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SHARE is a research infrastructure to better understand and cope with population ageing created after a joint communication by the European Council and the European Parliament to the European Commission. It has been a huge success measured by the number of users, the number of scientific publications and its public policy support. The data has world-class value as proven by the many users also outside of the EU, especially in the US. The key value of SHARE lies in its strict cross-national comparability which permits unbiased cross-national comparisons of the economic, health and social situation of European citizens aged 50 and over.

To obtain this key value, SHARE aims to include all European countries, especially all EU member states. SHARE has made great progress during the first waves and has collected data in 28 countries. Moreover, substantial international coordination has to be done among these countries. To this end, SHARE has implemented an efficient and effective central management model.

The project aims to strengthen the centralised approach of SHARE with the aim to combine scientific excellence with cohesion across all 28 SHARE member countries. Specifically, the project will support the supra-national innovation and development tasks to be executed by the Area Coordinators (scientific content) and the survey designers (fieldwork methods and electronic tools) during Waves 8-10 of SHARE.

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Physical Health Module

PH001_Intro (INTRO HEALTH)

Now I have some questions about your health.

1. Continue

PH003_HealthGen2 (HEALTH IN GENERAL QUESTION 2)

Would you say your health is...

Read out.;

1. Excellent
2. Very good
3. Good
4. Fair
5. Poor

PH004_LStIII (LONG-TERM ILLNESS)

Some people suffer from chronic or long-term health problems. By chronic or long-term we mean it

has troubled you over a period of time or is likely to affect you over a period of time. Do you have

any such health problems, illness, disability or infirmity?

Including mental health problems

1. Yes
5. No

PH005_LimAct (LIMITED ACTIVITIES)

For the past six months at least, to what extent have you been limited because of a health problem

in activities people usually do?

Read out.;

1. Severely limited
2. Limited, but not severely
3. Not limited

IF ((MN808_AgeRespondent <= 75 AND (MN024_NursingHome = a1))

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ENDIF

PH006_DocCond (DOCTOR TOLD YOU HAD CONDITIONS)

Please look at card 7.

[Has a doctor ever told you that you had/ Do you currently have] any of the conditions on this card? [With this we mean that a doctor has told you that you have this condition, and that you are either currently being treated for or bothered by this condition.] Please tell me the number or numbers of the conditions.

Code all that apply.;

SET OF 1. A heart attack including myocardial infarction or coronary thrombosis or any other heart problem including congestive heart failure

2. High blood pressure or hypertension

3. High blood cholesterol

4. A stroke or cerebral vascular disease

5. Diabetes or high blood sugar

6. Chronic lung disease such as chronic bronchitis or emphysema

10. Cancer or malignant tumour, including leukaemia or lymphoma, but excluding minor skin cancers

11. Stomach or duodenal ulcer, peptic ulcer

12. Parkinson's disease

13. Cataracts

14. Hip fracture

15. Other fractures

16. Alzheimer's disease, dementia, organic brain syndrome, senility or any other serious memory impairment

18. Other affective or emotional disorders, including anxiety, nervous or psychiatric problems

19. Rheumatoid Arthritis

20. Osteoarthritis, or other rheumatism

21. Chronic kidney disease

96. None

97. Other conditions, not yet mentioned

CHECK: (NOT((count(PH006_DocCond) > 1 AND ((96 IN (PH006_DocCond)))))) *[You cannot select '96' together with any other answer. Please change your answer.;*

IF ((a97 IN (PH006_DocCond))

ENDIF

LOOP cnt := 1 TO 21

PH061_LimPaidWork (PROBLEM THAT LIMITS PAID WORK)

Do you have any health problem or disability that limits the kind or amount of paid work you can do?

1. Yes

5. No

PH007_OthCond (OTHER CONDITIONS)

What other conditions have you had?

Probe

STRING

IF ((cnt IN (PH006_DocCond))

IF (piIndexSub = 10)

PH008_OrgCan (CANCER IN WHICH ORGANS)

In which organ or part of the body do you have or have you had cancer?

Code all that apply.;

1. Brain

2. Oral cavity

3. Larynx

4. Other pharynx

5. Thyroid

6. Lung

7. Breast

8. Oesophagus

9. Stomach

10. Liver

11. Pancreas

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ENDLOOP IF ((97 IN (PH006_DocCond))

ENDIF

ENDIF

IF (MN101_Longitudinal = 0)

ENDIF

[cnt]

12. Kidney

13. Prostate

14. Testicle

15. Ovary

16. Cervix

17. Endometrium

18. Colon or rectum

19. Bladder

20. Skin

21. Lymphoma

22. Leukemia

97. Other organ

PH009_AgeCond (AGE WHEN CONDITION STARTED)

About how old were you when you were first told by a doctor that you had *[a heart attack or any other heart problem/ high blood pressure/ high blood cholesterol/ a stroke or cerebral vascular disease/ diabetes or high blood sugar/ chronic lung disease/ cancer/ stomach or duodenal ulcer/ Parkinson's disease/ cataracts/ hip fracture/ other fractures/ Alzheimer's disease, dementia or other serious memory impairment/ Affective or emotional disorders/ Rheumatoid Arthritis/ Osteoarthritis, or other rheumatism/ Chronic kidney disease]?*

NUMBER [0..125]

IF (PH009_AgeCond = RESPONSE)

ENDIF

CHECK: (NOT(PH009_AgeCond > MN808_AgeRespondent)) *[Age should be less than or equal to respondent's age;]*

IF (piIndexSub = 10)

ENDIF

IF (MN101_Longitudinal = 0)

PH008_OrgCan (CANCER IN WHICH ORGANS)

In which organ or part of the body do you have or have you had cancer?

Code all that apply.;

1. Brain
2. Oral cavity
3. Larynx
4. Other pharynx
5. Thyroid
6. Lung
7. Breast
8. Oesophagus
9. Stomach
10. Liver
11. Pancreas
12. Kidney
13. Prostate
14. Testicle
15. Ovary
16. Cervix
17. Endometrium
18. Colon or rectum
19. Bladder
20. Skin
21. Lymphoma
22. Leukemia
97. Other organ

PH009_AgeCond (AGE WHEN CONDITION STARTED)

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ENDIF

IF (MN101_Longitudinal = 1)

ENDIF

[22]

About how old were you when you were first told by a doctor that you had *[a heart attack or any other heart problem/ high blood pressure/ high blood cholesterol/ a stroke or cerebral vascular disease/ diabetes or high blood sugar/ chronic lung disease/ cancer/ stomach or duodenal ulcer/ Parkinson's disease/ cataracts/ hip fracture/ other fractures/ Alzheimer's disease, dementia or other serious memory impairment/ Affective or emotional disorders/ Rheumatoid Arthritis/ Osteoarthritis, or other rheumatism/ Chronic kidney disease]?*

NUMBER [0..125]

IF (PH009_AgeCond = RESPONSE)

ENDIF

CHECK: (NOT(PH009_AgeCond > MN808_AgeRespondent)) *[Age should be less than or equal to respondent's age;]*

PH072_HadCondition (HAD CONDITION)

[For a few conditions, we would like to know exactly what has happened in the past couple of years.]

Since our interview in ^FLLastInterviewMonthYear; have you *[had a heart attack/ had a stroke or been diagnosed with cerebral vascular disease/ been diagnosed with cancer/ suffered a hip fracture]?*

1. Yes

5. No

IF (PH072_HadCondition = a1)

IF (piIndex = 3)

ENDIF

PH076_YearCondition (YEAR MOST RECENT CONDITION)

In what year was your most recent *[heart attack/ stroke or cerebral vascular disease/ cancer/ hip fracture]?*

NUMBER [1900..2024]

IF (PH076_YearCondition = RESPONSE)

PH080_OrgCan (CANCER IN WHICH ORGANS)

In which organ or part of the body do you have or have you had cancer?

Code all that apply.;

1. Brain
2. Oral cavity
3. Larynx
4. Other pharynx
5. Thyroid
6. Lung
7. Breast
8. Oesophagus
9. Stomach
10. Liver
11. Pancreas
12. Kidney
13. Prostate
14. Testicle
15. Ovary
16. Cervix
17. Endometrium
18. Colon or rectum
19. Bladder
20. Skin
21. Lymphoma
22. Leukemia
97. Other organ

CHECK: (NOT(PH076_YearCondition < Preload.InterviewYear_Regular)) [Year should be greater than or equal to the year of last interview. If year is correct, please press "suppress"]

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ENDIF

[1]

PH072_HadCondition (HAD CONDITION)

[For a few conditions, we would like to know exactly what has happened in the past couple of years.]

Since our interview in ^FLLastInterviewMonthYear; have you *[had a heart attack/ had a stroke or been diagnosed with cerebral vascular disease/ been diagnosed with cancer/ suffered a hip fracture]*?

1. Yes
5. No

IF (PH072_HadCondition = a1)

ENDIF

PH077_MonthCondition (MONTH MOST RECENT CONDITION)

In what month was that?

1. January
2. February
3. March
4. April
5. May
6. June
7. July
8. August
9. September
10. October
11. November
12. December

IF ((PH077_MonthCondition = RESPONSE AND (PH076_YearCondition = Preload.InterviewYear_Regular))

ENDIF

PH071_HadConditionHowMany (HOW MANY)

How many *[heart attacks/ strokes or cerebral vascular diseases/ cancers/ hip fractures]* have

you had since we talked to you in ^FLLastInterviewMonthYear;?

1. 1
2. 2
3. 3 or more

and enter a remark to explain.;

CHECK: (NOT(PH077_MonthCondition < Preload.InterviewMonth_Regular)) *[Month should be greater than or equal to the month of last interview. If month is correct, please press "suppress" and enter a remark to explain.;*

IF (piIndex = 3)

PH080_OrgCan (CANCER IN WHICH ORGANS)

In which organ or part of the body do you have or have you had cancer?

Code all that apply.;

1. Brain
2. Oral cavity
3. Larynx
4. Other pharynx
5. Thyroid
6. Lung
7. Breast
8. Oesophagus
9. Stomach
10. Liver
11. Pancreas
12. Kidney
13. Prostate
14. Testicle
15. Ovary
16. Cervix
17. Endometrium
18. Colon or rectum
19. Bladder

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ENDIF

[2]

PH072_HadCondition (HAD CONDITION)

[For a few conditions, we would like to know exactly what has happened in the past couple of years.]

Since our interview in ^FLLastInterviewMonthYear; have you *[had a heart attack/ had a stroke or been diagnosed with cerebral vascular disease/ been diagnosed with cancer/ suffered a hip fracture]?*

1. Yes
5. No

IF (PH072_HadCondition = a1)

ENDIF

PH076_YearCondition (YEAR MOST RECENT CONDITION)

In what year was your most recent *[heart attack/ stroke or cerebral vascular disease/ cancer/ hip fracture]?*

NUMBER [1900..2024]

IF (PH076_YearCondition = RESPONSE)

ENDIF

PH077_MonthCondition (MONTH MOST RECENT CONDITION)

In what month was that?

1. January
2. February
3. March
4. April
5. May
6. June
7. July
8. August
9. September
10. October
11. November

12. December

IF ((PH077_MonthCondition = RESPONSE AND (PH076_YearCondition =
Preload.InterviewYear_Regular))
ENDIF

PH071_HadConditionHowMany (HOW MANY)

How many [heart attacks/ strokes or cerebral vascular diseases/ cancers/ hip fractures] have you had since we talked to you in ^FLLastInterviewMonthYear;?

1. 1
2. 2
3. 3 or more
20. Skin
21. Lymphoma
22. Leukemia
97. Other organ

CHECK: (NOT(PH076_YearCondition < Preload.InterviewYear_Regular)) [Year should be greater than or equal to the year of last interview. If year is correct, please press "suppress" and enter a remark to explain.;

CHECK: (NOT(PH077_MonthCondition < Preload.InterviewMonth_Regular)) [Month should be greater than or equal to the month of last interview. If month is correct, please press "suppress" and enter a remark to explain.;

IF (piIndex = 3)

PH080_OrgCan (CANCER IN WHICH ORGANS)

In which organ or part of the body do you have or have you had cancer?

Code all that apply.;

1. Brain
2. Oral cavity
3. Larynx
4. Other pharynx

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ENDIF

[3]

PH072_HadCondition (HAD CONDITION)

[For a few conditions, we would like to know exactly what has happened in the past couple of years.]

Since our interview in ^FLLastInterviewMonthYear; have you [had a heart attack/ had a stroke or
ENDIF

PH076_YearCondition (YEAR MOST RECENT CONDITION)

In what year was your most recent [heart attack/ stroke or cerebral vascular disease/ cancer/
hip fracture]?

NUMBER [1900..2024]

IF (PH076_YearCondition = RESPONSE)

ENDIF

PH077_MonthCondition (MONTH MOST RECENT CONDITION)

In what month was that?

1. January
2. February
3. March
4. April
5. May
6. June
7. July
8. August
9. September
10. October
11. November
12. December

IF ((PH077_MonthCondition = RESPONSE AND (PH076_YearCondition =
Preload.InterviewYear_Regular))

ENDIF

PH071_HadConditionHowMany (HOW MANY)

How many *[heart attacks/ strokes or cerebral vascular diseases/ cancers/ hip fractures]* have you had since we talked to you in ^FLLastInterviewMonthYear;?

1. 1
2. 2
3. 3 or more
5. Thyroid
6. Lung
7. Breast
8. Oesophagus
9. Stomach
10. Liver
11. Pancreas
12. Kidney
13. Prostate
14. Testicle
15. Ovary
16. Cervix
17. Endometrium
18. Colon or rectum
19. Bladder
20. Skin
21. Lymphoma
22. Leukemia
97. Other organ

CHECK: (NOT(PH076_YearCondition < Preload.InterviewYear_Regular)) *[Year should be greater than or equal to the year of last interview. If year is correct, please press "suppress" and enter a remark to explain.:]*

CHECK: (NOT(PH077_MonthCondition < Preload.InterviewMonth_Regular)) *[Month should be greater than or equal to the month of last interview. If month is correct, please press "suppress" and enter a remark to explain.:]*

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been diagnosed with cerebral vascular disease/ been diagnosed with cancer/ suffered a hip fracture?

1. Yes

5. No

IF (PH072_HadCondition = a1)

IF (piIndex = 3)

ENDIF

PH076_YearCondition (YEAR MOST RECENT CONDITION)

In what year was your most recent *[heart attack/ stroke or cerebral vascular disease/ cancer/ hip fracture]*?

NUMBER [1900..2024]

IF (PH076_YearCondition = RESPONSE)

ENDIF

PH077_MonthCondition (MONTH MOST RECENT CONDITION)

In what month was that?

1. January

2. February

3. March

4. April

5. May

6. June

7. July

8. August

9. September

10. October

11. November

12. December

IF ((PH077_MonthCondition = RESPONSE AND (PH076_YearCondition = Preload.InterviewYear_Regular))

PH080_OrgCan (CANCER IN WHICH ORGANS)

In which organ or part of the body do you have or have you had cancer?

Code all that apply.;

1. Brain
2. Oral cavity
3. Larynx
4. Other pharynx
5. Thyroid
6. Lung
7. Breast
8. Oesophagus
9. Stomach
10. Liver
11. Pancreas
12. Kidney
13. Prostate
14. Testicle
15. Ovary
16. Cervix
17. Endometrium
18. Colon or rectum
19. Bladder
20. Skin
21. Lymphoma
22. Leukemia
97. Other organ

CHECK: (NOT(PH076_YearCondition < Preload.InterviewYear_Regular)) [Year should be greater than or equal to the year of last interview. If year is correct, please press "suppress" and enter a remark to explain.;

CHECK: (NOT(PH077_MonthCondition < Preload.InterviewMonth_Regular)) [Month should be greater than or equal to the month of last interview. If month is correct, please press "suppress" and enter a remark to explain.;

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ENDIF

PH089_Frailty_Symptoms (BOTHERED BY SYMPTOMS)

Please look at card 8.

For the past six months at least, have you been bothered by any of the health conditions on this

card? Please tell me the number or numbers.

Code all that apply.;

- SET OF 1. Falling down
2. Fear of falling down
3. Dizziness, faints or blackouts
4. Fatigue
96. None

CHECK: (NOT((count(PH089_Frailty_Symptoms) > 1 AND ((96 IN (PH089_Frailty_Symptoms))))))

[You cannot select '96' together with any other answer. Please change your answer.;

PH084_TroubledPain (TROUBLED BY PAIN)

Are you troubled with pain?

1. Yes
5. No

IF (PH084_TroubledPain = a1)

ENDIF

PH011_CurrentDrugs (CURRENT DRUGS AT LEAST ONCE A WEEK)

Our next question is about the medication you may be taking. Please look at card 10. Do you currently take drugs **at least once a week** for problems mentioned on this card?

Code all that apply.;

- SET OF 1. Drugs for high blood cholesterol
2. Drugs for high blood pressure
3. Drugs for coronary or cerebrovascular diseases
4. Drugs for other heart diseases
6. Drugs for diabetes
7. Drugs for joint pain or for joint inflammation

8. Drugs for other pain (e.g. headache, back pain, etc.)
9. Drugs for sleep problems
10. Drugs for anxiety or depression
11. Drugs for osteoporosis
13. Drugs for stomach burns
14. Drugs for chronic bronchitis

ENDIF

[4]

ENDIF

PH071_HadConditionHowMany (HOW MANY)

How many *[heart attacks/ strokes or cerebral vascular diseases/ cancers/ hip fractures]* have you had since we talked to you in ^FLLastInterviewMonthYear;?

1. 1
2. 2
3. 3 or more

PH085_PainLevel (HOW BAD PAIN)

How bad is the pain most of the time? Is it..

Read out.;

1. Mild
3. Moderate
5. Severe

PH087_PainJointLoc (SIX MONTHS BOTHERED BY PAIN)

Look at card 9.

In which parts of the body do you feel pain?

Code all that apply.;

SET OF 1. Back

2. Hips
3. Knees
4. Other joints
5. Mouth/Teeth
6. Other parts of the body, but not joints
7. All over

CHECK: (NOT((count(PH087_PainJointLoc) > 1 AND ((7 IN (PH087_PainJointLoc)))))) *[You cannot select 'All over' together with any other answer. Please change your answer.;*

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15. Drugs for suppressing inflammation (only glucocorticoids or steroids)

96. None

97. Other drugs, not yet mentioned

CHECK: (NOT((count(PH011_CurrentDrugs) > 1 AND ((96 IN (PH011_CurrentDrugs)))))) *[You cannot select '96' together with any other answer. Please change your answer.;*

IF (NOT((96 IN (PH011_CurrentDrugs)))

ENDIF

PH012_Weight (WEIGHT OF RESPONDENT)

Approximately how much do you weigh?

Weight in kilos (in UK stone-dot-pounds)

NUMBER [0..250]

CHECK: (NOT(((PH012_Weight >= 125 OR (PH012_Weight <= 40) AND (PH012_Weight = RESPONSE)))) *[Please confirm: Respondent weights; TOSTRING(PH012_Weight) kilos, is that correct? If not, please correct the answer. If the answer is correct, please press Suppress and continue.;*

PH065_CheckLossWeight (CHECK LOSS WEIGHT)

Have you lost any weight during the last 12 months?

1. Yes

5. No

IF (PH065_CheckLossWeight = a1)

ENDIF

IF (MN101_Longitudinal = 0)

ENDIF

PH041_UseGlasses (USE GLASSES)

Do you usually wear glasses or contact lenses?

All types of glasses, also glasses used only for reading.

1. Yes

5. No

IF (PH041_UseGlasses = a1)

PH082_PolyPharmacy (AT LEAST FIVE PER DAY)

Do you take at least five **different** drugs on a typical day?

Please include drugs prescribed by your doctor, drugs you buy without prescription, and dietary supplements such as vitamins and minerals.

1. Yes

5. No

PH095_HowMuchLostWeight (HOW MUCH LOSS WEIGHT)

How much weight did you lose?

Only lost weight in whole KG e.g. 1 kg 2 kg 3 kg and so forth

NUMBER [1..50]

PH066_ReasonLostWeight (REASON LOST WEIGHT)

Why did you lose weight?

Read out.;

1. Due to illness

2. You followed a special diet

3. Due to both illness and followed a special diet

97. Other reasons for weight loss

PH013_HowTall (HOW TALL ARE YOU?)

How tall are you?

Length in centimetres (in UK: feet-dot-inches)

NUMBER [60..230]

CHECK: (NOT(((PH013_HowTall >= 200 OR (PH013_HowTall <= 130) AND (PH013_HowTall = RESPONSE))) *[Please confirm: Respondent measures; TOSTRING(PH013_HowTall) centimeters, is that correct? If not, please correct the answer. If the answer is correct, please press Suppress and continue.]*

PH690_BifocGlasLenses (USE BIFOCAL GLASSES/LENSES)

What type of glasses or contact lenses do you wear?

Code all that apply.; Read out.;

SET OF 1. Bifocals or progressive glasses or contact lenses

2. Reading glasses or contact lenses (single vision glasses)

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ENDIF

IF ((PH041_UseGlasses = a5 OR (((a2 IN (PH690_BifocGlasLenses) AND (count(PH690_BifocGlasLenses) = 1))))

ELSE

ENDIF

IF ((PH041_UseGlasses = a5 OR (((a3 IN (PH690_BifocGlasLenses) AND (count(PH690_BifocGlasLenses) = 1))))

ELSE

ENDIF

PH745_HaveHearingAid (HAVE HEARING AID)

Do you have a hearing aid?

1. Yes

5. No

IF (PH745_HaveHearingAid = a1)

3. Distance glasses or contact lenses (single vision glasses)

4. Other glasses or contact lenses

PH043_EyeSightDist (EYESIGHT DISTANCE)

How good is your eyesight for seeing things at a distance, like recognising a friend across the street *[using glasses or contact lenses as usual]*? Would you say it is...

Read out.;

1. Excellent

2. Very good
3. Good
4. Fair
5. Poor

PH043_EyeSightDist (EYESIGHT DISTANCE)

How good is your eyesight for seeing things at a distance, like recognising a friend across the street *[using glasses or contact lenses as usual]*? Would you say it is...

Read out.;

1. Excellent
2. Very good
3. Good
4. Fair
5. Poor

PH044_EyeSightPap (EYESIGHT READING)

How good is your eyesight for seeing things up close, like reading ordinary newspaper print *[using glasses or contact lenses as usual]*?

Would you say it is...

Read out.;

1. Excellent
2. Very good
3. Good
4. Fair
5. Poor

PH044_EyeSightPap (EYESIGHT READING)

How good is your eyesight for seeing things up close, like reading ordinary newspaper print *[using glasses or contact lenses as usual]*?

Would you say it is...

Read out.;

1. Excellent
2. Very good
3. Good
4. Fair
5. Poor

PH045_UseHearingAid (USE HEARING AID)

Are you usually wearing a hearing aid?

1. Yes
5. No

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ENDIF

PH046_Hearing (HEARING)

Is your hearing *[using a hearing aid as usual]*...

Read out.;

1. Excellent
2. Very good
3. Good
4. Fair
5. Poor

PH048_HeADLa (HEALTH AND ACTIVITIES)

Please look at card 11.

Please tell me whether you have any difficulty doing each of the everyday activities on this card.

Exclude any difficulties that you expect to last less than three months.

Probe respondent if any other difficulty applies.

Code all that apply.;

SET OF 1. Walking 100 metres

2. Sitting for about two hours

3. Getting up from a chair after sitting for long periods
4. Climbing several flights of stairs without resting
5. Climbing one flight of stairs without resting
6. Stooping, kneeling, or crouching
7. Reaching or extending your arms above shoulder level
8. Pulling or pushing large objects like a living room chair
9. Lifting or carrying weights over 10 pounds/5 kilos, like a heavy bag of groceries
10. Picking up a small coin from a table
96. None of these

CHECK: (NOT((count(PH048_HeADLa) > 1 AND ((96 IN (PH048_HeADLa)))))) [You cannot select '96' together with any other answer. Please change your answer.;

PH049_HeADLb (MORE HEALTH AND ACTIVITIES)

Please look at card 12.

Please tell me if you have any difficulty with these activities because of a physical, mental, emotional or memory problem. Again exclude any difficulties you expect to last less than three months.

Probe respondent if any other difficulty applies.

Code all that apply.;

SET OF 1. Dressing, including putting on shoes and socks

2. Walking across a room
3. Bathing or showering
4. Eating, such as cutting up your food
5. Getting in or out of bed
6. Using the toilet, including getting up or down
7. Using a map to figure out how to get around in a strange place
8. Preparing a hot meal
9. Shopping for groceries
10. Making telephone calls
11. Taking medications
12. Doing work around the house or garden
13. Managing money, such as paying bills and keeping track of expenses
14. Leaving the house independently and accessing transportation services
15. Doing personal laundry
96. None of these

CHECK: (NOT((count(PH049_HeADLb) > 1 AND ((96 IN (PH049_HeADLb)))))) [You cannot select '96' together with any other answer. Please change your answer.;

IF (NOT((((96 IN (PH048_HeADLa) OR (PH048_HeADLa = DontKnow) OR (PH048_HeADLa = Refusal) AND (((96 IN (PH049_HeADLb) OR (PH049_HeADLb = DontKnow) OR (PH049_HeADLb = Refusal))))))

PH050_HelpAct (HELP ACTIVITIES)

Thinking about the activities that you have problems with, does anyone ever help you with these activities?

Including your partner or other people in your household

1. Yes

5. No

IF (PH050_HelpAct = a1)

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ENDIF

IF (((BR IN (Test) OR ((ALL IN (Test))))

ENDIF

PH059_UseAids (USE OF AIDS)

Please look at card 13. Do you use any of the items listed on this card?

No. 7. Only include personal alarms used to call for assistance after falls etc.

SET OF 1. A cane or walking stick

2. A zimmer frame or walker

3. A manual wheelchair

4. An electric wheelchair

5. A buggy or scooter

6. Special eating utensils
7. A personal alarm
8. Bars, grabs, rails (to facilitate movements and to keep ones balance)
9. Raised toilet seat with/without arms
10. Incontinence pads
96. None of these
97. other items (specify)

CHECK: (NOT((count(PH059_UseAids) > 1 AND ((96 IN (PH059_UseAids)))))) *[You cannot select '96'*

together with any other answer. Please change your answer.;

IF ((a97 IN (PH059_UseAids))

ENDIF

PH054_IntCheck (WHO ANSWERED THE QUESTIONS IN PH)

CHECK:

Who answered the questions in this section?

1. Respondent only
2. Respondent and proxy
3. Proxy only

Mental Health Module

MH001_Intro (INTRO MENTAL HEALTH)

Earlier we talked about your physical health. Another measure of health is your emotional health or

well being -- that is, how you feel about things that happen around you.

Start of a **Non-proxy section**. No proxy allowed. If the respondent is not present or not capable to give consent to participation on her/his own, press **CTRL-K** at each question.

1. Continue

MH002_Depression (DEPRESSION)

In the last month, have you been sad or depressed?

If participant asks for clarification, say 'by sad or depressed, we mean miserable, in low spirits, or blue'

1. Yes

5. No

MH003_Hopes (HOPES FOR THE FUTURE)

What are your hopes for the future?

Note only whether hopes are mentioned or not

1. Any hopes mentioned

2. No hopes mentioned

MH004_WishDeath (FELT WOULD RATHER BE DEAD)

In the last month, have you felt that you would rather be dead?

1. Any mention of suicidal feelings or wishing to be dead

2. No such feelings

MH005_Guilt (FEELS GUILTY)

Do you tend to blame yourself or feel guilty about anything?

1. Obvious excessive guilt or self-blame

2. No such feelings

3. Mentions guilt or self-blame, but it is unclear if these constitute obvious or excessive guilt or selfblame

IF (MH005_Guilt = a3)

ENDIF

MH007_Sleep (TROUBLE SLEEPING)

Have you had trouble sleeping recently?

1. Trouble with sleep or recent change in pattern

2. No trouble sleeping

MH008_Interest (LESS OR SAME INTEREST IN THINGS)

In the last month, what is your interest in things?

1. Less interest than usual mentioned

2. No mention of loss of interest

3. Non-specific or uncodeable response

IF (MH008_Interest = a3)

ENDIF

MH010_Irritability (IRRITABILITY)

Have you been irritable recently?

1. Yes

5. No

MH011_Appetite (APPETITE)

What has your appetite been like in the last month?

1. Diminution in desire for food

2. No diminution in desire for food

3. Non-specific or uncodeable response

IF (MH011_Appetite = a3)

ENDIF

MH013_Fatigue (FATIGUE)

In the last month, have you had too little energy to do the things you wanted to do?

1. Yes
5. No

MH014_ConcEnter (CONCENTRATION ON ENTERTAINMENT)

How is your concentration? For example, can you concentrate on a television programme, film or radio programme?

1. Difficulty in concentrating on entertainment
2. No such difficulty mentioned

MH015_ConcRead (CONCENTRATION ON READING)

Can you concentrate on something you read?

1. Difficulty in concentrating on reading
2. No such difficulty mentioned

MH016_Enjoyment (ENJOYMENT)

What have you enjoyed doing recently?

MH006_BlameForWhat (BLAME FOR WHAT)

So, for what do you blame yourself?

Note - Only code 1 for an exaggerated feeling of guilt, which is clearly out of proportion to the circumstances. The fault will often have been very minor, if there was one at all.

Justifiable or appropriate guilt should be coded 2.

1. Example(s) given constitute obvious excessive guilt or self-blame
2. Example(s) do not constitute obvious excessive guilt or self-blame, or it remains unclear if these constitute obvious or excessive guilt or self-blame

MH009_KeepUpInt (KEEPS UP INTEREST)

So, do you keep up your interests?

1. Yes
5. No

MH012_EatMoreLess (EATING MORE OR LESS)

So, have you been eating more or less than usual?

1. Less
2. More
3. Neither more nor less

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ENDIF

IF (((HC IN (Test) OR (ALL IN (Test))))

1. Fails to mention any enjoyable activity
2. Mentions ANY enjoyment from activity

MH017_Tear (TEARFULNESS)

In the last month, have you cried at all?

1. Yes
5. No

MH033_Intro (INTRODUCTION HOW MUCH YOU FEEL)

I will now read some statements and would like to ask you to answer how much of the time you feel certain ways: often, some of the time, hardly ever or never.

1. Continue

MH034_companionship (HOW OFTEN LACK COMPANIONSHIP)

How much of the time do you feel you lack companionship?

Read out.;

1. Often
2. Some of the time
3. Hardly ever or never

MH035_LeftOut (HOW OFTEN LEFT OUT)

How much of the time do you feel left out?

Repeat if necessary

1. Often
2. Some of the time
3. Hardly ever or never

MH036_Isolated (HOW OFTEN ISOLATED)

How much of the time do you feel isolated from others?

Repeat if necessary

1. Often
2. Some of the time
3. Hardly ever or never

MH037_lonely (HOW OFTEN LONELY)

How much of the time do you feel lonely?

Repeat if necessary

1. Often
2. Some of the time
3. Hardly ever or never

MH032_EndNonProxy (NON PROXY)

CHECK: Who answered the questions in this section?

1. Respondent
2. Section not answered (proxy interview)