National
Institute
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Development

Estonian Health Interview Survey 2019

Methodological report

Estonian Health Interview Survey 2019. Methodological report

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Definitions

Active leisure time physical activity that is accompanied by at least a small increase in the frequency of breathing and heartbeat. Active physical activity such as jogging, ball games, swimming, skating, heavier gardening

Alcoholic drink beer with ethanol content of >0.5% by volume and other drinkable liquids with ethanol content of >1.2 % by volume

Alcoholic (standard) drink/unit equals with 10 grams of absolute alcohol. 1 alcohol unit equals with 1 bottle of light beer (0.5 l), glass of wine (100 g) or a shot of strong alcohol (30 g)

Body mass index (BMI) calculated by dividing body weight (kg) by height (m) squared. Pregnant women were asked to record their pre-pregnancy weight. Following scale was used to evaluate BMI:
- BMI < 18.5 – underweight
- BMI 18.5–24.9 – normal weight
- BMI 25.0–29.9 – overweight
- BMI ≥ 30 obese

Economic activity/status economically active are all who participate in labour market or in military service, as well as working pensioners. Unemployed, non-working pensioners, students, domestic and incapacitated pensioners are considered economically inactive

Educational level the highest level of education completed by the time of the survey. People with higher education have graduated higher educational institution and their average study period is 15–16 years. According to the International Standard Classification of Education (ISCED) 2011 vocational education based on general secondary education is considered equal to the first level of vocational higher education and is presented under higher education. People with secondary education have graduated high school, gymnasium or some other educational institution that provides secondary education, and their average study period is 10–14 years. A group of basic or lower educational level is formed by persons who have not acquired secondary education (including persons without primary education)

Emotional distress condition when a person feels several negative disturbing emotions at the same time, especially tension, anxiety, mood disorder, often accompanied by asthenia and sleeping disorders. Evaluated on the basis of emotional well-being questionnaire EEK-2. (1)

Functional limitations	limitations of body functions such as hearing, seeing, walking in daily activities
Health behaviour	person's lifestyle that can be either health promoting and strengthening or health damaging. Covers many areas such as nutrition, smoking, alcohol consumption, physical activity and movement, drug use, use of salt, eating fruit and vegetables, doing regular medical check-ups, etc
Household	all individuals who live together and to some extent share a joint budget which is usually a food budget. Household can also have only one member. Persons who are temporarily away (due to work, studies, or military service) are considered as household members when they have retained economic relations with their household. In case a household member is temporarily (less than 4 months) in a nursing home, they also belong to the household. Private household does not include people who are living in institutional household. Institutional household consists of people living in a facility that operates 24/7 and offers care to its residents – housing, food, and if necessary, nursing care and healthcare service (e.g., a nursing home)
Ineligible sample cases	cases where the selected person had either died, left Estonia for a longer period or lived in an institution
Locus of control	a person's psychological perception that refers to whether they believe to have control over the situations and experiences that affect their lives, or, on the contrary – believe that their life is controlled by external factors. Is based on answers to three questions concerning perceptions (2)
Metadata	set of data that describes data and statistical processes
Microdata	dataset presented as single entries, one entry for each respondent or event
Nationality	depends on the person's self-definition and is not strictly related to the person's mother tongue but should be consistent with at least one of his/her parents' nationality
Need for constant care and assistance	a person who needs constant care due to their health condition and is unable to cope independently with daily activities such as shopping, cooking or taking care of oneself, and therefore needs aid or assistance. Excluding the care of young children

Public health
the science of health protection and medical care aimed at strengthening health, prolonging life, preventing diseases, and treating the sick. Work done for promoting and preserving health and for preventing illnesses

Regular smoking
daily (or close to daily) smoking for at least one consecutive year

Place of residence/region
defined according to the NUTS 3 statistical classification of Estonian regional units

Self-perceived health
a person's own assessment of the state of their health, e.g., the answer to the question "How is your health in general?"

Strength training
physical exercises meant for training muscles such as strength exercises and weightlifting

Symptoms of depression
based on the prevalence of the depression symptoms (feeling of sadness, loss of interest, feeling of worthlessness, self-accusations, repetitive thoughts of death or suicide, feeling of loneliness, hopelessness about the future, inability to feel happy), respondents have been divided into groups with and without significant depression. Evaluated on the basis of emotional well-being questionnaire EEK-2. (1)

Abbreviations

CAPI	Computer Assisted Personal Interview
CAWI	Computer Assisted Web Interview, filled in by the interviewee
EEK-2	Emotional State Questionnaire
EHIS	European Health Interview Survey
EstHIS	Estonian Health Interview Survey
Eurostat	Statistical office of the European Union
EU	European Union, until 2009 EC (European Community)
EU-SILC	Estonian Social Survey – EU statistics on income and living conditions survey
ICD-10	International Classification of Diseases, 10th version
SE	Statistics Estonia
NIHD	National Institute for Health Development
HBS	Health Behaviour Survey Among Estonian Adult Population
WHO	World Health Organization

Summary

The Estonian Health Interview Survey 2019 (EstHIS2019) was the 4th survey of its kind. The aim of the study was to assess the health status of the Estonian population, the factors influencing it, the use of health care services and to compare the changes with previous surveys. EstHIS2019 was part of the 3rd wave of European Health Interview Survey (EHIS), conducted in the Member States according to a common methodology. The goal of the survey was to collect data on health indicators for policies on public health, social inclusion and social protection, health inequalities and healthy aging.

EstHIS2019 was carried out in cooperation between the Ministry of Social Affairs, the National Institute for Health Development (NIHD) and Statistics Estonia (SE) according to the agreed division of work and schedule. The task of the NIHD was to compile a questionnaire with guidance materials, provide micro- and metadata to Eurostat and perform data analysis. Task of the SE was to derive a sample and carry out data collection. The fieldwork of the study took place from April to December 2019. The methodology was based on the guidelines of the EHIS wave 3 Methodological Manual (3, 4) and other relevant documents to ensure cross-country comparability of results.

The mandatory part of the questionnaire consisted of the variables to be transmitted to the European Commission (Eurostat) listed in the Annex to Commission Regulation (EU) No 2018/255 (5), including socio-economic characteristics (education, employment, living conditions, household, income) and technical characteristics not listed in the standard questionnaire.

The order of the parts in the questionnaire was the same as in the 2014 survey and the questions remained mostly the same. New questions were added from the voluntary modules of the EHIS: nutrition (drinking water and other beverages, eating sweets, meat, fish, dairy products), patient experience (assessments of medical care) and positive mental health.

Two interview methods were used - filling in the questionnaire on the web and a computer-based interview with the interviewer. There were more highly educated and employed people among those that filled out the web-based questionnaire. According to the age groups, the face-to-face interview with the interviewer was most preferred among people aged 65 and older and 15-25-year-olds. There was no significant difference in the other age groups by interview method. By regions, the online survey mode was more preferred in Tartu and Lääne County, there were fewer online respondents in Ida-Viru and Jõgeva County.

The sample included 8,500 individuals. The response rate by initial sample size was 57% (4,881 / 8,500). After removing the ineligible sample cases, the response rate was 61% (4,881 / 8,061). Among the non-respondents were 93 persons who did not give the requested consent for the transfer of their anonymous data to the NIHD for further processing, their answers were not used. As a result, 8,500 individuals were divided as follows:

- Respondents – 4,881 (57% of the sample),
- Non-respondents – 3,180 (37% of the sample, 3,087 + 93),
- Ineligible sample cases - 439 (5% of the sample).

The weights were calculated in three steps: design weights, non-response correction weights, and calibrated weights, which are final weights.

The missing data on personal and household income were imputed to the survey data according to the selected explanatory background characteristics. The imputed personal and

household income values were adjusted according to the income ranges if these ranges were answered in the questionnaire. In addition to the statistical method, deductive imputation was used to impute the missing values of the income of one-member households using personal income.

The survey microdata was transmitted to Eurostat in due course, in early October 2020. Three months after the transmission of the microdata, a quality report, metadata on the methodology and results of the survey, was sent to Eurostat.

In addition to the data collected by survey questionnaire, the EstHIS2019 dataset includes a selection of data linked from registers in a pre-agreed volume. The data administrator is SE and applications for the use of datasets must be addressed to SE.

NIHD published estimates of the shares of indicators in their Health Statistics and Health Research Database, for the calculation of which new variables were defined. The selection of indicators and tables published in April 2021 supplemented the data of previous surveys. If some of the tables could not be supplemented in their current form, a new table on the same topic was published. New, previously unpublished indicators were added as well. A selection of additional tables was published in September 2021, with a comparable data of the 2006 survey.

Introduction

Health is defined as a state of physical, mental and social well-being. Health status is influenced by age, chronic diseases and continuous health problems, health behaviour, living environment and relations with other people. The distinctive feature of the health interview survey is the comprehensive approach to health-related topics.

Estonian Health Interview Survey (EstHIS) is a regularly conducted study with a representative sample which provides knowledge about the health and well-being of the adult population. Estonian residents aged 15 and older were surveyed. The fieldwork was conducted in 2019 by Statistics Estonia SE).

The EstHIS 2019 was the fourth extensive national interview survey concerning public health. The objective of the survey was to assess the health status of the Estonian population, the factors influencing it, the use of health services and compare the results with previous surveys (1996, 2006, 2014). The collected data will be used for the assessment and prediction of population's health status, health behaviour, social well-being and need for assistance. Data from different survey waves help to observe trends and offer possibilities to advise and influence health policy makers from a research-based perspective.

EstHIS 2019 was a part of the third wave of European Union health interview surveys that were conducted in the member states based on a uniform methodology. Participation in EHIS surveys enables countries to get comparable health data with EU states for which there is a high demand. In addition to mandatory questions, the survey included voluntary EU health modules, and questions developed for Estonia. For example, the Emotional State Questionnaire (EEK-2) (1) has been used in all the surveys conducted in Estonia throughout the years.

The obligation to conduct the survey arose from the Regulation (EC) No 1338/2008 of the European Parliament and of the Council (6) on community statistics on public health and occupational health and safety. The basis for the 2019 survey was the Regulation (EU) No 2018/255 of the European Commission (5) regarding statistics based on the European Health Interview Survey (EHIS). Methodological guidelines for sampling and organising the survey together with the standard survey questionnaire mandatory for all member states were published in the Manual of European Health Interview Surveys (3, 4). The manual explained what is measured by the different questions, for which indicator the data is being used and whether the data is comparable with information obtained from previous surveys.

EHIS gathers data for European Core Health Indicators (ECHI), which can only be obtained from a population-based interview surveys (7). Indicators of health status, health determinants and use of health services represent a minimum set of statistical data for monitoring of EU programs on public health, social inclusion and social protection and policies on health inequalities and healthy aging. The indicators gathered with the survey will be used in the regular health overview compiled by the European Union and in the health profiles of member states (8). In conclusion, EstHIS is a rich and diverse dataset for conducting research on public health in Estonia.

1 Organisation of the survey

For organising the survey, a trilateral cooperation agreement was signed in October 2018 between the Ministry of Social Affairs, the National Institute for Health Development (NIHD) and Statistics Estonia (SE). Survey was designed as a collaborative project in order to fulfil the obligation of the member state, maintain continuity with previous surveys and use available resources economically.

The obligations of the parties and the relevant deadlines were defined in the cooperation agreement and its annexes to ensure the conduction of the survey is high quality and on time. In general, the obligations were divided as follows: the task of NIHD was to compose a questionnaire together with guidelines, forward micro- and metadata to Eurostat, and conduct data analysis. The task of SE was to compile the sample and perform data gathering. The parties planned the necessary budget for their activities.

Tasks of NIHD:
- Composing the questionnaire and guidelines for interviewers in Estonian and in Russian together with necessary instructions, materials, and questionnaire controls, ensuring the fulfilment of the EU requirements and the comparability of data with previous health interview surveys.
- Participating in the training of interviewers; notifying the public about conducting the survey.
- Composing a list of survey indicators for SE that can be added to the dataset based on administrative data.
- Coding the data of diseases and medicines connected to the survey according to the list of the questionnaire.
- In accordance with the implementing regulation, compiling and transmitting pre-checked individual data and quality-related metadata and other required materials to Eurostat.
- Developing and publishing the outputs of the survey (overviews, indicators, standard tables, etc.).

Tasks of SE:
- Forwarding the questionnaire's harmonised socio-demographic background questions and instructions to the NIHD.
- Taking responsibility for the correct technical realisation of questions, subsidiary texts, routings, and control links in Estonian and Russian, in both CAWI and CAPI versions, and coordinating corrections in the questionnaires with NIHD.
- Forwarding the list of data from datasets that are used for linking in social studies to NIHD and signing agreements with the owners of datasets to obtain added characteristics from administrative databases.
- Composing the sample of the survey according to the requirements set by the implementing Regulation (EU) No 2018/255 (5) and the methodological manual of the third wave of Health Interview Survey (3, 4).
- Conducting the training of the interviewers of the main survey.
- Conducting the fieldwork of the survey between 01.04.–31.12.2019, while ensuring a response rate of at least 60%. Respondents are individuals who have completed the questionnaire in accordance with Eurostat's minimum requirements and have given their consent to transfer data to NIHD. The sample is divided into nine parts and can be answered in up to nine waves, at first as CAWI and then, if necessary, as CAPI; the respondents' consent should be asked for forwarding data to NIHD.

- Summaries of the fieldwork must be made at least once a month – this includes the number of filled and in progress questionnaires in CAWI and in CAPI, average time of completing the questionnaire in CAWI and in CAPI.
- Performing data processing according to the requirements from Eurostat and NIHD and compiling the data file; performing imputation according to the limit of item non-response and the list of agreed indicators.
- Calculating the weighting factors according to the instructions by Eurostat.
- Forwarding a preliminary checked and anonymised file of individual data to NIHD, and after that, the final imputed and coded file of individual data together with weights and survey variables obtained from administrative databases.
- To compile the respective parts related to SE's activities in the quality report.

The responsibilities were divided as follows:
- NIHD was in charge of the content of the final questionnaires and their compliance to the requirements of the European Commission, SE was responsible for the part concerning social background variables of the questionnaire.
- SE was at the helm of formalising and entering the forms and for the functional testing of questionnaires.
- SE was responsible for composing the sample, conducting the survey, and asking permission for forwarding data from respondents.
- SE was in control of the preliminary checks of interview data, for adding additional variables from administrative data sources, imputation, coding (except diseases and medicines), and calculating and adding the weights.
- NIHD w33as in charge of coding diseases and medicines of the questionnaire data according to the lists of the questionnaire.
- NIHD was responsible for compiling the final data file and forwarding data to Eurostat, and for the validation after forwarding the data according to Regulation (EU) No 2018/255 (5) article 6.
- NIHD was responsible for compiling the quality report and forwarding metadata to Eurostat according to Regulation (EU) No 2018/255 (5) article 7; SE was responsible for completing the agreed part.
- NIHD was responsible for publishing the data and for the compliance of data to previous surveys.

The ownership of the final data files of EstHIS2019 belongs to NIHD and SE. The right to make personalised data of EstHIS2019 available in an indirectly identifiable form to third parties for the use for scientific purposes belongs to SE. SE shall notify NIHD about the users and their projects.

The survey was conducted in the following time frame:
- NIHD prepared the questionnaires of the survey and the guidelines on 23 August 2018, the questionnaire was complemented until the end of October. In the beginning of October, Eurostat published the questions of voluntary modules complemented after testing. After that, the questions of the modules could be added to the questionnaire.
- Before the start of fieldwork, trainings were organised in cooperation of NIHD and SE for interviewers and interview managers in the beginning of April 2019.
- Fieldwork was conducted by SE from April to December 2019.
- Data processing, including data cleaning, coding, weighting, and other preparatory work by SE for further use of data lasted until the end of March 2020. The transfer of preliminary data to NIHD was done in April 2020.

- In addition, NIHD coded the answers concerning other chronic diseases and other medicines in May 2020. The feedback on the frequency tables and verification of the primary questionnaire dataset was sent to SE on May 25.
- Work with datafiles at SE continued until the beginning of July 2020, when NIHD was given the final anonymised datasets together with weights and other added features.
- In the beginning of August 2020, NIHD continued to prepare the EHIS file of the survey. The microdata file was forwarded to Eurostat in the end of September, and the validation confirmation was received from Eurostat on October 16, 2020.
- In the beginning of January 2021, compiling of the quality report to Eurostat started in cooperation with NIHD and SE. The compiling of the quality report was finished three months after sending the microdata. The metadata of the survey was delivered to Eurostat in the beginning of February. The confirmation from Eurostat about the acceptance of the quality report was received on February 17, 2021.
- The first selection of survey data was published by NIHD in the public Health Statistics and Health Research Database in April 2021, which was updated at the end of September 2021.

Conducting of the survey was carried out according to plan and in close cooperation of NIHD and SE.

2 Methodology

SE conducted the survey in accordance with the precision requirements set out by Commission Regulation (EU) No 2018/255 (5). In addition to the requirements described in the implementation regulation of the EHIS, EstHIS2019 was conducted based on the methodological instructions that was developed for this purpose in cooperation between Eurostat and the representatives of the countries in the health research working group:

- the European Health Interview Survey (EHIS wave 3) Methodological Manual (3, 4) contained methodological and practical recommendations and guidelines for sampling and conducting the survey, together with standard questionnaire and conceptual guidelines;
- microdata validation guidelines and the guidelines of forwarding microdata to Eurostat;
- the requirements of quality report forwarded to Eurostat;
- handbook of published indicators.

The information about EHIS (9) and the description of methodology (10) is accessible on the webpage of Eurostat.

2.1 Population and sample

Virgi Puusepp, Leading specialist of the Data Collection and Processing Department, SE

EstHIS2019 is a sample survey, and the target population is evaluated based on the data collected on a sample basis. The population frame of the survey was composed of Estonian residents aged 15 and up who lived in private households.

The basis for the formation of the frame was the people in the statistical register of the population who were at least 15 years old as of 01.07.2019. The register included residents of 2018, i.e., permanent residents of Estonia determined by the SE residency index. The person's last known address was used as the residential address.

The size of the sample was 8,500 people. Only the persons included in the sample participated in the survey, other household members were not included. The dataset was divided into 4 strata according to the person's place of residence (Table 1). For sampling, the objects in the stratum were first sorted by county, then by personal identification number. The sample was taken by systematic selection at the beginning of March 2019.

Disproportionate stratification was used because population size varies by county. The counties were divided into strata according to population size. Hiiu country forms a distinct stratum as the population of the country is much smaller than in other counties.

Table 1. The sizes of population and sample in strata

Stratum	Population size	Size of sample
Tallinn	360,252	2,500
Harju County (except Tallinn), Ida-Viru County, Lääne-Viru County, Pärnu County, Counties in Tartu Parish	498,390	3,500
Counties of Jõgeva, Järva, Lääne, Põlva, Rapla, Saare, Valga, Viljandi, Võru	240,414	2,100
Hiiu County	8,331	400
TOTAL	1.107,387	8,500

Address data was checked with SE's geodatabase eGEOstat. The task of the geodatabase is to collect, manage, process, analyse and visualise the spatial data of SE. Individuals were divided between 132 survey areas.

The details of the frame and sample formation were as follows:
1. persons included in the frame were those who had participated or who were participating in the surveys conducted by SE,
2. only persons whose address was sufficiently accurate were included in the sample – in urban settlements, the address was known at least to house level.

Two survey methods were used in the survey – an online interview and a face-to-face interview. At first, the participants were asked to fill in the online survey. The sample was divided into seven periods or research moments. The number of moments refers to the number of the month when the object was submitted to the survey. The survey protocol for each research moment had the following scheme:
1. online interview (method CAWI – *Computer Assisted Web Interview*) in the month corresponding to the research moment number - one month;
2. face-to-face interview conducted by the interviewer (method CAPI – *Computer Assisted Personal Interview*) from the next month of the research moment number until the end of the survey period on 31.12.2019.

The schedule or the rule for the survey together with research moment, method and duration are marked in Table 2.

Table 2. Duration of research moments

	CAWI		CAPI	
Research moment	Start	End	Start	End
4	1.04.2019	30.04.2019	1.05.2019	31.12.2019
5	1.05.2019	31.05.2019	1.06.2019	31.12.2019
6	1.06.2019	30.06.2019	1.07.2019	31.12.2019
7	1.07.2019	31.07.2019	1.08.2019	31.12.2019
8	1.08.2019	31.08.2019	1.09.2019	31.12.2019
9	1.09.2019	30.09.2019	1.10.2019	31.12.2019
10	1.10.2019	31.10.2019	1.11.2019	31.12.2019

The size of the sample was 8,500 individuals. Based on the information obtained during the survey, the people in the sample were divided into three groups: respondents, loss, and count error (Table 3). Count errors were cases where the selected person had either died, left Estonia for a longer period of time or lived in an institution.

Table 3. Summary table on participation and non-participation

	Indicator	Number
1	Total released sample cases	8,500
2	Ineligible sample cases/ out-of-scope units	439
2.2	Changes in status between sampling and interviewing (deceased, left Estonia, lives in an institution, etc.)	371
2.3	Out of target units	68
2.4	Other errors	0
3	Eligible sample cases/ in-scope units ▶ [3] = [4] + [5]	8,061
4	Non-response cases/ non-participation	3,180
4.1	Impossible to contact	1,014
4.2	Refusals (were contacted but refused to answer)	1,441
4.3	Inability to respond	204
4.4	Inability to respond (incl. people who refused their answers to be used)	93
4.5	Other non-response	428
5	Response cases/ participation (filled-in questionnaires)	4,881

The final dataset included the questionnaires by 4,881 respondents. Among non-response were 93 people who did not give their permission for the further processing of their data by NIHD. The mandatory minimum sample size of the EHIS for Estonia was 4,111 completed personal questionnaires. This was obtained by taking into consideration that the key indicator - the proportion of people with severe health-related activity limitations (among people aged 15 and older) - has not changed significantly in the last 5 years. In 2014 the value of the key indicator was 0.105 (SE=0.004). Considering non-response and possible reduction of the relative importance of the key indicator, 8,500 was a safe sample size.

The survey response rate based on the original sample size was 57% (4,881/8,500). The response rate was lower in North-East Estonia (Ida-Viru County), North-Estonia (Harju County) and among men. By age, the response rates were lower in younger age groups, lowest in the 25-34 age group, for both men and women. When considering eligible sample cases (in-scope units), the response rate was 61% (4881/8061).

2.2 Questionnaire

Health status can be assessed based on the occurrence of diseases and health problems, as well as to which extent health problems limit a person's functional and social well-being. Many of the questions are self-assessments, i.e., subjective. As for health limitations, it is important whether limitation is temporary or long-term, how much outside help a person needs to cope with everyday life and whether the help received is sufficient. Next to physical health, mental health is as important.

Apart from age, health status is most affected by chronic diseases and long-term health problems. Health and well-being are connected to social living environment, economic well-being, and health behaviour. Health behaviour may be health supporting and strengthening, or, on the contrary, health damaging. Depending on health condition and socioeconomic status, people's needs for medical care varies, and the use of medical care depends significantly on its availability. Problems or obstacles with access to health services can be related to either insufficient funds or other reasons.

The EstHIS deals with all areas related to health together and in connection with each other. Therefore, the questionnaire is voluminous and complicated for the respondents. In addition, some questions are very personal and inconvenient to answer. The survey examines various aspects of the respondent's health status, such as self-perceived health, chronic diseases and injuries, presence of functional limitations, mental health, and emotional well-being. In addition, the use of medical care and medication, health behaviour, as well as daily coping with household chores and self-care, and economic coping, are analysed. Attention is also paid to questions concerning the living and working environment.

The mandatory part of the questionnaire was made up of the variables to be transmitted to Eurostat specified in the Annex to European Commission Regulation (EU) No 2018/255 (5), including the socioeconomic background variables (education, employment, living conditions, household, income) and the technical variables of the questionnaire that were not listed in the given standard questionnaire.

As a rule, health-related events were referred within the time frame of 12 months or the last four weeks. For certain modules, such as mental health and medication use, the reference period was two weeks. Since different time periods were used, the period under consideration was always separately mentioned and emphasised in the question.

The order of the questionnaire parts was the same as in the previous survey of 2014. The themes and sub-themes covered in the 2019 survey are detailed in Table 4.

Table 4. Description of the questionnaire

Part	Name of the part	Description
A.	General data of the household and its members	The family relations of the household, the marital status of household members, employment status, need for constant care, home language of the household, number of children of the respondent and the respondent age when the first child was born
B.	Health status	Self-perceived general health, chronic diseases, limitations in activities because of health problems
C.	Accidents and injuries	Injuries related to accidents and use of medical care resulting from this
D.	Mental health	Questionnaire of patients' mental health (PHQ-9) to determine depression
E.	Emotional well-being	Emotional State Questionnaire (EEK-2), treatment of emotional problems, WHO-5 well-being index
F.	Main physical, sensory and cognitive functional limitations	Functional limitations (seeing, hearing, walking, remembering), and the occurrence of pain
G.	Personal care	Difficulties and using help with personal care activities (eating, washing, getting out of bed, etc.)
H.	Household activities	Difficulties and using help with housework (preparing food, going to the store, organising finances, etc.)
I.	Preventive activities	Vaccination and health check-ups; problems with access to medical care
J.	Sexual behaviour	Sexual behaviour, HIV-testing
K.	Studies and work	Working, the nature of work, periods of unemployment, being away from work due to health problems, limiting studies due to health problems
L.	Place of residence	Disturbing factors of outside environment at the place of residence, housing problems, household financial performance and income
M.	Childhood home	Health problems of mother and father, country of birth, smoking and consuming alcohol in childhood home
N.	Social support	Support from close people, taking care of others
O.	Using outpatient care	Using outpatient medical care (family physician, specialist); assessment to care received (patient experience); using the services of physiotherapist or movement therapy specialist, a psychologist, a psychiatrist or psychotherapist, home care services, ambulance and emergency care services, and the costs related to these services
P.	Inpatient care and day care	Being treated in a hospital or in day care, the need for in-patient nursing care and rehabilitation; the costs related to using these services
Q.	Using medicines	The use and costs of over-the-counter and prescription medicines
R.	Smoking, alcohol consumption	Habits of using tobacco products, e-cigarettes, and alcohol
S.	Using narcotic substances	Using cannabis and other narcotic substances

Part	Name of the part	Description
T.	Weight, height and physical activity, nutrition habits	Weight, height, spending time actively, strength training, assessment to the sufficiency of physical activity, time spent sitting or lying down, sleeping time; eating fruits and vegetables, drinking water and other drinks, eating sweets, meat, fish, consuming dairy products; breastfeeding children
U.	Attitudes	Satisfaction with health, attitudes towards health

The main parts of the questionnaires (health status, chronic diseases and injuries, mental health and emotional well-being, functional limitations, use of medical care and hospitalisation, medication use, health behaviour) have remained the same over the years, although the composition of the questions has somewhat changed.

The questionnaire of 2019 was very similar to that of 2014. The changes made to social background variables were connected to the harmonisation of background variables in interview surveys in the EU (11), which was done in the process of modernising social surveys (12).

New question blocks about nutrition habits, patient experience and positive mental health were added in 2019 from the voluntary modules of the EHIS. The qualitative testing of the modules of nutrition habits and patient experience was done a year before the actual survey and conducted by SE. In the section of using outpatient care, assessments of received care were added (patient experience). To the nutrition habits section, questions about drinking water and other drinks, eating sweets, meat, fish, dairy products and feeding infants with breastmilk were added. For the assessment of emotional well-being, questions of WHO-5 well-being index (13) were added. Adding new voluntary modules to the questionnaire increased the volume of the questionnaire and the workload of interviewees, but there was a strong national interest towards these topics.

The preparation of the questionnaire and instructional materials in Estonian was followed by translation into Russian. The translation was done by an expert who had participated in the development of three previous health survey questionnaires. This ensured the quality and relevance of the translation and that the specificities of the language were considered.

The materials needed for the questionnaire were prepared in two languages, in Estonian and Russian. Since two types of interviews were used, the web-version (CAWI) and the computer version (CAPI), then, in addition to the questions and answer options, supporting texts to the questionnaire were harmonised so that they could be used in both methods.

Since the structure of the questionnaire, and most of the questions and principles were the same as in 2014, SE could use the technical materials of the previous wave, and the preparation period was shorter compared to the previous survey.

 According to a computer survey, automatic control relationships between different questions, as well as minimums and maximums of the answers, filters and other rules were added to the questionnaire to ensure the dataset quality. It was not possible to implement the validation rules of the EHIS directly – they had to be adapted to the EstHIS questionnaire. In addition, the control requirements provided by Eurostat only concerned the variables and codes to be transmitted to them.

Adjustments in the questionnaire compared to the mandatory questions of the EHIS were made due to the need to continue the time series of questions from the Estonian side. It concerns both the formulation of the questions and their sequence in the questionnaire. Similar topics were consolidated, or, in case of overlapping topics, questions were divided to different parts of the questionnaire. For example, the questions about being absent from work were gathered into the section of employment. Questions about not receiving medical care were asked in two sections: after the questions about preventive health check-ups and in using health care services. Different questions on the same topic could not be put together and this caused repetition. There were similar questions in the section of emotional well-being. Data collection on alcohol consumption was continued by type of alcohol: light alcohol (beer, cider, long drink, etc. with up to 6% alcohol content by volume), strong beer (over 6% alcohol content), wine, sparkling wine (up to 12% alcohol content), alcoholic cocktails or lighter liqueurs (approx. with 20% alcohol content) and strong alcohol (vodka, cognac, brandy, gin, whiskey and other drinks with 40% alcohol content).

Of the mandatory Eurostat variables, answers could not be taken directly from questionnaire for 13 variables (see Annex 3, Adaptations to mandatory questions in the questionnaire). To form these variables, it was necessary to make calculations for the EHIS, and to use a combination of several answer categories or variables. Adapted questions concerned the following topics: cohabitation, using help in personal care and housework, consultations with a family physician or a specialist, using medicines, smoking, alcohol consumption. Adaptions must be considered when using EstHIS2019 data for comparison with other countries' health surveys.

For the variable cohabitation with a partner, the answer from the household table was used. As for everyday personal care activities (eating, getting out of bed, getting dressed, washing the whole body, using the toilet), the Estonian questionnaire had more answer categories than the European survey. The housework section (preparing food, going to the store, lighter and heavier housework, using the phone, taking medicines, organising everyday finances) had more answer categories as well.

Questions about alcohol consumption were asked by type of alcohol, i.e., by percentage of ethanol content (light alcohol, strong beer, wine, spirits). The amount of alcohol consumed by type had to be summed up later by converting the amount to alcohol standard units (doses).

Minor adaptions were made to several topics to obtain comparable responses to previous surveys and for mandatory questions. The first main question on smoking had answer options. In the section of physical activity, the question about moving from one place to another by foot or by bicycle did not ask the time ranges, but the elapsed time in minutes. More answer options for the last flu vaccination were added and the month and year of the last vaccination were asked for all those vaccinated up to two years ago. In the EstHIS2019 questionnaire, family doctor visits during the last four weeks were asked separately by type of contact – appointments in doctor's office, home visits, telephone and e-mail consultations, and visits to a specialist were also asked by type of contact – appointments in doctor's office and telephone consultations. The question on the use of prescription and over-the-counter medicines was similar to the previous survey, however, the time period did not only concern the past two weeks, but longer time periods were included.

The questionnaires of EstHIS2019 can be found on the webpage of NIHD[1], the questionnaire is in Annex 5. Datasets from administrative sources linked to questionnaire data on health-related topics provide added value to the data users for scientific research (see chapter 4.6).

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[1] https://www.tai.ee/et/teadustoo/teadustoo/rahvastikupohised-uuringud/eesti-terviseuuring

3 Questionnaire

The fieldwork of the survey was conducted by SE from April to December 2019. Since health and results of health-related surveys depend on the time of the year when the survey takes place, the fieldwork of the survey was distributed over the longest possible time frame to ensure an even workload for the interviewers and reduce the effect of seasons on the results of the survey. The requirement of the European Health Interview Survey was to conduct the survey in 2019for at least three months of which one month had to be between September and December.

In data collection, two interview methods were used: web-based interview (CAWI) and face-to-face computer interview (CAPI). The interviewers took over questionnaires left unfinished by respondents online, and thus questionnaires with combined survey methods were also created. In the face-to-face interviews, the respondents had the opportunity to answer certain sensitive topics by themselves on the computer. The questionnaire was conducted in two languages: Estonian and Russian. The Estonian and Russian questionnaires of the health survey as well as interviewer's manuals with helpful information for respondents were developed by NIHD in cooperation with SE.

In the previous wave, a pilot survey was conducted to prepare for the main survey and to reduce later measurement errors. Since no major changes were made to the survey questionnaire this time and the tools prepared for the 2014 survey were adapted, no pilot survey was conducted. However, during the preparation period, qualitative tests were performed for the EHIS new voluntary modules of the questionnaire. The tested modules included nutrition and patient experience, to which five questions regarding positive mental health were added for the EstHIS2019 survey.

3.1 Fieldwork and data collection

Before the fieldwork, questionnaire specific trainings were organised in cooperation with NIHD and SE for interviewers and survey managers. The trainings were organised in the second and third week of April in three groups. First, trainings for survey managers (5 people) took place. Then, trainings were arranged for two groups of interviewers from SE (30+30 people). All the participants could read the guidelines and see the questionnaire before the training. By using the test users ID, they could also get acquainted to the computer programme and received answers to their questions during training. Many interviewers were familiar with the topic of health, as they had been part of the previous survey wave. At the trainings, NIHD was responsible for health questions, and SE was responsible for socio-economic background variables, voluntary modules, and technical issues.

The fieldwork of the survey started in April 2019 with CAWI interviews. A month later, in May 2019, CAPI interviews were started for people who had not previously answered CAWI questionnaire or whose CAWI questionnaire had been left unfinished. The sample was divided into seven parts and could be answered by waves in seven months, first as CAWI interviews and later as CAPI interviews (table 5).

Table 5. Volume of sample according to research moment

Month	Volume of sample
4	1,075
5	1,088
6	1,099
7	1,461
8	1,466
9	1,275
10	1,036
Total	**8,500**

The fieldwork was conducted according to plan, most of the completed questionnaires were received between August and October (Figure 1). Receipt and correctness of data was continually monitored by SE. A total of 4,976 questionnaires were filled in during fieldwork, of which 27.7% online. In the 2014 survey, only 12% of the questionnaires were filled online.
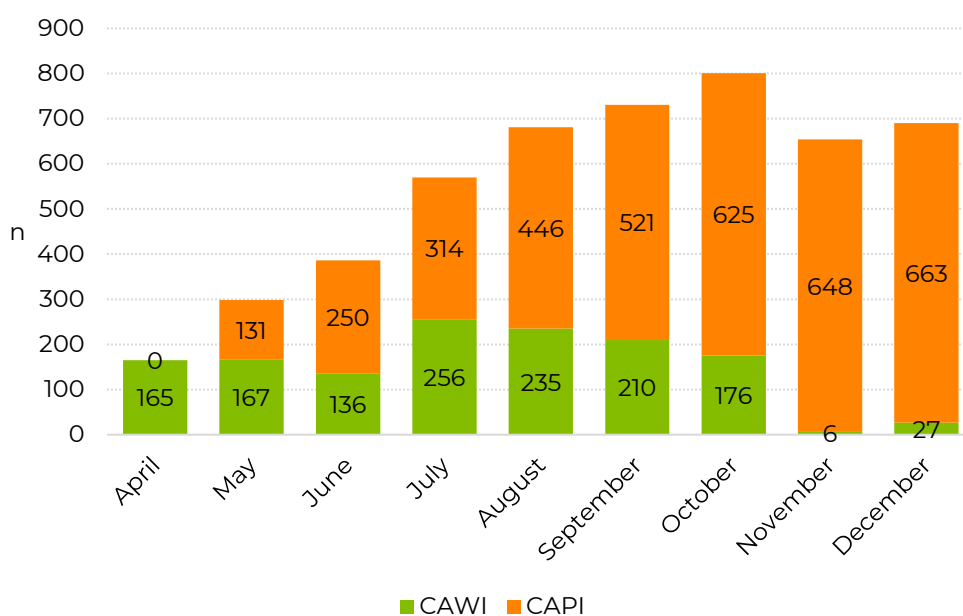
Figure 1. Preliminary data of the filled questionnaires of the Estonian Health Interview Survey 2019, April to December 2019, n

In the 2019 survey, respondents were asked for their consent to transfer data to NIHD, for NIHD to be able to the perform its tasks. Since NIHD is not a producer of official statistics according to the Official Statistics Act (14), asking for consent was the only way to transmit the survey data. 93 respondents, i.e., 1.9% of the respondents, did not agree to the use of their data, and their answers were excluded from the survey dataset.

The general duration of an interview was 65 minutes. Both CAWI and CAPI interviews lasted for 65 minutes, while mixed interview lasted for 78 minutes (Table 6). The minimum duration

of CAWI interview was 5 minutes, as was the minimum duration of CAPI interview. However, there were only 12 such 5–10-minute fill-ins in total, 11 of them online. The longest recorded interviews were 4 hours and 27 minutes in CAWI, 27 hours and 59 minutes in CAPI, and 11 hours and 30 minutes in the mixed method. Regarding the duration of answering on the Internet, it should be considered that if the survey page was open to the respondent and nothing was done in the meantime, there is no overview of the breaks during the filling. In CAPI interviews, the calculation of the length of the interview was affected by the later completion of the interviewer's part of the questionnaire, which marked the end-time of the interview. When the "Finish" button was not clicked in the form, results appeared as short one-minute surveys. Therefore, the survey duration data is not very accurate.

Table 6. Survey duration (seconds)

Interview type	Number of respondents	Average	St deviation	Minimum	Maximum	Filled-in forms
CAPI	3,231	3,871.57	3,474.07	300.0	100,739.0	3,231
CAWI	1,318	3,873.05	233.33	300.0	16,046.0	1,314
mixed	332	4,677.53	3,560.26	2,940.0	41,423.0	332

Giving answers on behalf of another person (*proxy* interview) was generally not allowed in the EHIS, as it concerned many questions related to self-assessments, and personal and sensitive topics, for which the answers given by another person are not relevant. The survey manual provided instructions regarding the exceptions for answering for another person. If the respondent was unable to answer by himself due to long-term and permanent health problems, it was allowed for another person to answer on his behalf. Preferably, this person had to be from the same household or a personal caretaker. It was also specified for which questions the other person's answers were considered. Since the questionnaire asked about the respondent only at the end of the questionnaire, all questions were asked from everyone.

In 96 cases, the answers indicated that the respondent was assisted, as the respondent could not see, hear or had poor memory. This group also included young people, whose mother helped them answer household questions. There were 27 cases where another member of the household answered the survey, which there were 3 respondents who were assisted in answering by a child or a parent not belonging to the household. The remaining 4,755 respondents answered by themselves.

Among the ones who filled in the questionnaire online, there were more highly educated and working people. According to age groups, a face-to-face interview was preferred among those aged 65 and older and 15–24 years (Figure 2). There was no significant difference in interview type preference in the middle age groups.
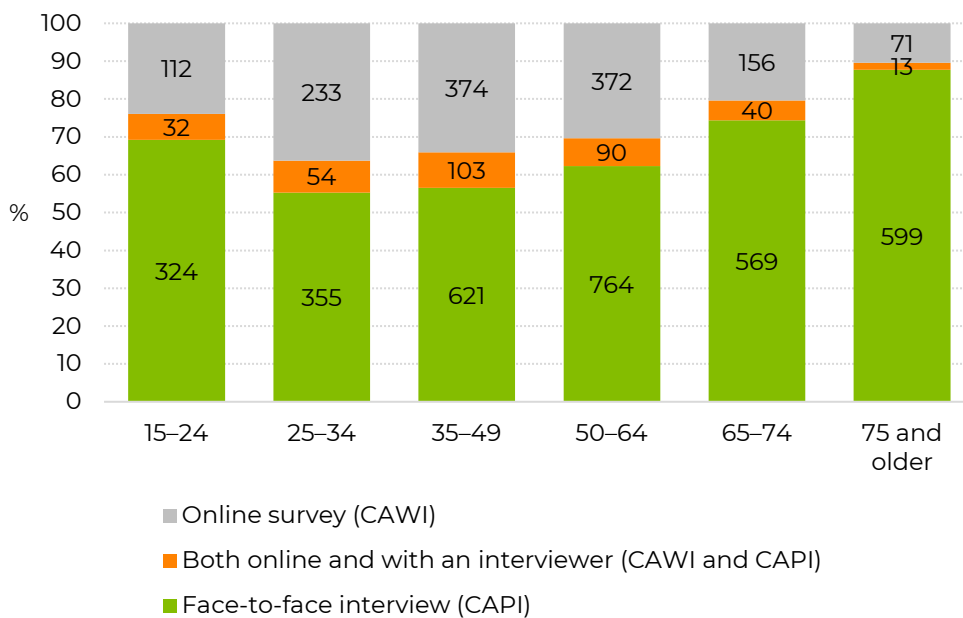
Figure 2. Division of respondents according to interview type and age, %

By region, the online survey was preferred in Tartu County and Lääne County, while there were fewer online respondents in Ida-Viru County and Jõgeva County (Figure 3). Annex 1 brings out the respondents' division according to gender, age, educational level, economic status and type of interview.
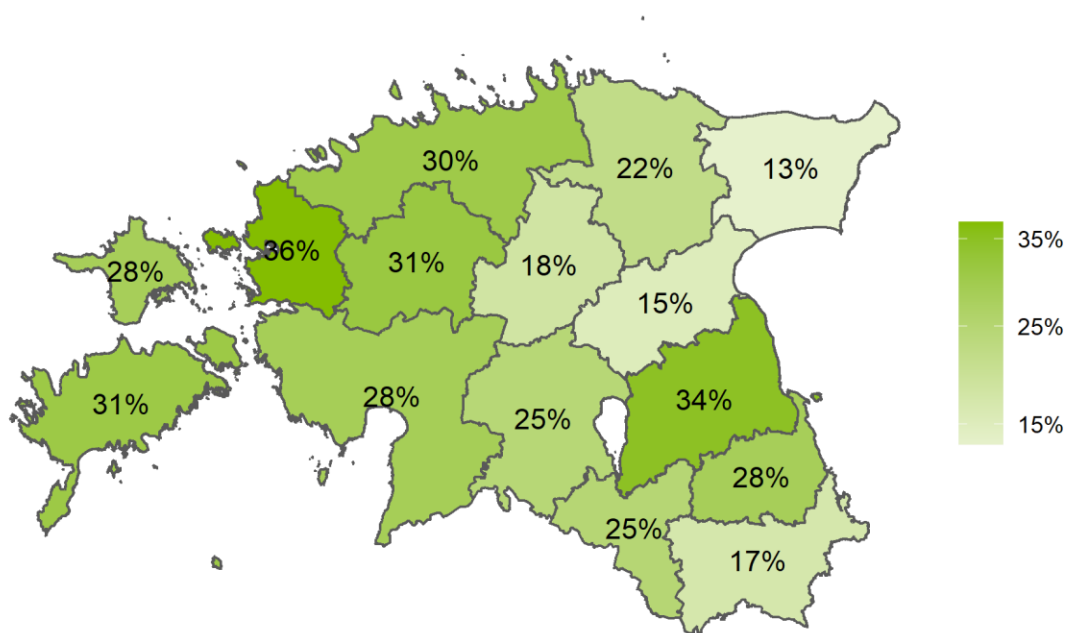
Figure 3. Web respondents by county, %

3.2 Work of the interviewers

Kristiina Saar, Leading Specialist of the Interviewer Network Department, SE

During EstHIS, interviewers were required to have a customary number of home visit contacts – three in a rural area and five in an urban area – before a respondent was considered non-participating. To increase the likelihood of contact, interviewers were instructed to contact potential respondents on different days of the week and at different times of the day. Each time, the interviewer also left a message with their name in the mailbox, where they indicated the time of the next expected visit. On average, four contact attempts were made before the respondent was declared non-responsive.

If the respondent had a telephone number, the interviewer could call if the person was not reached during the home visit. Interviews could not be conducted over the phone, only visiting times could be arranged.

At the beginning of each month, a notification letter was sent by e-mail to the people in the sample of the corresponding month. For those who did not have an e-mail address, a letter was sent by post. The letter introduced the goals and content of the study, its organisation, and data protection rules. The letter included the interviewer's contact information and links to the online survey with instructions for logging in. Those who had not yet responded or had left questionnaire incomplete were sent weekly reminder letters during the CAWI period. As one sample had a one-month response period for the CAWI interview, a CAWI non-responder received a maximum of four notifications per survey.

After the end of the fieldwork, SE sent a feedback questionnaire with eight questions to the respondents to evaluate the work of the interviewers. This enabled to collect information regarding the survey participants' assessment of the interviewer's work (CAPI respondents), how easy it was to fill out the questionnaire, and overall satisfaction with SE surveys. A feedback letter was sent to all interviewed respondents whose e-mail address was available, and a paper letter was sent to a selection of respondents whose e-mail address was not available.

A feedback questionnaire was sent by e-mail to all 4,975 respondents of the EstHIS2019 (including those who did not give their consent to transfer data to NIHD). About 18% of them were unable to receive the questionnaire because they either did not have an e-mail address or had an incorrect e-mail address. 918 people answered the feedback questionnaire.

Compared to other social surveys conducted by SE in 2019, the respondents of the EstHIS rated filling in the health questionnaire more difficult than average. Nearly a third of EstHIS respondents estimated that filling out the questionnaire was very easy, meanwhile more than half of the participants of other surveys thought likewise. Only 13% of the participants of other surveys rated filling in the questionnaire as more difficult than average, compared to one third of the participants in the health survey.

It was possible to add a comment concerning the ease of completing the questionnaire. 220 health survey respondents used this option.

The most frequent comments were the following:

1. The questionnaire is too long and time consuming.
2. Could not find/choose a suitable variant, more answer variants are needed. With yes/no questions, did not know how to answer.
3. Hard to remember events a long time ago, hard to remember expenses.
4. Could not understand/did not know how to answer the questions about alcohol.

5. Some questions are repeated.
6. Too personal, questions did not consider age differences, some questions were not suitable for all age groups.

In terms of quality control, it was monitored whether the survey was conducted in accordance with the methodological requirements. It appeared that in the EstHIS, 11 respondents who received the letter (1.2%) reported that the interview was conducted by telephone. All these answers were clarified with the interviewers and in some cases answering by phone was confirmed, mostly because the respondents did not have time to meet or were sick, but not always so. In three cases, answering in fact took place in CAWI (probably the respondent misremembered) and in two cases the interviewer finished the questionnaire started in CAWI.

It was uncomfortable for the interviewers to ask questions related to sexual behaviour – it was difficult to ask them especially from older people or, on the contrary, from younger participants. Computer survey offered the option of self-completion in such cases, which was probably more suitable for younger people and less so for older people. Respondents complained that the questionnaire was too long – the interview often took 1.5 hours and sometimes more. In addition, the respondents felt that some of the questions were repetitive. In the feedback letters, there were some general complaints that the questions were too personal and too many questions were asked about household members, although at the same time, the option to answer online was not very actively used. The answer variants of some questions where no suitable answer variant was found, were named too rigid. Some respondents also did not understand which questions could be skipped. However, many positive things were also said about the survey. It was approved as an important, interesting, and well-organised survey.

4 Data processing and compiling datasets

Checking, coding, weighting and other preparation for the further use of the data was carried out by SE. The data checks of the survey began in 2019 after the first questionnaires were received, and ended in April 2020, when the files that passed the initial data processing of the survey without added variables and weights were transferred to NIHD. NIHD sent feedback with the results of the inspection along with questions to SE in May. During the month of May, NIHD carried out the coding of other (unlisted) diseases mentioned under chronic, other diseases of mother and father, and diseases indicated as the reason for the use of prescription medicines for the final dataset.

4.1 Preliminary data processing

Marin Tasuja, Leading Analyst of the Population and Social Statistics Department, SE

Processing errors in the survey are reduced by data checks, which ensure that the answers are logical, consistent with each other, and that there are no input errors in the questionnaires. Automated checks are used for both face-to-face interview and online interview. Logical checks signal a contradiction immediately after answering the question to which the check is related. Logical inconsistencies must be checked by the interviewer during the interview and, depending on the problem, the answer should either be corrected, or an explanatory note should be added.

After the fieldwork of the health survey, CAPI and CAWI responses were combined into one dataset and loaded into the raw database. During the data processing of the received questionnaires, the messages of logical checks, the explanations and other notes added by the interviewers were reviewed. Sufficient explanations were accepted, in case of errors or insufficient explanations, the interviewer was contacted for clarification. In addition, the explanations attached to the answer category "other" were reviewed. The errors found were corrected. Since a lot of information from different databases was linked to the study, it was especially important that the personal identification codes (based on which the association took place) were accurate and corresponded to the person who participated in the study. In addition to personal identification codes, the correctness of addresses was also checked.

Then, the variables entered as free text by the respondent, such as occupations and fields of activity, were coded. In addition, responses in the "other" field were also recoded. Respondents often do not know or do not pay attention to whether their answer would fit under the given options, and it is easier for them to write their option in the field "other". The data processors check whether the written variant could be placed somewhere under the given answer categories, and if it does not fit, the answer remains in the field "other".

In the data processing of the EstHIS, the following classifications were used to code the responses: Classification of Occupations (ISCO-08), the Estonian Classification of Economic Activities (EMTAK 2008), Estonian Administrative and Settlement Classification 2018 v3 (EHAK), Classification of Languages, Classification of Nationalities 2013 var 1, International Statistical Classification of Diseases and Related Health Problems (ICD-10), Classification of Countries and Territories, International Standard Classification of Education (ISCED 2011).

Next, several data processing checks are applied to the dataset. Some checks are automatic, other checks must be solved manually by the data processors by correcting (i.e., making the answer correspond to the display conditions of the form) also other possible inconsistencies in the form (or, in the absence of answer, marking them as unknown answers). Controls applied to the dataset during the interview usually work well (e.g., only certain value ranges are allowed). Problems can arise when the consistency of answers to several questions is checked, and these questions are located far from each other in the questionnaire. If an earlier answer is wrong, it is almost impossible for the interviewer to correct it on the spot. This is time-consuming and, in some cases, would mean going through the entire questionnaire from the beginning with the respondent again. That is why these types of inconsistencies are not left for the interviewer to resolve and are later checked and corrected by data processors. The interviewer can note that the contradiction is correct for a specific reason, which is later checked by the data processors. There were not many problems with the questions of EstHIS, except for the economic activity questions, which were asked with several different questions and the answers of which did not always match.

In addition, during data processing, illogical answers are checked, which are highlighted by the so-called soft checks/warnings (e.g., are there as many rooms in the dwelling as the respondent indicated, etc.), and errors that may occur in the composition of the household are corrected. For this purpose, different sources of information are used, for example, in the case of questions concerning residential premises, the Building Register.

In the same stage, additional variables are calculated for the dataset and the necessary data from the registers are linked. Once all the problems have been resolved, the dataset will be anonymised. The personal identification number, the exact address, the contact addresses, etc. information and technical features enabling the identification of the person will be removed.

Since the respondent/interviewer can write anything in the free-field texts (e.g., profession, field of activity, explanations to the "other" answer option; checks cannot be added there), they may also contain confidential information. This is why the free-field texts are never displayed in the anonymised dataset and they can be seen by the analysts only in special cases after the texts have been checked beforehand.

The stages of imputation and weighting were completed after data checks. Here, the guidelines from Eurostat were followed. In their absence, the methodologies applied in similar surveys were relied upon. According to imputed variables, equivalent income and its quintiles were calculated.

4.2 Calculating weights

Tatjana Iljašenko, Leading Methodologist of Mathematical Statistics, SE

The survey target population were individuals living in Estonia as of 01.01.2019 who were at least 15 years old and who did not live in an institutional household. The results were extended to the described population.

According to the final results, the 8,500 people in the sample were divided as follows:

- Respondents – 4,881 (58% of the sample),
- Non-response cases – 3180 (37% of the sample, 3087+93),
- Ineligible sample cases – 439 (5% of the sample).

93 persons answered the questions, but did not give permission to use their data, which is why they are counted as non-responsive.

The weights have been calculated in three steps: design weights, non-response adjustment weights and calibrated weights, which are the final weights.

1. Design weights (identifier DKAAL_ISIK)

The design weights are calculated based on the sample design, which in the case of this survey is a systematic selection in strata. There are four strata in total, and the design weight is constant within one stratum. The design weight is calculated for all sample persons as the inverse value of the probability of being chosen into the sample, i.e., as the number of objects in the stratum divided by the number of objects in the stratum in the frame.

2. Non-response adjustment weights (identifier MVKAAL)

Logistic regression has been used to describe non-response. Logistic regression was used to find the probability of answering, where the following characteristics were used to explain answering: 5-year age group indicator, county (Tallinn separately), urban-rural variable calculated from the person's place of residence. The non-response adjustment weight MVKAAL was calculated by dividing the design weight by the probability of the response.

The non-response adjustment weight is calculated only for respondents.

The guidelines of the survey recommended weight trimming if the weights were too variable. The need for trimming was checked and there was no need to trim the weights. A value of 3 was used as the trimming factor as recommended by the manual (3, 4).

3. Calibrated weights (identifier KAAL)

In order to reduce the shift in the probability estimation of non-response and to correct the resulting weights in such a way as to estimate the population distribution obtained using the weights as accurately as possible, the weights were calibrated with known demographic data. Since the calibration procedure is applied to the estimate of the previously received non-response adjustment weight, only respondents have been considered here as well.

Calibration means correcting the weights by a certain factor so that when the weights are added together, predetermined calibration amounts are obtained, for example, the population by different groups. The population from the database of SE as of 01.01.2019 has been taken as the calibration sums. For the totals, the observed total population (15+ persons) has been considered, and the number of people staying in institutions have been excluded. If the number of people staying in institutions is not known in the observed group, then it is estimated based on the principle of proportionality. The following identifiers have been used for calibration: sex and 5-year age group viewed together, county (Tallinn separately), urbanisation degree indicator (urban-rural variable), education (5 groups derived from the ISCED 2011 distribution: 0–1, 2, 3–5, 6–8, education unknown). In addition to the EstHIS2019 dataset, SE used a database identifier which is used for calculating and publishing the population by education in the SE public database (see SE database table RV0231U).

Calibration was done using the R software package "icarus", which is very similar to the SAS macro CALMAR by its nature and principle of use. As a result of the calibration, the final calibrated weight was obtained.

4.3 Imputation

Tatjana Iljašenko, Leading Methodologist of Mathematical Statistics, SE

The principle of imputation is to replace missing values with predicted values. The estimates of predicted values are found using certain methods and by using the data for which the values have been reported.

According to the manual for the EHIS, the main reason for missing values is non-response, which is especially relevant for income data. Accordingly, the manual recommends imputing income-related variables to minimise non-response effects by using the least squares method, and to simplify data analysis.

The mainly used imputation method is statistical imputation, which is based on stepwise regression modelling (or chained equations), taking into account the type and distribution of variable values and allowing imputing several variables at once. Hence the name of the method "Multiple Imputation by Stepwise Regression/Chained Equations Method". The method is implemented by using the R software package "mice".

In the framework of EstHIS2019, the variables of personal income (variable ETEUL15) and household income (YD18) were imputed, using the identifiers on the condition of the dwellings (YD8), the household's ability to cope with the necessary expenses (YD17), the indicator of the level of urbanisation (identifier derived from the variable T_ELUKOHT linn-maa), type of settlement (identifier asula_tyyp derived from the variable T_ELUKOHT), and personal data of the household representative: age (VANUS), education (5 groups derived from the ISCED 2011 obtained from the data of the SE database: 0–1, 2, 3–5, 6–8 , education unknown), mother tongue (from SE database data) and marital status (from SE database data) as explanatory variables.

Imputed personal and household income values were adjusted using income ranges, where possible (if the value fell below or above the range, they were replaced by either the upper or lower range limit value).

When imputing the missing values of the income of single-member households, in addition to the statistical method, a deductive one was also used - namely, personal income values were imputed where possible.

4.4 Results

After receiving the final data, the compilation of the European Health Interview Survey (EHIS) file was started at NIHD in the beginning of August 2020. Pre-verified individual data (without direct identification with weighting factors) had to be transmitted within 9 months after the end of the data collection period in accordance with the requirements established by the Commission (Eurostat). It was necessary to transmit the agreed metadata to the Commission (Eurostat) with the prescribed quality report no later than three months after the transmission of the individual data.

The microdata of the survey was transmitted to Eurostat at the prescribed time, in the beginning of October 2020. The validation confirmation for Estonian data was received by Eurostat on 16.10.2020. The preparation of the quality report for Eurostat started at the beginning of January 2021 in cooperation of NIHD and SE. The preparation of the quality report

was completed three months after the transmission of the microdata. Metadata of the survey was sent to Eurostat at the beginning of February. The validation confirmation for the quality report was received by Eurostat on 17.02.2021.

The results of the EstHIS2019 survey were reflected in Eurostat's quality report based on the main variables of the respondents (table 7) and the main health problems (table 8).

Table 7. Division of respondents by the main variables

	Population		Sample		Respondents		Non-response	
	Number	%	Number	%	Number	%	Number	%
Total	1,107397	100	8,500	100	4,881	100	3,619	100
Women	593, 581	54	4,570	54	2,856	59	1,714	47
Men	513,816	46	3,930	46	2,025	41	1,905	53
Age*								
15–24	125,919	11	961	11	476	10	485	13
25–34	187,707	17	1,402	16	659	14	743	21
35–44	183,646	17	1,372	16	713	15	659	18
45–54	174,452	16	1,336	16	744	16	592	16
55–64	173,825	16	1,336	16	857	18	479	13
65–74	135,448	12	1,080	13	760	16	320	9
75–84	92,227	8	731	9	505	10	226	6
85+	34,173	3	282	3	167	3	115	3
Education level (ISCED 2011)								
ISCED 0–2	208,916	19	..	..	890	18	..	..
ISCED 3–4	498,525	45	..	..	2,142	44	..	..
ISCED 5–8	387,101	35	..	..	1,833	38	..	..
Population density								
Densely populated areas	677,576	61	4,787	56	2,581	53	2,260	61
Middle-density areas	86,613	8	673	8	410	8	263	7
Low-density areas	341,801	31	3,040	36	1,890	39	1,150	32

* Age as of 01.07.2019.

Table 8. Division of respondents according to health status

Variable or response to the question	Number of respondents	Estimation (weighted)	Standard error	95% the lower and upper confidence limits of the confidence interval
Respondents with good or very good health (HS1)*				
Total	2,723	0.596	0.007	0.582; 0.611
Women	1,552	0.574	0.010	0.555; 0.593
Men	1,171	0.622	0.011	0.600; 0.644
Respondents with long-term diseases or health problems (HS2)				
Total	3287	0,648	0,007	0,634; 0,663
Women	2000	0,682	0,009	0,664; 0,701
Men	1287	0,609	0,012	0,586; 0,632
Respondents with significant long-term activity limitations due to health (HS3)				
Total	605	0.111	0,005	0,102; 0,120
Women	384	0.125	0.006	0.113; 0.138
Men	221	0.095	0.006	0.082; 0.107
Respondents who have been hospitalised within the last 12 months (HO1)				
Total	550	0.109	0.005	0.100; 0.118
Women	329	0.112	0.006	0.100; 0.124
Men	221	0.105	0.007	0.091; 0.119
Respondents with obesity aged 18+ (body mass index ≥ 30)*				
Total	1095	0,210	0,006	0,198; 0,222
Women	688	0,228	0,008	0,212; 0,243
Men	407	0,190	0,009	0,172; 0,208

* Proxy respondents not included.

Responding on behalf of another person (so-called proxy interview) was only allowed for people with long-term health problems that hindered answering the questions. 30 respondents out of 4,881 used the proxy interview (0.6% of respondents).

From February to the beginning of April 2020, mutual correction of the EstHIS2019 questionnaire data set took place in cooperation of SE and NIHD, in order to correct all the mistakes and inaccuracies found during the compilation of the Eurostat data set in the data

files of both parties. It was also the preparation for publishing the results. The final total number of respondents according to the main background variables has been brought out in Annex 2.

4.5 Comparison of results to other surveys

The comparison of data of other surveys enables to assess the quality of the survey. In the case of health surveys, the three questions of the Minimum European Health Module (MEHM) can be used for comparison, primarily because these general health status questions are recommended for use in all health-related surveys. The questions are about general self-assessment of health, long-term diseases, and long-term limitations due to health. In addition to EHIS2019, the three general health status questions were used in the 2018 and 2020 survey of the health behaviour of the Estonian adult population (HBS) (15) and the Estonian Social Survey (ESS/EU-SILC) of 2018–2020. While EHIS2019 and EU–SILC questions used the same wording, HBS questions and answer categories used a different phrasing. Health status self-assessment questions in EHIS2019, HBS2020 and EU-SILC2019 are presented in Annex 4.

In HBS, the self-perceived health has been asked about the current moment, and the answer categories are also different. While HBS answer variants were: "good", "quite good", "average", "quite poor" and "poor", the EHIS and EU-SILC variants were: "very good", "good", "neither good nor poor", "poor" and "very poor". In comparison with EHIS2019, the HBS answers are shifted towards the middle. The assessments given by the groups of respondents with poor health are very similar, despite the slightly different wording of the questions and answer categories in the HBS (Figure 4).
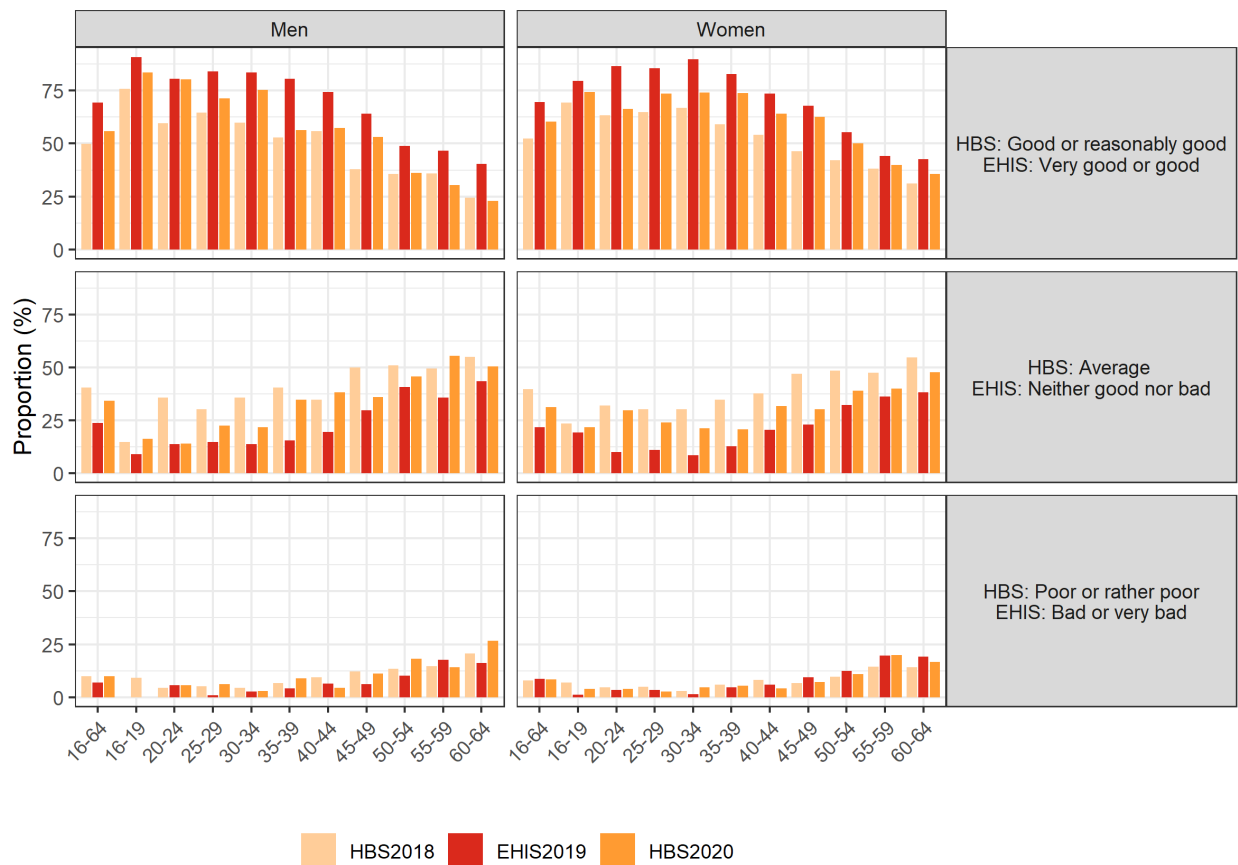
Figure 4. Self-assessment of health in EHIS2019, HBS2018, HBS2020 by sex and age group, %

The result of the groups with good and average health is more affected by the difference in the wording of the answer variants. In addition, the explanatory text of the EHIS questionnaire asks to exclude temporary health problems. In the case of EHIS and ESS, as neutral wording as possible has been used to describe the group in the middle - "neither good nor poor", which reduces the respondents' choice of this option. On the contrary, the use of the word "average" in HBS increases the choice of this answer. The impact of the wording was assessed by A. Selart (16) of EstHIS surveys between 2014 and 2006. When comparing HBS to EHIS, the estimates show a shift in responses from the good health group to the average group. In conclusion, when using the EHIS and HBS results, it is recommended to look at the groups with good and average health together, because in both studies the proportion of people who rated their health as poor, very poor or rather poor was similar. The self-assessment of good health is underestimated in HBS, but the tendencies of the age groups have remained the same, and the self-assessments do not differ by gender.

The health self-assessments based on ESS and EHIS data are closely in line. Question and answer categories were the same, which ensured similar or only slightly different shares both in the 2019 survey and in the view of changes made in 2018–2020 (Figure 5). The difference between EU-SILC2019 and EHIS2019 is between -7 to 8 percentage points.

Figure 5. Self-assessment of health in EHIS2019, EU-SILC2018–2020 by sex and age group, %

The question about long-term chronic diseases and health problems is almost the same in HBS, but the occurrence of diseases is mentioned considerably more in EHIS than in HBS and EU-SILC (Figures 6 and 7). In EHIS, the three general health status questions are directly followed by 28 questions concerning individual chronic diseases. The answers to those questions are related to the answer to the general question previously given by the automatic check. If they later answered "yes" to the question of chronic disease, the respondent had the opportunity to correct their previously given answer "no" to the general question. The reasons why the respondent may not always immediately remember a chronic health problem may be that it is a seasonal problem, the disease is controlled by taking medication, or the disease does not affect daily life much. For example, it may be so with cases of high blood pressure or hay fever. In EHIS, the relevant explanation is also added to the question. HBS asks about the occurrence of 17 chronic diseases (diagnosed or treated diseases/disease symptoms), but not immediately after the health status mini-module questions but following questions about the

use of medical care. In EU-SILC, there are no specific questions about the occurrence of diseases.
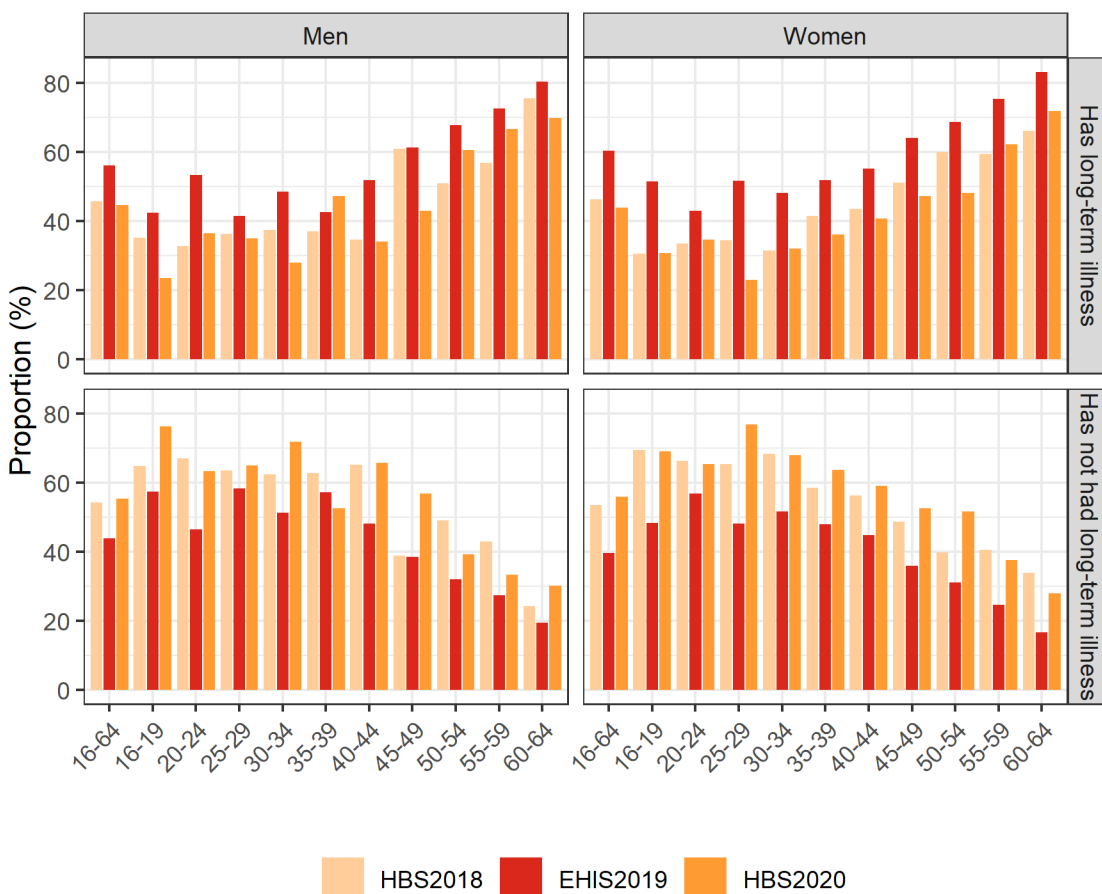
Figure 6. Occurrence of long-term diseases in EHIS2019, HBS2018, HBS2020 by sex and age group, %

In EHIS, the occurrence of long-term diseases is overestimated compared to other studies, because significantly more chronic diseases have been listed. As age increases, the difference between the surveys decreases, suggesting that the effect of long-term diseases becomes more noticeable with age. Comparing the percentages of men and women with long-term diseases, the share of men in EHIS is 1.2 times higher and the share of women is 1.35 times higher than in both HBS surveys. Compared to EU-SILC2019, in the EHIS2019 data, the share of men with long-term diseases is 1.5 times higher and the share of women is 1.46 times higher. Such a big difference may be due to the fact that within the EU-SILC, the respondents are not reminded of diseases and health problems by names, and these do not significantly limit their lives.
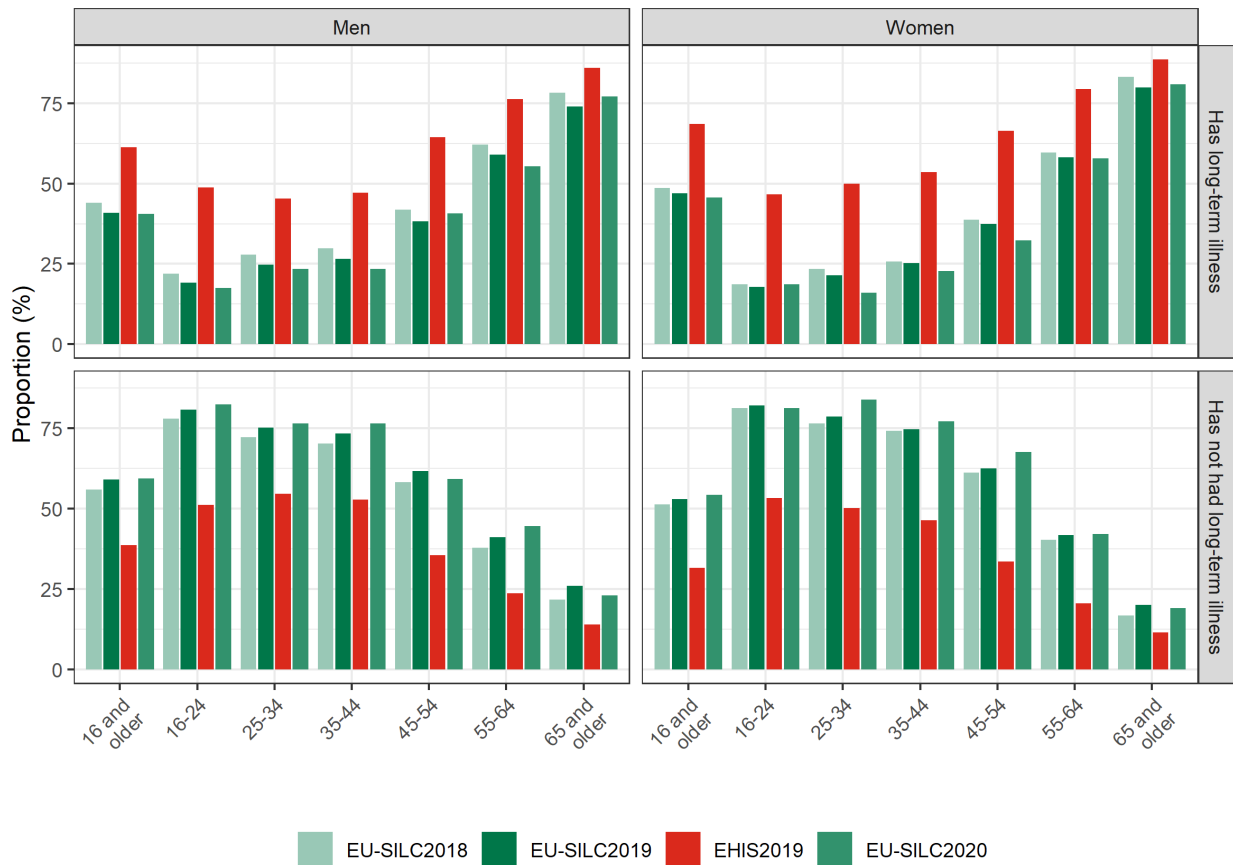
Figure 7. Occurrence of long-term diseases in EHIS2019, EU-SILC2018–2020 by sex and age group, %

The wording of the question about the health-related long-term activity limitations is the same for EHIS and EU-SILC, but different for HBS. However, the answer variants are similar.

In EHIS, explanations are added to the question, which are missing in HBS. Based on the wording of the question, the aim of the question of EHIS and EU-SILC is to get an answer about the occurrence of long-term activity limitations due to health-related issues. HBS questionnaire used a question that targets limitations that have occurred in the past 6 months, and therefore the answers may include temporary or short-term limitations that are excluded in the answers of EHIS and EU-SILC. Therefore, HBS's responses contain more minor limitations than the other surveys. Also, based on HBS, there are fewer people who have not had limitations in the last 6 months, and in the EHIS and EU-SILC results, there are again fewer people with long-term health-related activity restrictions (Figures 8 and 9). In the age group of 60-64, however, the shares of the group of respondents with insignificant limitations overlap.
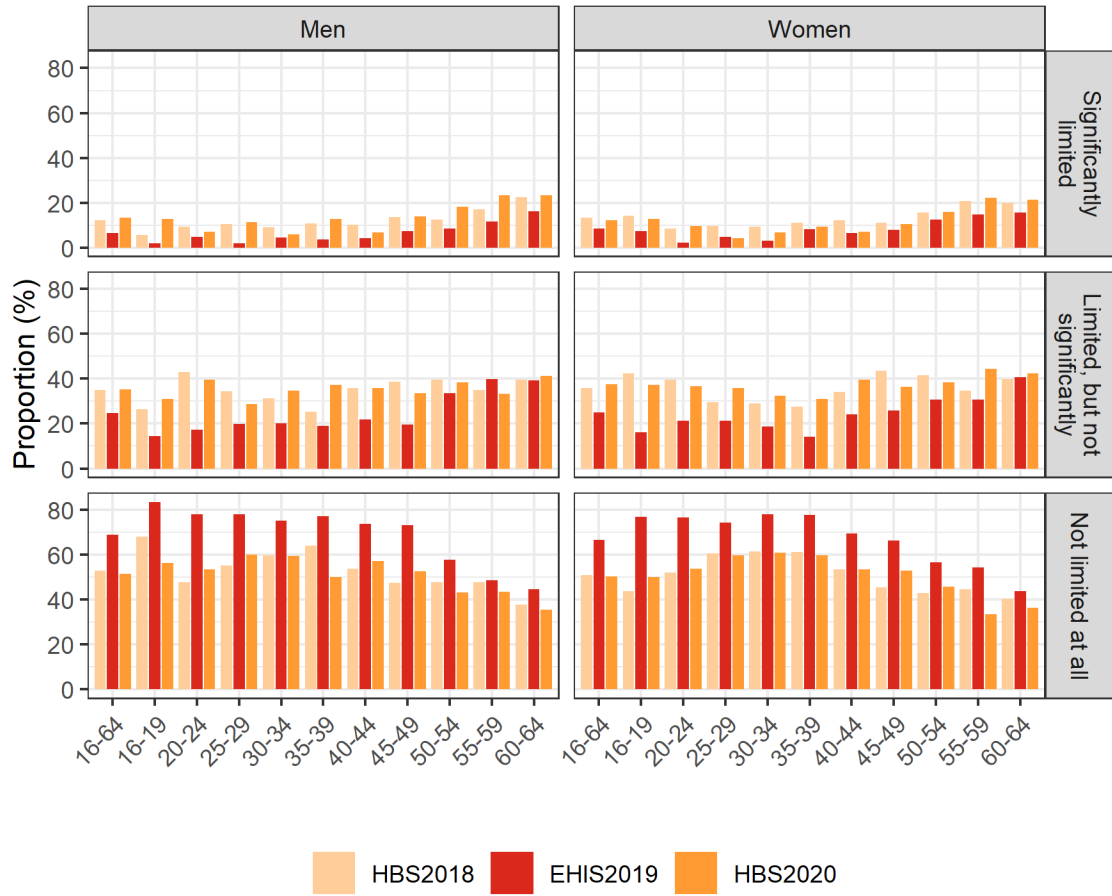
Figure 8 Long-term health related limitations in EHIS2019, HBS2018, HBS2020 by sex and age group, %

Figure 9. Long-term health related limitations in EHIS2019, EU-SILC2018–2020 by sex and age group, %

4.6 Updating the survey dataset with data from administrative sources

In the health survey, people are asked for information that is generally not available from other sources. The EstHIS2019 questionnaire was very voluminous, containing both the mandatory part of the EHIS and questions that could be compared to the previous Estonian health surveys. During the design of the survey, linking to the questionnaire dataset with health data from administrative data sources was added as an additional option for data users. SE uses the linking of register data to social surveys for reducing the volume of research and saving costs. In EstHIS2019, the possibility of enriching the data set was also implemented, as was done in the previous health survey of 2014.

The direct need to link the data was to obtain the variable of the highest level of education. The Estonian Education Information System (EEIS) has data on education obtained in Estonia since 2005, but the system does not include earlier data nor education acquired elsewhere. For the 2011 Population and Housing Census, a major effort was made in SE to obtain an education identifier for the entire population. The data was queried in great detail to get the result with the required accuracy. EstHIS2019 also used census data to obtain the education variable,

supplemented by EEIS data from post-census years. Only questions about education acquired abroad were added to the questionnaire.

NIHD prepared a list of linked data sources and additional registry variables, and SE ordered the listed variables in addition to the questionnaire dataset. The list was based on the possibilities of the existing register data, and the additional need for both health and socioeconomic background variables was considered. A small selection of data from the previous census was also added. Questions were kept in the questionnaire, for which register data were collected from administrative sources, so that later, after comparing them, the suitability of the register data could be assessed instead of the survey data and the response burden of the next health survey could be reduced.

The additional variables linked to the EstHIS2019 from the requested administrative sources were as follows.

Estonian Unemployment Insurance Fund:

1) persons with reduced work capacity at the time of the survey and 12 months before the time of the survey (time of assessment, the end and the extent of determined work capacity);

2) paid Unemployment Insurance Fund benefits (unemployment insurance benefit, redundancy benefit, unemployment benefit, employer's insolvency benefit, business start-up support, work capacity support), net and gross sums and taxes;

3) periods of unemployment (period of observation 2015–2019, determined according to the end date of unemployment);

4) persons who were registered as unemployed or as jobseekers at the Unemployment Insurance Fund at the time of the survey and 12 months before the survey (with dates of registration and termination and last occupation).

Estonian Health Insurance Fund (data from 2019):

1) sickness benefits by type (sickness benefit, care benefit, maternity benefit - calculated and paid amount, number of compensated days; reason, start and end date of work release);

2) digital prescriptions (date of purchase and prescribing, ATC code, name and content of the active substance, sold drug package, code centre code and size, number of originals, diagnosis code on the prescription (ICD-10), discount rate, total cost of the prescription, amount reimbursed by the EHIF, patient and purchaser code, number of patient prescriptions, total cost, EHIF and patient's own contribution);

3) services of a specialist care on the basis of treatment invoices (type of shipment of the invoice for medical services, code of the type of healthcare service, invoice number, start and end date, urgent care, department of emergency medicine, basic diagnosis, external cause diagnosis, doctor's specialty, basic specialty);

4) in-patient days (code, name, number of days);

5) procedures (invoice number, code, number of procedures and queue number);

6) presence or absence of health insurance in 2019 (type of insurance, start and end date, suspensions);

7) using the services of a family physician or a family nurse (service code, name, number of services).

Estonian Education Information System EEIS:
1) highest education level according to the classification ISCED2011.

Tax and Customs Board (data from 2019):
1) income and payments by type, net and gross (income of sole proprietorship, pay-outs from the 3rd pension pillar and pension funds, dividend income, profit from capital investments, interest income, income related to redundancy, contributions to the 2nd pillar of the funded pension, remuneration for creative activities, employer's insolvency compensation, annual repayment of a low-income working person, other allowances and subsidies, rental income);
2) income from paid work (gross, net, income tax);
3) social tax, repaid/payable income tax, employer's social tax, employer's unemployment insurance contributions, payments to private pension schemes, land tax, form (FIDEK - 1 or TSD - 0).

Estonian National Social Insurance Board (data from 2019):
1) paid pension by type (gross, net, withheld income tax, number of months);
2) paid family allowances by type (gross, net, withheld income tax);
3) disabilities valid for at least one day during 2018 and 2019 (date, start and end date of validity, degree of severity, main diagnosis);
4) % of incapacity for work at the time of the survey, all incapacities of work valid for at least one day during 2018 and 2019 (date, start and end date of validity, % of incapacity for work);
5) the severity of the disability at the time of the survey (date, start and end date of validity, main diagnosis, whether primary, degree of severity);
6) paid disability benefits by type (gross, net, number of months).

Data from the 2011 census:
1) birthplaces of parents and grandparents (A14, A14C);
2) country of birth A13;
3) children born until 31.12.2011 (A11A, women aged 15 and above). Data of children born in 2012-2019 should be added to the census data;
4) religion A21, A21A;
5) nationality A17;
6) mother tongue A19;
7) questions related to health A50, A51.

Population register

1) nationality (List of nationalities 2013 var 1);

2) code of citizenship (Geography list 2014);

3) address of birthplace (Classification of countries and territories 2T 2013v1).

Thus, the EstHIS2019 dataset includes, in addition to what was collected by the survey, a selection of data linked from registers in a pre-agreed volume. Requests for the use of data must be submitted to SE[2] – to the administrator of the datasets.

5 Publication of data

Before the publication of the results, NIHD was obliged to prepare the European Health Interview Survey dataset and quality report and submit them to Eurostat in accordance with the implementing regulation and other instructions. The quality report contained metadata about the methodology and results of the survey.

For the microdata file of the European Health Interview Survey, the necessary identifiers and response options were recoded according to pre-defined instructions. The inaccuracies found in the database were corrected and the necessary recoding was made. Logic errors were corrected in answers between different parts for which automatic checks were not used. Corrections were also made in cases where the respondent had to answer the question but had changed or deleted previously given answers while moving back and forward in the form, and the answers were no longer consistent with each other.

During the preparation of the dataset, some logic errors were identified, such as the wrong unit of measurement value (weight, height, number of drinks consumed) or impossible values (impossible human parameters, excessive exercise, or lethal levels of alcohol consumption). Various experts in NIHD were consulted when determining the variable value as impossible. Cases were also identified where a wrong explanatory value was automatically set in the SE system, for example, 15 persons had the education level value "NAP" (Not Applicable), but in fact education is applicable to all respondents and can be missing only in two cases: when it is unknown, or the respondent has refused to answer the question. SE corrected this error and submitted the education level data of these persons to NIHD. All the variables were also checked according to the applied filters and referrals, and answers were found that were given despite the interviewee did not have to answer. There were a couple of them regarding some variables, and these responses were corrected as missing for the EstHIS2019 dataset and not applicable for Eurostat.

Upon sending microdata to Eurostat, the dataset underwent validation, during which cases were identified when the given answers did not logically match each other. For example, a person had serious functional limitations, but had previously answered that had no health-related limitations. Or a respondent mentioned that they had a colonoscopy in the last year, but no doctor's consultations were indicated. Error messages were reviewed, other questionnaire responses and linked data were used for searching supportive data for one or the other response. When supportive facts were found, the answers were corrected accordingly. When reviewing the error messages, the organization of the Estonian health care system was taken into account. For example, colon cancer screening uses an occult blood test that can be done at home. When there was a logical explanation, the answers were not changed.

For many variables, Eurostat did not request answers if someone else answered on behalf of the person in the sample. These mainly included self-assessment questions that another person, even from the same household, could not answer. In the dataset of the questionnaire, the answers to such questions were either marked unknown or as the respondent's opinion about the interviewee. These proxy answers were not submitted to Eurostat, but they remained in the microdata base.

Fulfilling Estonia's international obligations was done from beginning of August 2020 to the end of February 2021. After the validation of the microdata, all the corrections and additions made in the Eurostat file were introduced into the initial dataset of the EstHIS2019, both in

NIHD and SE. According to the harmonised dataset, tables were prepared for the publication in NIHD Health Statistics and Health Research Database. If the number of respondents in the respective group was less than 15, the result was not published in the database table. The number of respondents according to the main variables has been given in Annex 2.

In the Health Statistics and Health Research Database, the estimates of the proportion of the indicators were published, for the calculation of which new variables were defined. The first selection of indicators and tables included those that had been published in the database of the surveys of previous years. Some tables could not be updated in their existing form; therefore, a new table was published on the topic. New, previously unpublished tables were added, such as the table for the occurrence of functional limitations by different variables, and the table for water consumption.

At the end of April 2021, NIHD published the first selection of comparable indicators of the EstHIS2019 with 2006 and 2014 in the Health Statistics and Health Research Database. The selection was based on previously published indicators and tables in the public database. Tables were also added in cases where there was no corresponding table for 2014. The following updated tables were published at the end of September 2021, for which new releases were made with a comparable data of the 2006 survey. The releases were made alongside with news: "Health survey: 65 percent of adults have a chronic disease or long-term health problem"; "Only one in ten people eats vegetables according to recommendations".

Eurostat started publishing the results of the 3rd wave of the European Health Interview Survey in a public database [3] in July 2021. Then, the results were reported in numerous monthly news - in July, for example, about obesity and the consumption of sugar-sweetened beverages, as well as in the online health review (Health in the European Union - facts and figures) (Figure 10).

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[3] https://ec.europa.eu/eurostat/data/database
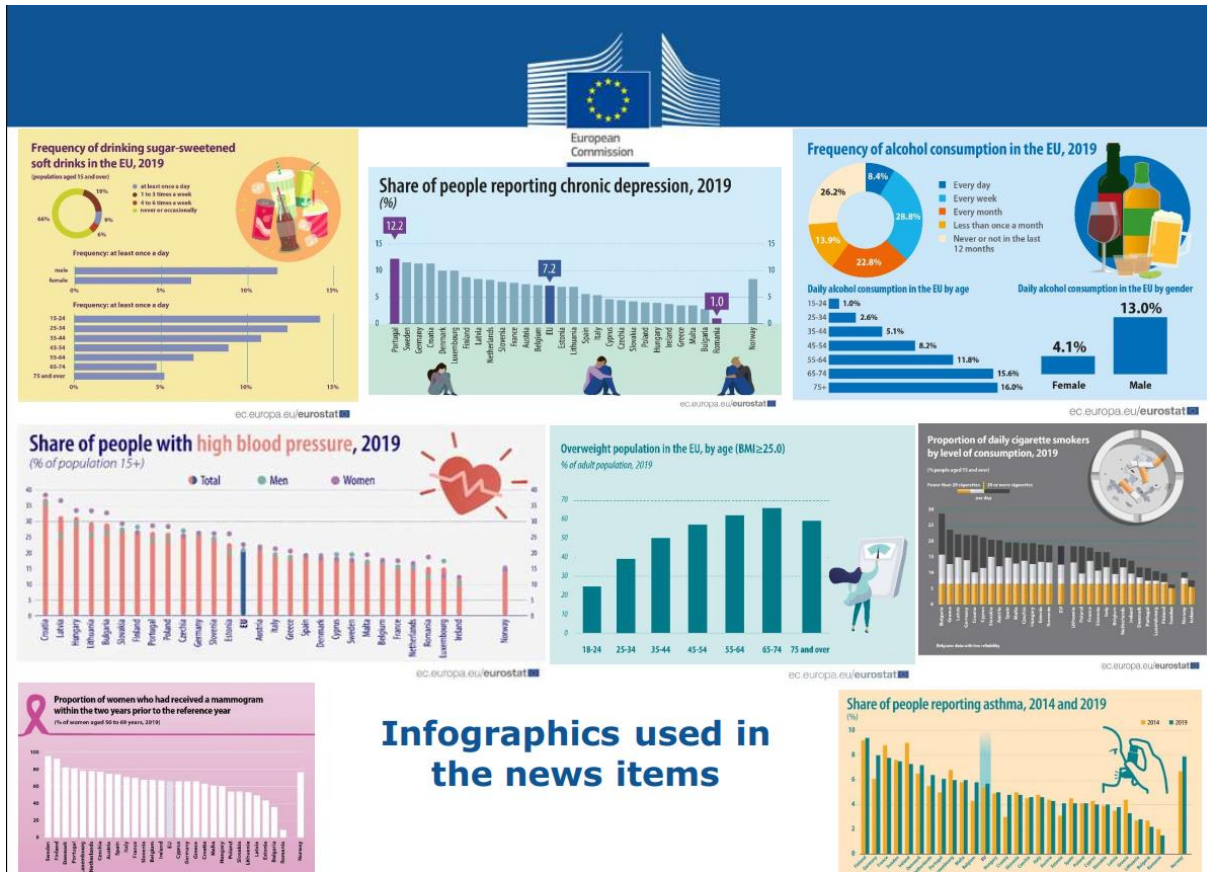
Figure 10. Selection of Eurostat infographics based on the data of the European Health Interview Survey

6 Comparison of data of the Health Interview Survey of 2019 and 2014

The user of survey data must take into account that even if the question asked in surveys of two different years was worded similarly or the change was minimal, the results may differ significantly. Answering is influenced by factors such as the location of the question in the form, previous questions (i.e., the order of the questions) and the topic of the survey. In addition to the subjective assessment of the respondent and the feeling at the moment of the survey, the results are significantly influenced by the response rate of the survey (e.g., non-response) and the survey method used. In the case of computer and online surveys, much depends on the design of the used automatic checks. Therefore, there are many factors that influence the answering process.

Compared to EstHIS 2014, EstHIS2019 was conducted with the same methodology and similar questionnaire. The changes in the questionnaire were minimal and limited to the addition of new mandatory questions and the deletion of some less important questions. As questions from the three new voluntary modules of the European Health Interview Survey were added to the EstHIS2019 questionnaire – extended nutrition module, patient experiences, positive mental health – it was necessary to critically review the options and limit the number of questions to reduce the response burden on people. Both the NIHD and the Ministry of Social Affairs were interested in the answers of the new modules. The biggest change compared to the previous wave was made in the socio-economic background variables module, because these variables introduced by Eurostat had been harmonised in all EU social surveys in the meantime (11). Harmonisation was done during the modernisation of social statistics, which was based on the common framework for European statistics relating to persons and households (12).

It is easiest to observe the changes made in the EstHIS2019 questionnaire by comparing the questionnaires. The structure of the questionnaire (order of parts and order of questions) was not changed. The EstHIS2014 methodology overview describes the content and organisation of the previous wave of the study in more detail (17). Maintaining consistency meant a continuing difference with the EHIS. The differences were described in the quality report submitted to Eurostat. The overview of the quality reports of the member states of the previous wave was prepared by Eurostat, the same is being done now (18).

It is worth paying attention to the changes in the questions of the third wave of the EHIS, especially if the goal is to compare the results with the previous wave or compare the Estonian data with the data of other countries using EHIS microdata files. The comparability of the European survey questions is described in detail in the survey manual (3, 4). The new questions, which were considered important for shaping European health policy, were about the health of teeth and gums, elevated blood cholesterol levels, memory and concentration difficulties, the amount of time usually spent sitting or lying down per day, the frequency of consumption of fruit and vegetable juices and sweetened drinks, previous daily smoking, and use of electronic cigarettes. Adjustments were made to the wording of several questions and answer categories, as well as to the filters and referrals used. In the questions concerning functional limitations, personal care and household activities, a filter of age 55+ was applied in the EHIS, the filter 65+ was used in the previous wave (2014), and in the EstHIS, all respondents were asked these questions. Only working people were asked about absences from work during the year, meanwhile in the previous survey, everyone was asked this question. For the blind and

the deaf, there was a difference in the referral of questions about visual and hearing difficulties. Since the consumption of fruit and vegetable juices was asked in a separate question, changes were made to the wording of the questions on the frequency of fruit and vegetable consumption, from which juices were omitted. The response categories for being in smoky indoor rooms were changed. The questions concerning smoking included electronic cigarettes and heated tobacco products.

The 2018 version of the survey guidelines was the basis for the preparation of the EstHIS2019 questionnaire and interviewer's manuals, and some clarifications of the 2020 version were not available at that time. The latter mainly concerns the new questions for which the guidelines were updated until the last moment in cooperation between Eurostat and the representatives of the countries.

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Annexes

Annex 1. Division of respondents by interview type

Table 9. Respondents by interview type

	CAPI		Combined		CAWI	
	Number	%	Number	%	Number	%
Total	3,231	100%	332	100%	1,318	100%
Gender						
Women	1,842	43%	197	41%	817	38%
Men	1,389	57%	135	59%	501	62%
Age						
15–24	324	10%	32	10%	112	8%
25–34	355	11%	54	16%	233	18%
35–49	621	19%	103	31%	374	28%
50–64	763	24%	90	27%	372	28%
65–74	569	18%	40	12%	156	12%
75+	599	19%	13	4%	71	5%
Level of education (ISCED 2011)						
ISCED 0–2	733	23%	39	12%	118	9%
ISCED 3–4	1,551	48%	140	42%	451	34%
ISCED 5–8	936	29%	153	46%	744	57%
Economic status						
Working	1,585	49%	236	71%	906	69%
Unemployed	196	6%	25	8%	116	9%
Student	197	6%	14	4%	57	4%
Pensioner (old-age and disability)	1,253	39%	57	17%	239	18%

Annex 2. Number of respondents by age and main background variables

Table 10. Number of respondents by age. Men

	15-24	25-34	35-44	45-54	55-64	65-74	75+	Total
Number of respondents	229	291	329	329	358	289	200	2,025
Region								
Harju County	84	132	161	124	121	99	65	786
Ida-Viru County	16	17	26	23	30	20	22	154
Counties of Tartu, Jõgeva, Põlva, Valga, Viljandi, Võru	70	80	79	98	103	75	58	563
Counties of Järva, Lääne-Viru, Rapla	27	25	22	29	44	33	22	202
Counties of Lääne, Saare, Hiiu, Pärnu	32	37	41	55	60	62	33	320
Type of settlement								
Urban	139	181	220	183	194	151	117	1,185
Rural	90	110	109	146	164	138	83	840
Nationality								
Estonian	193	229	246	263	242	206	152	1,531
Non-Estonian	36	58	81	65	114	83	48	485
Native-born population								
Native-born	227	273	287	287	266	222	159	1,721
Non native-born	2	16	41	41	90	67	41	298
Marital status								
Single	210	137	78	69	38	15	9	556
Married	0	66	134	160	216	203	117	896
Cohabiting	19	79	95	63	56	28	8	348
Widow(er)	0	0	2	3	5	15	53	78
Divorced	0	9	20	34	43	27	13	146
Cohabitants	19	145	229	223	272	231	125	1,244
Non-cohabiting	210	146	100	106	86	57	75	780
Education								
Basic of lower	143	50	48	31	19	39	38	368
Secondary education	76	151	147	195	196	146	95	1,006
Higher education	10	89	133	100	140	104	67	643
Everyday activity								
Employed	79	257	295	278	248	62	4	1,223
Unemployed	16	25	30	46	56	0	0	173
Pupil/Student	132	3	2	2	0	0	0	139
Retired	0	0	1	1	52	227	196	477

	15-24	25-34	35-44	45-54	55-64	65-74	75+	Total
At home	2	6	1	2	2	0	0	13
Active	79	257	295	278	248	62	4	1,223
Inactive	150	34	34	51	110	227	196	802
Income								
Up to 450 euros	138	25	23	42	80	98	54	460
451 to 650 euros	21	18	22	29	58	111	121	380
651 to 850 euros	14	24	15	39	41	23	9	165
851 to 1100 euros	24	59	70	72	81	22	13	341
1101 to 1400 euros	15	63	45	47	40	17	2	229
1401 to 1700 euros	9	34	40	43	23	6	0	155
1701 to 2000 euros	5	26	48	23	17	6	1	126
Over 2001 euros	3	42	66	34	18	6	0	169
Locus of control								
Internal	128	178	199	137	143	93	57	935
Intermediary	94	106	117	175	195	174	117	978
External	7	7	13	17	20	22	26	112
Self-estimated health								
Very good	91	93	64	29	20	6	2	305
Good	110	152	191	161	139	88	30	871
Neither good nor bad	23	38	55	113	142	138	103	612
Bad	4	8	17	23	47	52	53	204
Very bad	1	0	2	3	10	5	12	33
Very good or good	201	245	255	190	159	94	32	1,176
Very bad or bad	5	8	19	26	57	57	65	237
Body mass index								
Underweight	11	6	3	0	3	3	2	28
Normal weight	160	141	114	86	92	81	65	739
Overweight	45	104	152	159	161	118	97	836
Obese	11	38	57	84	99	86	32	407

Table 11. Number of respondents by age. Women

	15-24	25-34	35-44	45-54	55-64	65-74	75+	Total
Number of respondents	239	351	399	413	495	476	483	2,856
Region								
Harju County	89	171	179	150	188	159	160	1,096
Ida-Viru County	15	13	27	29	52	63	58	257
Counties of Tartu, Jõgeva, Põlva, Valga, Viljandi, Võru	69	90	103	107	124	103	128	724
Counties of Järva, Lääne-Viru, Rapla	26	36	35	49	43	74	60	323

	15-24	25-34	35-44	45-54	55-64	65-74	75+	Total
Counties of Lääne, Saare, Hiiu, Pärnu	40	41	55	78	88	77	77	456
Type of settlement								
Urban	151	233	278	248	315	298	283	1,806
Rural	88	118	121	165	180	178	200	1,050
Nationality								
Estonian	192	283	298	325	324	312	358	2,092
Non-Estonian	46	67	100	87	170	164	125	759
Native-born population								
Native-born	229	325	348	351	357	338	373	2,321
Non native-born	9	25	50	62	137	138	110	531
Marital status								
Single	190	96	76	75	57	30	36	560
Married	7	100	177	166	258	192	92	992
Cohabiting	42	146	116	90	33	20	3	450
Widow(er)	0	0	4	10	46	154	296	510
Divorced	0	9	26	72	101	80	56	344
Cohabitants	49	246	293	256	291	212	95	1,442
Non-cohabiting	190	105	106	157	204	264	388	1,414
Education								
Basic or lower	126	39	37	27	38	84	171	522
Secondary education	90	144	145	170	210	201	176	1,136
Higher education	22	166	216	214	247	190	135	1190
Everyday activity								
Employed	98	254	321	364	350	105	12	1,504
Unemployed	14	28	36	45	71	1	0	195
Pupil/Student	119	5	4	1	0	0	0	129
Retired	0	0	0	0	69	370	471	910
At home	8	64	38	3	5	0	0	118
Active	98	254	321	364	350	105	12	1,504
Inactive	141	97	78	49	145	371	471	1,352
Income								
Up to 450 euros	129	49	42	58	124	148	138	688
451 to 650 euros	42	50	49	77	103	200	318	839
651 to 850 euros	19	61	68	74	98	43	10	373
851 to 1100 euros	27	79	96	92	97	46	9	446
1101 to 1400 euros	14	54	61	62	44	17	5	257
1401 to 1700 euros	6	26	43	26	8	8	0	117
1701 to 2000 euros	1	14	19	13	10	8	1	66
Over 2001 euros	1	18	21	11	11	6	2	70
Locus of control								

	15-24	25-34	35-44	45-54	55-64	65-74	75+	Total
Internal	127	198	228	192	183	141	90	1,159
Intermediary	101	149	162	204	284	296	298	1,494
External	11	4	9	17	28	39	95	203
Self-assessment of health								
Very good	96	123	112	60	34	14	1	440
Good	106	185	203	201	188	152	82	1,117
Neither good nor bad	32	35	63	110	182	225	236	883
Bad	5	7	21	38	79	76	130	356
Very bad	0	1	0	4	11	9	34	59
Very good or good	202	308	315	261	222	166	83	1,557
Very bad or bad	5	8	21	42	90	85	164	415
Body mass index								
Underweight	24	17	17	7	4	5	6	80
Normal weight	170	248	230	181	158	104	147	1238
Overweight	29	59	78	121	165	184	198	834
Obese	14	26	73	103	167	182	124	689

Annex 3. Adaptations to mandatory questions in the questionnaire

Adaptions were made to 13 variables of the European Health Interview Survey: PARTNERS, PC2, HA2, PA1, AM3, AM5, MD1, MD2, SK1, AL3, AL5, PE3, PE5.

Partner in the same household (PARTNERS): based on the data in the table of household relations - if a spouse or partner was indicated, the respondent cohabited with a partner.

Using help with self-care (in the questionnaire: G11A//PC2) and housework (H30//HA2) activities in case of difficulties with coping: there were more than one answer categories of receiving help (G11A – 1 Someone helps me, 2 I use technical aids 3 Someone helps me and I use technical aids, 4 No-one helps me, 5 I sometimes use help and/or technical aids); H30 –1 I always do it alone, 2 Someone helps me from time to time, 3 Someone always helps me).

Consulting with a family physician in the last 4 weeks, number of times (O06//AM3): separate answers were gathered about visits to the doctor (O06_a), home visits (O06_b), counselling by phone or e-mail (O06_c), which were summed together.

Consulting with a special doctor in the last 4 weeks, number of times (O11//AM5): separate answers were gathered about visits to the doctor (O11A), counselling by phone or e-mail (O11B), which were summed together.

Using (prescription) medicines prescribed by a doctor in the last 2 weeks (Q01//MD1): more periods were included in the questionnaire (1 In the last two weeks, 2 In the last 4 weeks, 3 In the last 6 months, 4 In the last 12 months, 5 More than 12 months ago, 6 Have never used).

Using over-the-counter medicines in the last 2 weeks (Q08//MD2): more periods were included in the questionnaire (1 In the last two weeks, 2 In the last 4 weeks, 3 In the last 6 months, 4 In the last 12 months, 5 More than 12 months ago).

Current tobacco consumption (R01//SK1) included a variable about prior regular smoking (1 Yes, every day; 2 Yes, sometimes; 3 I have been a regular smoker; 4 I have never smoked).

The amount of alcohol usually consumed on a day from Monday to Thursday (R11_a and R11_a1 to R11_e and R11_e1//AL3): first, a unit had to be chosen (e.g., shot, glass, bottle) and then the amount (for example, 3). The questions were grouped by alcohol type or the ethanol content percentage in by volume: light alcohol, strong beer, wine, spirits. The alcohol amount drunk was converted into prescribed alcohol units (alcohol doses) or amounts that include 10 grams of absolute alcohol.

The amount of alcohol usually consumed on a day from Friday to Sunday (R13_a and R13_a1 to R13_e and R13_e1//AL5): the same principle was used with the question about Monday to Thursday.

The time spent to get to and from places by walking (T05//PE3) or by cycling (T07//PE5) in a day: the question was the same, but minutes and hours were asked, not time ranges. 2

Annex 4. General health self-assessment questions in EHIS2019, HBS2020, EU-SILC2019

EHIS2019

YG1 How would you assess your health in general?
Think about your overall health and assess how is your health in general. Do not take into account temporary health problems.

> 125 Very good
> 109 Good
> 201 Neither good nor bad
> 311 Bad
> 330 Very bad

YG2 Do you have any long-term disease or a health problem?
Long-term is an illness or health problem that has lasted or is expected to last more than 6 months. Chronic diseases are long-term, including diseases that do not cause direct discomfort, e.g., because relevant medicines are taken. Including seasonal or repeating problems (allergy, hay fever etc).

> 1 Yes
> 2 No

YG3 To what extent have you been limited at least <u>in the last 6 months</u> due to a health problem in activities people usually do?
The question assesses long-term limitations and their severity due to health. Activities people usually do are work, studies, housework, self-care, communication and spending free time. Difficulties in doing those activities are considered limitations. Long-term limitations are limitations that have lasted for more than 6 months.

> 317 Significantly limited
> 324 Limited, but not significantly
> 108 Not limited at all

HBS2020

14. How would you assess your current state of health?
> 1 good
> 2 rather good
> 3 average
> 4 rather poor
> 5 poor

15. Do you have any long-standing (chronic) illnesses or health problems?
> 1 yes
> 2 no

16. In the past 6 months, how much has a health problem limited your usual everyday activities?
> 1 considerably
> 2 somewhat, but not considerably
> 3 none

EU-SILC2019

YG1 How would you assess your health in general?

125 Very good
109 Good
201 Neither good nor poor
311 Poor
330 Very poor

YG2 Do you have any long-term diseases or health problems?

1 Yes
2 No

YG3 To what extent have you been limited in your everyday activities in the last 6 months?

317 Significantly limited
324 Limited, but not significantly
108 Not limited at all

Annex 5. EstHIS2019 questionnaire
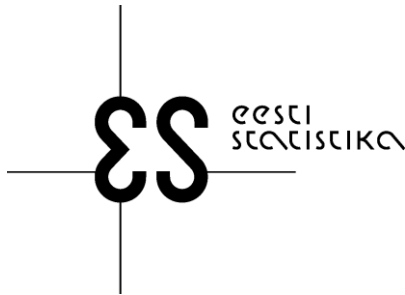
ESTONIAN HEALTH INTERVIEW SURVEY 2019

Questionnaire

Tallinn 2019

Condition for the question	Question code	Question	Answer code	Answer
CAPI always, CAWI hide (delete)	text1	PART OF THE INTERVIEWER. PART OF THE INTERVIEWER IS MEANT FOR THE INTERVIEWER AND IT IS NOT READ OUT, EXCEPT IF MARKED OTHERWISE.		
CAPI always, CAWI hide	A01	DATE OF THE QUESTIONNAIRE (DATE, MONTH, YEAR)		
CAPI always, CAWI hide	A03	Place where the questionnaire is filled out	208	Place of residence of the respondent
			210	School/workplace of the respondent
			209	Place of residence of the respondent's relatives / acquaintances
			206	Place of work/residence of the interviewer
			OTH	Other
if A03=OTH	A03m	Specify, where.		
CAPI always, CAWI hide	IK	Estonian personal identification code		
Always	PART YA	GENERAL DATA ABOUT HOUSEHOLD AND HOUSEHOLD MEMBERS The first part of the questionnaire is about the general data of your household and household members. A household is a group of people living in the same dwelling, e.g., in the same address. They use joint budget / food budget. Members belonging to a household are household members. A household is also a person living alone. Household members are persons who share the expenses of a household and a common dwelling and who do not have a permanent residence elsewhere. In addition, members who are temporarily away are counted as members of the household if: the member does not live in a separate dwelling, they have retained economic relations with their household, and the period of being away is shorter than 6 months; the member of a household is a child being away due to studies, or a spouse/partner that is away because of work.		
Always	Y	How many members are there in your household (including yourself)?		
Always	YA	Please name the members of your household.		
Always	YX1	Column number in the household questionnaire		
Always	Y0	First name		
Always	YA1	Gender	1	Man
			2	Woman
Always	YX2	Age		
if YX2>14	YA3	Marital status of /Y0/?	1	Single, never legally married
			2	Married
			3	Divorced
			4	Widow(er)

Condition for the question	Question code	Question	Answer code	Answer
if YA3=2	YA4	Does /Y0/ live with a legal spouse?	1	Yes
			2	No
If YX2=14 or (YA3 is not 2) or (YA4 is not 1)	YA5	Is /Y0/ cohabiting?	1	Yes
			2	No
YX2>14	YA6	To which group does /Y0/ belong at the moment?	102	Working (active)
			130	Unemployed
			147	Pensioner (old age, early or benefit pension)
			OTH	Other
Always	A15	Does /Y0/ need constant care because of the health condition?	1	Yes
			2	No
if Y>1	PART YB	RELATIONS IN THE HOUSEHOLD Next, we will ask about relations in the household.		
if Y>1	YB1	Who is /Y0_02/ (/YX2_02/) to /Y0_01/ (/YX2_01/)?	01	Spouse / partner
			02	Child (incl. adopted)
			03	Stepchild (incl. spouse's / partner's child who is not their biological child)
			04	Parent
			05	Stepparent (incl. to the child of spouse / partner who is not their biological child)
			06	Grandparent (incl. grandparent's spouse / partner who is not the biological grandparent)
			07	Grandchild (incl. adopted or the grandchild of spouse / partner who is not a biological grandchild)
			08	Daughter- / son-in-law (incl. spouse / partner of (step) child)
			09	Mother- / father-in-law (incl. (step)parent of a spouse / partner
			12	Sister / brother (incl. stepsister / stepbrother)
			10	Other relative or non-relative
	PART YC	DEMOGRAPHIC DATA		
Always	YD20	What is the main home language of your household?	est	Estonian
			rus	Russian
			OTH	Other
if YD20=OTH	YD20k	Choose language.		

Condition for the question	Question code	Question	Answer code	Answer
If the classification does not allow to choose	YD20a	Do not find in the list.		
Always	A20	How many biological children do you have? *If you do not have any, mark "0".*		
if A20>0 (do not ask when A20<1 or "Refusal" or "Do not know")	A21	How old were you when your first child was born?		
Always	**PART B**	**HEALTH STATUS**		
Always	text3	The next questions are about your health.		
Always	YG1	How would you assess your health in general? *Think about your overall health and assess how is your health in general. Do not take into account temporary health problems.*	125	Very good
			109	Good
			201	Neither good nor bad
			311	Bad
			330	Very bad
Always	YG2	Do you have any long-term disease or a health problem? *Long-term is an illness or health problem that has lasted or is expected to last more than 6 months. Chronic diseases are long-term, including diseases that do not cause direct discomfort, e.g., because relevant medicines are taken. Including seasonal or repeating problems (allergy, hay fever etc.)*	1	Yes
			2	No
Always	YG3	To what extent have you been <u>limited at least in the past 6 months</u> due to a health problem in activities people usually do? *The question assesses long-term limitations and their severity due to health. Activities people usually do are work, studies, housework, self-care, communication and spending free time. Difficulties in doing those actions are considered limitations. Long-term limitations are limitations that have lasted for more than 6 months.*	do317	Significantly limited
			324	Limited, but not significantly

Condition for the question	Question code	Question	Answer code	Answer
			108	Not limited at all
Always		CHRONIC DISEASES		
Always	B04selection	Here is a list of diseases. Please note which of the following diseases have you ever had.	01	Asthma (incl. allergic asthma)
			02	Chronic bronchitis, COPD (chronic obstructive pulmonary disease), bronchiectasis or emphysema
			03	Heart attack or chronic problems resulting from a heart attack
			04	Cardiac ischemia or angina pectoris
			05	Hypertension, high blood pressure
			06	Brain stroke, brain attack or chronic consequences of stroke
			07	Arthrosis (except arthritis)
			08	Back or lower back pain or other chronic back problems
			09	Neck pain or other chronic health problems in the neck area
			10	Diabetes (type I and II)
			11	Allergy, e.g., rhinitis, conjunctivitis, dermatitis, food allergy, etc. (except allergic asthma)
			12	Cirrhosis of the liver
			13	Urinary incontinence, problems with controlling the bladder
			14	Kidney diseases
			15	Depression
			30	High cholesterol level in blood
			16	Anxiety disorder (panic attacks, general anxiety, social phobia)
			17	Cataract
			18	Glaucoma
			20	Stomach or duodenal inflammation or ulcer
			21	Gallbladder inflammation and / or gallstones
			22	Rheumatoid arthritis
			23	Osteoporosis
			24	Cancer (malignant tumour, leukaemia, lymphoma)
			25	Migraine and / or frequent headaches
			26	Thyroid diseases
			28	Other long-term and / or chronic disease

Condition for the question	Question code	Question	Answer code	Answer
			29	No long-term and / or chronic diseases
if B04selection={28}	B0428m	Specify which disease.		
		For each selected disease (from B04 list 01–28 'yes') was asked following B05–B08		
if B04selection=01	B05_01	Has *"selected disease"* <u>ever</u> been diagnosed by a doctor?	1	Yes
			2	No
if B04selection=01	B06_01	Has *"selected disease"* occurred during <u>the past 12 months</u>?	1	Yes
			2	No
if B04selection=01	B07_01	Have you used medicines or got treatment for *"selected disease"* <u>during the past 12 months</u>?	1	Yes
			2	No
if B04selection=01	B08_01	Has *"selected disease"* limited your everyday activities during the <u>past 4 weeks</u>?	1	Has significantly limited
			2	Has limited, but not significantly
			3	Has not limited
Always	**PART C**	**ACCIDENTS AND INJURIES**		
Always	Text	The following questions are about accidents.		
Always	C02	Have you been in a traffic accident that ended with an injury during <u>the past 12 months</u>? *Accidents that have taken place on a highway, road, or car park. The participant can be either the driver of a vehicle, a passenger, or a pedestrian. Water, rail or air accidents are not considered as traffic accidents.*	1	Yes
			2	No
Always	C03	<u>During the past 12 months</u>, have you had any accidents at home that ended with an injury? *Accidents at home are accidents that have happened at home, near home or in the garden, regardless of the activity at the time of accident.*	1	Yes
			2	No

Condition for the question	Question code	Question	Answer code	Answer
Always	C04	During the past 12 months, have you had any accidents happening during leisure time that ended with an injury? *Leisure accidents are those that have happened when spending free time or being engaged in hobbies, except accidents at home.*	1	Yes
			2	No
if C02=1 or C03=1 or C04=1	C0234A	Did you need medical help after the accident mentioned earlier? *In case there are more than one accident, answer about the one with the most severe consequences.*	1	Yes, I was hospitalized
			2	Yes, I got medical help from a hospital, but I was not admitted to hospital
			3	Yes, I got help from a doctor or a nurse
			4	I did not need medical help
Always	C05	During the past 12 months, have you had any accidents at work that ended with an injury? *This includes accidents happened in military service and foreign missions.*	1	Yes
			2	No
if C05=1	C05a	Did you need medical help after the accident mentioned earlier? *In case there are more than one accident, answer about the one with the most severe consequences or with the longest treatment.*	1	Yes, I was hospitalized
			2	Yes, I got medical help from a hospital, but I was not admitted to hospital
			3	Yes, I got help from a doctor or a nurse
			4	I did not need medical help
Always	C06	During the past 12 months, have you had any injuries connected to a deliberate assault? *Deliberate assault is any action directed against you, incl. substances consumed against your will.*	1	Yes
			2	No

Condition for the question	Question code	Question	Answer code	Answer
if C06=1	C06a	Did you need medical help after the deliberate assault? *In case there are more than one accident, answer about the one with the most severe consequences or with the longest treatment.*	1	Yes, I was hospitalized
			2	Yes, I got medical help from a hospital, but I was not admitted to hospital
			3	Yes, I got help from a doctor or a nurse
			4	I did not need medical help
Always	C07	Have you <u>ever</u> had injuries or traumas that had resulted in a long-term (<u>at least 4 weeks</u>) break from work, studies, or everyday activities?	1	Yes
			2	No
Always	PART D	**MENTAL HEALTH**		
Always	Text	The following questions concern your feelings and well-being during <u>the past two weeks</u>. Choose an answer that describes your feelings most accurately.		
Always	D01-D09	How often have you had the following problems during <u>the past two weeks</u>?		
Always	D01	Feeling that nothing interests you or brings joy to you	1	Not at all
			2	On some days
			3	On more than half of the days
			4	Almost every day
Always	D02	Feeling broken, depressed or hopeless	1	Not at all
			2	On some days
			3	On more than half of the days
			4	Almost every day
Always	D03	You had trouble falling asleep, interrupted sleep, or excessive need for sleep	1	Not at all
			2	On some days
			3	On more than half of the days
			4	Almost every day
Always	D04	You felt tired or lack of energy	1	Not at all
			2	On some days
			3	On more than half of the days
			4	Almost every day
Always	D05	You had a low appetite or tended to overeat	1	Not at all
			2	On some days

Condition for the question	Question code	Question	Answer code	Answer
			3	On more than half of the days
			4	Almost every day
Always	D06	Feeling worthless, failed, or have let yourself or your family down	1	Not at all
			2	On some days
			3	On more than half of the days
			4	Almost every day
Always	D07	You had trouble concentrating on things, e.g., reading a newspaper or watching TV	1	Not at all
			2	On some days
			3	On more than half of the days
			4	Almost every day
Always	D08	You moved or spoke so slowly, so that it was noticeable to others. Or, on the contrary – have been fickle and restless and been moving around more than usually.	1	Not at all
			2	On some days
			3	On more than half of the days
			4	Almost every day
Always	D09	You have thought it would be better if you were dead or that you would harm yourself in some way	1	Not at all
			2	On some days
			3	On more than half of the days
			4	Almost every day
if at least one D01-D09=2 or 3 or 4	D10	How difficult have the aforementioned problems made working, taking care of things at home and getting along with others for you?	1	Not difficult at all
			2	Somewhat more difficult
			3	Very difficult
			4	Extremely difficult
Always	**PART E**	**EMOTIONAL WELL-BEING**		
Always	text	Next, please answer the questions about your well-being and mood.		
Always	text	Please assess each problem during the past four weeks.		
Always	E01	Feeling of sadness	1	Not at all
			2	Very rarely
			3	Sometimes
			4	Often
			5	Very often
Always	E02	Loss of interest	1	Not at all
			2	Very rarely
			3	Sometimes

Condition for the question	Question code	Question	Answer code	Answer
			4	Often
			5	Very often
Always	E03	Feeling inferior	1	Not at all
			2	Very rarely
			3	Sometimes
			4	Often
			5	Very often
Always	E04	Self-accusations	1	Not at all
			2	Very rarely
			3	Sometimes
			4	Often
			5	Very often
Always	E05	Repetitive thoughts of death or suicide	1	Not at all
			2	Very rarely
			3	Sometimes
			4	Often
			5	Very often
Always	E06	Feeling alone	1	Not at all
			2	Very rarely
			3	Sometimes
			4	Often
			5	Very often
Always	E07	Hopelessness towards the future	1	Not at all
			2	Very rarely
			3	Sometimes
			4	Often
			5	Very often
Always	E08	Inability to feel joy	1	Not at all
			2	Very rarely
			3	Sometimes
			4	Often
			5	Very often
Always	E09	Getting upset or angry easily	1	Not at all
			2	Very rarely
			3	Sometimes
			4	Often
			5	Very often
Always	E10	Feeling anxious or afraid	1	Not at all
			2	Very rarely
			3	Sometimes
			4	Often

Condition for the question	Question code	Question	Answer code	Answer
			5	Very often
Always	E11	Feeling tension or inability to relax	1	Not at all
			2	Very rarely
			3	Sometimes
			4	Often
			5	Very often
Always	E12	Excess worrying about numerous things	1	Not at all
			2	Very rarely
			3	Sometimes
			4	Often
			5	Very often
Always	E13	Feeling restless or impatient, inability to hold still	1	Not at all
			2	Very rarely
			3	Sometimes
			4	Often
			5	Very often
Always	E14	Being scared easily	1	Not at all
			2	Very rarely
			3	Sometimes
			4	Often
			5	Very often
Always	E15	Sudden panic attacks with heart palpitations, lack of air, feeling fainted or other frightening physical symptoms	1	Not at all
			2	Very rarely
			3	Sometimes
			4	Often
			5	Very often
Always	E16	Feeling scared of being alone outside home	1	Not at all
			2	Very rarely
			3	Sometimes
			4	Often
			5	Very often
Always	E17	Feeling scared at public places or on the street	1	Not at all
			2	Very rarely
			3	Sometimes
			4	Often
			5	Very often

Condition for the question	Question code	Question	Answer code	Answer
Always	E18	Feeling scared of fainting in a public place	1	Not at all
			2	Very rarely
			3	Sometimes
			4	Often
			5	Very often
Always	E19	Feeling scared of taking the bus, tram, train or riding in a car	1	Not at all
			2	Very rarely
			3	Sometimes
			4	Often
			5	Very often
Always	E20	Feeling scared of being in the centre of attention	1	Not at all
			2	Very rarely
			3	Sometimes
			4	Often
			5	Very often
Always	E21	Feeling scared of communication with people you do not know	1	Not at all
			2	Very rarely
			3	Sometimes
			4	Often
			5	Very often
Always	E22	Excess anxiety in social situations	1	Not at all
			2	Very rarely
			3	Sometimes
			4	Often
			5	Very often
Always	E23	Anxiety about expressing your opinion in front of others	1	Not at all
			2	Very rarely
			3	Sometimes
			4	Often
			5	Very often
Always	E24	Feeling sluggish or tired	1	Not at all
			2	Very rarely
			3	Sometimes
			4	Often
			5	Very often
Always	E25	Reduced ability to pay attention or concentrate	1	Not at all
			2	Very rarely
			3	Sometimes

Condition for the question	Question code	Question	Answer code	Answer
			4	Often
			5	Very often
Always	E26	Resting does not restore strength	1	Not at all
			2	Very rarely
			3	Sometimes
			4	Often
			5	Very often
Always	E27	Getting tired easily	1	Not at all
			2	Very rarely
			3	Sometimes
			4	Often
			5	Very often
Always	E28	Difficulties with falling asleep	1	Not at all
			2	Very rarely
			3	Sometimes
			4	Often
			5	Very often
Always	E29	Restless or interrupted sleep	1	Not at all
			2	Very rarely
			3	Sometimes
			4	Often
			5	Very often
Always	E30	Waking up too early (much earlier than desired)	1	Not at all
			2	Very rarely
			3	Sometimes
			4	Often
			5	Very often
Always	text	The following questions are about treatment in case of emotional problems.		
Always	E31	Have you ever sought help due to emotional problems (anxiety, depression)?	1	Yes
			2	No
if E31=1	E32selection	To whom have you turned to to get help? *You can choose many options.*	1	Family physician
			2	Psychiatrist
			3	Psychologist
			4	Social worker
			5	Someone else
if E31=1	E33	Have you felt that you needed help during the past 12 months due to emotional problems (anxiety, depression)?	1	Yes
			2	No

Condition for the question	Question code	Question	Answer code	Answer
if E31=1	E34	During the past 12 months, have you sought help due to emotional problems?	1	Yes
			2	No
Always	text	For every statement, please select the answer that best describes your emotional state during the past two weeks.		
Always	EE01	I feel joyful and happy	553	All the time
			534	Most of the time
			554	More than half of the time
			555	Less than half of the time
			532	Sometimes
			510	Never
Always	EE02	I feel calm and relaxed	553	All the time
			534	Most of the time
			554	More than half of the time
			555	Less than half of the time
			532	Sometimes
			510	Never
Always	EE03	I feel active and energetic	553	All the time
			534	Most of the time
			554	More than half of the time
			555	Less than half of the time
			532	Sometimes
			510	Never
Always	EE04	I wake up fresh and well-rested	553	All the time
			534	Most of the time
			554	More than half of the time
			555	Less than half of the time
			532	Sometimes
			510	Never
Always	EE05	My everyday life is filled with things that interest me	553	All the time
			534	Most of the time
			554	More than half of the time
			555	Less than half of the time
			532	Sometimes
			510	Never
Always	**PART F**	**FUNCTIONAL LIMITATIONS CONCERNING PHYSICAL BODY AND SENSE ORGANS**		
Always	text	The following questions are related to general physical health and your ability to perform everyday tasks. Do not take into account temporary problems.		
display only in CAPI	text	*Please note! If the respondent is blind, do not ask the next question, mark F01=3 and proceed with F04.*		

Condition for the question	Question code	Question	Answer code	Answer
	F01	Do you use glasses <u>and / or</u> contact lenses? *Consider both distance and near vision.*	1	Yes
			2	No
			3	No, I am blind
if F01=1	F02	Do you have difficulties seeing even when wearing glasses or contact lenses? *Consider the situation with good lighting. If vision with glasses / contact lenses is good enough, it means no difficulties.*	1	No difficulties
			2	I can see with minor difficulties
			3	I can see with major difficulties
			4	I cannot see anything
if F01=2	F03	Have you got difficulties with seeing? *Consider the situation with good lighting.*	1	No difficulties
			2	I can see with minor difficulties
			3	I can see with major difficulties
			4	I cannot see anything
display only in CAPI	Text	*Please note! If the respondent is deaf, do not ask the next question, mark F04=3 and proceed with F09.*		
	F04	Do you use hearing aids or other hearing equipment? *In addition to hearing aids, implants are also considered hearing equipment.*	1	Yes
			2	No
			3	No, I am deaf
if F04=1	F05	Do you have difficulties having a conversation with one person in a <u>quiet</u> room, even when wearing hearing aids?	1	No difficulties
			2	I can hear with minor difficulties
			3	I can hear with major difficulties
			4	I cannot hear anything
kui F04=2	F06	Do you have difficulties hearing a conversation with one person in a <u>quiet</u> room?	1	No difficulties
			2	I can hear with minor difficulties
			3	I can hear with major difficulties
			4	I cannot hear anything
if F04=1	F07	Do you have difficulties having a conversation with one person in a <u>noisy</u> room, even when wearing hearing aids?	1	No difficulties

Condition for the question	Question code	Question	Answer code	Answer
			2	I can hear with minor difficulties
			3	I can hear with major difficulties
			4	I cannot hear anything
if F04=2	F08	Do you have difficulties hearing a conversation with one person in a <u>noisy</u> room?	1	No difficulties
			2	I can hear with minor difficulties
			3	I can hear with major difficulties
			4	I cannot hear anything
Always	F09	Can you walk half a kilometre on an even ground without walking aids with no difficulty? *Walking aids are orthopaedic footwear, a walking stick, a splint, metal supports, walking frame, crutches, a prosthesis and using someone else's help.*	1	I can walk without difficulty
			2	I can walk with minor difficulties
			3	I can walk with major difficulties
			4	I cannot walk
Always	F10	Can you walk 12 steps up or down without walking aids with no difficulty?	1	I can walk without difficulty
			2	I can walk with minor difficulties
			3	I can walk with major difficulties
			4	I cannot walk
Always	F20	Do you have problems with memory or concentration?	104	No difficulties
			364	Minor difficulties
			366	Major difficulties
			365	Not able to at all
Always	F21	Do you have difficulties in biting or chewing hard food?	104	No difficulties
			364	Minor difficulties
			366	Major difficulties
			365	Not able to at all
Always	F11	Do you often experience pain in your shins when you are walking?	1	Yes
			2	No
if F11=1	F12	How do you deal with the pain?	1	I will keep walking like before
			2	I stop walking or move more slowly
Always	F13	Do you get out of breath faster when you walk, compared to others your age??	1	Yes
			2	No

Condition for the question	Question code	Question	Answer code	Answer
Always		PAIN		
Always	Text	The following questions are connected to pain and the occurrence of ailments. Please consider all physical pain you have felt during the past 4 weeks.		
Always	F14	How strong physical pain have you felt during the past 4 weeks? *Assess the intensity, not the duration of pain.*	1	I have not felt any pain
			2	Very mild
			3	Mild
			4	Moderate
			5	Strong
			6	Very strong
if F14=2,3,4,5 or 6	F15	How much has pain in the past four weeks influenced your everyday life (outside home and at home)?	1	Not at all
			2	Somewhat
			3	Moderately
			4	Quite a lot
			5	A lot
Always	Text	Please think about common health problems. Please assess how much any of the following problems have bothered you during the past few days?		
Always	F16	Headache	1	Not at all
			2	A little
			3	Quite strongly
			4	Very strongly
Always	F17	Muscle or joint pain	1	Not at all
			2	A little
			3	Quite strongly
			4	Very strongly
Always	F18	Fatigue	1	Not at all
			2	A little
			3	Quite strongly
			4	Very strongly
Always	F19	Digestive problems	1	Not at all
			2	A little
			3	Quite strongly
			4	Very strongly
Always	**PART G**	**PERSONAL CARE**		
Always	text	Please think about activities related to daily personal care. Take into account long-term health problems. Coping with the question is assessed without the help of another person or aids.		

Condition for the question	Question code	Question	Answer code	Answer
Always	G01	Do you have difficulties preforming these everyday activities without help? - Eating - Lying in bed and getting up from bed or sitting on a chair and getting up from a chair - Getting dressed and undressing - Using the toilet - Washing the whole body *Help is help from other people, using medical aids and if living quarters have been adapted according to special needs.*	1	I have difficulties at least with one activity without receiving help / medical aids
			2	I do not have difficulties with any activities
if G01=1	G02	Do you have everyday difficulties with eating?	1	No difficulties
			2	I can manage with minor difficulties
			3	I can manage with major difficulties
			4	I cannot manage at all
if G01=1	G04	Do you have everyday difficulties with lying in bed, getting up from bed, or sitting on a chair or getting up from a chair?	1	No difficulties
			2	I can manage with minor difficulties
			3	I can manage with major difficulties
			4	I cannot manage at all
if G01=1	G06	Do you have everyday difficulties with getting dressed and undressing?	1	No difficulties
			2	I can manage with minor difficulties
			3	I can manage with major difficulties
			4	I cannot manage at all
if G01=1	G08	Do you have everyday difficulties with using a toilet?	1	No difficulties
			2	I can manage with minor difficulties
			3	I can manage with major difficulties
			4	I cannot manage at all
if G01=1	G10	Do you have everyday difficulties with washing your whole body?	1	No difficulties
			2	with minor difficulties

Condition for the question	Question code	Question	Answer code	Answer
			3	with major difficulties
			4	cannot manage at all
if G02>1 or G04>1 or G06>1 or G08>1 or G10>1	text	Now think about the activities you have difficulties with.		
if G02>1 or G04>1 or G06>1 or G08>1 or G10>1	G11A	If you have difficulties, do you use help?	1	Someone helps me
			2	I use medical aids
			3	Someone helps me and I use medical aids
			4	No-one helps me
			5	I sometimes use help and / or medical aids
if G11A=1,2,3 or 5	G12	Is the help or medical aids you use enough to perform these activities?	1	Yes
			2	No
if G11A=4	G13	Do you need more help / medical aids for performing these activities?	1	Yes
			2	No
Always	**PART H**	**HOUSEWORK**		
Always	text	Please think about whether you have problems with doing housework related to your health. Please consider health related and long-term problems.		
Always	H01	Do you have everyday difficulties with the activities listed below without receiving help? -preparing meals -using the phone -going to the store -taking medicines -doing light housework -doing heavy housework -taking care of finances and other everyday management	1	I have difficulties at least with one activity without receiving help / medical aids
			2	I do not have difficulties with any activities
if H01=1	H02	Do you have difficulties with preparing meals?	1	No difficulties
			2	I can manage with minor difficulties
			3	I can manage with major difficulties
			4	I cannot manage at all
			5	Not sure (have never tried or had a need to do this)
if H01=1	H06	Do you have difficulties with using the phone?	1	No difficulties
			2	I can manage with minor difficulties

Condition for the question	Question code	Question	Answer code	Answer
			3	I can manage with major difficulties
			4	I cannot manage at all
			5	Not sure (have never tried or had a need to do this)
if H01=1	H10	Do you have difficulties with going to the store?	1	No difficulties
			2	I can manage with minor difficulties
			3	I can manage with major difficulties
			4	I cannot manage at all
			5	Not sure (have never tried or had a need to do this)
if H01=1	H14	Do you have difficulties with taking medicines?	1	No difficulties
			2	I can manage with minor difficulties
			3	I can manage with major difficulties
			4	I cannot manage at all
			5	Not sure (have never tried or had a need to do this)
if H01=1	H18	Do you have difficulties with doing light housework?	1	No difficulties
			2	I can manage with minor difficulties
			3	I can manage with major difficulties
			4	I cannot manage at all
			5	Not sure (have never tried or had a need to do this)
if H01=1	H22	Do you have difficulties with doing heavy housework?	1	No difficulties
			2	I can manage with minor difficulties
			3	I can manage with major difficulties
			4	I cannot manage at all
			5	Not sure (have never tried or had a need to do this)
if H01=1	H26	Do you have difficulties with taking care of finances or other everyday management?	1	No difficulties
			2	I can manage with minor difficulties
			3	I can manage with major difficulties
			4	I cannot manage at all
			5	Not sure (have never tried or had a need to do this)

Condition for the question	Question code	Question	Answer code	Answer
if H01=1	text	Think about housework and activities you have difficulties with.		
if H01=1	H30	If you have difficulties, does someone help you or can you manage alone?	1	I always do it alone
			2	Someone helps me from time to time
			3	Someone always helps me
if H30=1	H31	Would you need help with these activities?	1	Yes
			2	No
if H30=2,3	H32	Would you need more help with those activities?	1	Yes
			2	No
Always	**PART I**	**PREVENTIVE ACTIVITIES**		
Always	text	Please think about health check-ups and vaccinations.		
Always	I01	When were you last vaccinated against the following illnesses?		
Always	I01_a	Flu	1	Up to two years ago
			2	More than two years ago
			3	Never
if I01_a=1	I01_a2	The year of the last vaccination		
if I01_a=1	I01_a1	The month of the last vaccination		
if YX2>=65	I01_a3	Would you vaccinate against flu if the vaccine was free of charge for you?	1	Yes
			2	No
			3	Cannot say
Always	I01_b	Tetanus and diphtheria	1	Up to two years ago
			2	More than two years ago
			3	Never
if I01_b=1	I01_b2	The year of the last vaccination		
if I01_b=1	I01_b1	The month of the last vaccination		
Always	I01_c	Tick-borne encephalitis	1	Up to two years ago
			2	More than two years ago
			3	Never
if I01_c=1	I01_c2	The year of the last vaccination		
if I01_c=1	I01_c1	The month of the last vaccination		
Always	text	The following questions are about checking health indicators by a health professional. *Health professionals are a doctor, a dentist, a nurse, a midwife, and ambulance care workers and pharmacists.*		
Always	I02	When was the last time your blood pressure was measured by a health professional? *Do not count measuring blood pressure by yourself.*	1	During the past 12 months

Condition for the question	Question code	Question	Answer code	Answer
			2	1 to 2 years ago
			3	3 to 4 years ago
			4	5 and more years ago
			5	Never
Always	I03	When was the last time your cholesterol level in blood was measured by a professional? *Do not count measuring cholesterol level in blood by yourself.*	1	During the past 12 months
			2	1 to 2 years ago
			3	3 to 4 years ago
			4	5 and more years ago
			5	Never
Always	I04	When was the last time your blood sugar level was measured by a health professional? *Do not count measuring blood sugar level by yourself.*	1	During the past 12 months
			2	1 to 2 years ago
			3	3 to 4 years ago
			4	5 and more years ago
			5	Never
Always	I05	When was the last time you had an occult blood test? The test determines whether the stool contains blood, in order to detect slight blood loss in the digestive track.	1	During the past 12 months
			2	1 to 2 years ago
			3	3 to 4 years ago
			4	5 and more years ago
			5	Never
Always	I06	When was the last time you had colonoscopy? It is an internal examination of the large intestine and the end of the small intestine to diagnose diseases in the intestine.	1	In the past 12 months
			2	1 to 4 years ago
			3	5 to 10 years ago
			4	10 and more years ago
			5	Never
if YA1=2	I07	When was the last time you had a mammogram (x-ray picture of one or both breasts)?	1	In the past 12 months
			2	1 year ago

Condition for the question	Question code	Question	Answer code	Answer
			3	2 years ago
			4	3 and more years ago
			5	Never
if YA1=2	I08	When was the last time you had a PAP-test (a test to detect cervical cancer, i.e., taking a sample to find cancer cells)?	1	In the past 12 months
			2	1 year ago
			3	2 years ago
			4	3 and more years ago
			5	Never
if YA1=1	I09	When was the last time you had a PSA test (measures the level of prostate-specific antigen in the blood)?	1	In the past 12 months
			2	1 year ago
			3	2 years ago
			4	3 and more years ago
			5	Never
Always	text	The following questions are related to the availability to medical assistance during the past 12 months. *Take into account both medical care and services and products.*		
Always	I10	During the past 12 months, have you had a situation where you were unable to get medical assistance due to a long waiting list?	1	Yes
			2	No
			3	There was no need to
Always	I11	During the past 12 months, have you had a situation where you were unable to get medical assistance due to long distance or transportation problems?	1	Yes
			2	No
			3	There was no need to
Always	I12	During the past 12 months, have you had a situation where you could not afford health care service or treatment due to the lack of money?	1	Yes
			2	No
			3	There was no need to

Condition for the question	Question code	Question	Answer code	Answer
Always	I13	During the past 12 months, have you had a situation where you could not afford dental care due to the lack of money?	1	Yes
			2	No
			3	There was no need to
Always	I14	During the past 12 months, have you had a situation where you could not afford buying prescribed medicines due to the lack of money?	1	Yes
			2	No
			3	There was no need to
Always	I15	During the past 12 months, have you had a situation where you could not afford health care service or treatment related to mental health due to the lack of money?	1	Yes
			2	No
			3	There was no need to
Always	**PART J**	**SEXUAL BEHAVIOUR**		
Always	text	The following questions are connected to sexual health.		
if A20<1 or "Refusal" or "Do not know"	J01	In order for not to bother you with irrelevant questions, we first ask you to answer whether you have ever had a sexual intercourse?	1	Yes
			2	No
if J01=1 or A20>0	J02	How old were you when you first had a sexual intercourse?		
if J01=1 or A20>0	J10a	Have you had a sexual intercourse during the past 12 months?	1	Yes
			2	No
if J10a=1	J11aselection	What kind of contraceptives or measures have you or your partner used during the past 12 months? *You can choose several options.*	01	Have not used any
			02	Calendar method (periodic avoidance)
			03	Withdrawal method (man does not let the sperm enter the vagina)
			04	Condom

Condition for the question	Question code	Question	Answer code	Answer
			05	Hormonal contraceptive (pills, tablets, plaster, vaginal ring)
			06	Intrauterine devices (spiral)
			07	Chemical devices (spermicide)
			08	Sterilisation
			09	SOS pills
			10	Other
if J11a=10	J11am	Specify what kind of contraceptive or which method		
Always	J17selection	Have you ever done an HIV-test (examined whether you have HIV)? *You can choose several options.*	1	No, never
			2	Yes, I have donated blood as a donor
			3	Yes, during pregnancy (women)
			4	Yes, I have been tested for another reason (not as a donor or being pregnant)
			5	I do not remember/do not know
if J17=2,3 or 4	J18	When was the last time you had an HIV-test?	314	During the past 12 months
			403	1 to 2 years ago
			407a	more than 2 years ago
			997	I do not remember/ do not know
Always	J09	How likely do you think it is that you could become infected with HIV?	1	It is impossible
			2	Not likely/Low probability
			3	Likely/Moderate probability
			4	Very likely/High probability
			5	At some point, I will get infected
Always	J19	Have you ever been tested for other sexually transmitted diseases except HIV (e.g., syphilis, gonorrhoea, chlamydia, trichomoniasis)?	1	No, never
			2	Yes, during the past 12 months
			3	Yes, 1 to 2 years ago
			4	Yes, more than 2 years ago
			5	I do not remember / don't know
if J01=1 or A20>0	J04	Infertility can be a severe personal problem. Has it ever been a problem for you?	1	Yes
			2	No
if J04=1	J05	Have you ever turned to a doctor due to infertility?	1	Yes
			2	No

Condition for the question	Question code	Question	Answer code	Answer
if J01=1 or A20>0	J13	Have you ever paid for or been paid for a sexual intercourse? *Take into account also nonmonetary rewards.*	1	Yes
			2	No
if J13=1	J14	Have you used a condom during these intercourses?	1	No, I have not
			2	Yes, sometimes
			3	Yes, most of the times
			4	Yes, always
if J10a=1	J15	Besides or in the absence of a permanent partner, there may also be sexual relations of a more irregular and random nature. Next, think about such relationships. During the past 12 months, have you had different sexual partners?	1	Yes
			2	No
if J15=1	J16	Have you used a condom during these intercourses?	1	No, I have not
			2	Yes, sometimes
			3	Yes, most of the times
			4	Yes, always
if J15=1	J20	With how many partners have you had sexual intercourse in the past 12 months?		
Always	PART K	**STUDIES AND WORK**		
Always	text	The following questions are about your education and working life.		
Always	K01	Have you ever had to significantly limit activities related to school or studying due to health problems? *Do not take into account temporary problems, the goal is to measure long-term restrictions.*	1	Yes
			2	No
if YA6=(130,147,OTH)	YF17	Have you ever worked?	1	Yes
			2	No
Always	K10	Have you ever had to significantly limit activities related to work due to health problems?	1	I have never worked due to health problems
			2	Yes, significantly, the restrictions have been of a lasting nature.
			3	Yes, significantly, the restrictions have been of a temporary nature.
			4	No, I have not

Condition for the question	Question code	Question	Answer code	Answer
			5	I have not been working for other reasons
if K10=2,3	K11	To what extent have you had to limit work related activities due to health problems?	1	I had to change the type of work
			2	I had to limit the volume of work (working hours)
			3	I had to give up working
			4	Other
if K11=4	K11M	Specify.		
Always	YF1	Which of the following conditions best describes you at the moment? *Absences from work due to maternity leave, illness, injury, etc. count as working.*	123	Working full-time
			150	Working part-time
			130	Unemployed
			139	Student, non-paid apprentice
			147	Pensioner (old age, early or benefit pension)
			149	Unemployed with partial or no work ability (former disability pensioner)
			140	Conscript, alternative civilian servant
			172	At home, on parental leave
			136	Other non-active
if YA6=102	YF2	Please name the company / institution you are working for at the moment		
if YA6=102	YF3	Please name the activity area of the company / institution you are working for at the moment		
if YA6=102	YF4	Do you work in a unit of this company / institution that has a different address?	1	Yes
			2	No
if YF4=2	YF5	Do you work in a unit of this company / institution that has a different area of activity?	1	Yes
			2	No
if YF4=1 or YF5=1	YF6	What is the full name of this unit?		
if YF4=1 or YF5=1	YF7	What does this unit mainly deal with?		
if YA6=102	YF8	What is the name of your position?		
if YA6=102	YF9	Please describe your main work tasks.		

Condition for the question	Question code	Question	Answer code	Answer
if YA6=102	YF10	To which of the following groups you belong to?	104	Salaried employee
			151	Entrepreneur with salaried employee(s), farmer with salaried workforce
			152	Sole entrepreneur, farmer without salaried workforce, freelancer
			119	Unpaid worker at a family company, farm
			OTH	Other
if YF10=OTH	YF10M	Specify.		
if YA6=102	YF11	Is it a permanent or temporary job?	100	Permanent (continuous) job
			102	Temporary job
if YA6=102	YF12	How many employees are at this company / institution / unit (including you)?	03	1 to 10
			10	11 to 19
			11	20 to 49
			18	50 or more
			28	Do not know exactly, but less than 11
			29	Do not know exactly, but more than 10
if YA6=102	YF13	How many hours in a week do you usually work? *Count the actual hours.*		
if YA6=102	YF14	Do you have management obligations (training other workers, responsible for execution of certain work tasks, etc.)?	1	Yes
			2	No
if YA6=102	K27	How would you describe the physical nature of your work?	1	Mainly sitting
			2	Mainly standing or walking, but the work does not require much physical effort
			3	Mainly standing or walking, the work requires moderate physical effort
			4	Work requiring heavy physical effort
if YA6=102	K27_a	Does your job require being fast paced / speed?	1	Yes
			2	No
if YA6=102	K27_b	Is your job mentally / physically stressful?	1	Yes
			2	No

Condition for the question	Question code	Question	Answer code	Answer
if YA6=102	K27_c	Can you decide on the pace of your job yourself?	1	Yes
			2	No
if YA6=102	K27_d	Is your job monotonous?	1	Yes
			2	No
if YA6=102	K27_e	Is your job connected to vibration or shaking?	1	Yes
			2	No
if YA6=102	K27_f	Does your job require bending down or being in another uncomfortable working position?	1	Yes
			2	No
if YA6=102	K27_g	Is your job connected to noise that makes you talk louder?	1	Yes
			2	No
if YA6=102	K27_h	Is your job connected to toxic substances and other chemicals?	1	Yes
			2	No
if YA6=102	K27_i	In your job, are you exposed to pathogenic microbes?	1	Yes
			2	No
if YA6=102	K27_j	In your job, are you exposed to dusty, smoky, or gassy work environment?	1	Yes
			2	No
if YA6=102	K27_k	In your job, are you exposed to asbestos?	1	Yes
			2	No
if YA6=102	K27_l	In your job, are you exposed to radiation?	1	Yes
			2	No
if YA6=102	K27_m	Is your job related to continuous sitting at the computer?	1	Yes
			2	No
if YA6=102	K27_n	Is your job connected to night shifts?	1	Yes
			2	No
if YA6=102	K28	During the past 12 months, what has been the length of your average working week (total time spent on working in your main job and all the side jobs)? *hours*		
if YA6=102 or YF17=1	K29	Have you ever had periods of unemployment that lasted longer than 12 months? *Do not take into account maternity leave or the time you were at home voluntarily.*	1	Yes

Condition for the question	Question code	Question	Answer code	Answer
			2	No
if K29=1	K29a	How many of such periods have you had?		
if YA6=102	K30	During the past 12 months, have you been absent from work due to your health problems? *Take into account all illnesses, injuries and other health problems that made you miss work. 12 months – from the day of the questionnaire to the previous day of the previous year.*	1	Yes
			2	No
if K30=1	K31	During the past 12 months, how many days have you been absent from work due to your health problems?		
if YA6=102	K32	During the past 12 months, have you had situations when you have not taken a sick leave from work due to economic reasons, and gone to work while being ill?	1	Yes
			2	No
Always	PART L	PLACE OF RESIDENCE		
Always	text	The following questions are connected to the living space of your household.		
Always	YD6	How many rooms are at the disposal of your household? *If several households live in one dwelling and some rooms are shared by several households, divide the room into parts and present the number of rooms in your household in fractions. For example, if the household owns a bedroom and half a living room, then the number of rooms is 1.5. Do not count the kitchen, bathroom, and other adjacent rooms.*		
Always	YD6B	Does your living space include a kitchen of at least 4 square meters, separated with a wall?	1	Yes
			2	No
display if YA6B=1	YD6A	In addition to cooking, are some other activities, e.g., eating, done in the kitchen?	1	Yes
			2	No

Condition for the question	Question code	Question	Answer code	Answer
Always	YD7	How large is the living space used by your household (in square meters)? *Take into account the space occupied by rooms, kitchen and auxiliary rooms within the living space. If several households live in one dwelling and some rooms are shared by several households, only a part of the room is considered belonging to the household.*		
Always	L08selection	Which of the following disturbing external environment conditions describe your present dwelling place? *You can select several options.*	403	Street, railway or aircraft noise
			404	Industrial noise
			405	High-voltage power lines in the area
			406	Air pollution due to traffic
			407	Air pollution connected to other external factors
			315	Low-quality drinking water
			413	Light pollution
			414	Vibration
			415	Disturbing smells
			416	Crime in the area
			OTH	Other
			408	There are no external disturbing factors
	403	Street, railway or aircraft noise		
	404	Industrial noise		
	405	High-voltage power lines in the area		
	406	Air pollution due to traffic		
	407	Air pollution connected to other external factors		
	315	Low-quality drinking water		
	413	Light pollution		
	414	Vibration		
	415	Disturbing smells		
	416	Crime in the area		
	OTH	Other		
	408	There are no external disturbing factors		
if L08selection=405	L083a	Distance from high-voltage power lines in meters		

Condition for the question	Question code	Question	Answer code	Answer
if L08selection=OTH	L08m	Problems connected to external factors		
Always	YD8	What is the condition of the living space of your household?	101	New or freshly renovated
			102	In good condition
			103	It has some deficiencies
			104	It has major deficiencies
Always	L18selection	What are the deficiencies of your living space? *You can select several options.*	501	He roof is leaking
			502	The walls, the floor or the foundations are dank
			504	It is too dark, there is not enough light
			505	Poor insulation
			598	Other problems
			599	None of the above
if L18selection=598	L18M	Specify.		
Always	L11	If there was a need to buy a new home appliance, for example a refrigerator or a washing machine, would you be able to buy it right away?	1	I could buy it right away
			2	With difficulties
			3	It would not be possible
Always	YD17	A household may have different sources of income and multiple members of a household can earn income. Thinking about the income of your household, how does your household manage to make ends meet with making necessary expenses?	328	With major difficulties
			326	With difficulties
			316	With some difficulties
			133	Quite easily
			110	Easily
			127	Very easily
Always	L15	How big is your monthly income, considering all income sources? *Indicate the average take-home amount in euros.*		
if L15 refuses or does not know or non-response	L15A	In what range is your personal monthly income, considering all income sources?	175	Up to 450 euros
			189	451 to 650 euros
			184	651 to 850 euros
			140	851 to 1100 euros

Condition for the question	Question code	Question	Answer code	Answer
			185	1101 to 1400 euros
			186	1401 to 1700 euros
			187	1701 to 2000 euros
			188	Over 2001 euros
if Y>1	YD18	What is the net monthly income of your household or the average received amount in euros, in total? Take into account the received benefits, scholarships, pensions, etc.		
YD18 = refuses, does not know, or non-response	YD19	What is the range of your household income?	175	Up to 450 euros
			176	451 to 800 euros
			177	801 to 1150 euros
			178	1151 to 1500 euros
			179	1501 to 1900 euros
			180	1901 to 2300 euros
			181	2301 to 3000 euros
			182	3001 to 4000 euros
			183	4001 or more euros
Always	**PART M**	**CHILDHOOD HOME**		
Always	text	Next, think about your childhood home and your loved ones.		
Always	M02e	What is the birth country of your mother?	912	Estonia
			913	Abroad
			914	Do not know
			916	Mother unknown
if M02e=913	M02ek	Choose the birth country.		
if not chosen from classificator	M02ea	Cannot find from the list.		
Always	M02valik	Has your mother had one of the following long-term chronic diseases or health problems. *You can select several options.*	1	Diabetes
			2	Heart attack
			3	Brain stroke / brain attack
			4	Asthma
			5	Allergy
			6	Cancer
			7	Alcoholism
			7a	Other disease
			8	None of the above
			9	Do not know
if M02selection=7a	M02_KOMM	Add a comment		

Condition for the question	Question code	Question	Answer code	Answer
Always	M03i	What is the birth country of your father?	912	Estonia
			913	Abroad
			914	Do not know
			915	Father unknown
if M03i=913	M03ik	Choose the birth country.		
if not chosen from classificator	M03ia	Cannot find from the list.		
Always	M03selec iton	Has your father had one of the following long-term chronic diseases or health problems? *You can select several options.*	1	Diabetes
			2	Heart attack
			3	Brain stroke / brain attack
			4	Asthma
			5	Allergy
			6	Cancer
			7	Alcoholism
			7a	Other disease
			8	None of the above
			9	Do not know
if M03selection=7a	M03_KO MM	Add a comment		
Always	M06	How often was alcohol consumed in your childhood home?	1	Every day / every day
			2	3 to 4 times a week
			3	1 to 2 times a week
			4	1 to 3 times a month
			5	A few times in a year
			6	Never
Always	M07	Was someone smoking regularly in your childhood home?	1	Yes
			2	No
Always	**PART N**	**SOCIAL SUPPORT**		
Always	text	Please think about relations with people around you.		
Always	N01	How many close people do you have, whose support you can count on in case of serious personal problems?	1	None
			2	1 or 2
			3	3 to 5
			4	6 or more
Always	N02	How interested and engaged are others about your activities? *Take into account loved ones, friends, colleagues, acquaintances.*	1	To large extent

Condition for the question	Question code	Question	Answer code	Answer
			2	To some extent
			3	Not sure
			4	To slight extent
			5	Not at all
Always	N03	How easy it is for you to get practical assistance from neighbours, if necessary? *E.g., advice, financial help, help with housework.*	1	Very easy
			2	Easy
			3	Possible
			4	Difficult
			5	Very difficult
Always	text	Please think about taking care or helping other people due to their health problems. *Do not take into account giving professional help (e.g., if you work as a social worker or a nurse).*		
Always	N15	Do you take care of / help one or more people <u>at least once a week</u> who need help due to a chronic disease, poor health or problems connected to old age?	1	Yes
			2	No
if N15=1	N16	Is this person your relative? *A relative can also live outside your household.*	1	Yes
			2	No
if N15=1	N17	How much time in a week you spend taking care of or assisting someone? *If you assist more than one person, sum up the time spent on caretaking/helping.*	1	Less than 10 hours a week
			2	10 to 20 hours a week
			3	Over 20 hours a week
Always	**PART O**	**USAGE OUTPATIENT CARE**		
Always	text	The following questions are about medical help and consultations with doctors.		
Always	O01	When was the last time you visited a <u>dentist or an orthodontist?</u>	1	Less than 6 months ago
			2	6 to 12 months ago
			3	More than 12 months ago
			4	Have never visited
if O01=1,2	O02	When you think about the last time you visited a <u>dentist,</u> what was the <u>main</u> reason for it?	1	Toothache or a broken tooth
			2	Regular check-up

Condition for the question	Question code	Question	Answer code	Answer
			3	Making of / repair of dentures
			4	Treatment after regular check-up
			5	Other
if O02=5	O02_m	Specify the reason.		
if O01=1,2	O02A	During the past 12 months, how many times have you visited the dentist?		
Always	O02B	During the past 12 months, how much have you paid for the dentist? *Take into account all the costs you have covered yourself, despite of whom the services were meant for – for yourself or for someone else. If there were no costs, mark "0".*		
Always	O02C	How would you assess the condition of your teeth and gums?	125	Very good
			109	Good
			201	Neither good nor bad
			311	Bad
			330	Very bad
Always	O03	How many of your own teeth are you missing? *If none of own teeth are missing, mark "0".*		
if O03>0	O04	How many teeth have been replaced or repaired with a prosthetic crown or a denture? *If no teeth have been replaced or repaired, mark "0".*		
Always	O05	During the past 12 months, have you contacted your family physician due to your health? *Take into account home visits and consultations via phone, e-mail, Skype.*	121	Yes, I have
			236	No, not during the past 12 months
			206	Never
if O05=121	O06	During the past 4 weeks, how many times have you consulted with your family physician due to your health? *Take into account home visits and phone consultations. Do not take into account consultations with a nurse.*		

Condition for the question	Question code	Question	Answer code	Answer
if O05=121	O06_a	During <u>the past 4 weeks,</u> how many times have you had an appointment with your family physician? *If there have been no appointments, mark "0".*		
if O05=121	O06_b	During <u>the past 4 weeks,</u> how many times your family physician has made a home visit to you? *If there have been no home visits, mark "0".*		
if O05=121	O06_c	During <u>the past 4 weeks,</u> has your family physician consulted you over a phone or by e-mail? *If there have been no phone or e-mail consultations, mark "0".*		
if O05=121	O07	During the <u>past 4 weeks,</u> have you had problems with getting an appointment to the family physician? If yes, please mark the main reason.	1	I have not had any problems
			2	The family physician was absent
			3	Too long waiting time for getting an appointment
			4	Could not reach the doctor by phone
			5	Too long distance, transport problems
			6	I could not afford it due to financial reasons
if O05=121	O08	When thinking about the last time you consulted your family physician, what was the <u>main</u> reason?	1	Health problem or illness
			2	Health check-up
			3	For getting a health certificate
			4	For getting a referral
			5	Renewing a prescription
			6	Other
if O08=6	O08_m	Specify the reason.		
	text	Let us proceed with questions concerning your last visit to your family physician. We ask how satisfied were you with your family physician.		
if O05=121	O08A	Did your family physician devote you enough time?	152	Certainly, yes
			153	Rather yes
			367	Rather no
			368	Not at all

Condition for the question	Question code	Question	Answer code	Answer
if O05=121	O08B	Were the explanations easily understandable?	152	Certainly, yes
			153	Rather yes
			367	Rather no
			368	Not at all
			926	No explanations were needed
if O05=121	O08C	Did your family physician give you a opportunity to ask questions or express your opinion about the treatment?	152	Certainly, yes
			153	Rather yes
			367	Rather no
			368	Not at all
			927	Was not necessary to ask questions or express opinion about treatment
if O05=121	O08D	Did your family physician involve you enough in the decisions concerning your treatment and care?	152	Certainly, yes
			153	Rather yes
			367	Rather no
			368	Not at all
			928	I did not wish to be involved
			929	Do treatment decisions were made
if O05=121	O08E	Overall, how would you assess the quality of your last visit to the family physician?	125	Very good
			109	Good
			201	Neither good nor bad
			311	Bad
			330	Very bad
Always	O09	During the past 4 weeks, how many times have you called the national family physician advisory line (1220)? *If there have been no calls, mark "0".*		
Always	O09A	During the past 12 months, how much have you paid for the family physician services? *Take into account all the costs you have covered yourself, despite of whom the services were meant for – for yourself or for someone else.* *If there were no costs, mark "0".*		

Condition for the question	Question code	Question	Answer code	Answer
Always	O10	During the past 12 months, have you turned to a specialist due to your health? *Take into account appointments and consultations via phone, e-mail and Skype.*	121	Yes, I have
			236	No, not in the past 12 months
			206	Never
if O10=121	O11	During the past 4 weeks, how many times have you consulted with a specialist about your health? *Take into account consultations made by phone and other electronic means.*		
if O10=121	O11A	During the past 4 weeks, how many times have you had an appointment to a specialist? *If there have been no appointments, mark "0".*		
if O10=121	O11B	During the past 4 weeks, how many times has a specialist consulted with you over the phone or via other electronic means? *If there have been no phone consultations or consultations by other electronic means, mark "0".*		
if O10=121	O12	During the past 4 weeks, have you had problems with getting an appointment to the specialist? If yes, please mark the main reason.	1	I have not had any problems
			2	Too long waiting time for getting an appointment
			3	Could not register for the queue
			4	Too long distance, transport problems
			5	I could not afford it due to financial reasons; I was only offered a paid visit
			6	Other
if O12=6	O12_m	Specify the reason.		
if O10=121	O13	When thinking about the last time you visited a specialist, what was the main reason?	1	A referral from a family physician
			2	Health problem or illness
			3	Check-up by my own initiative
			4	A follow-up or a repeating appointment
			5	Other

Condition for the question	Question code	Question	Answer code	Answer
	text	Let us proceed with questions concerning your last visit to the specialist.		
if O10=121	O13A	Did the specialist devote you enough time?	152	Certainly, yes
			153	Rather yes
			367	Rather no
			368	Not at all
if O10=121	O13B	Were the explanations understandable?	152	Certainly, yes
			153	Rather yes
			367	Rather no
			368	Not at all
			926	No explanations were needed
if O10=121	O13C	Did the specialist give you a opportunity to ask questions or express your opinion about the treatment?	152	Certainly, yes
			153	Rather yes
			367	Rather no
			368	Not at all
			927	Asking questions or expressing my opinion about treatment was not necessary
if O10=121	O13D	Did the specialist involve you enough in the decisions concerning your treatment and care?	152	Certainly, yes
			153	Rather yes
			367	Rather no
			368	Not at all
			928	I did not wish to be involved
			929	Do treatment decisions were made
if O10=121	O13E	Overall, how would you assess the quality of your last visit to the specialty doctor?	125	Very good
			109	Good
			201	Neither good nor bad
			311	Bad
			330	Very bad

Condition for the question	Question code	Question	Answer code	Answer
Always	O13F	During the past 12 months, how much have you paid for outpatient specialist care? *Take into account all the costs you have covered yourself, despite of whom the services were meant for – for yourself or for someone else. If there were no costs, mark "0".*		
Always	O14	During the past 12 months, have you had an appointment with a physiotherapist or a movement specialist due to your health?	1	Yes
			2	No
Always	O14A	During the past 12 months, how much have you paid for the services of a physiotherapist or a movement specialist? *Consider all the costs you have covered yourself, despite of whom the services were meant for – for yourself or for someone else. If there were no costs, mark "0".*		
Always	O15	During the past 12 months, have you visited a psychologist, a psychiatrist, or a psychotherapist?	1	Yes
			2	No
Always	O15A	During the past 12 months, how much have you paid for the services of a psychologist, a psychiatrist or a psychotherapist? *Consider all the costs you have covered yourself, despite of whom the services were meant for – for yourself or for someone else. If there were no costs, mark "0".*		
Always	O16	Have you got a valid health insurance?	1	Yes
			2	No
Always	text	The next question is about home care service offered by health and social welfare service providers to people with health problems or elderly people, at their home. E.g., the services of home nurse, help with housework, transportation, etc.		
Always	O17	During the past 12 months, have you used home care due to your health? *Only take into account home services offered by a family nurse / a midwife / a home nurse or a social worker*	1	Yes

Condition for the question	Question code	Question	Answer code	Answer
			2	No
Always	O17A	During the past 12 months, how much have you paid for home care? *Take into account all the costs you have covered yourself, despite of whom the services were meant for – for yourself or for someone else. If there were no costs, mark "0".*		
Always	O18	During the past 12 months, have you used the services of ambulance or emergency care department due to your health?	1	Yes
			2	No
if O18=1	O19A	During the past 12 months, how many times have you used the services of ambulance due to your health? *If you have not used the services of ambulance, mark "0".*		
if O18=1	O19B	During the past 12 months, how many times have you used the services of emergency care department due to your health? *If you have not used the services of emergency care, mark "0".*		
if O19A>0	O20	When thinking about calling the ambulance due to your health, what was the main reason?	1	Injury
			2	Poisoning
			3	Exacerbation of a chronic disease
			4	High fever
			5	Other health problem
if O20=5	O20_m	Specify, what kind of health problem.		
if O19B>0	O21	When thinking about your last visit to an emergency care department, what was the main reason? *Do not consider the times you were taken there with an ambulance.*	1	Injury
			2	Poisoning
			3	Exacerbation of a chronic disease
			4	High fever
			5	Other health problem
if O21=5	O21_m	Specify, what health problem.		

Condition for the question	Question code	Question	Answer code	Answer
Always	O21A	During the past 12 months, how much have you paid for emergency care? *Take into account all the costs you have covered yourself, despite of whom the services were meant for – for yourself or for someone else. If there were no costs, mark "0".*		
Always	O22	Have you ever turned to non-traditional or alternative medicine in connection with your health problem, for a health check-up or for advice?	1	Yes
			2	No
if O22=1	O23selection	Whom did you turn to? *You can select several options.*	1	Acupuncture specialist
			2	Chiropractor
			3	Osteopath
			4	Healer
			5	Other
if O23=5	O23M	Specify.		
Always	**OSA P**	**USE OF HOSPITAL AND DAY CARE**		
Always	text	The following questions are connected to hospital and day care. Please think about your treatment in a hospital during past 12 months.		
age<51 and sex=woman	text	*Do not take into account being in a hospital due to normal childbirth.*		
Always	P01	During the past 12 months, have you been hospitalised?	1	Yes
			2	No
if P01=1	P02	How many days have you spent in a hospital during the past 12 months?		
Always	P03	During the past 12 months, have you been in day care or in a day surgery department?	1	Yes
			2	No
if P03=1	P04	During the past 12 months, how many days have you spent in day care?		
Always	P05	During the past 12 months, has it happened that you have not received the necessary hospital care or it was postponed?	1	Yes
			2	No
if P05=1	P06	What was the main reason you did not receive the needed hospital care?	1	Too long waiting list
			2	Too long distance, transportation problems

Condition for the question	Question code	Question	Answer code	Answer
			3	I could not afford it due to financial reasons
			4	It was postponed due to my medical condition
			5	Other
if P06=5	P06m	Specify the reason.		
Always	P07	During the past 12 months, have you needed inpatient nursing care?	1	Yes
			2	No
if P07=1	P08	Have you had problems accessing inpatient nursing care? If yes, mark the main reason.	1	There were no problems
			2	Too long waiting list
			3	Could not register on the waiting list
			4	Too long distance, transportation problems
			5	I could not afford it due to financial reasons; only charged service was offered
			6	Other
if P08=6	P08_m	Specify the reason.		
Always	P08A	During the past 12 months, how much have you paid for inpatient nursing care? *Take into account all the costs you have covered yourself, despite of whom the services were meant for – for yourself or for someone else. If there were no costs, mark "0".*		
Always	P09	During the past 12 months, have you needed rehabilitative care?	1	Yes
			2	No
if P09=1	P10A	Have you had problems receiving rehabilitative care? *If you have had problems, specify the type of treatment. If you had problems with both, choose an option you prefer.*	1	There were no problems
			2	Yes, there were problems with inpatient care
			3	Yes, there were problems with outpatient care
if P10A=2,3	P10B	What were the problems with receiving rehabilitative care? If there were many problems, choose the main one.	1	Too long waiting list
			2	Could not register on the waiting list

Condition for the question	Question code	Question	Answer code	Answer
			3	Too long distance, transportation problems
			4	I could not afford it due to financial reasons; only charged service was offered
			5	Other
if P10B=5	P10B_m	Specify the reason.		
Always	P10C	During the past 12 months, how much have you paid for rehabilitative care? *Consider all the costs you have covered yourself, despite of whom the services were meant for – for yourself or for someone else.* *If there were no costs, mark "0".*		
Always	**PART Q**	**USE OF MEDICINES**		
Always	text	Please think about using medicines.		
Always	Q01	When did you last use a prescription medicine your doctor has prescribed for you? *Do not take into account contraceptive pills.*	1	During the past 2 weeks
			2	During the past 4 weeks
			3	During the past 6 months
			4	During the past 12 months
			5	More than 12 months ago
			6	Have never used
if Q01=1,2	Q02selection	Due to which health problem you take /have taken these medicines? *You can select several options.*	01	High blood pressure
			02	Other cardiovascular diseases, incl. brain stroke and heart attack
			03	Diabetes
			04	Joint pain and inflammation
			05	Other pain
			06	Asthma and other respiratory diseases
			07	Allergic diseases (eczema, hay fever)
			08	Anxiety disorder (panic attacks, generalised anxiety, social phobia)
			09	Depression
			10	Gastrointestinal diseases
			11	High cholesterol level
			12	Sleep disorders

Condition for the question	Question code	Question	Answer code	Answer
			13	Prescription medicines for other conditions
if Q02=13	Q02M	Specify, which medicine for which health problem.		
if Q01=1,2	Q03	During the past 4 weeks, have you used a prescription medicine that was not directly prescribed to you by a doctor?	1	Yes
			2	No
Always	Q03A	During the past 12 months, how much have you paid for prescription medicines? *Take into account all the costs you have covered yourself, despite of whom the medicines were meant for – for yourself or for someone else. If there were no costs, mark "0".*		
Always	Q08	When was the last time you used over-the-counter medicines, herbal medicines or vitamins?	1	During the past 2 weeks
			2	During the past 4 weeks
			3	During the past 6 months
			4	During the past 12 months
			5	More than 12 months ago
if Q08=1,2	Q09selection	Which over-the-counter medicines you use / have you used due to your health problems? *You can choose many options.*	1	Painkillers
			2	Medicines for cold, cough, fever or sore throat
			3	Medicines for stomach problems
			4	Vitamins, minerals, tonics (tonic preparations)
			4A	Nursing care non-durable goods
			5	Other medicines
if Q09=5	Q09_m	Specify, which medicines.		
if Q08=1,2	Q10	Has your doctor personally advised you to use some these over-the-counter medicines or vitamins?	1	Yes
			2	No

Condition for the question	Question code	Question	Answer code	Answer
Always	Q10A	During the past 12 months, how much have you paid for over-the-counter medicines? *Take into account all the costs you have covered yourself, despite of whom the medicines were meant for – for yourself or for someone else.* *If there were no costs, mark "0".*		
Always	**Part R**	**SMOKING**		
Always	Text	The following questions are connected to using tobacco products.		
Always	Text	Please think about smoking.		
Always	R01	Do you smoke? (Do not count e-cigarettes)	1	Yes, every day
			2	Yes, sometimes
			3	I have been a regular smoker
			4	I have never smoked
if R01=1	R02A	Do you smoke cigarettes (industrial products or self-rolled) every day?	1	Yes
			2	No
if R02A=1	R04	How many cigarettes a day?		
if R01=1,2 or 3	R01b	Have you ever smoked tobacco products (cigarettes, cigars, pipe) every day or almost every day at least for a year?	1	Yes
			2	No
if R01b=1	R01a	How many years have you been smoking / did you smoke?		
R01=1,2	R02	How often have you smoked during the past 4 weeks?	1	Every day / almost every day
			2	3 to 4 times a week
			3	1 to 2 times a week
			4	1 to 3 times a month
			5	I have not smoked during the past 4 weeks
if R01=1,2	R05	During the past 12 months has anyone recommended you to stop smoking?	1	Yes
			2	No
if R05=1	R05aselection	Who has recommended you to stop smoking? *You can choose up to two options.*	5	Family physician/family nurse
			6	Other health care professional
			2	Family member
			3	Other person close to you
			4	Someone else

Condition for the question	Question code	Question	Answer code	Answer
Always	R06B1	Do you use e-cigarettes?	1	Yes, every day
			2	Yes, sometimes
			3	No, but I have used them before
			4	I have never used e-cigarettes
Always	R06	During the past 12 months, have you used any of the following products?		
Always	R06_a	Waterpipe	1	Never
			2	A couple of times per year
			3	A couple of times per month
			4	A couple of times per week
			5	Every day
Always	R06_c	Snus	1	Never
			2	A couple of times per year
			3	A couple of times per month
			4	A couple of times per week
			5	Every day
Always	R06_d	Snuff	1	Never
			2	A couple of times per year
			3	A couple of times per month
			4	A couple of times per week
			5	Every day
Always	R06_e	Chewing tobacco	1	Never
			2	A couple of times per year
			3	A couple of times per month
			4	A couple of times per week
			5	Every day
Always	R06_f	Gel with tobacco extract (Nicogel, NicoFix etc.)	1	Never
			2	A couple of times per year
			3	A couple of times per month
			4	A couple of times per week
			5	Every day
Always	R06_g	Other tobacco or nicotine product	1	Never
			2	A couple of times per year
			3	A couple of times per month
			4	A couple of times per week
			5	Every day
if R06g=2,3,4,5	R06gm	Specify, what product		
Always	R07	How often do you have to spend time in indoor rooms where people smoke? *Indoor rooms – workplace, home, and other public places.*	513	Never or almost never

Condition for the question	Question code	Question	Answer code	Answer
			206	Less than once a week
			208	At least once a week, but not every day
			1011	Every day, less than an hour
			1012	Every day, more than an hour
Always	R08	Does anyone smoke regularly (e.g., every day or almost every day) at your living quarters?	1	Yes, regularly
			2	No, not regularly
			3	No one smokes at home
Always		**ALCOHOL CONSUMPTION**		
Always	text	Please think now about alcohol consumption during the past 12 months.		
Always	R09	During the past 12 months, have you consumed alcoholic drinks? *E.g., beer, wine, cider, cocktails, spirits, liqueurs, homemade alcoholic drinks (homebrewed beer, wine) etc.*	1	Every day or almost every day
			2	5 to 6 days a week
			3	3 to 4 days a week
			4	1 to 2 days a week
			5	2 to 3 days a month
			6	Once a month
			7	Less than once a month
			8	Not in the past 12 months, I have given up drinking alcohol
			9	I have never drunk alcohol or have only taken a few sips during my whole life
if R09=1, 2, 3, 4, 5, 6	R10	On how many days from Monday to Thursday (4 days) you usually consume alcohol? *There are different questions about the beginning and ending of the week.*	1	On all the four days
			2	On three days from four
			3	On two days from four
			4	On one day from four
			5	None of the days
if R10=1,2,3,4	text	Think about the day from Monday to Thursday you consume alcohol.		
if R10=1,2,3,4	text	*First, choose the unit (e.g., a shot) and then mark the quantity (e.g., 3).*		

Condition for the question	Question code	Question	Answer code	Answer
if R10=1,2,3,4	R11a1	How much light alcohol (beer, cider, long drink and other drinks containing up to 6% alcohol content in volume and/or cocktails except wine and sparkling wine) do you usually consume on such a day? *Choose the most suitable unit*	1	1 glass (200 ml)
			2	0.3 l bottle
			3	0.5 l bottle
			4	1 l bottle
			5	1.5 l bottle
			6	2 l bottle
			7	I do not consume light alcohol
if R11_a1=1,2,3,4,5,6	R11_a	Quantity		
if R10=1,2,3,4	R11_b1	How much strong beer (over 6% alcohol content in volume) do you usually consume on such a day? *Choose the most suitable unit*	1	0.3 l bottle / jug
			2	0.5 l bottle / jug
			3	1.5 l bottle / jug
			4	2 l bottle
			5	I do not consume strong beer
if R11_b1=1,2,3,4	R11_b	Quantity		
if R10=1,2,3,4	R11_c1	How much wine, incl. sparkling wine (up to 12% alcohol content in volume) do you usually consume on such a day? *Choose the most suitable unit*	1	1 glass (125 ml)
			2	0.5 l bottle
			3	0.7 l bottle
			4	1 l bottle
			5	I do not consume wine
if R11_c1=1,2,3,4	R11c	Quantity		
if R10=1,2,3,4	R11_d1	How much alcoholic cocktails or lighter liqueurs (ca 20% alcohol content in volume) do you usually consume on such a day? *Choose the most suitable unit*	1	1 shot
			2	1 glass
			3	0.3 l bottle
			4	0.5 l bottle
			5	0.7 l bottle
			6	1 l bottle
			7	I do not consume alcoholic cocktails or liqueurs

Condition for the question	Question code	Question	Answer code	Answer
if R11_d1=1,2,3,4,5,6	R11_d	Quantity		
if R10=1,2,3,4	R11_e1	How much spirits (vodka, cognac, brandy, gin, whiskey and other drinks with 40% alcohol content in volume) do you usually consume on such a day? *Choose the most suitable unit*	1	1 shot
			2	0.35 l bottle
			3	0.5 l bottle
			4	0.7 l bottle
			5	1 l bottle
			6	I do not consume spirits
if R11_e1=1,2,3,4,5	R11_e	Quantity		
if R09=1,2,3,4,5,6	text	Now think about the second half of the week – the days of the weekend.		
if R09=1,2,3,4,5,6	R12	On how many days from Friday to Sunday (3 days) you usually consume alcohol?	1	On all the three days
			2	On two days of three
			3	On one day of three
			4	None of the days
if R12=1,2,3	text	Think about a day from Friday to Sunday you consume alcohol. Mark how much alcohol on average you drink on such a day (from Friday to Sunday).		
if R12=1,2,3	text	*First, choose the unit (e.g., a shot) and then mark the quantity (e.g., 3). You can mark the quantity using decimal numbers.*		
if R12=1,2,3	R13_a1	How much light alcohol (beer, cider, long drink and other drinks containing up to 6% alcohol content in volume and/or cocktails except wine and sparkling wine) do you usually consume on such a day? *Choose the most suitable unit*	1	1 glass (200 ml)
			2	0.3 l bottle
			3	0.5 l bottle
			4	1 l bottle
			5	1.5 l bottle
			6	2 l bottle
			7	I do not consume light alcohol
if R13_a1=1,2,3,4,5,6	R13_a	Quantity		
if R12=1,2,3	R13_b1	How much strong beer (over 6% alcohol content in volume) do you usually consume on such a day? *Choose the most suitable unit*	1	0.3 l bottle / jug
			2	0.5 l bottle / jug
			3	1.5 l bottle / jug
			4	2 l bottle

Condition for the question	Question code	Question	Answer code	Answer
			5	I do not consume strong beer
if R13_b1=1,2,3,4	R13_b	Quantity		
if R12=1,2,3	R13c1	How much <u>wine, incl. sparkling wine</u> (up to 12% alcohol content in volume) do you usually consume on such a day? *Choose the most suitable unit*	1	1 glass (125 ml)
			2	0.5 l bottle
			3	0.7 l bottle
			4	1 l bottle
			5	I do not consume wine
if R13_c1=1,2,3,4	R13_c	Quantity		
if R12=1,2,3	R13_d1	How much <u>alcoholic cocktails or lighter liqueurs</u> (ca 20% alcohol content in volume) do you usually consume on such a day? *Choose the most suitable unit*	1	1 shot
			2	1 glass
			3	0.3 l bottle
			4	0.5 l bottle
			5	0.7 l bottle
			6	1 l bottle
			7	I do not consume alcoholic cocktails or liqueurs
if R13_d1=1,2,3,4,5,6	R13_d	Quantity		
if R12=1,2,3	R13e1	How much <u>spirits</u> (vodka, cognac, brandy, gin, whiskey and other drinks with 40% alcohol content in volume) do you usually consume on such a day? *Choose the most suitable unit*	1	1 shot
			2	0.35 l bottle
			3	0.5 l bottle
			4	0.7 l bottle
			5	1 l bottle
			6	I do not consume spirits
if R13_e1=1,2,3,4,5	R13_e	Quantity		
if R09=1,2,3,4,5,6,7	R14	During <u>the past 12 months,</u> how often have you consumed 6 or more units of alcohol at one time (e.g., 6 glasses of wine, 6 shots of vodka, or 3 bottles of beer)?	1	Every day or almost every day
			2	5 to 6 days a week
			3	3 to 4 days a week
			4	1 1o 2 days a week
			5	2 to 3 days a month

Condition for the question	Question code	Question	Answer code	Answer
			6	Once a month
			7	Less than once a month
			8	I have not consumed during the past 12 months
			9	Never l
if R09=1,2,3,4,5,6,7	R15	During the past 12 months, has anyone recommended you to reduce alcohol consumption?	1	Yes
			2	No
R15=1	R15aselection	Who has been the advisor? *You can choose up to two options.*	5	Family physician / family nurse
			6	Other health care professional
			2	Family member
			3	Other person close to you
			4	Someone else
Always	**PART S**	**DRUG USE**		
Always	text	The following questions are connected to using narcotic substances		
Always	S01	Have you ever been offered narcotic substances?	1	Yes
			2	No
Always	S02	Have you ever tried or used narcotic substances?	1	Yes, once
			2	Yes, a couple of times
			3	Yes, often
			4	No
if S02=1,2,3	S03	Have you ever used cannabis (*marijuana, annasha, joint, grass, hashish, weed)?*	1	Yes
			2	No
if S03=1	S04	During the past 12 months, have you used cannabis or cannabis products?	1	Yes
			2	No
if S04=1	S05	During the past 4 weeks, have you used cannabis or cannabis products?	1	Yes
			2	No
if S02=1,2,3	S06	Have you ever used other narcotic substances?	1	Yes
			2	No
S06=1	S07	During the past 12 months, have you used other narcotic substances except cannabis?	1	Yes
			2	No
S02=1,2,3	S08	Have you ever received medical help due to an overdose of a narcotic substance?	1	Yes

Condition for the question	Question code	Question	Answer code	Answer
			2	No
Always	**PART T**	**WEIGHT, HEIGHT AND PHYSICAL ACTIVITY**		
Always	text	Please think about your weight and height.		
Always	T01	What is your height (without shoes)?		
Always	T02	How much do you weigh (without clothes and shoes)?		
Always	T	The following questions are about the time spent on physical activity in a usual week. Please answer the questions even if you do not think of yourself as physically active person.		
Always	T	Now think about the everyday activities connected to working. Working is both paid and unpaid work, activities connected to studying or training, also housework, taking care of family, etc.		
Only in CAPI	TXT1	PLEASE NOTE! DO NOT READ OUT option 4 "No activities connected to work".		
Always	T03	Which of the following descriptions best describes your working?	1	Mainly sitting or standing
			2	Mainly walking or activities that demand light or moderate physical activity
			3	Mainly activities that are physically demanding
			4	No activities connected to work
Always	text	The following questions do not concern activities connected to work you have just described. Think about how you usually move from one place to another, e.g., going to work, school, store, etc.		
Always	T04	In a usual week, on how many days a week you walk at least 10 minutes in a row to get from one place to another? *If you do not, mark "0".*		
if T04>0	T05	In total, how much time do you spend walking on such a day? *If you spend less than one hour, please mark "0".*		
		Hours		
if T04>0	T05A	Minutes		
Always	T06	In a usual week, on how many days a week you bike at least 10 minutes in a row to get from one place to another? *If you do not, mark "0".*		
if T06>0	T07	In total, how much time do you spend biking on such a day? *If you spend less than one hour, please mark "0".*		
		Hours		
if T06>0	T07A	Minutes		

Condition for the question	Question code	Question	Answer code	Answer
Always	text	The following questions do not concern the already mentioned activities connected to working or moving from one place to another. Think about your physical activity on your free time. Being active on free time means being engaged in activity that involves at least a small fastening of breath and heartbeat.		
Always	T08	In a usual week, on how many days a <u>week</u> are you engaged in sports, fitness or spending active free time for at least 10 minutes in a row? *If you are not, mark "0".*		
if T08>0	T09	In total, how much time in a <u>week</u> are you engaged in sports, fitness or spending active free time? *If you spend less than one hour, please mark "0".*		
		Hours		
if T08>0	T09A	Minutes		
Always	T10	In a usual week, how many days <u>a week</u> you do physical exercises directed to muscle strength, like strength exercises or weightlifting? Also take into account activities you mentioned before. *If you do not, mark "0".*		
Always	T10A	In a usual day, how many hours you spend sitting or <u>lying down</u>?	701	Less than 4 hours
			702	4 to 5 hours
			703	6 to 7 hours
			704	8 to 9 hours
			705	10 to 11 hours
			706	12 and more hours
Always	T11	During <u>the past 12 months</u>, has anyone recommended you to increase your physical activity?	1	Yes
			2	No
if T11=1	T11public	Who has recommended you to increase your physical activity? *You can choose up to 2 options.*	5	Family physician / family nurse
			6	Other health care professional
			2	Family member
			3	Other person close to you
			4	Someone else
Always	T11B	In your opinion, how much do you engage in spending active leisure time and physical activities?	443	Completely enough
			435	Rather enough

Condition for the question	Question code	Question	Answer code	Answer
			444	Rather not enough
			445	Completely not enough
			209	Cannot say
if T04>0 or T06>0 or T08>0 or T10>0	T11C	Do you engage in physical activity mainly alone or with someone else?	01	Alone
			02	Together with family members
			03	With friends and acquaintances on my own initiative
			04	In a training group
Always	T11Dselection	In your case, what prevents you from engaging regularly in physical activities? *Choose up to two options.*	1	Lack of sporting facilities (sports hall, court, etc.)
			2	Engaging in sports is too expensive
			3	There is no suitable company and training partners
			4	There is no suitable transportation to get to the training facility
			5	Other
			6	There are no obstacles
if T11D=5	T11D_m	Specify.		
Always	T11E	Are you satisfied with the opportunities for active movement in your hometown/village?	446	There are enough opportunities
			447	There are some opportunities, but not enough
			925	There are no opportunities
Always	T12	During the past 12 months, have you participated in a public sports event?	1	Yes
			2	No
if T12=1	T12_m	Specify, how many times.		
Always	T13	During the past four weeks, have you been engaged in an intensive training or competitive sports, e.g., at least 3 – 4 training times a week?	1	Yes
			2	No
if T13=1	T14	During the past 4 weeks, how often have you been engaged in competitive sports?	1	Every day
			2	5 to 6 times a week
			3	3 to 4 times a week
Always	T15	How long is your daily sleep time on average??		

Condition for the question	Question code	Question	Answer code	Answer
		Hours		
Always	T15A	Minutes		
Always		**EATING HABITS**		
Always	text	Please think about eating fruits and vegetables.		
Always	T16	How often do you eat fruits and berries? *Do not take into account juices. Take into account fresh, frozen, dried and crushed fruits and berries (without added sugar).*	1	Once or more times a day
			2	4 to 6 times a week
			3	1 to 3 times a week
			4	Less than once a week
			5	Never
if T16=1,2,3	T17	How many portions of fruit you eat daily? 1 portion is about 1 handful (100 grams).		
Always	T18	How often do you eat vegetables and salad (except juices and potato)? *Take into account freshly eaten, frozen, canned and heat-treated (boiled, grilled, steamed) vegetables. Do not count potato. Count other vegetables.*	1	Once or more times a day
			2	4 to 6 times a week
			3	1 to 3 times a week
			4	Less than once a week
			5	Never
if T18=1,2,3	T19	How many portions of vegetables and salad (except juices and potato) you usually eat in a day? *1 portion is about 1 handful (100 grams), or, 1 portion is three heaped tablespoons, or a size of an average tomato.*		
Always	TE01	How much water do you usually drink <u>in a day</u>? *Take into account drank tap water, filtered water, spring water, mineral water, etc. Do not count flavoured water. Give a rough estimate of the amount. Consider the situation (time of year) at the time of the survey. Take into account drinking water both with meals and between meals.*	24	More than 2 litres
			25	1.5 to 2 litres
			26	1 to 1.5 litres

Condition for the question	Question code	Question	Answer code	Answer
			27	0.5 to 1 litre
			28	Less than 0.5 litres
			96	I do not drink water every day / I do not drink water at all
Always	T19A	How often do you drink 100% fruit or vegetable juice (except sweetened juice drinks)?	1	Once or more times a day
			2	4 to 6 times a week
			3	1 to 3 times a week
			4	Less than once a week
			5	Never
if T19A=1	TE02	How much 100% fruit or vegetable juice do you usually drink in a day? *Give a rough estimate of the amount.*	29	More than 500 ml
			30	331 to 500 ml
			31	251 to 330 ml
			32	151 to 250 ml
			33	150 ml or less
Always	T19B	How often do you drink sweetened drinks such as lemonade or coke (e.g., Coca-Cola, Sprite, Pepsi-Cola, Fanta, Kelluke, Limonaad, different root beers, ice teas and other soft drinks that contain sugar)? Do not count diet sodas or drinks with artificial sweeteners.	1	Once or more times a day
			2	4 to 6 times a week
			3	1 to 3 times a week
			4	Less than once a week
			5	Never
if T19B=1	TE03	How much sugar-sweetened drinks do you usually drink in a day? *Give a rough estimate of the amount.*	29	More than 500 ml
			30	331 to 500 ml
			31	251 to 330 ml
			32	151 to 250 ml
			33	150 ml or less
Always	TE04	How often do you drink sparkling or still diet or sugar-free soft drinks (e.g., Pepsi Max, Cola-Zero, Cola-Light, diet ice tea, diet near waters, etc.)?	1	Once or more times a day
			2	4 to 6 times a week

Condition for the question	Question code	Question	Answer code	Answer
			3	1 to 3 times a week
			4	Less than once a week
			5	Never
if TE04=1	TE05	How much sparkling or still diet or sugar-free soft drinks you usually drink in a day? *Give a rough estimate of the amount.*	29	More than 500 ml
			30	331 to 500 ml
			31	251 to 330 ml
			32	151 to 250 ml
			33	150 ml or less
Always	TE06	How often do you drink energy drinks (e.g., Red Bull, Dynamit, Hustler, Starter, etc.)?	1	Once or more times a day
			2	4 to 6 times a week
			3	1 to 3 times a week
			4	Less than once a week
			5	Never
if TE06=1	TE07	How much energy drinks do you usually drink in a day? *Give a rough estimate of the amount.*	29	More than 500 ml
			30	331 to 500 ml
			31	251 to 330 ml
			32	151 to 250 ml
			33	150 ml or less
Always	TE08	How often do you drink sports drinks (e.g., Isostar, Arctic Sport, Vitamineral, etc.)?	1	Once or more times a day
			2	4 to 6 times a week
			3	1 to 3 times a week
			4	Less than once a week
			5	Never
if TE08=1	TE09	How much sports drinks do you usually drink in a day? *Give a rough estimate of the amount.*	29	More than 500 ml
			30	331 to 500 ml
			31	251 to 330 ml
			32	151 to 250 ml
			33	150 ml or less

Condition for the question	Question code	Question	Answer code	Answer
Always	TE10	How often do you drink hot drinks like tea, coffee, or cocoa (e.g., instant tea, tea in filter bags, tea made from tea powder, blossoms or leaves, instant coffee, coffee with or without caffeine, cereal coffee, cocoa)?	127	More than 3 times a day
			128	1 to 2 times a day
			212	4 to 6 times a week
			210	1 to 3 times a week
			206	Less than once a week
			510	Never
if TE10=127,128 or 212	TE11	Do you add natural (sugar, honey, stevia, etc.) or artificial sweeteners (aspartame, saccharine, etc.) to your hot drinks?	1	Yes, mainly natural sweeteners
			2	Yes, mainly artificial sweeteners
			3	No, I usually do not add sweeteners
Always	TE12	How many portions of sweets or desserts (e.g., chocolate, cookies, ice-cream, cake or sweet snacks) you usually eat in <u>a day</u>? *One portion is ca. 50 g chocolate bar or 3 cookies or 1 scoop of ice-cream or one small pastry or 1 croissant.*	60	5 or more portions
			61	3 to 4 portions
			62	1 to 2 portions
			63	Less than one portion
			97	I do no teat sweets every day / I only eat sweets sometimes
			901	I do no teat sweets at all
Always	TE13	How often do you eat the following groceries?		
Always	TE13A	Red meat (beef, pork, lamb, wild animal meat)	126	At least once a day
			212	4 to 6 times a week
			230	2 to 3 times a week
			219	Once a week
			206	Less than once a week
			907	Not at all
Always	TE13B	White meat (poultry, rabbit)	126	At least once a day
			212	4 to 6 times a week
			230	2 to 3 times a week
			219	Once a week

Condition for the question	Question code	Question	Answer code	Answer
			206	Less than once a week
			907	Not at all
Always	TE13C	Processed meat products (sausages, burgers, ham, ravioli, canned meat, pâté, etc.)	126	At least once a day
			212	4 to 6 times a week
			230	2 to 3 times a week
			219	Once a week
			206	Less than once a week
			907	Not at all
Always	TE13D	Fish or seafood (except canned)	126	At least once a day
			212	4 to 6 times a week
			230	2 to 3 times a week
			219	Once a week
			206	Less than once a week
			907	Not at all
Always	TE14	How often do you consume unsweetened milk and milk products (e.g., milk drinks, cream, kefir, yoghurt, sour cream, butter, cheese, etc.)?	126	At least once a day
			212	4 to 6 times a week
			230	2 to 3 times a week
			219	Once a week
			206	Less than once a week
			908	Not at all
Always	TE15	Do you usually add salt to your food, even if the food has been seasoned with salt?	1	No, I usually eat non-salted food
			2	Never / rarely
			3	Often, usually after tasting the food
			4	Yes, before tasting the food
Always	TE16	Do you have kids under 3 years old?	1	Yes
			2	No
if TE16=1	TE17	Are you / have you breastfed your child (at least once a day)? *If you have more than 1 children under 3 years old, answer for the oldest.*	1	I am currently breastfeeding
			2	The child has been breastfed
			3	The child has never been breastfed
if TE17=2	text	Up to what age was your child breastfed?		

Condition for the question	Question code	Question	Answer code	Answer
if TE17=1 or 2	TE17A	Mark the age of the child in months.		
if TE17=1	TE18	In addition to breastmilk, is your child fed other liquids (water, herbal tea, juice, milk, formula, etc.) or food regularly? *Do not take into account vitamins and medicines.*	1	Yes
			2	No
if TE17=2 or TE18=1	TE18A	At what age your child started to be fed other liquids (water, herbal tea, juice, milk, formula, etc.) or food regularly? *Do not take into account vitamins and medicines.* Mark the child's age in months		
Always	T20	In a usual situation, are you often thirsty (not after hard physical work, training, sauna, hot weather, etc.)?	1	Yes
			2	No
Always	**PART U**	**ATTITUDES**		
Always	text	The following questions are connected to your satisfaction with different areas of life.		
Always	text	We present you three pairs of answers. With every pair, think which option is closer to your beliefs.		
Always	U01	First pair	1	All what is happening to me is in my own hands
			2	I cannot influence where my life is going
Always	U02	Second pair	1	I am almost always certain that I manage to fulfil my plans
			2	There is no point in planning ahead, as life takes its own route
Always	U03	Third pair	1	When solving problems, I usually show initiative
			2	I usually let others to show initiative
Always	U04_a	How satisfied are you with your work?	1	Satisfied
			2	Rather satisfied
			2	Rather not satisfied
			4	Not satisfied at all
			5	Not possible to answer
Always	U04_b	How satisfied are you with your career / getting ahead in life?	1	Satisfied
			2	Rather satisfied
			3	Rather not satisfied
			4	Not satisfied at all
			5	Not possible to answer

Condition for the question	Question code	Question	Answer code	Answer
Always	U04_c	How satisfied are you with your family life?	1	Satisfied
			2	Rather satisfied
			4	Rather not satisfied
			4	Not satisfied at all
			5	Not possible to answer
Always	U04_d	How satisfied are you with your financial situation?	1	Satisfied
			2	Rather satisfied
			5	Rather not satisfied
			4	Not satisfied at all
Always	U04_e	How satisfied are you with spending your free time?	1	Satisfied
			2	Rather satisfied
			3	Rather not satisfied
			4	Not satisfied at all
Always	U04_f	How satisfied are you with your life in general?	1	Satisfied
			2	Rather satisfied
			3	Rather not satisfied
			4	Not satisfied at all
Always	U04_g	How satisfied are you with your close relatives?	1	Satisfied
			2	Rather satisfied
			3	Rather not satisfied
			4	Not satisfied at all
			5	Not possible to answer
Always	U04_h	How satisfied are you with your physical form and physical ability?	1	Satisfied
			2	Rather satisfied
			3	Rather not satisfied
			4	Not satisfied at all
Always	U04_i	How satisfied are you with your emotional relationship with your spouse / partner?	1	Satisfied
			2	Rather satisfied
			3	Rather not satisfied
			4	Not satisfied at all
			5	Not possible to answer
Always	U04_j	How satisfied are you with your health?	1	Satisfied
			2	Rather satisfied
			3	Rather not satisfied
			4	Not satisfied at all

Condition for the question	Question code	Question	Answer code	Answer
Only in CAPI, if the respondent has not answered in CAWI or when the questionnaire was not finished in CAWI	YK1G	You had a possibility to answer this questionnaire online. Why did you not use this option (or why did you not finish the questionnaire online)? *You can choose several options.*	34	Did not find a suitable time
			81	It was too complicated to fill in the questionnaire
			82	The conditions for logging in were complicated or burdensome
			83	The environment of the questionnaire was not working properly
			84	I did not know the questionnaire could be completed online
			85	I do not have the possibility to use the computer, the internet or the ID-card reader.
			OTH	Other
YK1G={OTH}	YK1GOTH	Specify.		
Always	ENDtx	We have reached the final questions, the questions about consent.		
Only in CAWI (with CAPI, it is on paper)	ALLOWtx	The current Estonian Health Interview Survey is organised in cooperation with Statistics Estonia (SE) and the National Institute for Health Development (NIHD). Data is gathered by SE and analysed by NIHD. To forward the gathered data to NIHD, SE needs your consent. Before agreeing, please read the detailed information under the link "Open additional information".		
only in CAWI (with CAPI, it is on paper)	ALLOW _DATA	I AGREE I confirm that I have read the above-mentioned detailed information about the Estonian Health Interview Survey and my rights. I agree that my answers and information about me from other named sources shall be forwarded to the National Institute of Health Development.	1	Yes
			2	No
Hide if LUBA_ANDM=2 in CAWI, hide in CAPI	textV	Every month, a giveaway will be organised among all the participants of the online survey and those who have filled in the questionnaire properly: twelve 20-euro gift cards to Coop Estonia (valid in the Coop Estonia stores, incl. in Maksimarkets and Konsums) will be given out each month. The winners will be announced in the beginning of May, June, July, August, September, October and November 2019. The winners will be contacted by Statistics Estonia.		
Hide if LUBA_ANDM=2 in CAWI; hide in CAPI	V01	Would you like to participate in the giveaway?	1	Yes

Condition for the question	Question code	Question	Answer code	Answer
if V01=1	V02	Please mark which e-mail address or phone number we can contact you if you win the gift card.		
V01=1	V03	Do you agree that your name will be published on the webpage of Statistic Estonia with the winners of the gift card?	1	Yes
				No
Always	text	Thank you very much for cooperation!		
CAPI always, CAWI hide	text	INTERVIEWER'S PART (FOLLOW-UP). THIS PART IS FOR THE INTERVIEWER AND IT IS NOT READ OUT.		
CAWI own, allow change of answer. Always	A06	Language of the questionnaire.	est	Estonian
			rus	Russian
CAPI: always, CAWI hide	A07	Who else were present in the interview? *You can choose many options.*	116	No-one
			103	Children under 6 years old
			101	Children aged 6 and older
			102	Spouse (partner)
			119	Other relatives
			120	Other grown-ups (not relatives)
Always	A11	Who answered the questionnaire?	111	The interviewee himself/herself
			112	The interviewee, with someone's help
			113	Member of the household
			108	Someone else who is not a member of the household
if A11=112,113,108	A11M	Please specify why was help used or why someone else answered the questionnaire?		
CAPI always, CAWI hide	A09	Was the interview successful?	128	Very successful
			111	Successful
			205	Satisfactory
			326	Difficult
			328	Very difficult
Always, not mandatory	A16	Remarks about the questionnaire. Please write down all the interfering circumstances.		