

Survey on Disabilities, Impairments and State of Health Health Questionnaire

1. Identification of the section

| 4 |

Province _____	
Section order no. _____	
Municipality _____	
District/section _____	
Group of weeks _____	

2. Identification of dwelling and household

Dwelling order no. _____ ||

No. of the household within the dwelling _____ |

3. Identification of the interviewee

Name and order number of the interviewee _____ ||

Age _____ ||

Sex _____ |

Has the interviewee completed the Disabilities (2) or
Limitations (3) questionnaire

YES 1

NO 6

4. Identification supplement

Name and order number of the informant _____ ||

Class, characteristics and purpose

The Survey on Disabilities, Impairments and State of Health is a national statistical inquiry, designed for the purpose of gathering data on the characteristics and situation of persons with disabilities who live in private households.

The importance of these objectives and the fact that this investigation is a public service move us to ask you to voluntarily lend your vital and valuable co-operation.

Legislation

Statistical secrecy. Any personal particulars obtained by the statistical services, either directly from informants or from administrative sources, shall be subject to protection and shall be safeguarded by statistical secrecy (Art. 13.1 of the Public Statistical Service Act (LFEP) of 9 May 1989). All personnel shall be under obligation to keep statistical secrecy (Art. 17.1. of the LFEP).

The statistical services shall be entitled to ask all national and foreign individuals or bodies corporate resident in Spain to provide data (Art. 10.1 of the LFEP).

Irrespective of whether they co-operate by compulsion or voluntarily, all individuals and bodies corporate who provide data **must respond** to the questions duly ordered by the statistical services **truthfully, accurately, fully and in due time** (Art. 10.2 of the LFEP).

5. State of health and chronic illnesses

State of health

5.1. How would you rate the state of your health generally?

Very good _____ 1

Good _____ 2

Fair _____ 3

Poor _____ 4

Very poor _____ 5

5.2. What is your weight and height unclothed and unshod? Pregnant women should specify their weight before pregnancy. Specify your weight in kg and your height in cm.

1. Weight _____ | | | |

2. Height _____ | | | |

5.3. Have you used any medicine, such as tablets, drops, injections, etc., in the last fortnight?

YES _____ 1

NO _____ 6 → go to 5.5

5.4. Specify whether or not you paid for these medicines in any of the following forms

- | | YES | NO |
|--|----------------------------|----------------------------|
| 1. Paid for in full by the public health system _____ | <input type="checkbox"/> 1 | <input type="checkbox"/> 6 |
| 2. Paid for in part by the public health system _____ | <input type="checkbox"/> 1 | <input type="checkbox"/> 6 |
| 3. Paid for privately (by the patient and private insurance schemes), under prescription _____ | <input type="checkbox"/> 1 | <input type="checkbox"/> 6 |
| 4. Paid for privately (by the patient and private insurance schemes), over the counter _____ | <input type="checkbox"/> 1 | <input type="checkbox"/> 6 |

5.5. Interviewer: Consult the interviewee's identification particulars, printed on the cover of this questionnaire.

If the person has completed the Disabilities or Limitations questionnaire → go to 5.11

Otherwise → go 5.6

5.6. Have your everyday activities been limited on health-related grounds in the last month?

YES] 1. no. of working days _____ | | |

] 2. no. of non-working days _____ | | |

NO _____ 6

5.7. How many children did your mother have before you were born? Count all the children that the interviewee's mother had before the interviewee was born, both those now living and any who have died.

No. of children _____ |__|

5.8. How old was your mother when you were born?

Under 20 years _____ 1

From 20 to 29 years _____ 2

From 30 to 34 years _____ 3

From 35 to 39 years _____ 4

40 years and over _____ 5

Interviewer:

If the interviewee is a **woman and aged over 15 years** (16 or over), continue with questions 5.7 and 5.8. Otherwise, go to question 5.11.

5.9. How many children and miscarriages at over 6 months of pregnancy have you had? Count all the living or dead **children** that the interviewee has had, as well as all the **pregnancies** aborted at over 6 months of gestation.

No. of children and miscarriages at over 6 months of pregnancy _____ |__|.

5.10. Considering all the children and/or miscarriages at over 6 months of pregnancy that you have had, how hold were you when your first child was born or you first aborted at over 6 months of pregnancy?

Age _____ |__|

Chronic illnesses

Interviewer: The following questions in this section refer to long-term or frequently recurrent health-related problems.

5.11. Has your doctor told you that you are suffering from one or more of the problems or chronic illnesses listed below? When you ask the informant this question, you should read out the chronic illnesses or problems listed under question 5.12.

YES _____ 1

NO _____ 6 → go to section 6

5.12. Specify whether or not you suffer from the following chronic problems or illnesses and, if so, your age at their onset.

If the interviewee was **aged** under 1 year at the onset of the problem, enter **00**.

		Age
1. Chronic bronchitis, asthma, emphysema _____	YES <input type="checkbox"/> 1 → NO <input type="checkbox"/> 6	[][]
2. Allergies of any kind (skin, respiratory, etc.) _____	YES <input type="checkbox"/> 1 → NO <input type="checkbox"/> 6	[][]
3. Epilepsy _____	YES <input type="checkbox"/> 1 → NO <input type="checkbox"/> 6	[][]
4. Diabetes _____	YES <input type="checkbox"/> 1 → NO <input type="checkbox"/> 6	[][]
5. High blood pressure _____	YES <input type="checkbox"/> 1 → NO <input type="checkbox"/> 6	[][]
6. Heart diseases _____	YES <input type="checkbox"/> 1 → NO <input type="checkbox"/> 6	[][]
7. High cholesterol _____	YES <input type="checkbox"/> 1 → NO <input type="checkbox"/> 6	[][]
8. Cirrhosis of the liver _____	YES <input type="checkbox"/> 1 → NO <input type="checkbox"/> 6	[][]
9. Arthrosis and rheumatic problems (neck, shoulder and lumbar region) _____	YES <input type="checkbox"/> 1 → NO <input type="checkbox"/> 6	[][]

5.12. Specify whether or not you suffer from the following chronic problems or illnesses and, if so, your age at their onset (continued).

If the interviewee was **aged** under 1 year at the onset of the problem, enter **00**.

- | | Age |
|--|--|
| 10. Stomach or duodenal ulcer, atrophic gastritis _____ | YES <input type="checkbox"/> 1 → __
NO <input type="checkbox"/> 6 |
| 11. Hernias _____ | YES <input type="checkbox"/> 1 → __
NO <input type="checkbox"/> 6 |
| 12. Poor circulation _____ | YES <input type="checkbox"/> 1 → __
NO <input type="checkbox"/> 6 |
| 13. Chronic anaemia _____ | YES <input type="checkbox"/> 1 → __
NO <input type="checkbox"/> 6 |
| 14. Nerve problems, depressions or sleep disorders _____ | YES <input type="checkbox"/> 1 → __
NO <input type="checkbox"/> 6 |
| 15. Migraines, frequent headaches _____ | YES <input type="checkbox"/> 1 → __
NO <input type="checkbox"/> 6 |
| 16. Menopause-related problems _____ | YES <input type="checkbox"/> 1 → __
NO <input type="checkbox"/> 6 |
| 17. AIDS _____ | YES <input type="checkbox"/> 1 → __
NO <input type="checkbox"/> 6 |
| 18. Other chronic problems or illnesses _____ | YES <input type="checkbox"/> 1 → __
NO <input type="checkbox"/> 6 |

6. Accidents

Accidents generally (except road accidents)

Interviewer: The following questions refer exclusively to **accidents** (except road accidents) that have caused wounds or injuries enough to oblige the accident victim to limit one or more of his/her regular activities.

6.1. Have you suffered an accident that has prevented you from doing any of your everyday activities in the last 12 months? Do not include road accidents

YES _____ 1

NO _____ 6 → go to 6.5

6.2. What type of accident or accidents have you suffered in the last 12 months and where? Complete the boxes with the **number** of accidents suffered by the interviewee in the last 12 months, depending on the accident **type** and **where the accident took place**. Do not include road accidents.

Accident type	Place where the accident occurred						
	Home	Place of work	Teaching institution	Public thoroughfare	Dangerous sports venues	Public place	Other places
Accidental poisonings due to the intake of drugs and/or medicines _____	[[] 1	[[] 2	[[] 3	[[] 4	[[] 5	[[] 6	[[] 7
Accidental poisonings due to the intake of foodstuffs _____	[[] 8	[[] 9	[[] 10	[[] 11	[[] 12	[[] 13	[[] 14
Accidental poisonings due to the intake of corrosive and caustic products, etc. _____	[[] 15	[[] 16	[[] 17	[[] 18	[[] 19	[[] 20	[[] 21
Accidental falls _____	[[] 22	[[] 23	[[] 24	[[] 25	[[] 26	[[] 27	[[] 28
Trapped parts and cuts caused by electrical objects or tools _	[[] 29	[[] 30	[[] 31	[[] 32	[[] 33	[[] 34	[[] 35
Accidents caused by fire _____	[[] 36	[[] 37	[[] 38	[[] 39	[[] 40	[[] 41	[[] 42
Accidents caused by alcohol and drug consumption _____	[[] 43	[[] 44	[[] 45	[[] 46	[[] 47	[[] 48	[[] 49
Other accidents and poisonings (cuts, foreign bodies, etc.) _	[[] 50	[[] 51	[[] 52	[[] 53	[[] 54	[[] 55	[[] 56

6.3. Which of these accidents was the latest you suffered in the last 12 months and for how many days were your everyday activities limited? Consult question 6.2 and enter the **pre-printed code** for the **latest accident** you suffered.

1. Code of the latest accident _____ [[]

2. Number of days _____ [[]]

6.4. How did this latest accident affect your everyday living?

Significantly _____ 1

Fairly _____ 2

Slightly _____ 3

Road accidents

Interviewer: The following questions refer exclusively to **road accidents** that have caused wounds or injuries enough to oblige the accident victim to limit one or more of his/her regular activities.

6.5. Have you suffered a road accident in the last 12 months that has prevented you from doing any of your everyday activities?

YES _____ 1 → n [][]

NO _____ 6 → go to section 7

6.6. Concerning the latest accident you suffered in the last 12 months, what was your position and where did it take place? Consult the list of accident victim **position** and **place** codes printed below and enter the applicable code in each box.

1. Position of the accident victim _____ []

2. Place to which you were travelling when you suffered the accident _____ []

Accident victim position codes	Codes of the place to which you were travelling when you suffered the accident
1. Driver	1. On the way to and from work
2. Passenger	2. On the way to and from a teaching institution
3. Pedestrian	3. Doing your job (driver, delivery man, traveller, etc.)
	4. Travelling on holiday, for leisure, etc.
	5. Other

6.7. For how many days were your daily activities limited as a result of the latest road accident you suffered?

Number of days _____ [][][]

6.8. When did the latest road accident take place?

On a working day (from Monday to noon on Friday) _____ 1

On a weekend (from noon on Friday, Saturday and Sunday) _____ 6

6.9. How did this latest accident affect your everyday living?

Significantly _____ 1

Fairly _____ 2

Slightly _____ 3

7. Offences

Interviewer: The following questions refer to **criminal offences** committed against the interviewee or his/her property (physical assault, theft, intimidation, etc.)

7.1. Have you been the victim of any act of physical violence against your person in the last 12 months?

YES] 1. no. of acts of physical violence _____ | | |
] 2. no. of acts of physical violence reported _____ | | |

NO _____ 6 → go to 7.3

7.2. Specify the particulars of the latest act of physical violence of which you were the victim in the last 12 months.

<p>1. Where did the incident take place?</p> <p>At your home _____ <input type="checkbox"/> 1</p> <p>At someone else's home _____ <input type="checkbox"/> 2</p> <p>At your place of work _____ <input type="checkbox"/> 3</p> <p>On a means of public transport or at a station _____ <input type="checkbox"/> 4</p> <p>At a place of leisure (restaurants, discotheques, etc.) _____ <input type="checkbox"/> 5</p> <p>On a public thoroughfare _____ <input type="checkbox"/> 6</p> <p>In another place _____ <input type="checkbox"/> 7</p> <p>2. Did you report this incident?</p> <p>YES _____ <input type="checkbox"/> 1</p> <p>NO _____ <input type="checkbox"/> 6</p>	<p>3. As a result of this incident, did you have to visit a doctor or another member of the medical profession?</p> <p>YES _____ <input type="checkbox"/> 1</p> <p>NO _____ <input type="checkbox"/> 6</p> <p>4. Did it cause you injuries that have obliged you to limit your everyday activities?</p> <p>YES _____ <input type="checkbox"/> 1</p> <p>NO _____ <input type="checkbox"/> 6 → go to 7.3</p> <p>5. For how long? _____ No. of days </p>
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7.3. Have you been the victim of any damage to property or theft in the last 12 months? Irrespective of whether the damage to property or theft was accompanied by physical violence and has already been **accounted for** under the preceding question or whether it has not be mentioned previously, your response should be yes.

YES] 1. no. of damages or thefts _____ | | |
] 2. no. of damages or thefts reported _____ | | |

NO _____ 6 → go to 7.6

7.4. Of what type was the latest damage to property or theft of which you have been the victim in the last 12 months?

- Robbery with a blunt weapon, firearm, etc. _____ 1
Bag snatching _____ 2
Theft of bag or purse, without intimidation or violence _____ 3
Burglary at your home or other premises you own _____ 4
Car theft _____ 5
Theft of objects from a vehicle _____ 6
Acts of vandalism _____ 7
Swindles or confidence tricks _____ 8
Others _____ 9

7.5. Did you report this latest damage to property or theft?

- YES _____ 1
NO _____ 6

Interviewer: Put question 7.6 to all interviewees, irrespective of whether or not they have been victims of acts of physical violence, property damage or theft.

7.6. Have you limited your outings at night for fear of being attacked, robbed of something or similar?

- Yes, often _____ 1
Yes, occasionally _____ 2
No _____ 3

8. Information concerning health and social services

Interviewer: This section includes any services **NOT** requested as a result of the interviewee suffering from any **disability or limitation**, which are specified in the Disabilities and Impairments Questionnaire (2) or the Limitations and Impairments Questionnaire (3).

8.1. Have you had a need for one or more of the following health and/or social services in the specified periods?

Interviewer: Read the classes of services and periods of time listed under question 8.2. to the informant. Then enter the responses, bearing in mind that the first two options are not exclusive.

- You have **needed** and you **received** one or more services in the period _____ 1 → go to 8.2, column 1
You have **needed** and you have **not received** one or more services in the period _____ 1 → go to 8.2, column 2
You have **not needed** any service in the period _____ 6 → go to section 9

8.2. Particulars of the health and social services you have received and the method of financing, and particulars concerning the grounds on which you have not received the health and social services you require. For each service you **have received** in the specified period, enter in the respective boxes the **number of days** during which you received the service under each method of financing. For each service you **needed** and did **not receive** in the period, enter the code of the main ground on which you did not receive the service, taking into account the ranking order of the grounds. Then, if you have received a service, go to 8.3 and if you have not received any service whatsoever, go to section 9.

Method of financing Classes of health and social services	1 You have received services			2 Grounds for not having received the services you require
	1. Pf	2. Pd	3. Pc	
In the last fortnight				
1. Medical and/or nursing care (except chiropody services) _____	□□	□□	□□	□□
2. Diagnostic tests _____	□□	□□	□□	□□
3. Chiropody services _____	□□	□□	□□	□□
4. Rehabilitation _____	□□	□□	□□	□□
5. Mental health and psychiatric or psychological care _____	□□	□□	□□	□□
6. Home help _____	□□	□□	□□	□□
7. Health and social telecare _____	□□	□□	□□	□□
8. Respite services: hour- and day-long stays _____	□□	□□	□□	□□
9. Cultural, recreational, leisure and spare time activities _____	□□	□□	□□	□□
In the last year				
10. Dental service _____	□□	□□	□□	□□
11. Information/advice/appraisal _____	□□	□□	□□	□□
12. Health care provided by hospital staff _____	□□□	□□□	□□□	□□
13. Transplants/implants _____	□□	□□	□□	□□
14. Surgery _____	□□	□□	□□	□□
15. Respite services: temporary stays _____	□□	□□	□□	□□
16. Ambulance and/or adapted transport _____	□□□	□□□	□□□	□□

Method of financing

1. Pf = free of charge
2. Pd = direct payment (payment by the individual and/or private insurance schemes)
3. Pc = combined payment (public and private)

Grounds

1. Waiting list
2. Not available in the community
3. Insufficient financial resources
4. Other grounds

8.3. Specify the type of institution(s) at which you have received health and social services

- | | YES | NO |
|--|----------------------------|----------------------------|
| 1. Hospitals _____ | <input type="checkbox"/> 1 | <input type="checkbox"/> 6 |
| 2. Day hospitals _____ | <input type="checkbox"/> 1 | <input type="checkbox"/> 6 |
| 3. Primary or specialised care institutions and doctor's surgeries _____ | <input type="checkbox"/> 1 | <input type="checkbox"/> 6 |
| 4. Patient's home _____ | <input type="checkbox"/> 1 | <input type="checkbox"/> 6 |
| 5. Residential homes _____ | <input type="checkbox"/> 1 | <input type="checkbox"/> 6 |
| 6. Day centres _____ | <input type="checkbox"/> 1 | <input type="checkbox"/> 6 |
| 7. Social centres _____ | <input type="checkbox"/> 1 | <input type="checkbox"/> 6 |

9. Accessibility

9.1. Interviewer: enter the type of building in which the dwelling is located.

- | | | | | |
|---|----------------------------|---|-----------------------------|-------------------------|
| House (detached, semi-detached, terraced) _____ | <input type="checkbox"/> 1 | | | |
| Building of flats with lift _____ | <input type="checkbox"/> 2 | } | → no. of the floor on which | the dwelling is located |
| Building of flats without lift _____ | <input type="checkbox"/> 3 | | | |

9.2. Specify whether you now have any difficulty in coping normally in any of the following places due to a temporary health-related problem or any impairment from which you suffer:

- | | YES | NO |
|---|----------------------------|----------------------------|
| 1. In the entrance hall to your house _____ | <input type="checkbox"/> 1 | <input type="checkbox"/> 6 |
| 2. In the lift _____ | <input type="checkbox"/> 1 | <input type="checkbox"/> 6 |
| 3. On the stairs _____ | <input type="checkbox"/> 1 | <input type="checkbox"/> 6 |
| 4. In the bathroom _____ | <input type="checkbox"/> 1 | <input type="checkbox"/> 6 |
| 5. In the other rooms of your home _____ | <input type="checkbox"/> 1 | <input type="checkbox"/> 6 |
| 6. On the balcony or patios _____ | <input type="checkbox"/> 1 | <input type="checkbox"/> 6 |
| 7. In other places _____ | <input type="checkbox"/> 1 | <input type="checkbox"/> 6 |

Interviewer: If the interviewee is aged 18 years of over, continue with question 9.3.
If the interviewee is aged under 18 years, go to question 9.5.

9.3. Do you (or would you have) difficulties in driving your car due to health-related problems?

- YES _____ 1
- NO _____ 6 → go to 9.5

9.4. Specify whether or not you have (or would you have) the following difficulties in driving your car

- | | YES | NO |
|--|----------------------------|----------------------------|
| 1. To get to the car _____ | <input type="checkbox"/> 1 | <input type="checkbox"/> 6 |
| 2. To get into the seat _____ | <input type="checkbox"/> 1 | <input type="checkbox"/> 6 |
| 3. To change gear, move the steering-wheel, etc. _____ | <input type="checkbox"/> 1 | <input type="checkbox"/> 6 |
| 4. Other problems _____ | <input type="checkbox"/> 1 | <input type="checkbox"/> 6 |

9.5. Do you (or would you have) difficulties in using public transport due to health-related problems?

- YES _____ 1
- NO _____ 6 → go to 9.7

9.6. Specify whether or not you have (or would you have) the following difficulties in using public transport

- | | YES | NO |
|---|----------------------------|----------------------------|
| 1. To get to the vehicle _____ | <input type="checkbox"/> 1 | <input type="checkbox"/> 6 |
| 2. To get on or off the vehicle _____ | <input type="checkbox"/> 1 | <input type="checkbox"/> 6 |
| 3. To get into the seat _____ | <input type="checkbox"/> 1 | <input type="checkbox"/> 6 |
| 4. To pay the fare _____ | <input type="checkbox"/> 1 | <input type="checkbox"/> 6 |
| 5. To go up or down the stairs of the underground _____ | <input type="checkbox"/> 1 | <input type="checkbox"/> 6 |
| 6. To get onto the platform at the train station _____ | <input type="checkbox"/> 1 | <input type="checkbox"/> 6 |
| 7. Other problems _____ | <input type="checkbox"/> 1 | <input type="checkbox"/> 6 |

9.7. Do you ever have to use accessible transport due to health-related problems?

- YES _____ 1
- NO _____ 6 → go to 9.9

9.8. Specify whether or not you use the following types of accessible transport.

- | | YES | NO |
|-------------------------------------|----------------------------|----------------------------|
| 1. Adapted private car _____ | <input type="checkbox"/> 1 | <input type="checkbox"/> 6 |
| 2. Accessible taxi (Eurotaxi) _____ | <input type="checkbox"/> 1 | <input type="checkbox"/> 6 |
| 3. Low-platform bus _____ | <input type="checkbox"/> 1 | <input type="checkbox"/> 6 |
| 4. Other accessible transport _____ | <input type="checkbox"/> 1 | <input type="checkbox"/> 6 |

9.9. Do you (or would you have) any difficulties in walking along the street due to health-related problems?

- YES _____ 1
- NO _____ 6 → go to section 10

9.10. Specify whether or not you have (or would you have) the following difficulties in walking along the street

- | | YES | NO |
|---|----------------------------|----------------------------|
| 1. To get up kerbs _____ | <input type="checkbox"/> 1 | <input type="checkbox"/> 6 |
| 2. To cross the street when the traffic lights are green for pedestrians _____ | <input type="checkbox"/> 1 | <input type="checkbox"/> 6 |
| 3. To cope with obstacles on the footpaths _____ | <input type="checkbox"/> 1 | <input type="checkbox"/> 6 |
| 4. To cross because of the small amount of space left by cars incorrectly parked on footpaths _____ | <input type="checkbox"/> 1 | <input type="checkbox"/> 6 |
| 5. To walk due to problems with the pavement (slippery surface, subsidence, etc.) _____ | <input type="checkbox"/> 1 | <input type="checkbox"/> 6 |
| 6. Other problems _____ | <input type="checkbox"/> 1 | <input type="checkbox"/> 6 |

10. Eating habits

10.1. Considering that individuals may have different eating habits, specify which of the following options comes closest to your eating habits during the last 6 months.

- Breakfast, lunch and dinner _____ 1
- Breakfast, lunch, tea and supper _____ 2
- Only one substantial meal per day _____ 3
- You eat small amounts of food many times during the day _____ 4
- You skip a main meal _____ 5
- Other eating habits _____ 6

10.2. According to your eating habits, where do you usually take your main meals? The question refers to usual, not exceptional (holidays, celebrations, etc.) circumstances. Consult the list of **eating place codes** and enter the applicable code in each box.

Breakfast	Lunch	Dinner
1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>

Eating place codes:

- | | |
|-----------------------------|---|
| 1. Usually at home | 3. Sometimes at home and sometimes outside the home |
| 2. Usually outside the home | 4. You do not usually take the meal in question |

10.3. What sort of meals do you usually consume in your home?

- Mainly dishes cooked at home _____ 1
- Mainly pre-cooked and/or tinned food _____ 2
- Both sorts in equal proportions _____ 3

10.4. What sort of meals do you usually consume outside your home?

Mainly dishes prepared at restaurants, self-service restaurants, etc. _____ 1

Mainly sandwiches _____ 2

Both sorts in equal proportions _____ 3

Interviewer: If the interviewee is aged 16 years or over, continue with section 11

If the interviewee is aged under 16 years → END

11. Lifestyle

Interviewer: Complete this section **only** if the interviewee is aged 16 or over

A. Tobacco consumption

**11.1. Specify your present situation concerning tobacco consumption
(cigarettes, cigars and/or pipes)**

You smoke daily 1 → go to 11.2

You smoke occasionally 2 → go to 11.7

You do not smoke, but you used to 3 → go to 11.12

You neither smoke, nor have ever smoked
on a regular basis 4 → go to **part B.
Consumption
of alcoholic
drinks**

A. Tobacco consumption (continued)

For persons who smoke daily only

11.2. How much tobacco do you smoke on average per day?

- 1. No. of cigarettes _____ | | |
- 2. No. of cigars _____ | | |
- 3. No. of pipes _____ | | |

11.3. How old were you when you started to smoke?

Age in years _____ | | |

11.4. Would you say that you now smoke more, less or the same amount as you did 2 years ago?

- More _____ 1
 - Same _____ 2
 - Less _____ 3
- } → go to 11.6

11.5. What sort of tobacco did you smoke two years ago?

- Cigarettes _____ 1
- Cigars _____ 2
- Pipes _____ 3
- You were a non-smoker _____ 4

11.6. Have you ever tried to give up smoking?

- YES 1
 - NO 6
- } go to **part B. Consumption of alcoholic drinks**

For persons who smoke occasionally only

11.7. How often do you usually smoke?

- Three or four times a week _____ 1
- Once or twice a week _____ 2
- Less often _____ 3

11.8. On the day you smoke, how much tobacco do you smoke on average?

- 1. No. of cigarettes _____ | | |
- 2. No. of cigars _____ | | |
- 3. No. of pipes _____ | | |

11.9. How old were you when you started to smoke?

Age in years _____ | | |

11.10. Would you say you now smoke more, less or the same amount as you did 2 years ago?

- More _____ 1
 - Same _____ 2
 - Less _____ 3
- } go to **part B. Consumption of alcoholic drinks**

11.11. What sort of tobacco did you smoke 2 years ago?

- Cigarettes _____ 1
 - Cigars _____ 2
 - Pipes _____ 3
 - You were a non-smoker _____ 4
- } go to **part B. Consumption of alcoholic drinks**
-

A. Tobacco consumption (continued)

For persons who used to but no longer smoke only

<p>11.12. How old were you when you started to smoke?</p> <p>Age in years _____ </p> <p>11.13. How long ago did you stop smoking?</p> <p>1. Years _____ </p> <p>2. Months _____ </p> <p>11.14. When you smoked, how much tobacco did you smoke on average per day?</p> <p>1. No. of cigarettes _____ </p> <p>2. No. of cigars _____ </p> <p>3. No. of pipes _____ </p>	<p>11.15. What made you decide to give up smoking?</p> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 80%;"></th> <th style="width: 10%; text-align: center;">YES</th> <th style="width: 10%; text-align: center;">NO</th> </tr> </thead> <tbody> <tr> <td>You were advised to do so by your doctor _____</td> <td style="text-align: center;"><input type="checkbox"/> 1</td> <td style="text-align: center;"><input type="checkbox"/> 6</td> </tr> <tr> <td>You had begun to feel smoking-related discomfort _____</td> <td style="text-align: center;"><input type="checkbox"/> 1</td> <td style="text-align: center;"><input type="checkbox"/> 6</td> </tr> <tr> <td>You became more concerned about the harmful effects of smoking on health _____</td> <td style="text-align: center;"><input type="checkbox"/> 1</td> <td style="text-align: center;"><input type="checkbox"/> 6</td> </tr> <tr> <td>You felt it detracted from your mental and/or physical performance generally _____</td> <td style="text-align: center;"><input type="checkbox"/> 1</td> <td style="text-align: center;"><input type="checkbox"/> 6</td> </tr> <tr> <td>You decided of your own free will _____</td> <td style="text-align: center;"><input type="checkbox"/> 1</td> <td style="text-align: center;"><input type="checkbox"/> 6</td> </tr> <tr> <td>Other grounds _____</td> <td style="text-align: center;"><input type="checkbox"/> 1</td> <td style="text-align: center;"><input type="checkbox"/> 6</td> </tr> </tbody> </table>		YES	NO	You were advised to do so by your doctor _____	<input type="checkbox"/> 1	<input type="checkbox"/> 6	You had begun to feel smoking-related discomfort _____	<input type="checkbox"/> 1	<input type="checkbox"/> 6	You became more concerned about the harmful effects of smoking on health _____	<input type="checkbox"/> 1	<input type="checkbox"/> 6	You felt it detracted from your mental and/or physical performance generally _____	<input type="checkbox"/> 1	<input type="checkbox"/> 6	You decided of your own free will _____	<input type="checkbox"/> 1	<input type="checkbox"/> 6	Other grounds _____	<input type="checkbox"/> 1	<input type="checkbox"/> 6
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B Consumption of alcoholic drinks

11.16. Some individuals have the habit of drinking wine, beer or a glass of spirits either during a meal, as an aperitif, at celebrations or under other circumstances. What is your present situation concerning the consumption of drinks containing alcohol (wine, beer, whisky, etc.),?

- You drink daily 1
- You drink 4 to 6 times a week 2
- You drink 2 or 3 times a week 3
- You drink once a week 4
- You drink less than once a week 5
- You do not drink but used to drink 6
- You do not drink and have never drunk 7

Interviewer: Consult the response given under 11.16

If any of the options **1, 2, 3, 4, or 5** were entered, go to 11.17

If option **6** was entered, go to 11.21

If option **7** was entered, go part **C Physical exercise**

B Consumption of alcoholic drinks (continued)

For persons who consume alcoholic drinks only

11.17. How old were you when you started to consume alcoholic drinks as often as you specified?

Age in years _____ | |

11.18. How many glasses of each of the following drinks did you consume on the last working day prior to this interview (from Monday to noon on Friday)?

Note that the particulars refer to one day only

1. Glasses of wine _____ | |

2. Glasses of beer or cider _____ | |

3. Glasses of liqueur (anisetete, brandy, rum, whisky, gin, sloe gin, etc.) _____ | |

4. Glasses of sherry, vermouth _____ | |

5. Glasses of champagne or sparkling wine _____ | |

6. Long drinks (Cuba libre, gin and tonic, etc.) _____ | |

11.19 How many glasses of each of the following drinks did you consume last weekend (Friday afternoon, Saturday and Sunday)?

Note that the particulars refer to the sum of drinks consumed over the three days

1. Glasses of wine _____ | |

2. Glasses of beer or cider _____ | |

3. Glasses of liqueur (anisetete, brandy, rum, whisky, gin, sloe gin, etc.) _____ | |

4. Glasses of sherry, vermouth _____ | |

5. Glasses of champagne or sparkling wine _____ | |

6. Long drinks (Cuba libre, gin and tonic, etc.) _____ | |

11.20. Specify whether or not you have changed your drinking habits in the last 12 months.

- You drink more than before _____ 1
- You drink less than before _____ 2
- Your consumption is unchanged _____ 3
- go to part C.
- Physical exercise**
-

B Consumption of alcoholic drinks (continued)

For persons who used to but no longer consume alcoholic drinks only

11.21. How old were you when you started to consume alcoholic drinks?

Age in years _____

11.22. When you used to consume alcoholic drinks, how often did you do so?

Daily _____ 1

Several times a week _____ 2

At least once a week _____ 3

11.23. How old were you when you stopped consuming alcoholic drinks?

Age in years _____

C Physical exercise

11.24. How many hours do you usually sleep a day? The question refers to usual, not exceptional circumstances

Number of hours per day _____

11.25. Specify how you perform or what type of physical exercise is involved in your job or main occupation, that is, what better describes your main occupation at your place of work, teaching institution, home, etc.

Sitting down for most of the day _____ 1

Standing for most of the day, with little movement or exertion _____ 2

Walking, carrying loads, moving about frequently _____ 3

Hard work, jobs that call for considerable physical exertion _____ 4

11.26. Specify which type of physical exercise you do regularly in your spare time, that is, which of these possibilities best describes most of your spare time activity.

You do no exercise and spend almost all of your spare time doing sedentary activities (reading, watching television, going to the cinema, etc.) _____ 1

You do some physical exercise or play sport occasionally (walking or cycling, gardening, leisurely workouts, recreational pursuits involving little exertion, etc.) _____ 2

You do some physical exercise or play a sport several times a month (tennis, workouts, running, swimming, cycling, team games, etc.) _____ 3

You do some physical exercise or play a sport several times a week _____ 4

Observations

Interviewer: Make a note of any observations you like about this questionnaire.