

ANNEXE 1: Questionnaire for the VQS (Everyday Life and health) survey

Instructions at the top of the questionnaire

Everyone in the household must fill one out: one column per person, children included.

If a question does not apply for a child that is too young, do not answer the question.

If a person absolutely cannot do one of the activities mentioned, check the box: Yes, great difficulty for this activity.

[For each person in the household, possibility of four persons per questionnaire, ask the following series of questions:]

First name

1: gender

2: year of birth

3: *What is the person's general state of health?*

Very good / good / mediocre / bad / very bad

4: *Does the person currently have one or more chronic illnesses or long-lasting health problems?*

No / Yes

5: *Is the person limited in their activities due to a health problem or disability (at home, at work, at school...)?*

No / Yes, a little / Yes, a lot

6: *Does the person have difficulty seeing ordinary characters in a newspaper (with the glasses or contact lenses they usually wear)?*

No / Yes, a little / Yes, a lot

7: *Do they have difficulty seeing a face clearly from across a room (with the glasses or contact lenses they usually wear)?*

No / Yes, a little / Yes, a lot

8: *Do they have difficulty speaking?*

No / Yes, a little / Yes, a lot

9: *Do they have difficulty hearing what is said during an ordinary conversation between several people?*

No / Yes, a little / Yes, a lot

10: *Do they have difficulty climbing a flight of stairs or walking 500 meters?*

No / Yes, a little / Yes, a lot

11: *Do they have difficulty raising their arm (to reach something above them, for instance)?*

No / Yes, a little / Yes, a lot

12: *Do they have difficulty using their hands or fingers (to open a bottle of water, for instance)?*

No / Yes, a little / Yes, a lot

13: *When they are standing, do they have difficulty bending down to pick up an object?*

No / Yes, a little / Yes, a lot

14: *Do they have difficulty concentrating for over 10 minutes?*

No / Yes, a little / Yes, a lot

15: *Do they have difficulty remembering important things?*

No / Yes, a little / Yes, a lot

16: *Do they have difficulty taking initiatives in daily life?*

No / Yes, a little / Yes, a lot

17: Do they have difficulty resolving problems in daily life (like situating themselves on a map or counting money)?

No / Yes, a little / Yes, a lot

18: Do they have difficulty leaving their home?

No / Yes, a little / Yes, a lot

19: Do they have difficulty understanding others or being understood by others? (outside of difficulties due to foreign language problems)

No / Yes, a little / Yes, a lot

20: Is the person completely incapable of performing one or more of the afore-mentioned activities (questions 6 – 19). For example, a blind person could absolutely not see the characters in a newspaper.

No / Yes

21: Do they receive help from another person in their daily lives due to a health problem or disability?

No / Yes, a little / Yes, a lot

22: Were special home fittings made for this person due to a health problem or disability?

No / Yes

23: Does this person regularly use a prosthetic, a device or an assistive technology due to a health problem or disability?

No / Yes

24: Does the person consider they have a disability?

No / Yes

25: Has the person received official recognition of a disability or loss of autonomy (benefits, pension, disability card, admission into a specialised establishment...)?

No / Yes

26: if it is a school-aged child, are they in a special class or establishment due to health problems or learning disabilities?

No / Yes