

| | | | | | Household-ID | | | | | | | | Person-ID | |
|---|---|---|---|---|--------------|--|--|--|--|--|---|---|-----------|--|
| 1 | 2 | 0 | 4 | 2 | | | | | | | 0 | 0 | | |

Interview Date: / /

Interviewer ID: _____

Respondent's Initials: _____

"50+ in Europe"

The Survey of Health, Ageing and Retirement in Europe

Self-Administered Questionnaire

B

How to FILL IN this questionnaire

Most of the questions on the following pages can be answered by simply checking the box below or alongside the answer that applies to you.

Please check ONE (1) box:

Correct or

Incorrect

Please proceed question by question.

How to RETURN this Questionnaire

If the interviewer is still in your home when you have completed the questionnaire, please hand it back to him or her. If not, please return the completed questionnaire in the pre-paid envelope as soon as you possibly can. *If you need a replacement envelope, please call [national survey agency] at [toll-free telephone number].*

PLEASE START THE QUESTIONNAIRE AT QUESTION 1 ON THE NEXT PAGE

ALL YOUR ANSWERS WILL REMAIN CONFIDENTIAL. THANK YOU AGAIN FOR YOUR HELP

**We would now like to ask you questions about your own health.
(Please choose one of the five answers for every question.)**

1. Overall in the last 30 days, how much of a problem did you have with feeling sad, low, or depressed?

| | | | | |
|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|
| None | Mild | Moderate | Severe | Extreme |
| <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ | <input type="checkbox"/> ₅ |

2. In the last 30 days, how much of a problem did you have because of shortness of breath?

| | | | | |
|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|
| None | Mild | Moderate | Severe | Extreme |
| <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ | <input type="checkbox"/> ₅ |

3. Overall in the last 30 days how much difficulty did you have with concentrating or remembering things?

| | | | | |
|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|
| None | Mild | Moderate | Severe | Extreme |
| <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ | <input type="checkbox"/> ₅ |

4. Overall in the last 30 days, how much of a problem did you have with moving around?

| | | | | |
|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|
| None | Mild | Moderate | Severe | Extreme |
| <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ | <input type="checkbox"/> ₅ |

5. In the last 30 days, how much difficulty did you have with sleeping such as falling asleep, waking up frequently during the night or waking up too early in the morning?

| | | | | |
|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|
| None | Mild | Moderate | Severe | Extreme |
| <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ | <input type="checkbox"/> ₅ |

6. Overall in the last 30 days, how much of bodily aches or pains did you have?

| | | | | |
|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| None | Mild | Moderate | Severe | Extreme |
| <input type="checkbox"/> _1 | <input type="checkbox"/> _2 | <input type="checkbox"/> _3 | <input type="checkbox"/> _4 | <input type="checkbox"/> _5 |

7. Do you have any impairment or health problem that limits the kind or amount of work you can do?

| | | | | |
|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| None | Mild | Moderate | Severe | Extreme |
| <input type="checkbox"/> _1 | <input type="checkbox"/> _2 | <input type="checkbox"/> _3 | <input type="checkbox"/> _4 | <input type="checkbox"/> _5 |

We will now give you some examples of persons with serious and less serious health problems. We would like to know how you evaluate the health of these persons. Please assume that the persons have the same age and background that you have.

(Please choose one of the five answers for every question.)

8. Paul enjoys his work and social activities and is generally satisfied with his life. He gets depressed every 3 weeks for a day or two and loses interest in what he usually enjoys but is able to carry on with his day-to-day activities.

Overall in the last 30 days, how much of a problem did Paul have with feeling sad, low, or depressed?

| | | | | |
|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|
| None | Mild | Moderate | Severe | Extreme |
| <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ | <input type="checkbox"/> ₅ |

9. Maria has been a heavy smoker for 30 years and wakes up with a cough every morning. She gets short of breath even while resting and does not leave the house anymore. She often needs to be put on oxygen.

In the last 30 days, how much of a problem did Maria have because of shortness of breath?

| | | | | |
|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|
| None | Mild | Moderate | Severe | Extreme |
| <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ | <input type="checkbox"/> ₅ |

10. Henri feels nervous and anxious. He worries and thinks negatively about the future, but feels better in the company of people or when doing something that really interests him. When he is alone he tends to feel useless and empty.

Overall in the last 30 days, how much of a problem did Henri have with feeling sad, low, or depressed?

| | | | | |
|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|
| None | Mild | Moderate | Severe | Extreme |
| <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ | <input type="checkbox"/> ₅ |

11. Karen suffers from respiratory infections about once every year. She is short of breath 3 or 4 times a week and had to be admitted in hospital twice in the past month with a bad cough that required treatment with antibiotics.

In the last 30 days, how much of a problem did Karen have because of shortness of breath?

| | | | | |
|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|
| None | Mild | Moderate | Severe | Extreme |
| <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ | <input type="checkbox"/> ₅ |

12. Mark feels depressed most of the time. He weeps frequently and feels hopeless about the future. He feels that he has become a burden on others and that he would be better dead.

Overall in the last 30 days, how much of a problem did Mark have with feeling sad, low, or depressed?

| | | | | |
|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|
| None | Mild | Moderate | Severe | Extreme |
| <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ | <input type="checkbox"/> ₅ |

13. Karen has no problems with walking slowly. She gets out of breath easily when climbing uphill for 20 meters or a flight of stairs.

In the last 30 days, how much of a problem did Karen have because of shortness of breath?

| | | | | |
|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|
| None | Mild | Moderate | Severe | Extreme |
| <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ | <input type="checkbox"/> ₅ |

14. Rob cannot concentrate for more than 15 minutes and has difficulty paying attention to what is being said to him. Whenever he starts a task, he never manages to finish it and often forgets what he was doing. He is able to learn the names of people he meets.

Overall in the last 30 days, how much difficulty did Rob have with concentrating or remembering things?

| | | | | |
|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|
| None | Mild | Moderate | Severe | Extreme |
| <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ | <input type="checkbox"/> ₅ |

15. Eve is able to walk distances of up to 200 metres without any problems but feels tired after walking one kilometre or climbing more than one flight of stairs. She has no problems with day-to-day activities, such as carrying food from the market.

Overall in the last 30 days, how much of a problem did Eve have with moving around?

| | | | | |
|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|
| None | Mild | Moderate | Severe | Extreme |
| <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ | <input type="checkbox"/> ₅ |

16. Tom is keen to learn new recipes but finds that he often makes mistakes and has to reread several times before he is able to do them properly.

Overall in the last 30 days, how much difficulty did Rob have with concentrating and remembering things?

| | | | | |
|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|
| None | Mild | Moderate | Severe | Extreme |
| <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ | <input type="checkbox"/> ₅ |

17. Lisa does not exercise. She cannot climb stairs or do other physical activities because she is obese. She is able to carry the groceries and do some light household work.

Overall in the last 30 days, how much of a problem did Lisa have with moving around?

| | | | | |
|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|
| None | Mild | Moderate | Severe | Extreme |
| <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ | <input type="checkbox"/> ₅ |

18. Kevin can concentrate while watching TV, reading a magazine or playing a game of cards or chess. Once a week he forgets where his keys or glasses are, but finds them within five minutes.

Overall in the last 30 days, how much difficulty did Kevin have with concentrating or remembering things?

| | | | | |
|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|
| None | Mild | Moderate | Severe | Extreme |
| <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ | <input type="checkbox"/> ₅ |

19. Sue has a lot of swelling in her legs due to her health condition. She has to make an effort to walk around her home as her legs feel heavy.

Overall in the last 30 days, how much of a problem did Sue have with moving around?

| | | | | |
|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|
| None | Mild | Moderate | Severe | Extreme |
| <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ | <input type="checkbox"/> ₅ |

20. Charles falls asleep easily at night, but two nights a week he wakes up in the middle of the night and cannot go back to sleep for the rest of the night.

In the last 30 days, how much difficulty did Charles have with sleeping, such as falling asleep, waking up frequently during the night or waking up too early in the morning?

| | | | | |
|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|
| None | Mild | Moderate | Severe | Extreme |
| <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ | <input type="checkbox"/> ₅ |

21. Alice has pain in her knees, elbows, wrists and fingers, and the pain is present almost all the time. Although medication helps, she feels uncomfortable when moving around, holding and lifting things.

Overall in the last 30 days, how much of bodily aches or pains did Alice have?

| | | | | |
|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|
| None | Mild | Moderate | Severe | Extreme |
| <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ | <input type="checkbox"/> ₅ |

22. Paul wakes up almost once every hour during the night. When he wakes up in the night, it takes around 15 minutes for him to go back to sleep. In the morning he does not feel well-rested.

In the last 30 days, how much difficulty did Paul have with sleeping such as falling asleep, waking up frequently during the night or waking up too early in the morning?

| | | | | |
|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|
| None | Mild | Moderate | Severe | Extreme |
| <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ | <input type="checkbox"/> ₅ |

23. Maria has pain that radiates down her right arm and wrist during her day at work. This is slightly relieved in the evenings when she is no longer working on her computer.

Overall in the last 30 days, how much of bodily aches or pains did Maria have?

| | | | | |
|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|
| None | Mild | Moderate | Severe | Extreme |
| <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ | <input type="checkbox"/> ₅ |

24. Henri takes about two hours every night to fall asleep. He wakes up once or twice a night feeling panicked and takes more than one hour to fall asleep again.

In the last 30 days, how much difficulty did Henri have with sleeping, such as falling asleep, waking up frequently during the night or waking up too early in the morning?

| | | | | |
|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|
| None | Mild | Moderate | Severe | Extreme |
| <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ | <input type="checkbox"/> ₅ |

25. Karen has a headache once a month that is relieved after taking a pill. During the headache she can carry on with her day-to-day affairs.

Overall in the last 30 days, how much of bodily aches or pains did Karen have?

| | | | | |
|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|
| None | Mild | Moderate | Severe | Extreme |
| <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ | <input type="checkbox"/> ₅ |

We would now like to give you some more examples of persons with health problems. We ask you to indicate the extent to which you think these people would be limited in the kind or amount of work they can do. In terms of their age, their education, and their work histories, you should imagine that these men or women are similar to yourself. Other than the conditions explicitly mentioned, you should imagine the individual is in reasonably good health.

(Please choose one of the five answers for every question.)

26. Mark has undergone triple bypass heart surgery. He is a heavy smoker and still experiences severe chest pain sometimes.

How much is Mark limited in the kind or amount of work he could do?

| | | | | |
|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|
| None | Mild | Moderate | Severe | Extreme |
| <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ | <input type="checkbox"/> ₅ |

27. Anna has been diagnosed with high blood pressure. Her blood pressure goes up quickly if she feels under stress. Anna does not exercise much and is overweight.

How much is Anna limited in the kind or amount of work she could do?

| | | | | |
|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|
| None | Mild | Moderate | Severe | Extreme |
| <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ | <input type="checkbox"/> ₅ |

28. Rob has had heart problems in the past and he has been told to watch his cholesterol level. Sometimes if he feels stressed at work he feels pain in his chest and occasionally in his arms.

How much is Rob limited in the kind or amount of work he could do?

| | | | | |
|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|
| None | Mild | Moderate | Severe | Extreme |
| <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ | <input type="checkbox"/> ₅ |

29. Tamara generally enjoys her work. She gets depressed every 3 weeks for a day or two and loses interest in what she usually enjoys but is able to carry on with her day-to-day activities on the job.

How much is Tamara limited in the kind or amount of work she could do?

| | | | | |
|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|
| None | Mild | Moderate | Severe | Extreme |
| <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ | <input type="checkbox"/> ₅ |

30. Anthony has mood swings on the job. When he gets depressed, everything he does at work is an effort for him and he no longer enjoys his usual activities at work. These mood swings are not predictable and occur two or three times during a month.

How much is Anthony limited in the kind or amount of work he could do?

| | | | | |
|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|
| None | Mild | Moderate | Severe | Extreme |
| <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ | <input type="checkbox"/> ₅ |

31. Sue feels worried all the time. She gets depressed once a week at work for a couple of days in a row, thinking about what could go wrong and that her boss will disapprove of her condition. But she is able to come out of this mood if she concentrates on something else.

How much is Sue limited in the kind or amount of work she could do?

| | | | | |
|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|
| None | Mild | Moderate | Severe | Extreme |
| <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ | <input type="checkbox"/> ₅ |

32. Kevin has pain in his back and legs, and the pain is present almost all the time. It gets worse while he is working. Although medication helps, he feels uncomfortable when moving around, holding and lifting things at work.

How much is Kevin limited in the kind or amount of work he could do?

| | | | | |
|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|
| None | Mild | Moderate | Severe | Extreme |
| <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ | <input type="checkbox"/> ₅ |

33. Lisa suffers from back pain that causes stiffness in her back especially at work but is relieved with low doses of medication. She does not have any pains other than this generalized discomfort.

How much is Lisa limited in the kind or amount of work she could do?

| | | | | |
|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|
| None | Mild | Moderate | Severe | Extreme |
| <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ | <input type="checkbox"/> ₅ |

34. Charles has almost constant pain in his back and this sometimes prevents him from doing his work.

How much is Charles limited in the kind or amount of work he could do?

| | | | | |
|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|
| None | Mild | Moderate | Severe | Extreme |
| <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ | <input type="checkbox"/> ₅ |

35. Finally, please state your sex and birth year:

a) I am...

Male ₁

Female ₂

b) I was born in (year)

Thank you very much for taking the time to answer our questions. Please give the questionnaire to the interviewer or post it back in the envelope provided.