ADULT

to be filled in by the interviewer

Interviewer number I__I__I__I__I

Region I__I__I sub-sample I__I__I

NumFA I__I__I__I__I Key I__I LE I__I BS I__I NINDi I__I__I

Disability Health Survey

Self-questionnaire

for people age 16 and up

Please fill this questionnaire in as soon as you can after the interviewer leaves

All the information given to the Insee during this survey is strictly anonymous and perfectly confidential.

Please fill in the questionnaire on the following pages

- by checking the circles o with an x

- by inserting a numeral into the boxes I__I.

Quality of life

As a whole, your health is:

Excellent 1. o

Very good 2. o

Good 3. o

Mediocre 4. o

Bad 5. o

As compared to last year at the same time, how do you find your state of health right now?

Much better than last year 1. o

Somewhat better 2. o

More or less the same 3. o

Somewhat worse 4. o

A lot worse 5. o

Here is a list of activities that you could have to do in your daily life.

For each of them, please indicate whether or not you are limited due to your current state of health. Yes, No, Yes: very limited, somewhat limited, not limited,

a. Moderate physical effort such as moving a table, using a vacuum cleaner, playing *pétanque*, 1. o 2. o 3. o

b. Climbing several flights of stairs 1. o 2. o 3. o

Over the past four weeks and due to your state of health:

Always Often Sometimes Rarely Never

a. Have you reduced the time spent at work or doing your usual activities? 1. o 2. o 3. o 4. o 5. o

b. Did you accomplish less than you wanted? 1. o 2. o 3. o 4. o 5. o

c. Did you have to stop doing certain things? 1. o 2. o 3. o 4. o 5. o

d. Did you have difficulty doing your work or any other activity (did this require extra effort, for example)? 1. o 2. o 3. o 4. o 5. o

Over the past four weeks and due to your emotional state (like feeling sad, anxious, depressed):

Always Often Sometimes Rarely Never

a. Have you reduced the time spent at work or doing your usual activities? 1. o 2. o 3. o 4. o 5. o

b. Did you accomplish less than you wanted? 1. o 2. o 3. o 4. o 5. o

c. Did you have difficulty accomplishing your daily routine with the usual amount of care and attention?

1. o 2. o 3. o 4. o 5. o

Over the past four weeks, how much did your physical or emotional state of health hamper your social life and your relationships with others, your family, friends or acquaintances?

Not at all 1. o

A little bit 2. o

Somewhat 3. o

A lot 4. o

Enormously 5. o

Over the past four weeks, what was the intensity of your physical pain?

None 1. o

Very low 2. o

Low 3. o

Medium 4. o

High 5. o

Very high 6. o

Over the past four weeks, what was the frequency of your physical pain?

None 1. o

Very low 2. o

Low 3. o

Medium 4. o

High 5. o

Very high 6. o

Over the past four weeks, how much did your physical pain limit you in your work or in your domestic activities?

Not at all 1. o

A little bit 2. o

Somewhat 3. o

A lot 4. o

Enormously 5. o

The following questions are about how you felt over the past four weeks. For each question, please indicate the answer that you feel to be the most appropriate. Over the past four weeks, were there times when…

	Always	Often	Sometimes	Rarely	Never
a. You felt energetic?	1. o	2. o	3. o	4. o	5. o
b. You felt very anxious?	1. o	2. o	3. o	4. o	5. o
c. You felt so discouraged that noting could make you feel better?	1. o	2. o	3. o	4. o	5. o
d. You felt calm and relaxed?	1. o	2. o	3. o	4. o	5. o
e. You were overflowing with energy?	1. o	2. o	3. o	4. o	5. o
f. You felt sad and demoralized?	1. o	2. o	3. o	4. o	5. o
g. You felt exhausted?	1. o	2. o	3. o	4. o	5. o
h. You felt happy?	1. o	2. o	3. o	4. o	5. o
i. You felt tired?	1. o	2. o	3. o	4. o	5. o

Over the past four weeks, were there times when your physical or emotional state of health hampered your social life and your relationships with others, your family, friends or acquaintances?

Always 1. o

Often 2. o

Sometimes 3. o

Rarely 4. o

Never 5. o

Consumption of alcohol

Alcohol = all alcoholic beverages (wine, beer, whisky…)

All these standard glasses contain 10 grams of alcohol.

In the following questions, when we speak of glasses of alcohol or alcoholic beverages, this means both strong alcoholic drinks and drinks with low levels of alcohol.

	yes	no
Have you ever, in your life, felt you should cut down on your consumption of alcoholic beverages?	o	o
Has your entourage, ever in your life, made remarks about your consumption of alcoholic beverages?	o	o
Have you ever in your life felt that you drank too much?	o	o
Have you ever in your life needed alcohol in the morning to feel good?	o	o

Have you consumed alcohol in the past twelve months?

o Never - skip to tobacco section

o At least once a month

o 2 to 4 times a month

o 2 to 3 times a week

o 4 to 6 times a week

o Every day

In the past twelve months, on the days you drink, how many glasses do you drink?

o 1 or 2 glasses

o 3 or 4 glasses

o 5 or 6 glasses

o 7 to 9 glasses

o 10 glasses or more

In the past twelve months, how many times have you had six or more glasses of alcohol at one occasion?

o Never

o Less than once a month

o Once a month

o Once a week

o Every day or almost

Tobacco

Do you currently smoke?

o Yes, every day – skip to question TAB2

o Yes, occasionally - skip to question TAB3

o No, never – skip to question TAB3

What type of tobacco do you smoke (multiple answers possible)?

If YES, Check the box Yes	If the answer is YES, how many per day, on average?

Manufactured cigarettes?	o YES	o NO	I__I__I
Hand-rolled cigarettes?	o YES	o NO	I__I__I
Cigars?	o YES	o NO	I__I__I
A pipe?	o YES	o NO	I__I__I
Another kind of tobacco?	o YES	o NO	I__I__I

Have you ever smoked (cigarettes, cigars, pipes) daily or almost every day for at least one year?

o Yes

o No

o Refuses to answer

If you answered YES to at least one of the previous questions, fill in the following question.

How many years did you smoke daily?

Add up all the periods in which you smoked daily.

If you don't remember exactly, estimate.

I__I__I years.

Second hand smoke

How often are you exposed to second hand smoke…

Never	Less	Between	More than	N/A

	or almost never	than 1 hour per day	1 and 5 hours per day	5 hours per day	doesn't in a closed area
work					

…inside your home?

1. o 2. o 3. o 4. o

…in public places or public transportation?

(bars, restaurants, stores, stadiums, trains, metro, bus)

1. o 2. o 3. o 4. o

…in your place of work?

1. o 2. o 3. o 4. o 5. o

Occurrence of violent events

Over the past twelve months, have you had recourse to a healthcare professional (such as a doctor, a pharmacist, a nurse, a physical therapist…) due to:	yes	no
An aggression, a brawl	o	o
An attempted suicide	o	o
Domestic violence	o	o
Other:	o	o

If other, specify:

If Yes, concerning the most recent event, to what treatment did you have recourse?

	yes	no

Treatment by doctors	o	o
Treatment by nurses or physical therapists	o	o
Purchases in pharmacies	o	o
Going to a hospital emergency room	o	o
Hospitalisation	o	o

Other, specify:

In the 48 hours following this event, were you limited in your regular activities?

o Yes, severely limited

o Yes, limited

o No, not at all

Once this questionnaire has been completed, please put it in the stamped envelope provided to you and mail it in as soon as possible. Thank you very much for your participation.