

National Health Survey

Adults Questionnaire

| 2 |

Persons 16 years of age and over

1. Section identification data

Province	_____	_ _
Section order N°	_____	_ _ _ _ _
Municipality	_____	
District/section	_____	
Year/Quarter/Week	_____	_ _ _ _ _ _ _

2. Identification of the dwelling and household

Dwelling order N° _____ |_|_|
Household number within the dwelling _____ |_|

3. Identification of the subject of the interview

Name and order number of the subject of the interview _____ |_|_|
Age _____ |_|_|
Sex _____ |_|

4. Identification of the informant

Name and order number of the informant _____ |_|_|

Nature, characteristics and purpose

The National Health Survey is a nationwide statistical investigation, designed for the purpose of obtaining data on the health status, the use of health services, prevention, risk factors, etc. of the population.

The importance of these objectives, and the public service nature of this study, drives us to request your voluntary collaboration, which is of significant importance and value.

Legislation

Statistical secrecy. The personal information obtained by the **statistical services**, both directly from the informants as well as from administrative sources, will be the object of protection and are covered by the statistical secret (Article 13.1 of the Law on the Public Statistical Services, dated the 9th of May 1989, LFEP). All statistical personnel will have the obligation of preserving the statistical secret (Article 17.1 of the LFEP).

The statistical services may be able to request data from all physical and legal persons, national and foreign, residents in Spain (Article 10.1 of the LFEP).

All physical and legal persons that provide data, both if their collaboration is compulsory as well as if it is voluntary, **must** respond in a true, exact and complete manner within the stipulated term to the questions outlined in due form by the statistical services (Article 10.2 of the LFEP).

Health status and accident rate

Health status (last 12 months)

5.- We are going to commence talking about your health. Would you say that during the last twelve months your health status has been very good, good, fair, bad or very bad?

- Very good _____ 1
Good _____ 2
Fair _____ 3
Bad _____ 4
Very bad _____ 5

6.- During the last twelve months have you suffered any ailments, diseases or health problems which may have limited your habitual activity during more than 10 days?

- YES _____ 1
NO _____ 6 → go to question 7

6 a.-What type of ailment, disease or health problems have you suffered? (Interviewer: record two literal responses at most. Consult the Ailments or Diseases codes and record the corresponding code).

1. _____
2. _____

7.-Has your doctor told you that you chronically suffer at this time any of the following diseases or health problems? (Interviewer: read to the interviewee the diseases that are listed below one by one, and record the corresponding response. If the subject of the interview is male, record NO for option 15, and if female directly record NO for option 16).

	YES	NO		YES	NO
1. Arterial hypertension _____	<input type="checkbox"/> 1	<input type="checkbox"/> 6	9. Other mental disorders _____	<input type="checkbox"/> 1	<input type="checkbox"/> 6
2. High cholesterol _____	<input type="checkbox"/> 1	<input type="checkbox"/> 6	10. Migraines or headaches _____	<input type="checkbox"/> 1	<input type="checkbox"/> 6
3. Diabetes (high sugar levels) _____	<input type="checkbox"/> 1	<input type="checkbox"/> 6	11. Poor circulation _____	<input type="checkbox"/> 1	<input type="checkbox"/> 6
4. Asthma, chronic bronchitis or emphysema _____	<input type="checkbox"/> 1	<input type="checkbox"/> 6	12. Hernias _____	<input type="checkbox"/> 1	<input type="checkbox"/> 6
5. Heart disease _____	<input type="checkbox"/> 1	<input type="checkbox"/> 6	13. Arthrosis and rheumatic problems _____	<input type="checkbox"/> 1	<input type="checkbox"/> 6
6. Stomach ulcer _____	<input type="checkbox"/> 1	<input type="checkbox"/> 6	14. Osteoporosis _____	<input type="checkbox"/> 1	<input type="checkbox"/> 6
7. Allergy _____	<input type="checkbox"/> 1	<input type="checkbox"/> 6	15. Menopausal problems (except osteoporosis) _____	<input type="checkbox"/> 1	<input type="checkbox"/> 6
8. Depression _____	<input type="checkbox"/> 1	<input type="checkbox"/> 6	16. Prostate problems _____	<input type="checkbox"/> 1	<input type="checkbox"/> 6

Interviewer: If all the responses are NO → go to question 8
If any response is YES → continue with question 7a

7 a.- During the last twelve months has/have said disease/s or health problems limited in any way whatsoever your everyday activities?

- YES _____ 1
NO _____ 6

Interviewer: If the response to options 1 and 6 is NO, go directly to question 12.

10 .- Which pains or symptoms have forced you to limit your main activity and/or the activities that you normally carry out in your free time, at least during half day?

	1. Main Activity	6. Activity in free time
Pain in the bones, vertebral column or joints _____	<input type="checkbox"/> 1	<input type="checkbox"/> 1
Nervousness, depression or difficulty in sleeping _____	<input type="checkbox"/> 2	<input type="checkbox"/> 2
Throat, cough, cold or flu problems _____	<input type="checkbox"/> 3	<input type="checkbox"/> 3
Headache _____	<input type="checkbox"/> 4	<input type="checkbox"/> 4
Contusion, injuries or wounds _____	<input type="checkbox"/> 5	<input type="checkbox"/> 5
Ear pain, otitis _____	<input type="checkbox"/> 6	<input type="checkbox"/> 6
Diarrhoea or intestinal problems _____	<input type="checkbox"/> 7	<input type="checkbox"/> 7
Bites, itching, allergies _____	<input type="checkbox"/> 8	<input type="checkbox"/> 8
Kidney or urinary complaints _____	<input type="checkbox"/> 9	<input type="checkbox"/> 9
Stomach problems, with the digestive system, liver or gall bladder _____	<input type="checkbox"/> 10	<input type="checkbox"/> 10
Fever _____	<input type="checkbox"/> 11	<input type="checkbox"/> 11
Teeth or gum problems _____	<input type="checkbox"/> 12	<input type="checkbox"/> 12
Dizziness or dizzy spells _____	<input type="checkbox"/> 13	<input type="checkbox"/> 13
Chest pains _____	<input type="checkbox"/> 14	<input type="checkbox"/> 14
Swollen ankles _____	<input type="checkbox"/> 15	<input type="checkbox"/> 15
Breathlessness, difficulty in breathing _____	<input type="checkbox"/> 16	<input type="checkbox"/> 16
Tiredness with no apparent reason _____	<input type="checkbox"/> 17	<input type="checkbox"/> 17
Other pains or symptoms _____	<input type="checkbox"/> 18	<input type="checkbox"/> 18

11.- Have you been obliged during the last two weeks to rest in bed for more than half a day due to health problems? (if you have been hospitalised also take into account the days spent in hospital).

YES _____ 1
 NO _____ 6 → go to question 12

11 a.- How many days? (Interviewer: if the time spent in bed has been half a day, record 01).

Number of days _____

Consumption of medicines (last 2 weeks)

12 .- Have you consumed during the last 2 weeks the following medicines, and were they prescribed at any time by the doctor? Do not include homeopathic and/or natural medicines. (Interviewer: read to the interviewee each type of medicine, record whether or not they have consumed same during the last two weeks, and in both cases record whether or not they were prescribed by a doctor. It is necessary to complete the columns **Consumed** and **Prescribed** with YES or NO for **each one** of the medicines. If the subject of the interview is male, in option 14 directly record NO in **Consumed** and **Prescribed**).

	Consumed		Prescribed	
	YES	NO	YES	NO
1. Medicines for colds, flu, throat, bronchus (except antibiotics) __	<input type="checkbox"/> 1	<input type="checkbox"/> 6	<input type="checkbox"/> 1	<input type="checkbox"/> 6
2. Medicines to reduce pain and/or lower fever _____	<input type="checkbox"/> 1	<input type="checkbox"/> 6	<input type="checkbox"/> 1	<input type="checkbox"/> 6
3. Tonics like vitamins, minerals, stimulants _____	<input type="checkbox"/> 1	<input type="checkbox"/> 6	<input type="checkbox"/> 1	<input type="checkbox"/> 6
4. Laxatives _____	<input type="checkbox"/> 1	<input type="checkbox"/> 6	<input type="checkbox"/> 1	<input type="checkbox"/> 6
5. Antibiotics _____	<input type="checkbox"/> 1	<input type="checkbox"/> 6	<input type="checkbox"/> 1	<input type="checkbox"/> 6
6. Tranquillizers, sedatives, sleeping tablets _____	<input type="checkbox"/> 1	<input type="checkbox"/> 6	<input type="checkbox"/> 1	<input type="checkbox"/> 6
7. Medicines for allergy _____	<input type="checkbox"/> 1	<input type="checkbox"/> 6	<input type="checkbox"/> 1	<input type="checkbox"/> 6
8. Medicines for diarrhoea _____	<input type="checkbox"/> 1	<input type="checkbox"/> 6	<input type="checkbox"/> 1	<input type="checkbox"/> 6
9. Medicines for rheumatism _____	<input type="checkbox"/> 1	<input type="checkbox"/> 6	<input type="checkbox"/> 1	<input type="checkbox"/> 6
10. Medicines for heart problems _____	<input type="checkbox"/> 1	<input type="checkbox"/> 6	<input type="checkbox"/> 1	<input type="checkbox"/> 6
11. Medicines for blood pressure _____	<input type="checkbox"/> 1	<input type="checkbox"/> 6	<input type="checkbox"/> 1	<input type="checkbox"/> 6
12. Medicines for digestive alterations _____	<input type="checkbox"/> 1	<input type="checkbox"/> 6	<input type="checkbox"/> 1	<input type="checkbox"/> 6
13. Antidepressants, stimulants _____	<input type="checkbox"/> 1	<input type="checkbox"/> 6	<input type="checkbox"/> 1	<input type="checkbox"/> 6
14. Contraceptive pills _____	<input type="checkbox"/> 1	<input type="checkbox"/> 6	<input type="checkbox"/> 1	<input type="checkbox"/> 6
15. Hormone substitutes _____	<input type="checkbox"/> 1	<input type="checkbox"/> 6	<input type="checkbox"/> 1	<input type="checkbox"/> 6
16. Medicines for losing weight _____	<input type="checkbox"/> 1	<input type="checkbox"/> 6	<input type="checkbox"/> 1	<input type="checkbox"/> 6
17. Medicines for lowering cholesterol levels _____	<input type="checkbox"/> 1	<input type="checkbox"/> 6	<input type="checkbox"/> 1	<input type="checkbox"/> 6
18. Medicines for diabetes _____	<input type="checkbox"/> 1	<input type="checkbox"/> 6	<input type="checkbox"/> 1	<input type="checkbox"/> 6
19. Others _____	<input type="checkbox"/> 1	<input type="checkbox"/> 6	<input type="checkbox"/> 1	<input type="checkbox"/> 6

12 a.- Have you consumed during the last two weeks one or various alternative medicine products (homeopathy, natural medicines, etc.)? Do not include tea, camomile or pennyroyal infusions

YES _____ 1
 NO _____ 6

Use of health services

Medical consultations (during the last 2 weeks)

13.- When was the last time you consulted a doctor (personally or by telephone) as a result of a medical problem, complaint or illness? (Include revisions and requests for prescriptions. Do not include requests for appointments, requests to see the stomatologist or dentist nor the realisation of diagnosis tests like x-rays, analysis, etc.)

- During the last two weeks _____ 1
- More than two weeks ago but less than a month ____ 2 _____
- More than one month ago but less than a year _____ 3 → N° of months
- One o more than a year ago _____ 4 → N° of years
- Never visited a doctor _____ 5 _____

→ go to question 15

14.-How many times have you consulted a doctor during the last two weeks?

Number of times _____

14 a.- Where did your last consultation take place during the last two weeks? (Interviewer: show the interviewee Card A and record the corresponding response).

- Health/Medical Clinic _____ 1
- Outpatient Centre/Specialists centre _____ 2
- Outpatient hospital visit _____ 3
- Emergency service of an outpatient centre _____ 4
- Emergency services of a hospital _____ 5
- Private doctor surgery _____ 6
- Private health insurance doctor surgery _____ 7
- Company or workplace _____ 8
- Home of the interviewee _____ 9
- Telephone consultation _____ 10
- Somewhere else _____ 11

14 b.- What was the main reason for this last medical consultation?

- Diagnosis and/or treatment _____ 1
- Revision _____ 2
- To obtain medical prescriptions _____ 3
- Sick leave documentation _____ 4
- Other reasons _____ 5

14 c.- Which specialist did you consult? (Interviewer: show the interviewee Card B and record the speciality).

- General medicine _____ 1
- Allergology _____ 2
- Digestive system _____ 3
- Cardiology _____ 4
- General and digestive surgery _____ 5
- Cardiovascular surgery _____ 6
- Vascular surgery _____ 7
- Dermatology _____ 8
- Endocrinology and nutrition _____ 9
- Geriatrics _____ 10
- Gynaecology-obstetrics _____ 11
- Internist _____ 12
- Nephrology _____ 13
- Respiratory medicine _____ 14
- Neurosurgery _____ 15
- Neurology _____ 16
- Ophthalmology _____ 17
- Oncology _____ 18
- Otorhinolaryngology _____ 19
- Psychiatry _____ 20
- Rehabilitation _____ 21
- Rheumatology _____ 22
- Traumatology _____ 23
- Urology _____ 24
- Other specialities _____ 25

14 d.- The doctor that you visited in your last consultation was from:

- Social Security _____ 1
- Medical company _____ 2
- Private clinic _____ 3
- Contracted doctor, company doctor, etc. _____ 4

Interviewer: If for question 14a you have recorded option 8, 9 or 10 → go to question 15
If for question 14a you have recorded any other option → go to question 14e

14 e.- Did you go to this last consultation from your home?

- YES _____ 1
- NO _____ 6 → go to question 14 g

14 f.- In this last medical consultation, approximately how long did you take, in minutes, to travel from your home to where same took place?

Minutes _____

14 g.- How long did you have to wait, in minutes, from the moment you arrived until you were attended to by the doctor?

Minutes _____

Need for medical assistance (last 12 months)

15.- During the last twelve months have you ever needed medical assistance and were not attended to?

YES _____ 1
NO _____ 6 → go to question 16

15 a.- What was the main cause why you did not receive said care? (Interviewer: you must not read to the interviewee the response alternatives but rather record those provided spontaneously, provided they coincide with any one of those included in options 1 to 8. If the response does not coincide with any one of these options, mark alternative 9, "Other causes").

Could not obtain an appointment _____ 1
Could not leave work _____ 2
Too expensive/had no money _____ 3
Had no means of transport _____ 4
Too nervous and scared _____ 5
Not covered by the insurance _____ 6
Had no insurance _____ 7
Had to wait too long _____ 8
Other causes _____ 9

Visits to the stomatologist, dentist or dental hygienist

16.- And talking about other types of problems, during the last three months have you visited a dentist, stomatologist or dental hygienist for an examination, advice or for the treatment of your dental or mouth problems?

YES _____ 1
NO _____ 6 → go to question 17

16 a.- How many times in the last three months?

Number of times _____ |__|__| → go to question 18

17.- If you haven't gone during the last three months, when was the last time you visited a dentist, stomatologist or dental hygienist?

More than 3 months ago but less than 1 year _____ 1 → N° of months |__|__|
One year or more than one year ago _____ 2 → N° of years |__|__|
Never been _____ 3 → go to question 20

18.- The last time you visited a dentist, stomatologist or dental hygienist, what type of care did you receive?

	YES	NO
1. Revision or check-up _____	<input type="checkbox"/> 1	<input type="checkbox"/> 6
2. Cleaning of the mouth _____	<input type="checkbox"/> 1	<input type="checkbox"/> 6
3. Fillings (plugs), endodontic treatment _____	<input type="checkbox"/> 1	<input type="checkbox"/> 6
4. Extraction of teeth/molars _____	<input type="checkbox"/> 1	<input type="checkbox"/> 6
5. Caps, bridges or other types of prosthesis _____	<input type="checkbox"/> 1	<input type="checkbox"/> 6
6. Treatment for gum diseases _____	<input type="checkbox"/> 1	<input type="checkbox"/> 6
7. Orthodontic treatment _____	<input type="checkbox"/> 1	<input type="checkbox"/> 6
8. Application of fluor _____	<input type="checkbox"/> 1	<input type="checkbox"/> 6
9. Other types of care _____	<input type="checkbox"/> 1	<input type="checkbox"/> 6

19.- The dentist, stomatologist or dental hygienist which you visited the last time was from:

Social Security _____	<input type="checkbox"/> 1
Town council _____	<input type="checkbox"/> 2
Medical company _____	<input type="checkbox"/> 3
Private clinic _____	<input type="checkbox"/> 4
Contracted doctor, etc. _____	<input type="checkbox"/> 5

20.- What is the state of your teeth and molars?

	YES	NO
1. Have caries _____	<input type="checkbox"/> 1	<input type="checkbox"/> 6
2. Teeth/molars have been extracted _____	<input type="checkbox"/> 1	<input type="checkbox"/> 6
3. Have fillings in teeth/molars (plugs) _____	<input type="checkbox"/> 1	<input type="checkbox"/> 6
4. Gums bleed when the teeth are brushed or spontaneously _____	<input type="checkbox"/> 1	<input type="checkbox"/> 6
5. Teeth/molars move _____	<input type="checkbox"/> 1	<input type="checkbox"/> 6
6. Have caps (crowns), bridges, other types of prosthesis or dentures _____	<input type="checkbox"/> 1	<input type="checkbox"/> 6
7. Teeth/molars missing which have not been replaced with prosthesis _____	<input type="checkbox"/> 1	<input type="checkbox"/> 6
8. Have or conserves all their natural teeth/molars _____	<input type="checkbox"/> 1	<input type="checkbox"/> 6

Hospitalisations (during the last 12 months)

21.- During the last twelve months have you been hospitalised as a patient at least during one night?

YES _____	<input type="checkbox"/> 1
NO _____	<input type="checkbox"/> 6 → go to question 22

21 a.- How many times have you been hospitalised during the last twelve months?

Number of times _____ | | |

21 b.- And with regards to your last hospitalisation during the last twelve months, approximately how many days were you hospitalised?

Number of days _____ | | | |

21 c.- With regards to this last hospitalisation, why were you admitted into hospital?

- Surgical intervention _____ 1
- Study for diagnosis _____ 2
- Medical treatment without surgical intervention _____ 3
- To give birth (include caesarean) _____ 4
- Other reasons _____ 5

21 d.- Were you on the waiting list for this reason?

- YES _____ 1
- NO _____ 6 → go to question 21 f

21 e.- How long were you on the waiting list, in months? (Interviewer: if the time spent on the waiting list is less than 1 month, record 00)

Number of months _____ |__|

21 f.- With regards to your last hospitalisation, how were you admitted?

- Through the emergency services _____ 1
- Normal admittance (not through the emergency services) _____ 6

21 g.- Who was responsible for the hospitalisation costs?

- Social Security _____ 1
- Mutual Insurance Society (MUFACE, ISFAS, etc.) _____ 2
- Private medical company _____ 3
- You or your household _____ 4
- Other persons, organisations or institutions _____ 5

Emergency services (during the last 12 months)

22.- During the last twelve months have you had to use any of the emergency services due to a medical problem or illness?

- YES _____ 1
- NO _____ 6 → go to question 23

22 a.- In total, how many times have you used the emergency services during the last twelve months?

Number of times _____ |__|

22 b.- Where were you attended? (Interviewer: record all the response categories given by the interviewee)

- At an emergency ward or services _____ 1
- Where they were at the time (domicile, work, etc.) _____ 2
- In an ambulance _____ 3

22 c.- With regards to the last time you used the emergency services during these last twelve months, what type of service was it?

Social Security hospital _____
Non hospital Social Security emergency services _____
Non hospital Social Security centre (outpatient centre, etc.) _____
Private emergency services _____
Private sanatorium, hospital or clinic _____
First aid centres or town council emergency services _____
Another type of service _____

1
 2
 3
 4
 5
 6
 7

→ go to question 23

22 d.- Why did you go to the emergency services?

Ordered to go by the doctor _____
Because the person surveyed, their family or other persons considered it necessary _____

1
 6

Life habits

Consumption of tobacco

23.- Changing the subject, do you currently smoke?

Yes daily _____
Yes, but not daily _____
Not currently, but was a smoker _____
Do not smoke and never smoked regularly _____

1 → go to question 24
 2 → go to question 25
 3 → go to question 26
 4 → go to question 27

For persons who smoke daily

24.- What type and amount of tobacco do you smoke on average each day?

1. Number of cigarettes _____
2. Number of pipes _____
3. Number of cigars _____

24 a.- At what age did you commence smoking?

Age in years _____

24 b.- Would you say that you now smoke more, less or the same as two years ago?

More _____
Less _____
The same _____

1
 2
 3

→ go to question 27

For persons who smoke, but not daily

25.- With what frequency do you usually smoke?

- At least three or four times a week _____ 1
Once or twice a week _____ 2
With less frequency _____ 3

25 a.- And when you smoke, what type and amount of tobacco do you smoke on average?

1. Number of cigarettes _____
2. Number of pipes _____
3. Number of cigars _____

25 b.- At what age did you commence smoking?

Age in years _____

25 c.- Would you say that you now smoke more, less or the same as two years ago?

- More _____ 1
Less _____ 2
The same _____ 3
- } → go to question 27

For persons who do not currently smoke, but have smoked before

26.- At what age did you commence smoking?

Age in years _____

26.-a.- How long ago did you stop smoking?

1. _____
Months _____
2. _____
Years _____

26 b.- What were the two main reasons for making this decision? (Interviewer: a maximum of 2 options may be recorded)

- Recommended by a doctor _____ 1
Suffered discomfort as a result of the tobacco _____ 2
Your degree of concern on the harmful effects of tobacco increased
(health risk) _____ 3
You noticed that your psychic and/or physical performance was in general falling _____ 4
Decided alone, on your own free will _____ 5
Other reasons _____ 6

26 c.- What type and amount of tobacco did you smoke on average each day?

1. Number of cigarettes _____
2. Number of pipes _____
3. Number of cigars _____

Consumption of alcohol

27.- Some people have the custom of drinking wine, beer, or a glass of alcohol, either during a meal, as an aperitif, at celebrations or under other circumstances. In relation with the consumption of alcoholic beverages, could you tell me whether or not you have consumed these types of beverages during the last 12 months, even if occurred solely in exceptional situations?

- YES _____ 1 → go to question 28
- NO _____ 6

27 a.- Even when you have not consumed these types of alcoholic beverages during the last 12 months, had you consumed same previously?

- Yes, consumed before _____ 1 → go to question 29
- No, never consumed alcohol _____ 6 → go to question 30

For persons who have consumed alcoholic beverages during the last 12 months

28.-At what age did you commence consuming these beverages?

Age in years _____

28 a.- With what frequency and what type of alcoholic beverages do you currently consume? (Interviewer: show the interviewee Card C and record the consumption frequency for each type of beverage).

List of alcoholic beverages	1	2	3	4	5	6	7	Consumption frequency
1. Glasses of wine, champagne or cava.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1. Daily
2. Small glasses of beer (with alcohol), cider.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2. From 4 to 6 days a week
3. Glasses of sherry, vermouth, or aperitifs with alcohol.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3. From 2 to 3 days a week
4. Glasses of liquor (anisetete, cognac, rum, gin, sloe brandy, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4. 1 day a week
5. Glasses or cups of whisky.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5. 1 day every 2 weeks
6. Cocktails (rum/gin and coke, gin tonic, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	6. 1 day a month
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	7. Less than 1 day a month

Interviewer: If you have marked any of the boxes 1 to 6 of the consumption frequencies → go to question 28b.

If you have **exclusively** marked box 7 of the consumption frequencies → go to question 30.

28 b.- During the last weekend in which you consumed alcoholic beverages, how many glasses or cups of the following beverages did you consume? . Consider as weekend the whole of Friday, Saturday and Sunday (Bear in mind that the data refers to consumption during 3 days).

1. Never consume alcohol during the weekend (**Interviewer:** in this situation record 00 and **leave blank** the following options 2 to 7) _____
2. Glasses of wine, champagne or cava _____
3. Small glasses of beer (with alcohol) or cider _____
4. Glasses of sherry, vermouth, or aperitifs with alcohol _____
5. Glasses of liquor (anissette, cognac, rum, gin, sloe brandy, etc.) _____
6. Glasses or cups of whisky _____
7. Cocktails (rum/gin and coke, gin tonic, etc.) _____

28 c.- During the last working day in which you consumed alcoholic beverages, how many glasses or cups did you consume of each one of the following beverages? Consider working days as going from Monday until Thursday. (Bear in mind that the data refers to consumption during one sole day).

1. Never consume alcohol during working days (**Interviewer:** in this situation record 00 and **leave blank** the following options 2 to 7) _____
2. Glasses of wine, champagne or cava _____
3. Small glasses of beer (with alcohol) or cider _____
4. Glasses of sherry, vermouth, or aperitifs with alcohol _____
5. Glasses of liquor (anissette, cognac, rum, gin, sloe brandy, etc.) _____
6. Glasses or cups of whisky _____
7. Cocktails (rum/gin and coke, gin tonic, etc.) _____

28 d.- Would you say that you now consume more, less or the same amount of alcoholic beverages as 12 months ago?

- More _____ 1
Less _____ 2
The same _____ 3
- go to question 30.

For persons who have not consumed alcoholic beverages during the last 12 months, but had done so previously

29.- At what age did you commence consuming alcoholic beverages?

Age in years _____

29 a.- In the past, when you consumed alcoholic beverages, with what frequency did you consume?

Daily ---- _____ 1
Once or several times a week _____ 2
Less than once a week _____ 3

29 b.- At what age did you stop consuming alcoholic beverages?

Age in years _____

Rest and physical exercise

30.- Could you indicate approximately how many hours a day do you usually sleep?

Number of hours per day _____

31.- Which of the following possibilities best describes your main activity at work, school, home (domestic work), etc.?

Seated the majority of the working day _____ 1
Standing up most of the working day without carrying out large journeys or efforts _____ 2
Walking, carrying some weight, frequent journeys which do not require an important physical effort _____ 3
Carrying out tasks which require an important physical effort _____ 4

32.- Which of the following possibilities best describes the frequency with which you carry out any physical activity in your free time?

Do not carry out any physical activity whatsoever _____ 1
Carry out some type of physical or sporting activity less than once a month _____ 2
Carry out some type of physical or sporting activity once or various times a month, but less than once a week _____ 3
Carry out some type of physical or sporting activity once or various times a week _____ 4

Food

33.- With regards to your eating habits, what do you usually eat for breakfast?(Interviewer: record all the options that the interviewee provides).

- Coffee, milk, tea, chocolate, cocoa, yoghurt, etc. _____ 1
 Bread, toast, biscuits, cereals, pastries, etc. _____ 2
 Fruit, juice, etc. _____ 3
 Eggs, cheese, ham, bacon, sausages, etc. _____ 4
 Other types of food and/or beverages _____ 5
 Nothing, do not usually have breakfast _____ 6

34.- With which frequency do you consume the following foods? (Interviewer: show the interviewee Card D, and record the consumption frequencies for each one of the foods listed).

Foods	Consumption frequencies				
	1	2	3	4	5
Fresh fruit _____	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Meat (poultry, beef, pork, lamb, etc.) _____	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Eggs _____	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Fish _____	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Pasta, rice, potatoes _____	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Bread, cereals _____	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Vegetables and green vegetables _____	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Pulse _____	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Cold meats and sausages _____	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Dairy products (milk, cheese, yoghurt) _____	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Sweets (biscuits, jams, etc.) _____	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

Consumption frequencies

- 1.- Daily
- 2.- Three or more times a week, but not daily
- 3.- Once or twice a week
- 4.- Less than once a week
- 5.- Never or almost never

Preventative practices

35.- Moving on to another issue, have you had flu vaccinations during the last campaign?

- YES _____ 1 **Interviewer:**
 NO _____ 6 → If the subject of the interview is female → go to question 36
 If the subject of the interview is male → go to question 37

35 a.- Who recommended vaccination?

- | | | |
|--|----------------------------|---|
| The doctor, due to your age _____ | <input type="checkbox"/> 1 | Interviewer:
If the subject of the interview is female → go to 36
If the subject of the interview is male → go to 37 |
| The doctor, due to your illnesses _____ | <input type="checkbox"/> 2 | |
| The doctor, due to other reasons _____ | <input type="checkbox"/> 3 | |
| You are vaccinated at the company/school _____ | <input type="checkbox"/> 4 | |
| You requested vaccination _____ | <input type="checkbox"/> 5 | |
| Others _____ | <input type="checkbox"/> 6 | |

Female preventative practices

36.- Have you ever visited a gynaecologist?

YES _____ 1
NO _____ 6 → go to question 36 c

36 a.- When was the last time you visited a gynaecologist for reasons other than due to a pregnancy or delivery?

Less than 6 months ago _____ 1
Between 6 months and 1 year ago _____ 2
Between 1 and 3 years ago _____ 3
More than 3 years ago _____ 4
Have never been for reasons other than due to a pregnancy or delivery _____ 5 → go to question 36 c

36 b.- What was the reason for your last visit (not due to a pregnancy/delivery)?

Any gynaecological problems (illness, discomfort) _____ 1
Guidance/family planning _____ 2
Periodic revision _____ 3
Other reasons _____ 4

36 c.- Have you ever had a mammograph (x-ray of the breast) on prescription of a specialist?

YES _____ 1
NO _____ 6 → go to question 36 e

36 d.- When did you have your last mammograph?

Less than 6 months ago _____ 1
Between 6 months and 1 year ago _____ 2
Between 1 and 3 years ago _____ 3
More than 3 years ago _____ 4

36 e.- Have you ever had a vaginal cytology (cell sample) on prescription of a specialist?

YES _____ 1
NO _____ 6 → go to question 37

36 f.- When did you have your last vaginal cytology?

Less than 6 months ago _____ 1
Between 6 months and 1 year ago _____ 2
Between 1 and 3 years ago _____ 3
More than 3 years ago _____ 4

Personal characteristics

Physical characteristics

37.- What is your approximate weight, without shoes or clothes? If the subject of the interview is a pregnant woman, she must indicate her weight prior to the beginning of the pregnancy.

Weight in kilos _____

38.- And what is your approximate height, without shoes?

Height in cms _____

39.- And with regards to your stature, would you say that your weight is:

Quite a lot above normal _____ 1
Just above normal _____ 2
Normal _____ 3
Below normal _____ 4

Auditory and visual characteristics

40.- At what volume do you usually listen to the TV or the radio? If you use an auditory prosthesis or a hearing aid, consider that the question refers to those situations in which the prosthesis or hearing aid is indeed being used.

At a volume considered normal by others _____ 1 → go to question 41
At a volume that other persons consider high _____ 6

40 a.- At that high volume you listen to the TV or radio?

YES _____ 1
NO _____ 6

41.- You see sufficiently well to recognise a person at a distance of four metres, for example on the other side of the street? (If you use glasses or contact lenses, consider that the question refers to those situations in which you have indeed been using same).

YES _____ 1 → go to question 42
NO _____ 6

41 a.- Can you at least recognise said person at a distance of one metre?

YES _____ 1
NO _____ 6

Affection and personal support

42.- Subsequently I am going to read a list of diverse situations of affection and personal support that you usually arise in every day life, so that you may indicate the degree of support received in each one (Interviewer: show the interviewee Card E and record the corresponding responses).

	More than desired	As much as desired	Enough, but less than desired	Much less than desired	None
1.- You receive invitations for recreation and to go out with other persons. _____	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
2.- You receive care and affection _____	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
3.- You have the possibility of speaking with someone about your problems (personal, family, etc.) be it with friends, at work, at home, etc. _____	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
4.- You count with persons who are worried what happens to you. _____	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
5.- You receive useful advice when an important event occurs in your life _____	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
6.- You receive help when you are sick in bed _____	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

Interviewer: If the subject of the interview is under the age of 65 →**END**

If the subject of the interview is 65 years of age or over → continue with question 43

Only if the subject of the interview is 65 years of age or over

43.- I am going to ask you questions regarding some every day activities to ascertain whether you are capable of carrying them out without the assistance of any other person, with assistance or whether you cannot carry them out in any way whatsoever (Interviewer: Explain to the interviewee that it is not about being able to carry these activities out, but rather of the possibility of carrying them out in case they need to).

Daily activities

	Can carry it out without assistance	Can carry it out with assistance	Cannot carry it out in any way whatsoever
1. Use a telephone (search for a number and dial)_____	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
2. Purchase food, clothes, etc. _____	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
3. Take the bus, subway, taxi, etc. _____	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
4. Prepare your own breakfast _____	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
5. Prepare your own meals _____	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
6. Take your medicines (remember the quantity and the moment when same must be taken) _____	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
7. Administer your own money (pay receipts, deal with the bank, sign cheques, etc.) _____	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
8. Cut a slice of bread _____	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
9. Wash the dishes _____	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
10. Make the bed _____	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
11. Change the bed sheets _____	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
12. Wash light clothes by hand _____	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
13. Use the clothes washer _____	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
14. Clean the house (mop the floors, sweep, etc.) _____	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
15. Clean a stain on the floor by bending down _____	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
16. Eat (cut the food and/or introduce it in your mouth) _____	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
17. Get dressed or undressed and select the clothes that should be worn _____	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
18. Comb your hair, shave, etc. _____	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
19. Walk (with or without a walking stick, crutches or frames) _____	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
20. Get out of bed and lay down _____	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
21. Cut your toe nails _____	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
22. Sew a button _____	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
23. Wash your face and body from the waist up _____	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
24. Shower or bath _____	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
25. Climb ten steps _____	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
26. Walk for one hour continuously _____	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
27. Stay alone all night _____	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3