EUROPEAN HEALTH INTERVIEW SURVEY (EHIS) 2025

FRONT PAGE

I am <<name>> from the National Statistics Office. The Office is currently carrying out the European Health Interview Survey (EHIS). The survey gathers vital information on health status, use of healthcare services, and various other health determinants, covering individuals aged 15 years or more.

<<Name and surname>> was randomly selected to participate in this survey. The information will be treated in a confidential manner and will only be used for statistical purposes. May I speak to him/her?

Reference number	
Interviewer's username	
Interview date	
Interview duration	
Language used to complete the questionnaire	1. Maltese 2. English
Who will answer the questionnaire? (Tick one circle only)	1. Selected individual 2. Proxy – another member of the selected individual's household 3. Proxy – someone not from the same household as the selected individual
What is the reason for having a proxy respondent answer this questionnaire? (Tick all that apply)	1. Sample person has a cognitive impairment 2. Sample person is physically debilitated 3. Sample person has a hearing/speech problem 4. Sample person cannot speak English or Maltese 5. Other (specify)_____

SECTION A: CORE SOCIAL VARIABLES

CS.1) What is your gender? *(Tick **one circle** only)*

Male	O_1
Female	O_2
Transgender Male	O_3
Transgender Female	O_4
Gender-queer/Non-binary	O_5
Other (specify) _____	O_6

CS.2) What is your date of birth?

d	*d*	*m*	*m*	*y*	*y*	*y*	*y*

CS.3) Which is your country of birth? *(Tick **one circle** only)*

Malta	O_1
United Kingdom	O_2
India	O_3
Italy	O_4
Nepal	O_5
Philippines	O_6
Serbia	O_7
China	O_8
Libya	O_9
Colombia	O_{10}
Other (specify) _____	O_{11}

CS.4) What is your main citizenship? *(Tick **one circle** only)*

Maltese	O_1
British	O_2
Indian	O_3
Italian	O_4
Nepalese	O_5
Philippine	O_6
Serbian	O_7
Chinese	O_8
Libyan	O_9
Colombian	O_{10}
Other (specify) _____	O_{11}
Stateless	O_{12}

CS.5) In which country was your father born? *(Tick **one circle** only)*

Malta	O_1
United Kingdom	O_2
India	O_3
Italy	O_4
Nepal	O_5
Philippines	O_6
Serbia	O_7
China	O_8
Libya	O_9
Colombia	O_{10}
Other (specify) _____	O_{11}
Do not know	O_{12}

CS.6) In which country was your mother born? *(Tick **one circle** only)*

Malta	O_1
United Kingdom	O_2
India	O_3
Italy	O_4
Nepal	O_5
Philippines	O_6
Serbia	O_7
China	O_8
Libya	O_9
Colombia	O_{10}
Other (specify) _____	O_{11}
Do not know	O_{12}

CS.7) What is the highest level of education that you have successfully completed? *(Tick **one circle** only)*

No formal education/Pre-primary	O_1
Primary	O_2
School for persons with a disability	O_3
Secondary (general)	O_4
Foundation or Introductory courses at MCAST of one (1) year or less	O_5
Secondary (vocational) E.g. Trade School	O_6
Post-secondary (general) E.g. Junior College	O_7
Post-secondary (vocational) completed before the year 2000 (excluding ITS)	O_8
Post-secondary (vocational) courses of less than two (2) years E.g. MCAST/MCAST National Diploma, ITS or similar institutions	O_9
Post-secondary (vocational) courses two (2) years or more E.g. MCAST/MCAST National Diploma, ITS or similar institutions	O_{10}
University undergraduate diploma or certificate of less than two (2) years	O_{11}
University level diploma/certificate or MCAST Higher National Diploma (of two (2) years or more)	O_{12}
Bachelor degree or equivalent University of Malta, MCAST or other tertiary level institutions	O_{13}
Postgraduate Diploma/Certificate	O_{14}
Master's Degree	O_{15}
Doctorate (PhD/DBA)	O_{16}
Other (specify) _____	O_{17}

CS.8) What is your current labour status? *(Tick **one circle** only)*

- ✓ *Where more than one status applies to the person, the respondent should select the category that best describes his/her situation.*

Employed Includes unpaid work for a family business, apprenticeship, paid traineeship, maternity/parental leave, sick leave and holiday leave	O_1
Unemployed	O_2→ Go to CS.14
Student and/or person having an unpaid working experience	O_3→ Go to CS.14
Retired	O_4→ Go to CS.14
Cannot work due to illness or disability	O_5→ Go to CS.14
Taking care of the house and/or family	O_6→ Go to CS.14
Other (specify) _____	O_7→ Go to CS.14

CS.9) In your main job do you work full-time or part-time? *(Tick **one circle** only)*

Full-time	O_1
Part-time	O_2

CS.10) What is your employment status in your current main job? *(Tick **one circle** only)*

Employee	O_1
Self-employed (with employees)	O_2
Self-employed (without employees)	O_3
Unpaid family worker	O_4
Other (specify) _____	O_5

CS.11) Insert your current main job title

- ✓ *E.g. Primary School Teacher, Carpenter, Clerk, etc.*

CS.12) Describe your main job:

- ✓ *E.g. Teaching in a primary school, Making furniture, Work in an office, etc.*

CS.13) What is the economic activity of the establishment that you work for in your main job?

- ✓ *E.g. Primary school, Kitchen making, Manufacture of toys, etc.*

CS.14) What is your legal marital status? *(Tick **one circle** only)*

Single (never married or never in a registered partnership)	O_1
Married (or in a registered partnership)	O_2
Legally separated	O_3
Widowed (or persons whose registered partnership ended with the death of the partner)	O_4
Divorced (or persons whose registered partnership was legally dissolved)	O_5
Annulled	O_6

CS.15) Do you currently live with a partner in the same household? *(Tick **one circle** only)*

- ✓ *'Partner' includes husband, wife, civil partner or de facto partner (partner/cohabitant)*

Yes	O_1
No	O_2

CS.16) How many persons reside in this household (including selected individual)?

CS.17) How many persons aged 13 years or less reside in the household?

CS.18) What type of household do you live in? *(Tick **one circle** only)*

- ✓ *Every household differs – Some households may consist of a couple with children or a couple without children. Other households may contain a single parent with children or consist of a group of friends living together.*

One-person household	O_1
Lone parent with at least one resident child aged less than 25	O_2
Lone parent with all resident children aged 25 or more	O_3
Couple without resident children	O_4
Couple with at least one resident child aged less than 25	O_5
Couple with all resident children aged 25 or more	O_6
Other (specify) _____	O_7

CS.19) What is your locality of residence?

_____

SECTION B: EUROPEAN HEALTH STATUS MODULE

If questionnaire is answered by a proxy, go to question HS.2

- ✓ *Introduction: I would like to talk to you about your health.*

HS.1) How is your health in general? *(Tick **one circle** only)*

Very good	O_1
Good	O_2
Fair	O_3
Bad	O_4
Very bad	O_5

HS.2) Do you have any longstanding illness or longstanding health problem? By longstanding I mean illness or health problems which have lasted or are expected to last for six months or more. *(Tick **one circle** only)*

Yes	O_1
No	O_2

HS.3) Are you limited because of a health problem in activities people usually do? *(Tick **one circle** only)*

Yes, severely limited	O_1
Yes, limited but not severely	O_2
No, not limited at all	O_3→ Go to CD.1

HS.4) Have you been limited at least for the past 6 months? *(Tick **one circle** only)*

Yes	O_1
No	O_2

CD.1) Which of the following diseases and/or conditions do you have, or have you had? *(Tick **all that apply**)*

✓ *The option 'None' can only be chosen on its own*

Asthma (including allergic asthma)	☐1
Chronic bronchitis, chronic obstructive pulmonary disease (COPD), emphysema	☐2
Myocardial infarction (heart attack) or chronic consequences of myocardial infarction	☐3
Coronary heart disease (angina pectoris)	☐4
High blood pressure (hypertension)	☐5
Elevated blood cholesterol	☐6
Stroke (cerebral haemorrhage, cerebral thrombosis) or chronic consequences of stroke	☐7
Osteoarthritis (joint degeneration)	☐8
Lower back disorder or other chronic back defect	☐9
Neck disorder or other chronic neck defect	☐10
Diabetes	☐11
Allergy, such as rhinitis, hay fever, eye inflammation, dermatitis, food allergy, or other allergy (excluding asthma)	☐12
Urinary incontinence, problems in controlling the bladder	☐13

Kidney problems	☐14
Cancer (including leukaemia and lymphoma) i.e. received a cancer diagnosis, cancer treatment or living with cancer)	☐15
Chronic anxiety	☐16
Chronic depression	☐17
Anorexia/Bulimia Nervosa	☐18
Other mental health conditions	☐19
Cataract	☐20
Osteoporosis	☐21
Other (specify) _____ Specify up to **three** only	☐22
None	O23→ Go to DH.1

CD.2) Which diseases/conditions did you have during the past 12 months? *(Tick **all that apply**)*

✓ *The option 'none' can only be chosen on its own*

Asthma (allergic asthma included)	☐1
Chronic bronchitis, chronic obstructive pulmonary disease (COPD), emphysema	☐2
Myocardial infarction (heart attack) or chronic consequences of myocardial infarction	☐3
Coronary heart disease (angina pectoris)	☐4
High blood pressure (hypertension)	☐5
Elevated blood cholesterol	☐6
Stroke (cerebral haemorrhage, cerebral thrombosis) or chronic consequences of stroke	☐7
Osteoarthritis (joint degeneration)	☐8
Lower back disorder or other chronic back defect	☐9
Neck disorder or other chronic neck defect	☐10
Diabetes	☐11
Allergy, such as rhinitis, hay fever, eye inflammation, dermatitis, food allergy, or other allergy (excluding asthma)	☐12
Urinary incontinence, problems in controlling the bladder	☐13
Kidney problems	☐14
Cancer (tumour, also including leukaemia and lymphoma) i.e. received a cancer diagnosis, cancer treatment or living with cancer in the past 12 months	☐15

Chronic anxiety	☐16
Chronic depression	☐17
Anorexia/Bulimia Nervosa	☐18
Other mental health conditions	☐19
Cataract	☐20
Osteoporosis	☐21
Other (specify) _____ Specify up to **three** only	☐22
None	O23

CD.3) How old were you when you were first diagnosed with cancer?

✓ *Only applicable to those who marked option 15 in question CD.1.*

DENTAL HEALTH

If questionnaire is answered by a proxy, go to question DH.2

DH.1) How would you describe the state of your teeth and gums? *(Tick **one circle** only)*

Very good	O1
Good	O2
Fair	O3
Poor	O4
Very Poor	O5

DH.2) Adults can have up to 32 natural teeth. Which of the following best describes you? *(Tick **one circle** only)*

✓ *Consider filled teeth as 'normal' own teeth*

I have all my own teeth – none missing	O1
I have my own teeth, no dentures/implants – but some teeth are missing	O2
I have dentures/implants as well as some of my own teeth	O3
I only have dentures/implants	O4
I have no teeth/dentures/implants	O5

DH.3) During the past 12 months, did you experience any difficulty when it came to eating or speaking as a result of dental and/or other mouth problems? *(Tick **one circle** only)*

Not at all	O_1
A little	O_2
A fair amount	O_3
A lot	O_4

DH.4) How often do you brush your teeth? *(Tick **one circle** only)*

Never	O_1
Less than once a day	O_2
Once a day	O_3
Twice a day	O_4
More than two times a day	O_5

ACCIDENTS AND INJURIES

AC.1) During the past 12 months, have you had a road traffic accident that resulted in injury (external or internal)? *(Tick **one circle** only)*

Yes	O_1
No	O_2 → Go to AC.3

AC.2) Did you visit a doctor, a nurse or an emergency department of a hospital as a result of this accident? *(Tick **one circle** only)*

Admission to the emergency department	O_1
Visit to a doctor or nurse	O_2
No intervention was needed	O_3

AC.3) During the past 12 months, have you had an accident at home that resulted in injury (external or internal)? *(Tick **one circle** only)*

Yes	O_1
No	O_2 → Go to AC.5

AC.4) Did you visit a doctor, a nurse or an emergency department of a hospital as a result of this accident? *(Tick **one circle** only)*

Admission to the emergency department	O_1
Visit to a doctor or nurse	O_2
No intervention was needed	O_3

AC.5) During the past 12 months, have you had an accident while conducting a leisure activity that resulted in injury (external or internal)? *(Tick **one circle** only)*

Yes	O_1
No	O_2 → Go to AW.1

AC.6) Did you visit a doctor, a nurse or an emergency department of a hospital as a result of this accident? *(Tick **one circle** only)*

Admission to the emergency department	O_1
Visit to a doctor or nurse	O_2
No intervention was needed	O_3

ABSENCE FROM WORK DUE TO HEALTH PROBLEMS

*This section is only applicable to those who are **employed** (Question CS.8=1).*

*For all other respondents go to **PN.1***

AW.1) During the past 12 months, have you been absent from work due to health problems? *(Tick **one circle** only)*

- ✓ *All kinds of diseases, injuries and other health problems which resulted in absenteeism from work should be taken into account.*

Yes	O_1
No	O_2 → Go to PN.1

AW.2) During the past 12 months, for how many days in total were you absent from work due to health problems? *(Tick **one circle** only)*

✓ *If required, the interviewer is to ask for an approximate number.*

Specify: _____	O_1
Proxy respondent	O_2

PAIN

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

The next questions are about any physical pain you have had during the past 4 weeks.

PN.1) Overall, how much physical pain have you had during the past 4 weeks? *(Tick **one circle** only)*

None	O_1 → Go to PL.1
Very mild	O_2
Mild	O_3
Moderate	O_4
Severe	O_5
Very severe	O_6

PN.2) During the past 4 weeks, how much did your pain interfere with your normal work (including both work outside the home and housework)? *(Tick **one circle** only)*

Not at all	O_1
A little	O_2
Moderately	O_3
Quite a bit	O_4
Extremely	O_5

PHYSICAL AND SENSORY FUNCTIONAL LIMITATIONS

- ✓ *In this section, the respondent will answer other questions regarding general physical and sensory health. These questions tackle the ability of respondents to do different basic activities.*
- ✓ *Any temporary issues are to be ignored.*

PL.1) Do you wear glasses or contact lenses? *(Tick **one circle** only)*

- ✓ *If respondent is blind or cannot see at all, tick option 3 and go to PL.4*

Yes	O_1
No	O_2→ Go to PL.3
I am blind	O_3→ Go to PL.4

PL.2) Do you have difficulty when it comes to seeing even when wearing your glasses/contact lenses? *(Tick **one circle** only)*

No difficulty	O_1→ Go to PL.4
Some difficulty	O_2→ Go to PL.4
A lot of difficulty	O_3→ Go to PL.4
Cannot do at all/Unable to do	O_4→ Go to PL.4

PL.3) Do you have difficulty seeing? *(Tick **one circle** only)*

No difficulty	O_1
Some difficulty	O_2
A lot of difficulty	O_3
Cannot do at all/ Unable to do	O_4

PL.4) Do you use a hearing aid? *(Tick **one circle** only)*

- ✓ *If respondent is deaf, do not ask this question and tick option three (3) and go to PL.9.*

Yes	O_1
No	O_2→ Go to PL.6
I am profoundly deaf	O_3→ Go to PL.9

PL.5) Do you have difficulty hearing what is said in a conversation with another person in a quiet room, even when using your hearing aid? *(Tick **one circle** only)*

No difficulty	O_1→ Go to PL.7
Some difficulty	O_2→ Go to PL.7
A lot of difficulty	O_3→ Go to PL.7
Cannot do at all/ Unable to do	O_4→ Go to PL.7

PL.6) Do you have difficulty hearing what is said in a conversation with another person in a quiet room? (*Tick **one circle** only)*

No difficulty	O_1→ Go to PL.8
Some difficulty	O_2→ Go to PL.8
A lot of difficulty	O_3→ Go to PL.8
Cannot do at all/ Unable to do	O_4→ Go to PL.8

PL.7) Do you have difficulty hearing what is said in a conversation with another person in a noisier room, even when using your hearing aid? *(Tick **one circle** only)*

No difficulty	O_1→ Go to PL.9
Some difficulty	O_2→ Go to PL.9
A lot of difficulty	O_3→ Go to PL.9
Cannot do at all/ Unable to do	O_4→ Go to PL.9

PL.8) Do you have difficulty hearing what is said in a conversation with another person in a noisier room? *(Tick **one circle** only)*

No difficulty	O_1
Some difficulty	O_2
A lot of difficulty	O_3
Cannot do at all/ Unable to do	O_4

PL.9) Do you have difficulty walking 500 metres on level ground, (that would be the length of five football fields) without a stick or other walking aid/assistance? *(Tick **one circle** only)*

No difficulty	O_1
Some difficulty	O_2
A lot of difficulty	O_3
Cannot do at all/ Unable to do	O_4

PL.10) Do you have difficulty walking up or down a flight of 12 steps without a stick or other walking aid/assistance? *(Tick **one circle** only)*

No difficulty	O_1
Some difficulty	O_2
A lot of difficulty	O_3
Cannot do at all/ Unable to do	O_4

PL.11) Do you have difficulty remembering or concentrating? *(Tick **one circle** only)*

No difficulty	O_1
Some difficulty	O_2
A lot of difficulty	O_3
Cannot do at all/ Unable to do	O_4

PL.11A) Do you have difficulty to communicate, understand others, or be understood in your customary language because of a health-related condition, such as a speech, hearing, or cognitive impairment?

No difficulty	O_1
Some difficulty	O_2
A lot of difficulty	O_3
Cannot do at all/ Unable to do	O_4

If aged less than 55 years and HS.3=(1 or 2) go to PL.12
If aged less than 55 years and HS.3=3 go to BA.1
If aged 55 years or more go to PL.12

PL.12) Do you have difficulty biting and chewing on hard foods such as a firm apple? *(Tick **one circle** only)*

No difficulty	O_1
Some difficulty	O_2
A lot of difficulty	O_3
Cannot do at all/ Unable to do	O_4

PERSONAL CARE ACTIVITIES

- ✓ *These questions do not refer to temporary problems/situations*

PC.1) Indicate the level of difficulty usually experienced when doing the following without help/assistance: *(Tick **one circle per row**)*

	No difficulty	Some difficulty	A lot of difficulty	Not able to do it alone
a. Feed myself	O_1	O_2	O_3	O_4
b. Get in and out of bed/chair	O_1	O_2	O_3	O_4
c. Dress and undress myself	O_1	O_2	O_3	O_4
d. Use the toilet	O_1	O_2	O_3	O_4
e. Bathing/showering myself	O_1	O_2	O_3	O_4

If 'No Difficulty' is chosen for all options of PC.1, go to question HA.1.

PC.2) Do you **usually get** help/assistance when carrying out any such personal care activities? *(Tick **one circle** only)*

Yes, with at least one activity	O_1
No	O_2 → Go to PC.4

If questionnaire is answered by a proxy, go to HA.1

PC.3) Would you **require more** help/assistance when carrying out such personal care activities? *(Tick **one circle** only)*

Yes, with at least one activity	O_1 → Go to HA.1
No	O_2 → Go to HA.1

PC.4) Would you **need** help/assistance to carry out any such personal care activities? *(Tick **one circle** only)*

✓ *This question is about your opinion about whether or not you feel the need for help or assistance.*

Yes, with at least one activity	O_1
No	O_2

HOUSEHOLD ACTIVITIES

✓ *These questions do not refer to temporary problems/situations*

HA.1) Indicate the level of difficulty usually experienced when doing the following without help/assistance: *(Tick **one circle per row**)*

	No difficulty	Some difficulty	A lot of difficulty	Not able to do it alone	Not Applicable (never tried it or do not need to do it)
a. Preparing meals	O_1	O_2	O_3	O_4	O_5
b. Using the telephone	O_1	O_2	O_3	O_4	O_5
c. Shopping	O_1	O_2	O_3	O_4	O_5
d. Managing medication	O_1	O_2	O_3	O_4	O_5
e. Light housework	O_1	O_2	O_3	O_4	O_5
f. Occasional heavy housework	O_1	O_2	O_3	O_4	O_5
g. Managing finances and everyday administrative tasks	O_1	O_2	O_3	O_4	O_5

If 'No Difficulty' is chosen for <u>all</u> options of HA.1, go to BA.1.

HA.2) Do you **usually get** help/assistance when carrying out any such household activities? *(Tick **one circle** only)*

Yes, with at least one activity	O_1
No	O_2 → Go to HA.4

If questionnaire is answered by a <u>proxy</u>, go to BA.1 questions

HA.3) Would you **require more** help/assistance? *(Tick **one circle** only)*

Yes, with at least one activity	O_1 → Go to BA.1
No	O_2 → Go to BA.1

HA.4) Would you need help/assistance to carry out any such household activities? *(Tick **one circle** only)*

- ✓ *This question is about the participants opinion on whether or not he or she feels the need for help or assitance which is already being provided or can be provided.*

Yes, with at least one activity	O_1
No	O_2

BARRIERS TO PARTICIPATION IN SPECIFIC LIFE DOMAINS (TO BE ANSWERED BY ALL INTERVIEWEES)

- ✓ *The next questions are about the opportunities that people could have to participate in everyday life activities as much as they want to. We will start with questions asking about your ability to move from one place to another either by walking or by using various forms of transportation. It does not matter whether the person leaves home on foot (or in a wheelchair), or by transport, with or without assistance, or with or without assistive devices.*

BA.1) Do you usually have difficulty leaving your home (i.e. going out on the street) because of a long-standing health problem? *(Tick **one circle** only)*

No difficulty	O_1
Some difficulty	O_2
A lot of difficulty	O_3
Cannot do at all/Unable to do	O_4
No interest in this activity/don't want to do it	O_5

BA.2) Do you usually have difficulty using various forms of transportation (such as a car, bus, coach, taxi) because of a long-standing health problem? *(Tick **one circle** only)*

No difficulty	O_1
Some difficulty	O_2
A lot of difficulty	O_3
Cannot do at all/Unable to do	O_4
No interest in this activity/don't want to do it	O_5

BA.3) Do you usually have difficulty accessing the buildings you want or need to use, including moving about once inside and using indoor building facilities because of a long-standing health problem? *(Tick **one circle** only)*

No difficulty	O_1
Some difficulty	O_2
A lot of difficulty	O_3
Cannot do at all/Unable to do	O_4
No interest in this activity/don't want to do it	O_5

If BA.1 = (2 or 3 or 4) or BA.2 = (2 or 3 or 4) or BA.3 = (2 or 3 or 4) GO TO BA.4. Otherwise GO TO BA.5.

BA.4) You have previously stated that you have a certain degree of difficulty. What is the main reason contributing to the difficulty experienced? *(Tick **one circle** only)*

Lack of money, cannot afford it	O_1
Lack of self-confidence	O_2
Attitudes of other people	O_3
Lack of convenient or available transport	O_4
Difficulties travelling on transport (such as getting on and off transport, no seats available, too uncomfortable)	O_5
Difficulty parking (not enough spaces)	O_6
Poor buildings' infrastructure and accessibility (lack of elevators, ramps, signs, doors too narrow, toilets nota adapted, etc.)	O_7
Other reasons	O_8
None	O_9

BA.5) Do you usually have difficulty attending social activities such as getting together with family or friends, going to dinner, going to social events (either alone or accompanied) because of a long-standing health problem? *(Tick **one circle** only)*

No difficulty	O_1
Some difficulty	O_2
A lot of difficulty	O_3
Cannot do at all/ Unable to do	O_4
No interest in this activity/don't want to do it	O_5

If BA.5 = 2, 3 or 4 GO TO BA.6
Otherwise GO TO BA.7

BA.6) What is the main reason also contributing to the difficulty experienced? *(Tick **one circle** only)*

Too busy (with work, family, caring or other responsibilities)	O_1
Lack of money, can't afford it	O_2
lack of self-confidence	O_3
Attitudes of other people	O_4
Lack of knowledge or information	O_5
Environmental barriers/ no friendly environment (for instance, difficulties with access and use of public transportation, accessing or using buildings, shops, easy movement along streets, parking etc.)	O_6
Other reasons	O_7
None	O_8

BA.7) Do you usually have difficulty using the internet because of a long-standing health problem? *(Tick **one circle** only)*

No difficulty	O_1
Some difficulty	O_2
A lot of difficulty	O_3
Cannot do at all/ Unable to do	O_4
No interest in this activity/don't want to do it	O_5

If questionnaire is answered by a proxy, go to HC1

MENTAL WELL-BEING

- ✓ *For each of the following five statements listed below, indicate which is closest to how you have been feeling over the last 2 weeks.*

MH.1) During the past 2 weeks did you …? *(Tick **one circle per row**)*

	All of the time	Most of the time	More than half of the time	Less than half of the time	Some of the time	At no time
a. Feel cheerful and in good spirits	O_1	O_2	O_3	O_4	O_5	O_6
b. Feel calm and relaxed	O_1	O_2	O_3	O_4	O_5	O_6
c. Feel active and vigorous	O_1	O_2	O_3	O_4	O_5	O_6
d. Wake up feeling fresh and rested	O_1	O_2	O_3	O_4	O_5	O_6
e. Feel your daily life was filled with things of interest to you	O_1	O_2	O_3	O_4	O_5	O_6

- ✓ *In this section all types of hospitals are to be included.*
- ✓ *A 'day-patient' is a patient who is formally admitted to a hospital for treatment and/or care but stays for less than 24 hours and does not stay overnight.*
- ✓ *An 'in-patient' is a patient who is formally admitted to a hospital for treatment and/or care and stays for a minimum of one night or more.*
- ✓ *Both 'day-patient' and 'in-patient' care exclude emergency visits with no admission and exclude out-patient visits.*
- ✓ *The time spent in hospital for giving birth (without complications) should not be included in the number of hospital days in inpatient care.*
- ✓ *Time spent in hospital as an inpatient for reasons related to antenatal and postnatal period (e.g. complications during pregnancy, miscarriages and complications after giving birth) should be included.*

HC.1) During the past 12 months, have you been in hospital as an inpatient? *(Tick **one circle** only)*

Yes	O_1
No	O_2 → Go to HC.4

HC.2) How many separate stays in hospital as an inpatient have you had during the past 12 months?

- ✓ *Only state number of stays which have come to an end during this period.*

_____

HC.3) How many nights in total did you spend in hospital as an inpatient, during the past 12 months?

_____

HC.4) During the past 12 months, have you been admitted to hospital for diagnostic treatment or other types of health care as a day-patient, but were not required to stay overnight? *(Tick **one circle** only)*

- ✓ *Examples of diagnostic treatments are colonoscopy, gastroscopy, operation for cataract and varicose veins, operation for D&C in females, dialysis, etc.*

Yes	O_1
No	O_2 → Go to HC.6

HC.5) How many times have you been admitted as a day patient during the past 12 months?

_____

✓ *The next set of questions are about visits to orthodontists and dentists.*

HC.6) When was the last time you visited an orthodontist on your own behalf *(that is, not while only accompanying a child, spouse, etc.)*? *(Tick **one circle** only)*

Less than 6 months ago	O_1
6 months ago, or before, but less than 12 months ago	O_2
12 months ago, or before	O_3
Never	O_4

HC.7) When did you last visit a dentist on your own behalf? (that is, not while accompanying a child, spouse, etc.)? *(Tick **one circle** only)*

Less than 6 months ago	O_1
6 months ago, or before, but less than 12 months ago	O_2
12 months ago, or before	O_3
Never	O_4 → Go to HC.9

HC.8) What was the reason for your last visit to the dentist? *(Tick **one circle** only)*

Pain/trouble with teeth, gums or mouth	O_1
Treatment/follow-up treatment	O_2
Routine check-up	O_3
Do not know/do not remember	O_4
Other (specify) _____	O_5

✓ *The next set of questions are about consultations with your general practitioner or family doctor (private or public). Please include visits to your doctor's practice as well as home visits and consultations by telephone.*

HC.9) When was the last time you consulted a <u>private general practitioner (GP)/private family doctor</u>, on your own behalf? *(Tick **one circle** only)*

Less than 12 months ago	O_1
12 months ago, or before	O_2→ Go to HC.11
Never	O_3→ Go to HC.11

HC.10) During the past 4 weeks, how many times did you consult a <u>private GP</u>/<u>private family doctor</u> on your own behalf?

✓ *If none, write 0*

_____

HC.11) When was the last time you consulted a <u>government GP</u>/<u>health centre doctor</u> on your own behalf? *(Tick **one circle** only)*

Less than 12 months ago	O_1
12 months ago, or before	O_2
Never	O_3

If HC.11=1 go to HC.12
Otherwise, go to instruction box after HC.12

HC.12) During the past 4 weeks (up until yesterday), how many times did you consult a <u>government GP/health centre doctor</u> on your own behalf?

✓ *If none, write 0*

_____

If HC.9=1 OR HC.11=1 go to HC.13
Otherwise, go to HC.18

HC.13) During your last visit, did the GP or family doctor spend enough time with you? *(Tick **one circle per row**)*

	Yes, definitely	Yes, to some extent	No, not really	No, definitely not	Do not know
a. Government GP/Health Centre doctor	O_1	O_2	O_3	O_4	O_5
b. Private Family doctor	O_1	O_2	O_3	O_4	O_5

HC.14) During your last visit, did the GP or family doctor explain things in a way that was easy to understand? *(Tick **one circle per row**)*

	Yes, definitely	Yes, to some extent	No, not really	No, definitely not	No need to explain things	Do not know
a. Government GP/Health Centre doctor	O_1	O_2	O_3	O_4	O_5	O_6
b. Private Family doctor	O_1	O_2	O_3	O_4	O_5	O_6

HC.15) During your last visit, did the GP or family doctor give you an opportunity to ask questions or raise concerns about the recommended treatment? *(Tick **one circle per row**)*

	Yes, definitely	Yes, to some extent	No, not really	No, definitely not	No need to ask questions or raise concerns about recommended treatment	Do not know
a. Government GP/Health Centre doctor	O_1	O_2	O_3	O_4	O_5	O_6
b. Private Family doctor	O_1	O_2	O_3	O_4	O_5	O_6

HC.16) During your last visit, did the GP or family doctor involve you as much as you wanted to when it came to taking decisions about your care and treatment? *(Tick **one circle per row**)*

	Yes, definitely	Yes, to some extent	No, not really	No, definitely not	Did not want to be involved	No decisions about care and treatment were made	Do not know
a. Government GP/Health Centre doctor	O_1	O_2	O_3	O_4	O_5	O_6	O_7
b. Private Family doctor	O_1	O_2	O_3	O_4	O_5	O_6	O_7

HC.17) Overall, how would you rate the quality of the consultation of your last visit with the GP/family doctor? *(Tick **one circle per row**)*

	Very Good	Good	Fair	Bad	Very Bad	Do not know
a. Government GP/Health Centre doctor	O_1	O_2	O_3	O_4	O_5	O_6
b. Private Family doctor	O_1	O_2	O_3	O_4	O_5	O_6

- ✓ *For the following questions consider consultations with medical or surgical specialists (public or private). Include visits to doctors as outpatient or visits to emergency departments both public and private. Visits to doctors at the workplace/school are to be included as well.*
- ✓ *Do not include contact while in hospital as an in-patient or day-patient.*

HC.18) When was the last time you consulted a <u>private medical or surgical specialist</u> on your own behalf? *(Tick **one circle** only)*

Less than 12 months ago	O_1
12 months ago, or before	O_2→ Go to HC.20
Never	O_3→ Go to HC.20

HC.19) During the past 4 weeks (up until yesterday), how many times did you consult a <u>private specialist</u> on your own behalf?

- ✓ *If none, write 0*

_____

HC.20) When was the last time you consulted a <u>government medical or surgical specialist</u> on your own behalf? *(Tick **one circle** only)*

Less than 12 months ago	O_1
12 months ago, or before	O_2
Never	O_3

If HC.20=1 go to HC.21
Otherwise, go to instruction box after HC.21

HC.21) During the past four weeks (up until yesterday), how many times did you consult a <u>government specialist</u> on your own behalf?

- ✓ *If none, write 0*

_____

If HC.18=1 OR HC.20=1 go to HC.22
Otherwise, go to HC.27

HC.22) During your last visit, did the specialist spend enough time with you? *(Tick **one circle per row**)*

	Yes, definitely	Yes, to some extent	No, not really	No, definitely not	Do not know
a. Government specialist	O1	O2	O3	O4	O5
b. Private specialist	O1	O2	O3	O4	O5

HC.23) During your last visit, did this specialist explain things in a way that was easy to understand? *(Tick **one circle per row**)*

	Yes, definitely	Yes, to some extent	No, not really	No, definitely not	No need to explain things	Do not know
a. Government specialist	O1	O2	O3	O4	O5	O6
b. Private specialist	O1	O2	O3	O4	O5	O6

HC.24) During your last visit, did this specialist give you an opportunity to ask questions or raise concerns about recommended treatment? *(Tick **one circle per row**)*

	Yes, definitely	Yes, to some extent	No, not really	No, definitely not	No need to ask questions or raise concerns about recommended treatment	Do not know
a. Government specialist	O1	O2	O3	O4	O5	O6
b. Private specialist	O1	O2	O3	O4	O5	O6

HC.25) During your last visit did this specialist involve you as much as you wanted to when it came to making decisions about your care and treatment? *(Tick **one circle per row**)*

	Yes, definitely	Yes, to some extent	No, not really	No, definitely not	Did not want to be involved	No decisions about care and treatment were made	Do not know
a. Government specialist	O1	O2	O3	O4	O5	O6	O7
b. Private specialist	O1	O2	O3	O4	O5	O6	O7

HC.26) Overall, how would you rate the quality of the consultation during your last visit? *(Tick **one circle per row**)*

	Very Good	Good	Fair	Bad	Very Bad	Do not know
a. Government specialist	O1	O2	O3	O4	O5	O6
b. Private specialist	O1	O2	O3	O4	O5	O6

HC.27) During the past 12 months, which of the following have you visited on your own behalf? *(Tick **all that apply**)*

✓ *The option 'None' can only be chosen on its own*

Physiotherapist	☐1
Chiropractor/Osteopath	☐2
Dietician/Nutritionist	☐3
Optometrist/Ophthalmic nurse	☐4
Psychologist or psychotherapist	☐5
Psychiatrist	☐6
Podiatrist/podologist	☐7
Acupuncturist	☐8
Other (specify) _____	☐9
None	O10

RECEIVING REGULAR INFORMAL CARE OR ASSISTANCE DUE TO A LONG-STANDING HEALTH PROBLEM OR OLD AGE

LT.1) During the past 12 months, have you received any unpaid care or assistance from a family member (within or outside your household), partner, friend or neighbour because of a long-standing health problem or old age, at least once a week? *(Tick **one circle** only)*

- ✓ *Please include any help or assistance with personal care and household activities, as well as companionship and emotional support.*

Yes, mainly from a family member	O_1
Yes, mainly from a non-family member	O_2
No	O_3

RECEIVING REGULAR FORMAL HOME CARE SERVICES DUE TO A CHRONIC HEALTH CONDITION OR INFIRMITY OR OLD AGE

LT.2) During the past 12 months, have you yourself used or received for yourself any home care services provided by professional health or care workers, at least once a week? *(Tick **one circle** only)*

Yes	O_1
No	O_2→ Go to LT4

LT.3) How many hours per week do you receive care or assistance from a professional health or care worker? *(Tick **one circle** only)*

Less than 5 hours per week	O_1
5 hours to less than 10 hours per week	O_2
10 hours to less than 20 hours per week	O_3
20 hours to less than 30 hours per week	O_4
30 hours to less than 40 hours per week	O_5
40 hours per week or more	O_6

LT.4) During the past 12 months, have you yourself used any of the following home care services provided by the private sector? (*Tick **one circle per row)***

	Yes	No
a. Home care service provided by a nurse	O_1	O_2
b. Home help by a carer (non-nursing services)	O_1	O_2
c. "Meals on wheels"	O_1	O_2
d. Handyman service	O_1	O_2
e. Telecare	O_1	O_2
f. Other (specify)_____	O_1	O_2

LT.5) During the past 12 months, have you yourself used any of the following home care services provided by the public sector? (*Tick **one circle per row)***

	Yes	No
a. Home care service provided by a nurse	O_1	O_2
b. Home help by a carer (non-nursing services)	O_1	O_2
c. "Meals on wheels"	O_1	O_2
d. Handyman service	O_1	O_2
e. Telecare	O_1	O_2
f. Other (specify)_____	O_1	O_2

MD.1) During the past two weeks, have you used any medicines that were prescribed to you by a doctor? *(Tick **one circle** only)*

- ✓ *Exclude contraceptives pills/hormones used solely for contraception*

Yes	O_1
No	O_2 → Go to MD.3

MD.2) What were the medicines for? *(Tick **all that apply**)*

Asthma	☐ 1
Chronic bronchitis, chronic obstructive pulmonary disease, emphysema	☐ 2
High blood pressure	☐ 3
Lowering the blood cholesterol level	☐ 4
Pain relief	☐ 5
Heart disease	☐ 6
Diabetes	☐ 7
Allergic symptoms (eczema, rhinitis, hay fever)	☐ 8
Heart burn	☐ 9
Cancer treatment	☐ 10
Depression	☐ 11
Tension/anxiety	☐ 12
Osteoporosis	☐ 13
Sleeping tablets	☐ 14
Antibiotics (such as penicillin)	☐ 15
Hypothyroidism	☐ 16
Other (specify)_____	☐ 17

MD.3) During the past two weeks, have you used any medicines, dietary supplements, herbal medicines, vitamins or other supplements <u>not</u> prescribed or recommended by a doctor? *(Tick **one circle** only)*

Yes	O_1
No	O_2 → Go to PA.1

MD.4) What were the medicines/supplements for? *(Tick **all that apply**)*

Pain relief	☐ 1
Cold, flu or sore throat	☐ 2
Allergic symptoms (Eczema, rhinitis, hay fever)	☐ 3
Heart burn	☐ 4
Bone/joint care supplements	☐ 5
Omega-3/fish oils	☐ 6
Any other vitamins, minerals or tonics	☐ 7

If questionnaire is answered by a <u>proxy</u>, go to SA.1

PA.1) When was the last time you were vaccinated against influenza? *(Tick **one circle** only)*

Specify month _____ Specify year _____	O_1
Too long ago (before the year 2020)	O_2
Never	O_3 → Go to PA.3

PA.2) Did you buy the vaccine yourself or did you get the free one supplied by the Ministry for Health? *(Tick **one circle** only)*

Bought it	O_1
Got it for free	O_2

PA.3) When was the last time a health professional …? *(Tick **one circle per row**)*

	Less than 12 months ago	12 months or more, but less than 3 years ago	Between 3 and 5 years ago	More than 5 years ago	Never
a. Measured your blood pressure	O_1	O_2	O_3	O_4	O_5
b. Measured your blood cholesterol	O_1	O_2	O_3	O_4	O_5
c. Measured your blood glucose	O_1	O_2	O_3	O_4	O_5

PA.4) When was the last time you had a stool sample tested for blood (faecal occult blood test)? *(Tick **one circle** only)*

Less than 12 months ago	O_1
12 months or more, but less than 2 years ago	O_2
2 years or more but, less than 3 years ago	O_3
3 years or more	O_4→ Go to PA.6
Never	O_5→ Go to PA.6

PA.5) Who ordered the latest stool sample (FOB) test? *(Tick **one circle** only)*

National Screening Centre	O_1
Mater Dei Hospital/Gozo General Hospital	O_2
Private Hospital/Private Clinic	O_3

PA.6) When was the last time you had a colonoscopy? *(Tick **one circle** only)*

Less than 12 months ago	O_1
12 months or more, but less than 5 years ago	O_2
5 years or more but less than 10 years ago	O_3
10 years ago, or more	O_4
Never	O_5

*If respondent is **male (CS.1=1)**, go to question SA.1.*

PA.7) When was the last time you had a mammogram (breast X-ray)? *(Tick **one circle** only)*

Within the past 12 months	O_1
More than 12 months ago, but not more than 2 years ago	O_2
More than 2 years ago, but not more than 3 years ago	O_3
3 years ago, or more	O_4→ Go to PA.10
Never	O_5→ Go to PA.10
Not applicable	O_6→ Go to PA.10

PA.8) During your last mammogram, was an ultrasound of the breast also conducted? *(Tick **one circle** only)*

Yes	O_1
No	O_2

PA.9) Where did your most recent mammogram take place? *(Tick **one circle** only)*

National Screening Programme, Malta Centre	O_1
National Screening Programme, Gozo Centre	O_2
Breast Clinic Mater Dei Hospital/Gozo General Hospital	O_3
Private Hospital/Private Clinic	O_4

PA.10) When was the last time you had a cervical smear test? *(Tick **one circle** only)*

Within the past 12 months	O_1
More than 12 months ago, but not more than 2 years ago	O_2
More than 2 years ago, but not more than 3 years ago	O_3
3 years ago, or more	O_4→ Go to SA.1
Never	O_5→ Go to SA.1
Not applicable	O_6→ Go to SA.1

PA.11) Where did you have the most recent cervical smear test conducted? *(Tick **one circle** only)*

National Screening Programme-Health Centre	O_1
Mater Dei Hospital/Gozo General Hospital	O_2
Private Hospital/Private Clinic	O_3
Government Polyclinic (Health Centre), referred by doctor	O_4

HEALTH INSURANCE

SA.1) Are you covered by a private health insurance? *(Tick **one circle** only)*

Yes	O_1
No	O_2 → Go to BMI.1

SA.2) Who pays for this insurance? *(Tick **one circle** only)*

Myself	O1
Employer	O2
Both (myself and the employer)	O3
Do not know	O4
Other (specify)_____	O5

SA.3) What does this insurance cover? *(Tick **all that apply**)*

Consultations/outpatient	☐1
Hospital treatment, local	☐2
Hospital treatment, abroad	☐3

SECTION D: EUROPEAN HEALTH DETERMINANTS MODULE

BMI.1) How tall are you without shoes? *(Tick **one circle** only)*

Specify _____ cm	O1
Do not know	O2

BMI.2) How much do you weigh without clothes and shoes? *(Tick **one circle** only)*

Specify _____ kg	O1
Do not know	O2

If questionnaire is being answered by proxy, go to EN.1

PHYSICAL ACTIVITY

- ✓ *Next, I am going to ask you about the time you spend doing different types of physical activity in a typical week.*
- ✓ *In this section, when referring to work, keep in mind any sort of paid/unpaid work (e.g. housework, studying or training etc.) is included.*
- ✓ *Please answer these questions even if you do not consider yourself to be a physically active person.*

PE.1) When you are working, which of the following best describes what you do? *(Tick **one circle** only)*

Mostly sitting or standing	O_1
Mostly walking or tasks of moderate physical effort	O_2
Mostly heavy labour or physically demanding work	O_3
Not performing any working tasks	O_4

- ✓ *Now I would like to ask you about the way you usually get to and from places, for example to work, to school or for shopping.*
- ✓ *The next questions exclude the work-related physical activities that you have already mentioned.*

PE.2) During a typical week, on how many days do you **walk** for at least 10 minutes continuously to get to and from places? *(Tick **one circle** only)*

Specify _____ days	O_1
I never carry out such physical activities	O_2 → Go to PE.4

PE.3) How much time do you spend walking in a continuous manner in order to get to and from places on a typical day? *(Tick **one circle** only)*

10 minutes or more but less than 30 minutes per day	O_1
30 minutes or more but less than 1 hour per day	O_2
1 hour or more, but less than 2 hours per day	O_3
2 hours or more, but less than 3 hours per day	O_4
3 hours or more per day	O_5

PE.4) During a typical week, on how many days do you ride a **bicycle (including electric bicycles)** for at least 10 minutes continuously to get to and from places? *(Tick **one circle** only)*

Specify _____ days	O_1
I never carry out such physical activities	O_2 → Go to PE.6

PE.5) How much time do you spend bicycling in a continuous manner in order to get to and from places on a typical day? *(Tick **one circle** only)*

- ✓ *Include electric bicycles*

10 minutes or more but less than 30 minutes per day	O_1
30 minutes or more but less than 1 hour per day	O_2
1 hour or more, but less than 2 hours per day	O_3
2 hours or more, but less than 3 hours per day	O_4
3 hours or more per day	O_5

- ✓ *The next questions exclude the work and transport activities that you have already mentioned. Now I would like to ask you about sports, fitness and recreational (leisure) physical activities.*
- ✓ *For the following questions, physical activity performed while on duty and/or moving from one place to another shall not be included.*
- ✓ *Now I will ask you about activities that make you breathe somewhat harder than normal such as brisk walking, jogging, aerobics, ball games, cycling, tennis or swimming.*

PE.6) During a typical week, on how many days do you carry out sports, fitness or recreational (leisure) physical activities that cause at least a small increase in breathing or heart rate, for at least 10 minutes continuously? *(Tick **one circle** only)*

Specify _____ days	O_1
I never carry out such physical activities	O_2 → Go to PE.8

PE.7) How much time in total do you spend on such sporting activities during a typical week? *(Tick **one circle** only)*

- ✓ *Indicate in hours or minutes*

Specify _____ hours	O_1
Specify _____ minutes	O_2

PE.8) In a typical week, on how many days do you carry out physical activities designed to strengthen your muscles such as resistance training, weightlifting, push-ups, sit-ups etc? Include all such activities even if you have mentioned them before. *(Tick **one circle** only)*

Specify _____ days	O_1
I never carry out such physical activities	O_2

PE.9) In a typical week, on how many days do you go for leisure walks (not brisk) for at least 10 minutes continuously for fitness or recreation (leisure)? *(Tick **one circle** only)*

Specify _____ days	O_1
I never carry out such physical activities	O_2 → Go to PE.11

PE.10) How much time in total do you spend walking (not brisk) for recreation (leisure) during a typical week? *(Tick **one circle** only)*

- ✓ *Indicate in hours <u>or</u> minutes*
- ✓ *If exact number of days is not known, give an approximation*

Specify _____ hours	O_1
Specify _____ minutes	O_2

PE.11) How much time do you spend sitting and reclining on a typical day (exclude time spent sleeping)? *(Tick **one circle** only)*

- ✓ *Indicate in hours <u>or</u> minutes*

Specify _____ hours	O_1
Specify _____ minutes	O_2

NUTRITION

FV.1) How often do you eat fruit, excluding juice squeezed from fresh fruit or made from concentrate? *(Tick **one circle** only)*

- ✓ *Frozen, dried, canned, etc. fruits should be included*
- ✓ *Any fruit juices should be **excluded***

Once or more a day	O_1
4 to 6 times a week	O_2→ Go to FV.3
1 to 3 times a week	O_3→ Go to FV.3
Less than once a week	O_4→ Go to FV.3
Never	O_5→ Go to FV.3

FV.2) How many portions of fruit of any sort, excluding juice, do you eat per day?

- ✓ *One portion of fruit is equal to 1 medium fruit such as apple or banana; or 2 to 3 small sized fruits such as kiwis or apricots; or a handful of cherries; or 3 tablespoons of fresh fruit salad.*
- ✓ *To answer in number of portions*

FV.3) How often do you eat vegetables or salad, **excluding** potatoes and fresh soup/juice or soup/juice made from concentrate? *(Tick **one circle** only)*

- ✓ *Frozen, dried, canned, etc. vegetables should be **included**.*
- ✓ *Any kind of vegetable juices or soups (warm and cold) should be **excluded***

Once or more a day	O_1
4 to 6 times a week	O_2→ Go to FV.5
1 to 3 times a week	O_3→ Go to FV.5
Less than once a week	O_4→ Go to FV.5
Never	O_5→ Go to FV.5

FV.4) How many portions of vegetables or salad, of any sort **excluding** soup/juice and potatoes do you eat each day?

- ✓ *One portion of vegetables is equal to 2 pieces of broccoli or 8 pieces of cauliflower florets; or 3 tablespoons of legumes such as chickpeas or lentils; or one medium sized tomato; or 7 cherry tomatoes.*
- ✓ *To answer in number of portions*

FV.5) How often do you drink 100% pure fruit, vegetable juice or freshly made vegetable soup?

- ✓ Excluding soup/juice made from concentrate or sweetened juice (Tick **one circle** only)

Once or more a day	O_1
4 to 6 times a week	O_2
1 to 3 times a week	O_3
Less than once a week	O_4
Never	O_5

NU.1) Is salt added to your meals during cooking (excluding cubes)? *(Tick **one circle** only)*

Almost always	O_1
Occasionally	O_2
Never (or low salt alternative)	O_3
Do not know	O_4

NU.2) Do you add salt to your meals whilst eating? *(Tick **one circle** only)*

Almost always	O_1
Occasionally	O_2
Never (or low salt alternative)	O_3

NU.3) How often do you drink sugar free soft drinks? *(Tick **one circle** only)*

Once or more a day	O_1
4 to 6 times a week	O_2→ Go to NU.5
1 to 3 times a week	O_3→ Go to NU.5
Less than once a week	O_4→ Go to NU.5
Never	O_5→ Go to NU.5

NU.4) How many glasses do you drink each day?

- ✓ *Consider 1 glass to be equal to a standard 250ml cup, which is equal to half a small standard plastic bottle, and which is equal to a small sized cup from fast food places.*

NU.5) How often do you drink regular soft drinks (excluding energy drinks)? *(Tick **one circle** only)*

Once or more a day	O_1
4 to 6 times a week	O_2→ Go to NU.7
1 to 3 times a week	O_3→ Go to NU.7
Less than once a week	O_4→ Go to NU.7
Never	O_5→ Go to NU.7

NU.6) How many glasses do you drink each day?

- ✓ *Consider 1 glass to be equal to a standard 250ml cup, which is equal to half a small standard plastic bottle, and which is equal to a small sized cup from fast food places.*

NU.7) How often do you drink energy drinks? *(Tick **one circle** only)*

Once or more a day	O_1
4 to 6 times a week	O_2→ Go to NU.9
1 to 3 times a week	O_3→ Go to NU.9
Less than once a week	O_4→ Go to NU.9
Never	O_5→ Go to NU.9

NU.8) How many glasses do you drink each day?

- ✓ Consider 1 glass to be equal to a standard 250ml cup, which is equal to half a small standard plastic bottle, and which is equal to a small sized cup from fast food places.

NU.9) How often do you consume the following foods? *(Tick **one circle per row**)*

	Once or more a day	4-6 times a week	1-3 times a week	Less than once a week	Never
a. Chicken/rabbit	O_1	O_2	O_3	O_4	O_5
b. Fish	O_1	O_2	O_3	O_4	O_5
c. Red Meat (including beef, veal, pork, lamb, etc)	O_1	O_2	O_3	O_4	O_5
d. Processed meat products e.g. salami, ham, sausages, hotdogs	O_1	O_2	O_3	O_4	O_5
e. Sweet pastries (Including biscuits, cakes, fancy cakes, gateaux etc.)	O_1	O_2	O_3	O_4	O_5
f. Sweets	O_1	O_2	O_3	O_4	O_5

ENVIRONMENT WHERE YOU LIVE

EN.1) State whether you have any of the following problems/issues in your current accommodation: *(Tick **one circle per row**)*

	Yes	No
a. Overcrowding	O_1	O_2
b. Leaking roof, damp floors/walls/foundation, or rot in window frames/floor	O_1	O_2
c. Too dark/not enough light	O_1	O_2
d. Noise from neighbours or noise from outside E.g. Traffic, business, factories, etc.	O_1	O_2
e. Pollution, grime or other environmental problems in the area	O_1	O_2
f. Crime, violence or vandalism in the area	O_1	O_2
g. Insufficient ventilation	O_1	O_2
h. Insufficient privacy	O_1	O_2

If questionnaire is being answered by a proxy, go to SK.1

SOCIAL SUPPORT AND INFORMAL CARE

SS.1) How many people in your life are so close to you that you can count on them if you have serious personal problems? *(Tick **one circle** only)*

None	O_1
1 or 2	O_2
3 to 5	O_3
6 or more	O_4

SS.2) How much concern and positive interest do you feel people show you? *(Tick **one circle** only)*

A lot of concern and interest	O_1
Some concern and interest	O_2
Not sure	O_3
Little concern and interest	O_4
No concern and interest	O_5

SS.3) How easy is it to get practical help from neighbours should you need it? *(Tick **one circle** only)*

Very easy	O_1
Easy	O_2
Possible	O_3
Difficult	O_4
Very difficult	O_5

IC.1) Do you provide care or assistance to one or more persons suffering from an age-related problem, chronic health condition or infirmity, for at least once a week? *(Tick **one circle** only)*

✓ *Respondent should exclude any care provided as part of their profession*

Yes	O_1
No	O_2→ Go to SK.1

IC.2) Is/Are this/these person(s) members of your family? *(Tick **one circle** only)*

✓ *Respondent is to answer in relation to whom they are providing most care*

Yes	O_1
No	O_2

IC.3) For how many hours per week do you provide care or assistance? *(Tick **one circle** only)*

Less than 5 hours per week	O_1 → Go to SK.1
5 hours to less than 10 hours per week	O_2 → Go to SK.1
10 hours or more, but less than 20 hours per week	O_3 → Go to SK.1
20 hours or more, but less than 30 hours per week	O_4 → Go to SK.1
30 hours to less than 40 hours per week	O_5 → Go to SK.1
40 hours per week or more	O_6 → Go to SK.1

SECTION E: OTHER QUESTIONS

Smoking

SK.1) Do you smoke any tobacco products (excluding heated tobacco products like iQOS, Glo, Pax, electronic cigarettes or similar electronic devices)? *(Tick **one circle** only)*

- ✓ *Include manufactured cigarettes, hand rolled cigarettes, cigars, pipes, and shishas).*

Yes, daily	O_1
Yes, occasionally	O_2
Not at all	O_3 → Go to SK.5

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

- ✓ *Choose the one product you smoke most often*

Cigarettes Manufactured and/or hand rolled	O_1 → Go to SK.3
Cigars	O_2 → Refer to note **SK.2A**
Pipe/tobacco	O_3 → Refer to note **SK.2A**
Shisha	O_4 → Refer to note **SK.2A**
Other (specify)_____	O_5 → Refer to note **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 circle** only)*

Daily	O_1
Occasionally	O_2 → Go to SK.5

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

✓ *Manufactured and/or hand rolled.*

→ Go to SK.6

SK.5) Have you ever smoked cigarettes, cigars, pipes, or shishas daily, or almost daily, for at least 12 months? *(Tick **one circle** only)*

Yes	O_1
No	O_2 → Go to SK.7

SK.6) For how many years have you smoked tobacco 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 circle 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
a. Indoors at home	O_1	O_2	O_3	O_4	O_5
b. In indoor public spaces and/or in transport (E.g. bars, restaurants, shopping malls, arenas, bingo halls, bus, etc.)	O_1	O_2	O_3	O_4	O_5
c. Indoors at the workplace	O_1	O_2	O_3	O_4	O_5

SK.8) Do you currently use heated tobacco products like iQOS, Glo, Pax, tobacco sticks or products that use loose-leaf tobacco? *(Tick **one circle** only)*

Yes, daily	O_1
Yes, occasionally	O_2
No, but I have used them in the past	O_3
Never used them	O_4

SK.9) Do you currently use electronic cigarettes or similar electronic devices? *(Tick **one circle** only)*

- ✓ *E.g. Electronic-shisha, electronic pipe*

Yes, daily vaping	O_1
Yes, occasional vaping	O_2
No, but I did in the past	O_3 →If being answered by a proxy, go to OP.1, otherwise Go to AL. 1
Never vaped	O_4 →If being answered by a proxy, go to OP.1, otherwise Go to AL. 1

SK.10) How often do you use the following devices for e-cigarettes? (Tick one circle per row)

	Daily	At least once a week, but not every day	Less than once a week but more than once a month	Less than once a month	Never or almost never
a. A reusable device that can be recharged with a single-use cartridge that is thrown away after use (pod-system)	O_1	O_2	O_3	O_4	O_5
b. A refillable device which contains a tank that is refilled with an e-liquid from a separate container	O_1	O_2	O_3	O_4	O_5
c. A disposable device which is thrown away after use	O_1	O_2	O_3	O_4	O_5

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

Alcohol Consumption

AL.1) During the past 12 months, how often have you had an alcoholic drink of any kind? *(Tick **one circle** only)*

- ✓ *E.g. beer, wine, spirits, liqueurs or other alcoholic beverages.*

Every day/almost every day	O_1
5 – 6 days per week	O_2
3 – 4 days per week	O_3
1 – 2 days per week	O_4
2 – 3 days per month	O_5→ Go to AL.6
Once a month	O_6→ Go to AL.6
Less than once a month	O_7→ Go to AL.6
Not in the past 12 months (but I have consumed before)	O_8→ Go to instruction box before UN.1.
Never consumed alcohol/only a few sips in my whole life	O_9→ Go to instruction box before UN.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 circle** only)*

All 4 days	O_1
3 days	O_2
2 days	O_3
1 day	O_4
On none of the mentioned days	O_5→ Go to AL.4

AL.3) On average, how many drinks do you consume between Monday and Thursday? *(Tick **one circle** only)*

- ✓ *One drink is equal to half a pint of beer; or a single measure spirit; or a small glass of wine; or 1 bottle of alcopop.*

16 or more drinks per day	O_1
10 – 15 drinks per day	O_2
6 – 9 drinks per day	O_3
4 – 5 drinks per day	O_4
3 drinks per day	O_5
2 drinks per day	O_6
1 drink per day	O_7
Less than 1 drink per day	O_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 circle** only)*

All 3 days	O_1
2 days	O_2
1 day	O_3
On none of the mentioned days	O_4→ Go to AL.6

AL.5) On average, how many drinks do you consume between Friday and Sunday? *(Tick **one circle** only)*

- ✓ *One drink is equal to half a pint of beer; or a single measure spirit; or a small glass of wine; or 1 bottle of alcopop.*

16 or more drinks per day	O_1
10 – 15 drinks per day	O_2
6 – 9 drinks per day	O_3
4 – 5 drinks per day	O_4
3 drinks per day	O_5
2 drinks per day	O_6
1 drink per day	O_7
Less than 1 drink per day	O_8

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

- ✓ *One drink is equal to half a pint of beer; or a single measure spirit; or a small glass of wine; or 1 bottle of alcopop.*

Every day or almost every day	O_1
5 – 6 days a week	O_2
3 – 4 days a week	O_3
1 – 2 days a week	O_4
2 – 3 days a month	O_5
Once a month	O_6
Less than once a month	O_7
Not in the past 12 months	O_8
Never in my whole life	O_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

*If questionnaire is being answered by **proxy**, go to OP.1*
Otherwise go to UN.1.

UN.1) During the past 12 months, did you need any health care services? *(Tick **one circle** only)*

- ✓ *All forms of healthcare including in-patient, outpatient, day-patient, emergency, specialist and GP visits as well as private and public consultations and hospitals should all be included.*

Yes	O1
No	O2 → if *answered by **proxy**, go to OP.1, otherwise* Go to MH.2

UN.2) During the past 12 months, have you experienced delay in getting health care because of any of the following reasons? *(Tick **one circle per row**)*

	Yes	No
a. Date of appointment given was too far off	O_1	O_2
b. Distance/transporting problems	O_1	O_2
c. Family related commitments	O_1	O_2
d. Work related commitments	O_1	O_2

UN3.a) Was there any time in the past 12 months when you needed a mental health consultation or treatment (by a psychologist, psychotherapist or a psychiatrist for example) for yourself? *(Tick **one circle** only)*

Yes	O_1
No	O_2

If UN3.a = 1 GO TO UN3.b
Otherwise GO TO UN.5

UN3.b) Did you have a mental health consultation or treatment each time you really needed? *(Tick **one circle** only)*

Yes	O_1
No	O_2

If UN3.b = 2 GO TO UN.4
Otherwise GO TO UN.5

UN.4) What was the main reason for not having a mental health consultation or treatment? *(Tick **one circle** only)*

Could not afford it	O_1
Waiting list, don't have a referral letter	O_2
Could not take time because of work, care for children or for others	O_3
Too far to travel/ no means of transportation	O_4
Having concerns about confidentiality and trust	O_5
Being afraid of negative reaction or comments from family, friends or colleagues	O_6
Fear about the consultation or treatment (for instance, fear of negative outcome or fear of side-effects of medication)	O_7
Not knowing where to seek help	O_8
Other reason	O_9

UN.5) During the past 12 months, did you find yourself needing any of the following health care services, but could not afford to get them? *(Tick **one circle per row**)*

	Yes	No	No need for this type of care in past 12 months
a. Medical examination or treatment	O_1	O_2	O_3
b. Dental examination or treatment	O_1	O_2	O_3
c. Prescribed medicines	O_1	O_2	O_3

MENTAL HEALTH

The next questions are about how you feel and how you have been during the past 2 weeks. Please give the answer that comes closest to the way you have been feeling.

MH.2) During the past 2 weeks did you …? *(Tick **one circle per row**)*

	Not at all	Several Days	More than half the days	Nearly every day
a. Have little interest or pleasure in doing things	O_1	O_2	O_3	O_4
b. Feel down, depressed or hopeless	O_1	O_2	O_3	O_4
c. Have trouble falling or staying asleep, or sleeping too much	O_1	O_2	O_3	O_4
d. Feel tired or have little energy	O_1	O_2	O_3	O_4
e. Have a poor appetite or overate	O_1	O_2	O_3	O_4
f. Feel bad about yourself or feel like a failure	O_1	O_2	O_3	O_4
g. Have trouble concentrating on things, such as reading the newspaper or watching television	O_1	O_2	O_3	O_4
h. Move or speak slowly/restlessly, that other people took notice	O_1	O_2	O_3	O_4

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**"*

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

Amount €_____	O_1
Does not apply	O_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 circle** only)*

Amount €_____	O_1
Does not apply	O_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 circle** only)*

Amount €_____	O_1
Does not apply	O_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 circle** only)*

Amount €_____	O_1
Does not apply	O_2

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

- ✓ *E.g. physiotherapists and occupational therapists*

Amount €_____	O_1
Does not apply	O_2

<u>Income</u>

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 circle** 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) €_____	O_1 →Go to CW.1
No	O_2

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

Below €1,222	O_1
Between €1,222 and €2,000	O_2
Between €2,000 and €3,087	O_3
Between €3,087 and €4,428	O_4
Above €4,428	O_5
Do not know	O_6

<u>If proxy then go to TS.1, the self-completion section does not apply. Contact with respondent ends here.</u>

- ✓ **The next set questions are more sensitive in nature, and you can fill out the survey anonymously using an online form. Alternatively, if you prefer, I can continue asking the questions over the phone. This section covers topics such as substance use and sexual behaviour.**

CW.1) Would you like to answer these questions on your own, or would you prefer that I ask them over the phone? *(Tick **one circle** only)*

I want to answer the questions online myself	O_1
I want the interviewer to ask me the questions over the phone	O_2 -> go to CN.1

CW.2) You will receive a link and password to access the questionnaire. Where would you like us to send the link? *(Tick **one circle** only)*

By email. Specify _____	O_1 -> go to TS.1. Contact with respondent ends here.
By post. Specify _____	O_2 -> go to TS.1. Contact with respondent ends here.

Drugs

CN.1) Have you ever tried any of the substances listed below? *(Tick **one circle 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
a. Tranquilisers/Sedatives **with** a doctor's prescription	O_1	O_2	O_3	O_4
b. Tranquilisers/Sedatives **without** a doctor's prescription	O_1	O_2	O_3	O_4
c. Medical Cannabis	O_1	O_2	O_3	O_4
d. Recreational Cannabis (hashish/marijuana)	O_1	O_2	O_3	O_4
e. Synthetic cannabinoids	O_1	O_2	O_3	O_4
f. Ecstasy	O_1	O_2	O_3	O_4
g. Cocaine (including crack and powder)	O_1	O_2	O_3	O_4
h. Heroin	O_1	O_2	O_3	O_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 circle per row**)*

	Under 10 years	10-13 years	14-16 years	17-19 years	20-24 years	25-29 years	30-34 years	35 years and over	Never
a. Tranquilisers/Sedatives **with** a doctor's prescription	O1	O2	O3	O4	O5	O6	O7	O8	O9
b. Tranquilisers/Sedatives **without** a doctor's prescription	O1	O2	O3	O4	O5	O6	O7	O8	O9
c. Medical Cannabis	O1	O2	O3	O4	O5	O6	O7	O8	O9
d. Recreational Cannabis (hashish/marijuana)	O1	O2	O3	O4	O5	O6	O7	O8	O9
e. Synthetic cannabinoids	O1	O2	O3	O4	O5	O6	O7	O8	O9
f. Ecstasy	O1	O2	O3	O4	O5	O6	O7	O8	O9
g. Cocaine (including crack and powder)	O1	O2	O3	O4	O	O6	O7	O8	O9
h. Heroin	O1	O2	O3	O4	O5	O6	O7	O8	O9

Sexual Health

DS.1) What is your sexual orientation? *(Tick **one circle** only)*

Straight/Heterosexual	O_1
Bisexual	O_2
Lesbian/Gay	O_3
Questioning/Unsure	O_4
Other (specify)_____	O_5

DS.2) At what age did you first have sexual intercourse? *(Tick **one circle** only)*

✓ *Vaginal and/or anal sex*

_____years	O_1
Never	O_2 → Go to DS.11

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 circle** only)*

I have not been active in the past 12 months	O_1 → Go to DS.8
Never	O_2 → Go to DS.6
Rarely	O_3
Sometimes	O_4
Frequently	O_5
Always	O_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 circle** only)*

Never	O_1
Rarely	O_2
Sometimes	O_3
Frequently	O_4
Always	O_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

DS.8) Have you ever sought help from a professional person about any problems related to sexual activity? *(Tick **one circle** only)*

Yes	O_1
No	O_2 → Go to DS.10

DS.9) 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.10) Have you ever been told by a nurse/doctor/midwife that you have a sexually transmitted infection (STI)? *(Tick **one circle** only)*

Yes	O_1
No	O_2

DS.11) Are you aware that there are free services for the testing and treatment of sexually transmitted infections in Malta? *(Tick **one circle** only)*

Yes	O_1
No	O_2

The next 2 questions are to be filled by the interviewer.

TS.1) Were there any difficulties in answering any of the questions? *(Tick **one circle** only)*

Yes	O_1
No	O_2

If yes, specify here:

TS.2) Were there any questions which the respondent was particularly reluctant to answer? *(Tick **one circle** only)*

Yes	O_1
No	O_2

If yes, specify here:

End of questionnaire