

ANNEXE 5b Overview of MEHM related questions in the European surveys Draft-

N	Code	Country	Year	Title of Survey	Question 1 –MEHM (health)	Question 2- MEHM (chronic)	Question 3 –MEHM (Activity Limitations)
1	A01	Austria	1999	Microcensus	<p><i>B.26 To all persons aged 15 and above:</i></p> <p>How do you assess your state of health in general? Very good / Good / Moderate / Poor /Very poor</p>	<p>Specific approach</p>	<p>B. 36 Are you unable, for health reasons, i.e. as a result of a chronic illness, permanent incapacity or old age, to carry out important personal functions yourself (e.g. eating, washing/ bathing, going to the toilet...), and are you therefore sometimes - frequently or always dependent on the help of others, or is this not applicable?</p> <p><i>If the answer is "frequently or always" or in the case of persons under 15 years of age, then go on to B 38!</i></p> <p><i>B.37 To all persons of 15 years or older, who have answered question B 36 with "never" or "sometimes".</i></p> <p>Are you unable, for health reasons, i.e. as a result of a chronic illness, permanent incapacity or for reasons of old age, to perform important activities of daily life (e.g. going shopping, preparing meals, doing the washing...) yourself and are you therefore sometimes – frequently or always dependent on the help of others, or is this not applicable?</p>

N	Code	Country	Year	Title of Survey	Question 1 –MEHM (health)	Question 2- MEHM (chronic)	Question 3 –MEHM (Activity Limitations)
2	B02	Belgium	2001	Health Interview Survey	PE.01. How is your health in general? Very good Good Fair (reasonable) Bad Very bad	<i>Face to face</i> MB01. Do you suffer from one or more longstanding illnesses, chronic conditions or handicaps ? Yes No Don't know No answer <i>Self-administrated</i> PE.03. Do you suffer from (have) any chronic (long-standing) illness or condition (health problem)? Yes No	<i>Face to face</i> <i>Condizionato da mb01</i> Mb03. Are you restricted in you daily activities due to this (these) illness(es), chronic condition(s) or handicaps? Continually At intervals Not or seldom Don' know No answer <i>Self-administrated</i> SA PE.04. For the past 6 months or more have you been limited in activities people usually do because of health problem? Yes, strongly limited Yes limited No, not limited
3	B03	Belgium	2001	General Socio-Economic Survey 2001	2. How is your health in general ? Very good Good Moderate Bad Very bad	3a. Do you suffer from one or more longstanding illnesses, chronic conditions or handicaps? Yes No	3b. Are you restricted in your daily activities due to these illnesses, chronic conditions or handicaps? Continually At intervals Not or seldom <i>This question is asked if yes to the previous- 3a</i>
4	No code (Bc02)	Belgium	2002	Census	How is your health in general? Very good Good Fair (reasonable) Bad Very bad	Do you suffer from one or more longstanding illnesses, chronic conditions or handicaps ? Yes No Don't know No answer	Are you restricted in you daily activities due to this (these) illness(es), chronic condition(s) or handicaps? Continually At intervals Not or seldom Don' know No answer

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5	CH01	Switzerland	2002	Swiss Health Survey -	12.00. How do you feel now? Very well Well Fair Badly Very badly No response	13.00. Today there are a number of people who have a physical or a psychological problem that limits their daily activities. Do you have such a problem or an illness of this type which you have had for more than one year? Yes No	No Question
6	CH02	Switzerland	2002	Swiss Health Survey -	12.00. How do you feel now? Very well Well Fair Badly Very badly No response	13.00. Today there are a number of people who have a physical or a psychological problem that limits their daily activities. Do you have such a problem or an illness of this type which you have had for more than one year? Yes No	No Question
7	D02	Germany	1998	Survey on living conditions, health and environment	43. How would you describe your present state of health? Very good Good Satisfactory Not very good Poor	Specific Approach	44. Apart from short illnesses: does your state of health prevent you from carrying out your day-to-day activities, for example, in the home, at work or in your training? Not at all A little Considerably.
8	D05	Germany	1998	German National Health Examination and Interview Survey	12. In general, would you say your health is: Excellent Very good Good Fair Poor	Specific Approach	No question

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9	DK02	Denmark	2000	Danish Health and Morbidity Survey	21. How do you rate your present state of health in general? Really good Good Fair Bad Very bad	24. Do you suffer from any long-standing illness, long-standing after effect from injury, any disability or other long-standing condition? Yes No 24a. 1. illness: Which illness or ailment do you suffer from? Write which illness: ...	Are you restricted by the illness in your work/usual activities? Yes, very much Yes, a little No <i>This question is asked for each illness the respondent suffers (max 4)</i>
10	E02	Spain	2001	National Health Survey	Q.9 We would now like to ask you a few questions on the health of your household. In the last twelve months, i.e. since February 2000, would you consider your health as being very good, good, normal, bad or very bad? Very good Good Normal Bad Very bad	Specific Approach	Q.5 Do any of the members of the household require particular attention due to a physical or other type of handicap (must be accompanied at night, requires help to go out, separate toilet facilities, etc.) on a day to day basis either for work or social activities? Yes No Don't know
11	E04	Spain	1999	Impairments, Disabilities and Health Status Survey	5.1 How would you rate the state of your health generally? Very good Good Fair Poor Very poor	Specific Approach	No Question
12	EL01	Greece	1991	Population census -	No Question	5. Are there any persons with longstanding illnesses or handicaps living with you? Yes / No If yes, Please indicate which person this concerns: ... Please indicate the category of this longstandig illness or handicap : ...	No Question

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13	EL02	Greece	1998	National Greek Survey: Psychosocial factors and Health	A27 Would you say that your health, during the last 12 months was: Very good Good Not so good Bad	A28 Do you suffer from a physical disease or handicap? No Yes Describe the disease - list	No Question
14	F02	France	1999	Handicaps, Disabilities and Dependency Survey	No Question	No Question	HANDI1. In everyday life, are you faced with either physical, sensorial, intellectual or mental difficulties? (resulting from an accident, a chronic disease, a problem at birth, an invalidity, ageing) Yes No Will not answer Does not know
15	F03	France	1998	Health and Social Protection Survey	Can you indicate, between 0 and 10, your state of health?	What illness, health problems or disabilities are you currently suffering from?	No Question
16	F05	France	2001	The INSEE survey on Handicaps, disabilities and dependency	At present, given your age, how do you consider your state of health? Very good/ Good/ Average/ Mediocre/ Frankly bad	No Question	No question
17	F07	France	2000	Continuous survey on households living conditions	At present, do you consider your state of health to be: Very good / Good/ Average/ Moderate/ Poor/ Very Poor	No Question	No question
18	F08	France	1999	French Survey on living conditions and aspirations	Compared with other people your age, would you describe your state of health as: Very good/ Good/ Not very good / Not very good at all	Do you suffer from a physical infirmity, handicap or chronic disease which will continue to affect you in the future? Yes/ No	No question
19	F09	France	2002	Health and Social Protection Survey	56. How is your general state of health? very good / good (average / poor / very poor	57. Do you suffer from a chronic disease or health problem? Yes no	58. During at least six months, have you been limited in activities which people normally carry out due to a health problem? Yes / No

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20	F11	France	2001	Continuous survey on households living conditions	A1. At present, do you consider your state of health to be: Very good Good Average Moderate Poor Very poor	No Question	No Question
21	F12	France	2001	French survey on living conditions and aspirations	I19. Compared with other people your age, would you describe your state of health as: Very good Good Not very good Not very good at all	I1. Do you suffer from a physical infirmity, handicap or chronic disease which will continue to affect you in the future? Yes No	No Question
22	No code (F1999)	France	1999	Everyday life and health Survey	No Question	No Question	Is he/she restricted in the kind or amount of exercise he/she can do (at home, work or school or in any other occupation of his/her age such as travelling, games, sports, leisure activities)? Yes / No
23	FIN01	Finland	2000	Survey on health behaviour	18. What is your own assessment of your present state of health? good reasonably good average rather poor poor	No Question	No Question
24	FIN03	Finland	2000	Health –Survey on Capability and national Health	BA01. I would next like to inquire about matters concerning your health and illnesses. Is your health status nowadays: good rather good moderate rather poor poor?	A02. Do you have some permanent or chronic illness or some defect, trouble or injury, which diminishes your working capacity or functional ability? <i>All chronic illnesses diagnosed by a doctor and all troubles which have lasted at least three months, which a doctor has not diagnosed, but which affect on the capability shall be mentioned.</i> Yes / No	No question
						If yes to AO2 – (see next column)	

						BA03. What or what kind is this illness or injury? Specific approach	
25	FIN06	Finland	2001	Health Behaviour Survey among the Adult Population	18. How would you assess your present state of health? good rather good average rather poor poor	Do you have an illness or disability that affects your work and functional ability ? No yes	21. Do you have difficulty coping with everyday chores, job tasks or other demands of everyday life? no difficulty coping slight difficulty coping a great deal of difficulty coping I cannot cope on my own
26	FIN07	Finland	2002	The National Finrisk Study	49. How do you find your health status? Is it excellent quite good average quite bad very bad	Specific approach	No Question
27	FIN09	Finland	2001	Health Behaviour Survey among the elderly population	11. How would you assess your present state of health ? good rather good average rather poor poor	Specific approach	No Question
28	I01	Italy	1999-2000	Health conditions and the use of health services	How is your health in general? Very good Good Fair Bad Very bad	Specific approach	<i>Face to face</i> 1 Are you affected by a longstanding illness or a permanent disability that reduces your personal freedom till requiring help from other people for daily needs inside and outside the home? NO YES, intermittently, for some needs YES, continuously, or for important needs

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29	I03	Italy	2000	Aspects of daily life	<i>Face to Face</i> 5.1 How is your health in general? (Give a score from 1 to 5, where 1 is the worst state and 5 is the best one) ...1.1 How is your health in general? very good Good Fair Bad Very bad	Specific approach	Are you suffering from a chronic disease or a permanent disablement which reduces your personal freedom to the extent of requiring the assistance of other people for everyday needs at home or away from home? No YES, occasionally for some needs YES, continuously or for important needs
30	I04	Italy	2001	Aspects of daily life	<i>Face to Face</i> 5.1 How is your health in general? (Give a score from 1 to 5, where 1 is the worst state and 5 is the best one) ...1.1 How is your health in general? very good Good Fair Bad Very bad	Specific approach	Are you suffering from a chronic disease or a permanent disablement which reduces your personal freedom to the extent of requiring the assistance of other people for everyday needs at home or away from home? No YES, occasionally for some needs YES, continuously or for important needs
31	IRL01	Ireland	1998	Survey of Lifestyle, Attitudes and Nutrition (SLÁN)	<i>Self administrated</i> A1. In general, would you say your health is Excellent Very good Good Fair Poor	Specific approach	A3. Is your daily activity or work limited by a long term illness, health problem or disability? Yes No Do not have any of the above

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32	IRL02	Ireland	2000	Living in Ireland Survey	L1. In general, how good would you say your health is? Would you say it is: Very Good Good Fair Bad Very Bad	L2. Do you have any chronic, physical or mental health problem, illness or disability? Yes No	If yes to L.2 (<i>see previous column</i>) ... L3c. Are you hampered in your daily activities by this physical or mental health problem, illness or disability? Yes, severely Yes, to some extent No
33	IRL03	Ireland	2002	Survey of Lifestyle, Attitudes and Nutrition (SLÁN)	<i>Self administrated</i> A1. In general, would you say your health is Excellent Very good Good Fair Poor	Specific approach	A3. Is your daily activity or work limited by a long term illness, health problem or disability? Yes No Do not have any of the above
34	IRL04	Ireland	2001	Living in Ireland Survey	L1. In general, how good would you say your health is? Would you say it is: Very Good Good Fair Bad Very Bad	L2. Do you have any chronic, physical or mental health problem, illness or disability? Yes No	If yes to L.2 (<i>see previous column</i>) ... L3c. Are you hampered in your daily activities by this physical or mental health problem, illness or disability? Yes, severely Yes, to some extent No
35	No code (<i>IrlC02</i>)	Ireland	2002	Census	No question	14. Do you have any of the following long-lasting conditions: a) Blindness, deafness or a severe vision or hearing impairment? Yes No b) A condition that substantially limits one or more basic physical activities such as walking, climbing stairs, reaching, lifting or carrying? Yes No	15. Because of a physical, mental or emotional condition lasting 6 months or more, do you have any difficulty in doing any of the following activities? <i>Answer (a) and (b) if aged 5 years or over</i> a) Learning, remembering or concentrating? Yes No b) dressing, bathing or getting around inside the home? Yes No <i>Answer (c) and (d) if aged 15 years or over</i> c) going outside the home alone to shop

							or visit a doctor's survey? Yes No b) working at job or business Yes No
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36	IS02	Iceland	1989-99	Health and Living Conditions in Iceland	1. In general, how do you evaluate your physical health? Do you find it very good, good, fair or poor? Very good Good Fair Poor	Specific Approach	10. How difficult is it usually for you to carry out these activities? Very difficult Rather difficult Slightly difficult Not at all difficult eat get dressed start moving around go up stairs leave the house handle work handle work of the home
37	IS03	Iceland	2001	Health and lifestyle	01. Are you generally in good or poor health? Very good health Rather good health Fair health Rather poor health Very poor health	No Question	No question
38	L01	Luxembourg	1996	Panel Living in Luxembourg	D.36 Do you feel that you enjoy Very good health Good health More or less good health Poor health Very poor health	No Question	No Question

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39	N01	Norway	1998	Survey on Living Conditions	<p>H1. How would you describe your own general health? Would you say it is: very good good neither good nor bad, average poor very poor</p> <p>1. In general will you say your health is: Excellent Very good Good Fair Poor</p>	<p>H2.a Do you suffer for any illness or disorder of a more long-term nature, any congenital disease or effect of an injury? We are referring to difficulties/limitations of a more long-term nature. The term 'long-term nature' refers to a situation that has lasted or is expected to last for 6 months or more.</p> <p>YES ? What kind NO ?</p>	<p>29. Owing to permanent health problems or disabilities, have you:</p> <p>had trouble getting out of your dwelling on your own not possible extremely difficult somewhat difficult not difficult</p> <p>had trouble participating in recreational activities not possible extremely difficult somewhat difficult not difficult</p> <p>had trouble using public transportation not possible extremely difficult somewhat difficult not difficult</p> <p>had trouble establishing contact with or talking to other people not possible extremely difficult somewhat difficult not difficult</p> <p>had trouble doing your job not possible extremely difficult somewhat difficult not difficult</p>
40	P01	Portugal	1995	National Health Survey	<p>What is your general state of health? Very good/ good/ reasonable/ poor/ very poor</p>	No question	Translation problem

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41	NL02	The Netherlands	2001	Second National Study on Morbidity and use of health services	No Question	Specific approach	<p>And what about your day-to-day activities? I have no difficulties in my day-to-day activities I have some difficulties in my day-to-day activities I am unable to carry out in my day-to-day activities</p>
42	NL03	The Netherlands	2001	Continuous Survey on Living conditions	<p>How is your health in general? Very good Good Fair Bad Very Bad</p>	<p>Do you suffer from any longstanding illness, disorders or handicaps? Yes No</p>	<p><i>If the respondent is under 12 years old:</i> Is your child because of this limited in activities in school, in other activities which are normal for a child of his age?</p> <p>Severely limited Moderate limited Not limited</p> <p><i>If the respondent is over 12 years old:</i> To what degree are you limited because of this in daily activities at home?</p> <p>Severely limited Moderate limited Not limited</p> <p><i>For all respondents</i> To what degree are you limited because of this at school or at work?</p> <p>Severely limited Moderate limited Not limited</p> <p>To what degree are you limited because of this in leisure time activities, sports or travelling? Severely limited Moderate limited Not limited</p>

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43	S01	Sweden	1999	Living Conditions Survey	In your opinion, how is your state of health? Is it Very good Good Fair Bad Very bad	42. Do you suffer from any long-term illness, after-effects from an accident, disability or other ailment? YES NO	No Question
44	S02	Sweden	2001	Living Conditions Survey	1. In your opinion, how is your state of health? Is it Very good Good Fair Bad Very bad	42. Do you suffer from any long-term illness, after-effects from an accident, disability or other ailment? YES NO	No Question
45	UK02	United Kingdom	1998	Health Education Monitoring Survey	15. How is your health in general? Would you say it was Very good Good Fair Bad or Very bad?	16. Do you have any long-standing illness, disability or infirmity? By long-standing I mean anything that has troubled you over a period of time or that is likely to affect you over a period of time? Yes / No	8. Does this illness or disability (<i>Do any of these illnesses or disabilities</i>) limit your activities in any way? Yes No
46	UK11	United Kingdom	2001	The General Household Survey	01. Over the last twelve months would you say your health has on the whole been good, fairly good, or no good? Good Fairly Good Not Good	02. Do you have any long-standing illness, disability or infirmity? By long-standing, I mean anything that has troubled you over a period of time or that is likely to affect you over a period of time? Yes / No	07. Does this illness or disability (<i>Do any of these illnesses or disabilities</i>) limit your activities in any way? Yes No
47	UK15	United Kingdom	2001	Census	Over the last twelve months would you say your health has on the whole been: Good Fairly good Not good	Do you have long-term illness, health problem or disability which limits your daily activities or the work you can do? Include problems which are due to old age. Yes / No	No question

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48	No code (H01)	Hungary	2000	National Health Interview Survey	<p>What do you think about your health in general?</p> <p>Very good Good Fair Poor Very poor Don't know Refused</p>	<p>14. Do you have any condition or disease that limits you in your usual activities, such as working, shopping, taking care of day-to-day things, exercising, meeting other people?</p> <p>Yes No Does not know/Not sure Refused</p>	<p><i>only in the self-administered questionnaire:</i></p> <p>Please choose the statement that best describes your own health TODAY!</p> <p>3. Usual activities (e.g. work, studies, housework, family or recreational activities)</p> <p>I have no problems with performing my usual activities I have some problems with performing my usual activities I am unable to perform my usual activities</p>