NATIONAL STATISTICS OFFICE • MALTA

DIRECTORATE FOR HEALTH INFORMATION AND RESEARCH

EUROPEAN HEALTH INTERVIEW SURVEY

2019

EHIS QUESTIONNAIRE

REFERENCE NUMBER				

Confidential when completed.

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QUESTIONNAIRE NUMBER _____

SELF-COMPLETION FORM

The questions in this section are to be answered personally by the respondent. Before giving an answer, read the question and its response categories carefully. Please tick the box that best describes your answer to each question or write numbers when required in the lines provided.

Instructions following the sign "→" near a box indicate the question to which you should go to after you have chosen a particular answer. In cases where the box is not followed by this sign, please proceed to the following question.

Tick one box per question, unless otherwise suggested (i.e. 'Tick **all that apply**')

Your answers will remain confidential and will be used for statistical purposes only

SC.1 **The self-completion form is being answered by the: (Tick one box ONLY)**

- Selected Individual ☐1
- Interviewer ☐2
- Other (specify) _____ ☐3

SMOKING

SK.1 **Do you smoke any tobacco products (excluding electronic cigarettes or similar electronic devices)? (Tick one box ONLY)**

- Yes, daily ☐1
- Yes, occasionally ☐2
- Not at all ☐3→ SK.5

SK.2 **What kind of tobacco product do you mostly consume? (Tick one box ONLY)**

Choose the one product you smoke most often

- Cigarettes (Manufactured and/or hand rolled) ☐1→ SK.3
- Cigars ☐2
- Pipe/tobacco ☐3
- Heated tobacco products (e.g. iQOS, Glo, Pax, etc.) ☐4
- Shisha ☐5
- Other (specify) _____ ☐6

→ SK.2A

SK.2A ***If you answered 'daily' in question SK.1 go to question SK.6***
If you answered 'occasionally' in question SK.1 go to question SK.5

SK.3 **How often do you smoke <u>cigarettes</u>? (Tick one box ONLY)**

- Daily ☐1
- Occasionally ☐2→ SK.5

SK.4 **On average, how many <u>cigarettes</u> do you smoke each day?**

Manufactured and/or hand rolled.

_____ → SK.6

SK.5 **Have you ever smoked cigarettes, cigars, pipes or other tobacco products daily, for at least 12 months? (Tick one box ONLY)**

- Yes ☐1
- No ☐2→ SK.7

SK.6 **For how many years have you smoked daily?**

Count all separate periods of smoking daily.

If you do not remember the exact number of years, please give an estimate.

_____

SK.7 **How often are you exposed to tobacco smoke indoors in these places? (Tick one box PER ROW)**

	1 hour or more per day	Less than 1 hour per day	At least once a week, but not everyday	Less than once a week	Never or almost never
Indoors at home?	☐1	☐2	☐3	☐4	☐5
In indoor public spaces and/or in transport? E.g. bars, restaurants, shopping malls, arenas, bingo halls, bus, etc.	☐1	☐2	☐3	☐4	☐5
Indoors at the workplace?	☐1	☐2	☐3	☐4	☐5

SK.8 **Do you currently use electronic cigarettes or similar electronic devices? (Tick one box ONLY)**

E.g. Electronic-shisha, electronic pipe

- Yes, daily vaping ☐1
- Yes, occasionally vaping ☐2
- No, but I did in the past ☐3
- Never vaped ☐4

SK.9 **During the past 7 days, including today, did you smoke a shisha pipe/hookah pipe? (Tick one box ONLY)**

- Yes ☐1
- No ☐2→ AL.1

SK.10 **During the past 7 days, including today, on how many <u>days</u> did you smoke a shisha/hookah pipe?**

_____

ALCOHOL CONSUMPTION

AL.1 **During the past 12 months, how often have you had an alcoholic drink of any kind? (Tick one box ONLY)**
E.g. beer, wine, spirits, liqueurs or other alcoholic beverages.

- Every day/almost every day ☐1
- 5-6 days per week ☐2
- 3-4 days per week ☐3
- 1-2 days per week ☐4
- 2-3 days per month ☐5
- Once a month ☐6 → AL.6
- Less than once a month ☐7
- Not in the past 12 months (but I have consumed before) ☐8
- Never consumed alcohol/only a few sips in my whole life ☐9 → CN.1

AL.2 **Thinking of the period between Monday and Thursday, on how many days of these 4 days do you usually drink alcohol? (Tick one box ONLY)**

- All 4 days ☐1
- 3 days ☐2
- 2 days ☐3
- 1 day ☐4
- On none of the mentioned days ☐5 → AL.4

AL.3 **On average, how many drinks do you consume between Monday and Thursday? (Tick one box ONLY)**
Hand respondent show card 6

- 16 or more drinks per day ☐1
- 10-15 drinks per day ☐2
- 6-9 drinks per day ☐3
- 4-5 drinks per day ☐4
- 3 drinks per day ☐5
- 2 drinks per day ☐6
- 1 drink per day ☐7
- Less than 1 drink per day ☐8

AL.4 **Thinking of the period between Friday and Sunday, on how many of these 3 days do you usually drink alcohol? (Tick one box ONLY)**

- All 3 days ☐1
- 2 days ☐2
- 1 day ☐3
- On none of the mentioned days ☐4 → AL.6

AL.5 **On average, how many drinks do you consume between Friday and Sunday? (Tick one box ONLY)**
Hand respondent show card 6

- 16 or more drinks per day ☐1
- 10-15 drinks per day ☐2
- 6-9 drinks per day ☐3
- 4-5 drinks per day ☐4
- 3 drinks per day ☐5
- 2 drinks per day ☐6
- 1 drink per day ☐7
- Less than 1 drink per day ☐8

AL.6 **During the past 12 months, how often have you had 6 or more beverages (drinks) containing alcohol in one occasion? (Tick one box ONLY)**

Every day or almost every day	☐ 1
5-6 days a week	☐ 2
3-4 days a week	☐ 3
1-2 days a week	☐ 4
2-3 days a month	☐ 5
Once a month	☐ 6
Less than once a month	☐ 7
Not in the past 12 months	☐ 8
Never in my whole life	☐ 9

AL.7 **During the past week (7 days), on how many days did you drink alcohol in the following contexts? (Tick ALL that apply)**

Alone (specify number of days) _____	☐ 1
At a bar, pub or café (specify number of days) _____	☐ 2
At a sports or entertainment event (specify number of days) _____	☐ 3
At lunch (home/restaurant) (specify number of days) _____	☐ 4
At dinner (home/restaurant) (specify number of days) _____	☐ 5
Before driving a vehicle (e.g. car, motorcycle, etc.) (specify number of days) _____	☐ 6

DRUGS

*If questionnaire is answered by a proxy, go to question **OP.1***

CN.1 Have you ever tried any of the substances listed below? (Tick one box PER ROW)

	Yes, within the past month	Yes, within the past 12 months (but not within the past month)	Yes, previously (but not within the past 12 months)	No, I have never tried the substance
Tranquilisers/Sedatives **with** a doctor's prescription	☐ 1	☐ 2	☐ 3	☐ 4
Tranquilisers/Sedatives **without** a doctor's prescription	☐ 1	☐ 2	☐ 3	☐ 4
Medical Cannabis	☐ 1	☐ 2	☐ 3	☐ 4
Recreational Cannabis (hashish/marijuana)	☐ 1	☐ 2	☐ 3	☐ 4
Ecstasy	☐ 1	☐ 2	☐ 3	☐ 4
Cocaine	☐ 1	☐ 2	☐ 3	☐ 4
Heroin	☐ 1	☐ 2	☐ 3	☐ 4

*If all options are marked with **'Never'** (=4), go to question **DS.1***

CN.2 How old were you when you took any of the substances for the first time? (Tick one box PER ROW)

	Under 10 years	10-14 years	15-19 years	20-24 years	25-29 years	30-34 years	35 years and over	Never
Tranquilisers/Sedatives **with** a doctor's prescription	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6	☐ 7	☐ 8
Tranquilisers/Sedatives **without** a doctor's prescription	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6	☐ 7	☐ 8
Medical Cannabis	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6	☐ 7	☐ 8
Recreational Cannabis (hashish/marijuana)	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6	☐ 7	☐ 8
Ecstasy	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6	☐ 7	☐ 8
Cocaine	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6	☐ 7	☐ 8
Heroin	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6	☐ 7	☐ 8

SEXUAL HEALTH

DS.1 What is your sexual orientation? (Tick one box ONLY)

- Straight/Heterosexual ☐1
- Bisexual ☐2
- Lesbian/Gay ☐3
- Questioning/Unsure ☐4
- Other (specify) _____ ☐5

DS.2 At what age did you first have sexual intercourse? (Tick one box ONLY)

Vaginal and/or anal sex

- _____years ☐1
- Never ☐2→ DS.13

DS.3 If you have been sexually active in the past 12 months, how often did you and/or your partner use contraception? (Tick one box ONLY)

- I have not been active in the past 12 months ☐1→ DS.8
- Never ☐2→ DS.6
- Rarely ☐3
- Sometimes ☐4
- Frequently ☐5
- Always ☐6

DS.4 If you (or your partner) have made use of contraceptives in the past 12 months, which methods did you use? (Tick ALL that apply)

- Natural family planning
  E.g. Temperature & safe period ☐1
- Withdrawal ☐2
- Contraceptive pill ☐3
- Cap/diaphragm ☐4
- Coil ☐5
- Intra Uterine System
  E.g. Mirena ☐6
- Condom ☐7
- Other (specify) _____ ☐8

DS.5 Of the times you had sexual intercourse in the past 12 months did you use condoms <u>specifically</u> as a way of preventing sexually transmitted infections? (Tick one box ONLY)

- Never ☐1
- Rarely ☐2
- Sometimes ☐3
- Frequently ☐4
- Always ☐5

DS.6 How many sexual partners have you had in the past 12 months?

_____

DS.7 Indicate the gender(s) of the partner/s indicated in DS.6? (Tick ALL that apply)

- Male ☐1
- Female ☐2
- Other (specify) _____ ☐3

*If respondent is **male,** go to question **DS.9***
*If respondent is **female,** go to question **DS.8***

DS.8 **Do you frequently suffer from pain or discomfort during sexual intercourse? (Tick one box ONLY)**
*Only applicable if respondent is **female**.*

Yes ☐1 → DS.10
No ☐2
Not applicable ☐3

DS.9 **Do you frequently have problems getting and maintaining an erection? (Tick one box ONLY)**
*Only applicable if respondent is **male**.*

Yes ☐1
No ☐2
Not applicable ☐3

DS.10 **Have you ever sought help from a professional person about any problems related to your inability to perform sexually? (Tick one box ONLY)**

Yes ☐1
No ☐2 → DS.12

DS.11 **What was the profession of this person? (Tick all that APPLY)**

GP/family doctor ☐1
Gynaecologist ☐2
Sex therapist ☐3
Psychologist ☐4
Other (specify) _____ ☐5

DS.12 **Have you ever been told by a nurse/doctor/midwife that you have a sexually transmitted infection (STI)? (Tick one box ONLY)**

Yes ☐1
No ☐2

DS.13 **Are you aware that there are free services for the testing and treatment of sexually transmitted infections in Malta? (Tick one box ONLY)**

Yes ☐1
No ☐2

OUT-OF-POCKET-EXPENSES

*This section is to be answered **only** by respondents who have made use of health care services on **own behalf** (not while accompanying someone else).*

Please indicate below how much you had to pay for the said services.

***Out-of-pocket** refers to expenses related to health including medicines that are not reimbursed by an insurance agency etc.*

*For any services mentioned below which you have not made use of, please mark the option "**Does not apply**"*

Your answers are to remain confidential.

OP.1 **During the 12 months, approximately how much did you pay out-of-pocket for dental care which was for your own need? (Tick one box ONLY)**

Amount € _____ ☐1

Does not apply ☐2

OP.2 **During the past 4 weeks, approximately how much did you pay out-of-pocket for private visits to GPs/family doctors which were for your own care? (Tick one box ONLY)**

Amount € _____ ☐1

Does not apply ☐2

OP.3 **During the past 4 weeks, approximately how much did you pay out-of-pocket for private visits to medical/surgical specialists which were for your own care? (Tick one box ONLY)**

Amount € _____ ☐1

Does not apply ☐2

OP.4 **During the past two weeks, approximately how much did you pay out-of-pocket for medicines which were prescribed by a doctor for your own use? (Tick one box ONLY)**

Amount € _____ ☐1

Does not apply ☐2

OP.5 **During the past 4 weeks, approximately how much did you pay out-of-pocket for visits to other healthcare professionals which were for your own care? (Tick one box ONLY)**

E.g. physiotherapists and occupational therapists

Amount € _____ ☐1

Does not apply ☐2

INCOME

IN.1 **Do you know what is your household's total net income per month from all the sources after deductions for income tax and National insurance? (Tick one box ONLY)**

*This **includes** all the income earned by you and other household members.*
The total is the amount left after tax, National Insurance etc. have been deducted.

Yes (Specify amount) € _____ ☐1→ End of questionnaire

No ☐2

IN.2 **Can you give an indication of the amount? (Tick one box ONLY)**

Below €996 ☐1

Between €996 and €1565 ☐2

Between €1,566 and €2,307 ☐3

Between €2,308 and €3,300 ☐4

Above €3,300 ☐5

Do not know ☐6

TS.11 **Where there any difficulties in answering any of the questions (Tick one box ONLY):**

Yes ☐1

No ☐2

If yes, specify here:

_____

_____

TS.12 **Where there any questions which the respondent was particularly reluctant to answer? (Tick one box ONLY):**

Yes ☐1

No ☐2

If yes, specify here:

_____

_____

END OF QUESTIONNAIRE