself a doctor _____ times 2 I consulted a specialist over the telephone _____ times</p>	
O10.	<p>Have you seen a <u>specialist</u> because of your health problems during the last 4 weeks? Consider also consulting over the phone.</p> <p>1 Yes 2 No → O12</p>	
O11.	<p>How many times have you seen a <u>specialist</u> due to your health problems during the last 4 weeks? Consider also consulting over the phone.</p> <p>1 I saw myself a specialist _____ times 2 I consulted a specialist over the telephone _____ times</p>	
O12.	<p>Thinking about your last visit to a <u>specialist</u>, what was the main reason? CHART</p>	
	<p>1 Injury/intoxication 2 Illness or health problem 3 Routine health check</p>	<p>4 Renewal of prescription 5 By family doctor's indication and referral 6 Other reason, what?</p>
O13.	<p>HAS THE RESPONDENT SEEN A DOCTOR DURING <u>THE LAST 12 MONTHS OR THE LAST 4 WEEKS</u> ?</p> <p>1 YES 2 NO → O17</p>	
O14.	<p>Which of the <u>specialists</u> have you seen during the last 12 months? SEVERAL ANSWERS POSSIBLE CHART</p>	
	<p>1 Cardiologist 2 Surgeon 3 Ear nose and throat doctor 4 Eye specialist</p>	<p>6 Neurologist 7 Psychiatrist 8 Other</p>

O15.	<p>Thinking about your last visit to a specialist, did you encounter any problems in getting to the specialist?</p> <p>1 Yes 2 No → O17</p>
O16.	<p>What kind of problems did you encounter in getting to the specialist?</p> <p>1 I could not register on a waiting list of the doctor I wanted to 2 Upon registration I did not get a time suitable for me 3 Family doctor did not write a referral 4 A fee-for-service appointment was offered only for the time desired 5 Other</p>
O17.	<p>In what year and month did you visit a <u>dentist</u> for the last time?</p> <p>Year ___/___/___/___ Month /___/___ 9997 Never visited</p>
O18.	<p><i>DIRECTING QUESTION TO THE INTERVIEWER:</i></p> <p><i>HAS THE RESPONDENT SEEN A DENTIST DURING THE LAST 12 MONTHS? SEE THE ANSWER TO THE PREVIOUS QUESTION:</i></p> <p>1 Yes 2 No → O22</p>
O19.	<p>How many times have you seen a <u>dentist</u> during the last 12 months? Consider also consulting a dentist over the telephone.</p> <p>1 I saw myself a dentist _____ times 2 Dentist gave advice over the telephone _____ times</p>
O20.	<p>Have you seen a <u>dentist</u> during the last 4 weeks? Consider also consulting a dentist over the telephone.</p> <p>1 Yes 2 No → O22</p>
O21.	<p>How many times have you seen a <u>dentist</u> during the last 4 weeks? Consider also consulting a dentist over the telephone.</p> <p>1 I saw a dentist _____ times 2 Dentist gave advice over the telephone _____ times</p>
O22.	<p>How many of your teeth are missing?_____</p> <p><i>IN CASE OF NONE, WRITE 0 AND CONTINUE WITH O24</i></p>
O23.	<p>How many of your teeth are replaced, restored with dental crowns or dentures? _____</p>
O24.	<p><i>DID THE RESPONDENT VISIT A DENTIST DURING <u>THE LAST 12 MONTHS OR 4 WEEKS?</u> (SEE EITHER O18=1 OR O20=1)</i></p> <p>1 YES 2 NO → O26</p>
O25.	<p>Thinking about the last visit to a <u>dentist</u>, what was the main reason for that?</p> <p>1 Pain or broken tooth 2 Routine check 3 Ordering/repairing dentures 4 Treatment after a routine check 5 Other reason, what?.....</p>

	O26. Have you ever been vaccinated against the diseases listed below? 1 Yes → O27 2 No	O27. In what year and month were you vaccinated for the last time against...?
1) Influenza	1 → O27 / 2	Y_____ M_____
2) Tetanus ja diphtheria	1 → O27 / 2	Y_____ M_____
3) Tick-borne viral encephalitis	1 → O27 / 2	Y_____ M_____
4) B-hepatitis	1 → O27 / 2	Y_____ M_____
5) Against some other disease (yellow-fever, etc.) <i>WRITE.....</i>	1 → O27 / 2	Y_____ M_____
O28.	Do you have a valid medical insurance? 1 Yes 2 No	
O29.	Have you called for an ambulance or was it called for you due to your health problems during the last 12 months? 1 Yes 2 No → O36	
O30.	How many times during the last 12 months have you called for an ambulance or someone has called it for you due to your health problems? _____ times	
O31.	How many times during the last 12 months were you taken to the first-aid-station or to the emergency department by ambulance? _____ times	
O32.	Have you called for an ambulance or was it called for you due to your health problems during the last 4 weeks? 1 Yes 2 No → O35	
O33.	How many times during the last 4 weeks have you called for an ambulance or someone has called it for due to your health problems? _____ times	
O34.	How many times during the last 4 weeks were you taken to the first-aid-station or to the emergency department? _____ times	
O35.	Thinking about the last call for an ambulance due to your health problem, what was the main reason?	
	1 Injury 2 Intoxication 3 Ingravescence of chronic disease	4 High fever 5 Other health problem, what
O36.	Have you been to the first-aid-station or to the emergency department due to your health problems during the last 12 months? Please do not take into account these visits to the first-aid-station or emergency department when you were taken there by ambulance. 1 Yes 2 No → O41	

O37.	How many times during the last 12 months have you been to the first-aid-station or emergency department due to your health problems? Please do not consider these cases when you were taken there by ambulance.	
	_____ times	
O38.	Have you been to the first-aid-station or emergency department due to your health problems during the last 4 weeks? Please do not consider these visits to the first-aid-station or emergency department when you were taken there by ambulance.	
	1 Yes 2 No → O40	
O39.	How many times during the last 4 weeks have you been to the first-aid-station or emergency department due to your health problems? Please do not consider these visits to the first-aid-station or emergency department when you were taken there by ambulance.	
	_____ times	
O40.	Thinking about your last visit to the first-aid-station or emergency department, what was the main reason? Please do not consider these cases when you were taken there by ambulance.	
	1 Injury 2 Intoxication 3 Ingravescence of chronic disease	4 High fever 5 Other health problem, what
O41.	Have you ever turned to non-traditional or alternative medicine to get help to your health problem, to check your health status or to get advice?	
	1 Yes 2 No	
	O42. Have you ever in your life turned to ... in connection <u>with your own health problems</u> ?	O43. How many times during the last 12 months have you turned to ... in connection with your own health problems ?
	1 Yes 2 No	
A) Psychologist	1 / 2	I _ I I _ I times
B) Social worker	1 / 2	I _ I I _ I times
C) Clergyman	1 / 2	I _ I I _ I times
D) ESP (a person with extrasensory perception)	1 / 2	I _ I I _ I times
E) Naturopathic practitioner	1 / 2	I _ I I _ I times
F) Someone else, who? _____	1 / 2	I _ I I _ I times

HOSPITAL CARE

	The following questions concern the periods you have been at hospital with your own health problems. Consider also hospital treatment received abroad.
P01.	Have you ever been at hospital at least one night? 1 Yes 2 No → P06
P02.	Have you received treatment at hospital during the last 12 months? 1 Yes 2 No → P06

P03.	<p>How many times you have you received treatment at hospital during the last 12 months? Take into account all finished treatments during this period. Transfer from one hospital to another is to be considered as one treatment.</p> <p>_____ times</p>
P04.	<p>How many times during the last 12 months did you receive treatment at hospital after you were taken there via emergency department?</p> <p>_____ times</p>
P05.	<p>What was the total number of nights spent at hospital during the last 12 months (during all the stays together)?</p> <p>_____ nights</p>
P06.	<p>Have you been at day treatment or day surgery department during the last 12 months? (IN CASE OF DAY TREATMENT THE PATIENT DOESN'T STAY AT HOSPITAL OVERNIGHT)</p> <p>1 Yes 2 No → P08</p>
P07.	<p>How many times during the last 12 months have you received <u>day treatment</u>? _____ times <i>ONE DAY=ONCE, COUNT ALL THE CASES</i></p>
P08.	<p>Has it happened during the last 12 months that you have not received necessary hospital treatment or it has been postponed?</p> <p>1 Yes 2 No → Q01</p>
P09.	<p>What was the <u>main</u> reason why you did not receive the hospital treatment needed? CHART</p> <p><i>ONE ANSWER!</i></p>
	<p>1 Too long waiting list 2 I didn't have time (work, studies, taking care of children or other people) 3 I was afraid of (the doctor, examinations, treatment, etc) 4 I wanted to wait, maybe the health disorder disappears 5 Too far away, problems with transportation 6 I could not afford it because of my financial situation 7 I didn't have valid medical insurance 8 Any other reason <i>[WRITE]</i></p>

USE OF MEDICAMENTS

	Now, let's talk about using medicaments.
Q01.	<p>Have you used any medicaments prescribed by the doctor during the last 4 weeks?</p> <p>1 Yes 2 No → Q03</p>
Q02.	<p>Due to what kind of health problems do/did you use this/these medicament(s)?</p> <p>CHART <i>NB! SEVERAL REASONS POSSIBLE</i></p>
	<p>1 High blood pressure 2 Other diseases of heart and circulatory system, including stroke and heart attack 3 Diabetes 4 Rheumatism 5 Other pains 6 Asthma and other diseases of respiratory system 7 Allergy (eczema, hay fever) 8 Disorders of state of mind and anxiety 9 Depression 10 Diseases of gastrointestinal tract 11 High cholesterol level</p> <p>Or were they...</p> <p>12 Antibiotics 13 Sleeping pills 16 Prescription drug used due to other health problem WRITE WHAT HEALTH PROBLEM AND WHAT MEDICAMENT _____</p>
Q03.	<p>Have you used during the last 4 weeks any prescription drugs that the doctor <u>has not</u> prescribed to you?</p> <p>1 Yes 2 No → Q05</p>
Q04.	<p>For what reason did you use the prescription drug that <u>was not</u> prescribed to you during the last 4 weeks?</p> <p>1 I use it because I know how and when to use it 2 Use because of other reason, INDICATE</p>
Q05.	<p>Have you used regularly any prescription drugs during the last 12 months that you <u>are not using any more</u>?</p> <p>1 Yes 2 No → Q08</p>
Q06.	<p>Did you interrupt/stop using this prescription drug on your own initiative or on doctor's indication?</p> <p>1 On own initiative 2 On doctor's indication</p>
Q07.	<p>For what reason did you interrupt/stop using the prescription drug? CHART</p>
	<p>1 I felt better/became healthy 2 I did not feel better/it did not help 3 I felt worse/side effects appeared 4 I did not have money to buy the medicament 5 Other reason, INDICATE _____</p>
Q08.	<p>Have you used over-the-counter drugs or vitamins during the last 4 weeks?</p> <p>1 Yes 2 No → R01</p>

Q09.	Have you used the following <u>over-the-counter</u> drugs during the last 4 weeks ... CHART:		
		YES	NO
	1) Over-the-counter pain killers	1	2
	2) Medicaments for cold, cough, fever or sore throat	1	2
	3) Antibiotics	1	2
	4) Medicaments for stomach problems	1	2
	5) Vitamins, minerals, tonics (invigorating mixtures)	1	2
	6) Other medicaments <i>NAME.....</i>	1	2
Q10.	Have any of these over-the-counter drugs or vitamins that you have been using during the last 4 weeks been recommended by the doctor?		
	1 Yes		
	2 No		
Q11.	How often do you <u>usually</u> use these over-the-counter drugs for treatment? CHART		
	1 Every day or every week		
	2 A couple of times a month		
	3 Not every month		

HEALTH BEHAVIOUR

SMOKIG

R01.	Have you ever during your lifetime smoked at least 100 cigarettes? 1 PIPEFUL = 5 CIGARETTES, THUS 100 CIGARETTES CAN BE COUNTED AS 20 PIPEFULS OR 20 CIGARS
	1 Yes
	2 No → R11
R02.	Have you ever in your life smoked regularly, i.e. every day or almost every day during one year at least? If yes, then how many years in all?
	1 Yes; ___ years in all
	2 No → R11
R03.	How old were you when you first started to smoke regularly? Age in years ___/___
R04.	Next, please think of the regular smoking period(s). What and how much per day on the average do/did you smoke during that period?
	1 Filtered cigarettes ___/___ pcs per day (1 pack = 20 cigarettes)
	2 Non-filtered cigarettes ___/___ pcs per day
	3 Hand-made cigarettes (baccies) ___/___ pcs per day
	4 Pipe ___/___ pipefuls per day
	5 Cigars ___/___ pcs per day
	6 Hookah ___/___ hookahfuls per day
	7 Other..... ___/___ pcs per day
R05.	Thinking back to the last four weeks, have you smoked during this period?
	1 Yes → R08
	2 No
R06.	In what year and month did you smoke for the last time?
	<i>IF THE RESPONDENT DOESN'T REMEMBER THE YEAR/MONTH, ASK ABOUT THE AGE AND CONVERT IT INTO YEARS AND MONTHS.</i>
	Year ___/___/___/___ month ___/___ (____ age in years)
R07.	Did you stop smoking due to your health problems?
	1 Yes
	2 No
	<i>IF R06 = YEAR 2005, 2006 OR 2007, ASK NEXT R10, OTHERWISE CONTINUE WITH QUESTION R11</i>

R08.	How often have you smoked during the last four weeks? 1 Every day/almost every day 2 3– 4 times a week 3 1 – 2 times a week 4 1 – 3 times a month
R09.	What and how much per day on the average did you smoke during the last four weeks? 1 Filtered cigarettes ___/___ pcs per day (1 pack = 20 cigarettes) 2 Non-filtered cigarettes___/___pcs per day 3 Hand made cigarettes (baccies) 4 Pipe___/___pipefuls per day 5 Cigars___/___pcs per day 6 Hookah___/___hookahfuls per day 7 Other..... ___/___pcs per day
R10.	Has a medical worker recommended you to quit smoking during the last 12 months? 1. Yes 2. No
R11.	How many hours per day on the average you have to stay in the rooms at work where people are smoking? Hours per day ___/___ 96 I do not work 97 No smoking in the working rooms
R12.	Does anybody smoke regularly indoors at your home (i.e. every day or almost every day) ? 1. Yes 2. No 97 No smoking at home

ALCOHOL

R13.	Have you ever in your life drunk alcohol more than 1 shot of strong alcohol, a glass of wine or a bottle of beer? 1 Yes 2 No → S01
R14.	Have you <u>ever in your life</u> drunk at least <u>five</u> bottles of beer or <u>five</u> glasses of wine or <u>five</u> shots of strong alcohol at one time? 1 Yes 2 No → R21
R15.	How old were you when you first drank such an amount of alcohol? Age _____ full years
R16.	Have you had in your life a period of at least one year when you consumed such an amount of alcohol for <u>at least</u> a few times? 1 Yes 2 No → R19
R17.	How many years in total have these periods lasted? _____ years
R18.	How often did you usually consume alcohol in such an amount at one time during such period? 1 Every day/almost every day 2 3-4 times a week 3 1-2 times a week 4 1-3 times a month 5 A couple of times a year
R19.	Have you drunk at least five bottles of beer, five glasses of wine or five shots of strong alcohol at one time during the last 12 months? 1 Yes 2 No → R21

R20.	<p>How often did you usually consume alcohol in such an amount at one sitting during the last 12 months?</p> <ol style="list-style-type: none"> 1 Every day/almost every day 2 3-4 times a week 3 1-2 times a week 4 1-3 times a week 5 A couple of times a year
R21.	<p>Thinking back to the last four weeks, have you consumed alcohol during this period?</p> <ol style="list-style-type: none"> 1 Yes → R23 2 No
R22.	<p>In what year and month did you drink alcohol for the last time? Year ___/___/___/___ month ___/___ → <i>CONTINUE WITH QUESTION S01</i></p>
R23.	<p>For how many days in total have you used alcohol during the last four weeks? _____ days</p>
R24.	<p>How frequently have you drunk beer during the last four weeks?</p> <ol style="list-style-type: none"> 1 Every day/almost every day 2 3-4 times a week 3 1-2 times a week 4 1-3 times a month 5 I haven't drunk beer at all → R26
R25.	<p>How much beer did you usually drink at one sitting during the last four weeks? <i>USE THE ALCOHOL DOSE TABLE, CONVERT THE GIVEN AMOUNT INTO DRINKS OF ALCOHOL</i> Amount of doses _____</p>
R26.	<p>How often have you consumed light alcoholic drinks (cider, long drink and other alcoholic cocktails) during the last four weeks?</p> <ol style="list-style-type: none"> 1 Every day/almost every day 2 3-4 times a week 3 1-2 times a week 4 1-3 times a month 5 I haven't drunk light alcohol at all → R28
R27.	<p>How much light alcohol did you usually drink at one sitting during the last four weeks? <i>USE THE ALCOHOL DOSE TABLE, CONVERT THE GIVEN AMOUNT INTO DRINKS!</i> Amount of doses _____</p>
R28.	<p>How often have you drunk wine during the last four weeks?</p> <ol style="list-style-type: none"> 1 Every day/almost every day 2 3-4 times a week 3 1-2 times a week 4 1-3 times a month 5 I haven't drunk wine at all → R30
R29.	<p>How much wine did you usually drink at one sitting during the last four weeks? <i>USE THE ALCOHOL DOSE TABLE, CONVERT THE GIVEN AMOUNT INTO DRINKS!</i> Amount of doses _____</p>
R30.	<p>How often have you drunk vodka or some other kind of strong alcohol during the last four weeks?</p> <ol style="list-style-type: none"> 1 Every day/almost every day 2 3-4 times a week 3 1-2 times a week 4 1-3 times a month 5 I haven't drunk vodka/strong alcohol at all → R32
R31.	<p>How much vodka or some other kind of strong alcohol did you usually drink at one sitting during the last four weeks? <i>USE THE ALCOHOL DOSE TABLE, CONVERT THE NAMED AMOUNT INTO DRINKS!</i> Amount of doses _____</p>

R32.	Have you ever drunk surrogate alcohol, i.e. liquids containing alcohol that are not meant for drinking? (for example eau de cologne, fire-lighting fluid, tinctures, etc) 1. Yes 2. No → R35		
R33.	How often have you drunk surrogates during the last 12 months? (for example eau de cologne, fire-lighting fluid, tinctures, etc) 1 Every day/almost every day 2 3-4 times a week 3 1-2 times a week 4 1-3 times a month 5 I haven't drunk surrogates at all → R35		
R34.	What kind of surrogates and how much did you usually drink at one sitting during the last 12 months? (WRITE THE ANSWERS INTO THE TABLE BELOW) 1 Eau de colognes 2 Fire-lighting fluids 3 Cleaning fluids 4 Tinctures 5 Other, WRITE		
a) Exact name of the liquid	b) Type of liquid containing alcohol 1 Eau de cologne 2 Fire-lighting fluid 3 Cleaning fluid 4 Tincture 5 Other, WRITE	c) Number of bottles	d) Size of bottle in milliliters
	I _ I	I _ I I _ I	I _ I I _ I I _ I ml
	I _ I	I _ I I _ I	I _ I I _ I I _ I ml
	I _ I	I _ I I _ I	I _ I I _ I I _ I ml
	I _ I	I _ I I _ I	I _ I I _ I I _ I ml
	I _ I	I _ I I _ I	I _ I I _ I I _ I ml

ALCOHOL DOSE TABLE

1 dose = 10 g of absolute alcohol

BEER (excl. alcohol-free), OTHER LIGHT ALCOHOL (incl. 4,5%, e.g. cider, light alcohol with tonic – e.g. Gin Long Drink etc).

LIGHT ALCOHOL (beer, cider, long drink, etc) 0,5 l bottle, jug = 1 dose 0,3 l bottle, can = 0,7 doses 1,5 l bottle = 3 doses 2 l bottle = 4 doses	WINE 1 glass (100 ml) = 1 dose 0,5 l bottle = 5 doses 0,7 l bottle = 7 doses 1 l bottle = 10 doses
STRONG BEER (more than 6%) 0,5 l bottle, jar = 3,5 dose 0,3 l bottle, can = 2 doses 1,5 l bottle = 10,5 doses 2 l bottle = 14 doses	STRONG ALCOHOL (vodka, cognac, brandy, gin, whisky, liquor, etc) 1 shot (30ml) = 1 dose 0,5 l bottle = 17 doses 0,7 l bottle = 25 doses 1 l bottle = 34 doses

WRITE DOWN THE AMOUNTS AS THE RESPONDENT SAID, CONVERT THEM INTO DOSES AND ROUND THE SUM INTO WHOLE NUMBERS.

R35.	Have you tried to decrease the consumption of alcohol during the last 12 months? 1. Yes 2. No
R36.	Has anybody close to you expressed dissatisfaction about your drinking habits during the last 12 months? 1. Yes 2. No
R37.	Have you felt guilty because of your drinking habits during the last 12 months? 1. Yes 2. No
R38.	Do you need an invigorating alcoholic drink in the morning? 1. Yes 2. No

DRUGS

S01.	Have you ever been offered any drugs? 1. Yes 2. No
S02.	Are any of your acquaintances using cannabis or cannabis products – marijuana, annasha, joint, weed? 1. Yes 2. No
S03.	Have you ever in your life used cannabis – marijuana, annasha, joint, weed? 1 Yes 2 No → S09
S04.	Approximately how many times in your life have you used cannabis or cannabis products? _____ times

S05.	Have you used cannabis or cannabis products during the last 12 months? 1 Yes 2 No → S09																																																																	
S06.	How many times have you used cannabis or cannabis products during the last 12 months? _____ times																																																																	
S07.	Have you used cannabis or cannabis products during the last 4 weeks? 1 Yes 2 No → S09																																																																	
S08.	How many times have you used cannabis or cannabis products during the last 4 weeks? _____ times																																																																	
S09.	Have you ever in your life used any other drugs? 1 Yes 2 No → S11																																																																	
S10.	Have you ever tasted, used or have you been using during the last 12 months some of the following drugs? CHART																																																																	
	1 No 2 I have tasted 3 I have used 4 I have been using during the last 12 months																																																																	
	<i>READ OUT THE NAMES OF THE DRUGS AND ASK THE RESPONDENT TO FIND THE MOST EXACT ANSWER</i>																																																																	
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S11.	HAS THE RESPONDENT <u>USED</u> CANNABIS OR OTHER DRUGS (SEE IF S03=1 OR S09= 1, OTHERWISE ASK T01): 1 Yes 2 No → T01																																																																	
S12.	Have you received medical assistance because of using drugs? 1 No 2 Yes, once 3 Yes, several times																																																																	

EATING HABITS, PHYSICAL ACTIVITY

T01.	Next, let's change the subject. How tall are you (without shoes)? Height ____ cm																									
T02.	What is your weight (without clothes and shoes)? Weight ____ kg																									
T03.	Have you changed your eating habits in order to loose weight during the last 12 months? 1 Yes 2 No																									
T04.	Have you changed your eating habits in order to gain weight during the last 12 months? 1 Yes 2 No																									
T05.	Do you add salt to your food when eating? 1 Almost never 2 Usually when the food is not salty enough 3 Quite often even before tasting																									
T06.	What kind of salt do you use for cooking, add to food? 1 Regular cooking salt 2 Pan-salt or other salt in which the content of natrium is reduced 3 Iodized salt (also sea salt) 4 I do not use salt at all																									
T07.	What kind of grease is usually used for cooking at your home? Please choose the main one only. CHART																									
	1 Cooking oil 2 Margarine 3 Butter or grease containing mainly butter 4 Pork fat or other animal fat 5 I do not use any grease 6 I do not cook at home																									
T08.	How many days during the last 7 days did you eat fruit or vegetables? Do not take into account potatoes. Fruit ____ days a week Vegetables ____ days a week																									
T09.	How many grams of fruit or vegetables on the average did you eat per day during the last 7 days? Do not take into account potatoes. Fruit ____ grams per day Vegetables ____ grams per day																									
T10.	How many days during the last 7 days did you eat the following food? CHART																									
	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 30%;"></th> <th style="width: 15%;">6-7 days</th> <th style="width: 15%;">3-5 days</th> <th style="width: 15%;">1-2 days</th> <th style="width: 25%;">Not at all</th> </tr> </thead> <tbody> <tr> <td>A) Poultry (chicken)</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">3</td> <td style="text-align: center;">4</td> </tr> <tr> <td>B) Fish</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">3</td> <td style="text-align: center;">4</td> </tr> <tr> <td>C) Pork</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">3</td> <td style="text-align: center;">4</td> </tr> <tr> <td>D) Beef (veal, also game)</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">3</td> <td style="text-align: center;">4</td> </tr> </tbody> </table>		6-7 days	3-5 days	1-2 days	Not at all	A) Poultry (chicken)	1	2	3	4	B) Fish	1	2	3	4	C) Pork	1	2	3	4	D) Beef (veal, also game)	1	2	3	4
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	Next, let's talk about your physical activity.
	Physical activity is any activity that causes your heart to palpitate and makes you gasp for a period. Physical activity can be an intensive sports training that is aimed for high results or recreational sports for enjoying the activity. The activities that are connected with your daily work should also be included in physical activity. These activities should last at least for 10 minutes during a half an hour period and for at least 30 minutes per day. In addition to sports, physical activity involves also several leisure time activities connected with physical movements, such as Nordic walking, longer walks and cycling (also to and from work) and other physical activities of the same level of difficulty.
T11.	Have you had <u>moderate-intensity physical exercises</u> such as Nordic walking, longer walks (also to and from work), cycling (also to and from work) or been involved in any other <u>easier physical activity</u> during the last 4 weeks? 1 Yes 2 No → T13 INTRODUCTORY TEXT
T12.	How many hours per week have you been involved in <u>moderate-intensity physical activity</u> during the last 4 weeks? _____ hours
	<i>INTRODUCTORY TEXT:</i> Now we are going to talk about physical activity and exercises that can be called active exercises. These include jogging, ball games, swimming, skating, dancing and also harder garden work.
T13.	Have you ever in your life been involved in active exercises? These include jogging, other recreational sports and harder garden work. 1 Yes 2 No → T17 INTRODUCTORY TEXT
T14.	Have you participated in active exercises during the last 4 weeks? 1 Yes 2 No → T17 INTRODUCTORY TEXT
T15.	How often did you participate in active exercises during the last 4 weeks? 1 Almost every day 2 3 – 4 times a week 3 1 – 2 times a week 4 1 – 3 times a month
T16.	How many hours per week did you participate in active exercises during the last 4 weeks? _____ hours
	<i>INTRODUCTORY TEXT:</i> The following questions are connected with intensive sports activities.
T17.	Have you ever in your life been involved in intensive training or competitive sports, i.e. at least 3-4 training sessions per week, during at least one year? 1 Yes 2 No → T20
T18.	Have you participated in intensive training or competitive sports, i.e. at least 3-4 training sessions per week, during the last 4 weeks? 1 Yes 2 No → T20
T19.	How often did you participate in intensive training or competitive sports, i.e. 3-4 training sessions a week, during the last 4 weeks? 1 Every day/almost every day 2 3 – 4 times a week
T20.	Are you physically inactive for more than two hours in a row (for example reading, sitting at the computer, watching TV)? 1 Yes 2 No → T22

T21.	How many hours a week are you usually physically inactive (for example reading, sitting at the computer, watching TV)? _____ hours
T22.	Are you often thirsty in ordinary situation (not after hard work, exercising, sauna, with hot weather, etc)? 1 Yes 2 No

ATTITUDES

	Next I'll present you three pairs of opinions. For each pair, please tell me, which statement is closer to your opinion. <i>READ EACH PAIR OF OPINIONS SEPARATELY!</i>					
U01.	FIRST PAIR 1 Everything that happens to me depends on me. 2 I don't have control over what happens in my life.					
U02.	SECOND PAIR 1 I'm almost always sure that I can realize my plans. 2 There is no sense to make plans for a long period because life goes its own way.					
U03.	THIRD PAIR 1 In solving problems I usually take initiative myself 2 In solving problems I usually let the others take initiative					
U04.	How much are you satisfied with your ... CHART					
		Satisfied	Rather satisfied	Rather not satisfied	Not satisfied at all	<i>Inap- pli- cable</i>
A) Job		1	2	3	4	9
B) Career/advancement in life		1	2	3	4	9
C) Family life		1	2	3	4	9
D) Economic situation		1	2	3	4	X
E) Leisure time activities		1	2	3	4	X
F) Life in general		1	2	3	4	X
G) Close relatives in general		1	2	3	4	9
H) Physical shape and physical abilities		1	2	3	4	X
I) Emotional relations with spouse/partner		1	2	3	4	9
J) Sexual relations with spouse/partner		1	2	3	4	9
U05.	DOES THE RESPONDENT WORK OR STUDY? SEE QUESTION A06 = 1 OR 5 1 YES 2 NO → U07					
U06.	From time to time we all make plans for future. Up to what age do you plan to go to work? Age in years _____					
U07.	Have you ever thought up to which age you might live? 1 Yes 2 No → U09					
U08.	What do you think, up to which age you will live? Age in years _____					

U09. To evaluate how good or bad is your health status today, we have prepared a scale, where the best health status is marked with 100 and the worst with 0. Would you please indicate the spot on the scale that best describes your current health status. **CHART**

100
95
90
85
80
75
70
65
60
55
50
45
40
35
30
25
20
15
10
5
0

U10. I'll read out some disorders that sometimes disturb people. Please tell about each disorder whether it disturbed you **DURING THE LAST DAYS AND/OR TODAY**. **CHART**

	Not at all	A little	Pretty much	Very much
a) Nervousness, irritation	1	2	3	4
b) Inner tension	1	2	3	4
c) Headache	1	2	3	4
d) Muscular pain, bursitis	1	2	3	4
e) Fatigue	1	2	3	4
f) Digestion disorders	1	2	3	4
g) Other disorders, indicate	1	2	3	4

U11. To what extent is **EACH** following answer **CORRECT** or **FALSE** from your point of view? **CHART**

	Completely correct	More or less correct	Do not know	More or less false	Completely false
a) It seems to me that I fall ill easier than others	1	2	3	4	5
b) I am as healthy as others	1	2	3	4	5
c) I think that my health becomes worse in the future	1	2	3	4	5
d) My health is excellent	1	2	3	4	5

U12.	Have you encountered problems listed below <u>caused by your physical health</u> at work or while being engaged in other daily activities during the last four weeks? CHART		
	Yes	No	
a) Had to decrease the time allocated for work and other activities?	1	2	
b) Achieved less than you expected?	1	2	
c) You were able to perform only certain jobs and activities?	1	2	
d) There were difficulties in performing work-related and other activities (e.g. because it required an extra effort)?	1	2	
U13.	From which sources have you received information about Health Interview Survey 2006? SEVERAL ANSWERS POSSIBLE. CHART		
	1 Television 2 Radio 3 Newspapers 4 Via internet news portals 5 Friends/acquaintances or relatives 6 Other sources of information, which? <hr/> 7 I haven't received any information except the information letter		
U14.	Would you be interested in participating in other similar health interview surveys? If yes, would you please confirm it with your signature. Before initiating the next health survey we contact you on the address given by you, in order to inform you about the contents of the research and get your approval to participate. (RESPONDENT'S SIGNATURE ON A SEPARATE SHEET): 1 Yes 2 No		

INTERVIEWER'S REMARKS

V01. END OF THE INTERVIEW ___/___ HOUR; ___/___ MINUTE

V02. IN CASE OF INTERRUPTION
CLOSING TIME: ___/___ HOUR; ___/___ MINUTE

V03. Language of the interview 1 Estonian 2 Russian

V04. Who else was present at the interview? Indicate all the persons.

- 1 Nobody
- 2 Children under 6 years
- 3 Children 6 years old and older
- 4 Spouse
- 5 Other relatives
- 6 Other adults (non-relatives)
- 7 Respondent himself/herself (write only in case someone else answered for the respondent)

V05. How much was the respondent's interested in the research?

- 1 Very much
- 2 Moderately
- 3 Little

V06. In general, the interview went...

- 1 Very well
- 2 Well
- 3 Satisfactorily
- 4 With problems
- 5 With big problems

V07. Did somebody else answer to any part of the questionnaire instead of the respondent?

- 1 Yes
- 2 No → V18

IF SOMEONE ELSE OF THE PERSONS PRESENT ANSWERED TO SOME PART OF THE INTERVIEW, WRITE IT INTO THE FOLLOWING TABLE. IN CASE OF SEVERAL DIGITS, SEPARATE THEM CLEARLY WITH A SEMICOLON!!

	Answered question(s)
V08. Respondent himself/herself	
V09. Spouse	
V10. Parents	
V11. Children	
V12. Sister-brother	
V13. Other relatives	
V14. Neighbors	
V15. Social worker	
V16. Medical personnel	
V17. Someone else, who?.....	

V18. OTHER REMARKS ABOUT THE INTERVIEW.....

IF YOU ARE SURE THAT YOU HAVE COMPLETED THE QUESTIONNAIRE, CONFIRM IT WITH YOUR SIGNATURE

_____ (INTERVIEWER'S SIGNATURE)