

Household ID								Resp. ID			
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Interview date: _____/_____/_____

Interview ID _____

First Name/Initials: _____

„50+ in Europe“

SHARE

**The Survey of Health,
Ageing and Retirement in Europe**

Wave 9

**National Dropoff Questionnaire
Info 1**



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. Skip questions only if there is an explicit instruction to do so.

Example:

Do you have children?

₁ Yes

₅ No



Go to question ...



If you check "Yes" in this example, you go on to the next question!

If you check "No" in this example, you go on to the question given in the instruction box!

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

A1. Please write your gender and year of birth: I am...

Man	<input type="checkbox"/> ₁
Woman	<input type="checkbox"/> ₂

A2. Year of birth

B

B1. The questions in this scale ask you about your feelings and thoughts during *the last month*.

(Please check one box in each row)

		Never	Almost never	Some- times	Fairly often	Very often
a)	In the last month, how often have you been upset because of something that happened unexpectedly?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
b)	In the last month, how often have you felt that you were unable to control the important things in your life?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
c)	In the last month, how often have you felt nervous and "stressed"?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
d)	In the last month, how often have you felt confident about your ability to handle your personal problems?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
e)	In the last month, how often have you felt that things were going your way?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
f)	In the last month, how often have you found that you could not cope with all the things that you had to do?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
g)	In the last month, how often have you been able to control irritations in your life?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
h)	In the last month, how often have you felt that you were on top of things?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
i)	In the last month, how often have you been angered because of things that were outside of your control?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
j)	In the last month, how often have you felt difficulties were piling up so high that you could not overcome them?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅

C Sexual life

The next couple of question are about sexuality. It is important for us to understand the role of sex at older ages. Let us remind you that you can skip any question you do not wish to answer.

C1. Over the past 12 months, how often have you had sex with your spouse, partner or date?

(Please check one box)

I haven't had any sex	Once a month or less often	Twice, three times a month	Once or twice a week	Three times a week and more
<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅

C2. With regard to the past 12 months, how important is sexual life to you?

(Please check one box)

It isn't important at all	Little important	Quite important	Very important	Extremely important
<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅

C3. With regard to the past 12 months, how often you feel sexual desire? This means sexual appetite, planning of sex, frustration due to lack of sex, etc.

(Please check one box)

Never	Rarely	Sometimes	Often	All the time
<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅

C4. How often in the past 12 months have you visited websites or other online applications for a purpose related to you sexual life (i.e. looking up information, following websites with sexual content)?

(Please check one box)

Never	Once a month or less often	Twice, three times a month	Once or twice a week	Three times a week or more often	I do not use internet
<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆

C5. Have you used an online dating agency within the past 30 days?

(Please check one box)

Yes	No	I don't use the Internet
<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃

D Pensions

D1. Statutory retirement age has been extended during last decade in the Czech Republic. According to the current legislation, the retirement age will be set at 65 for next ten years. To what extent do you approve of such a policy?

(Please check one box)

Completely disapprove	Disapprove	Neither approve nor disapprove	Approve	Highly approve
<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅

D2. One of possible policy proposals is that the retirement age should follow the development of life expectancy, so that the time spent in retirement is similar across generations. To what extent do you approve of such a policy?

(Please check one box)

Completely disapprove	Disapprove	Neither approve nor disapprove	Approve	Highly approve
<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅

D3. According to your opinion, beyond which age the retirement age should not be increased?

(Please check one box)

60	61	62	63	64	65	66	67	68	69	70	Beyond none
<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆	<input type="checkbox"/> ₇	<input type="checkbox"/> ₈	<input type="checkbox"/> ₉	<input type="checkbox"/> ₁₀	<input type="checkbox"/> ₁₁	<input type="checkbox"/> ₁₂

D4. The retirement age could be different according to how physically demanding the profession a person had during his or her working time.

(Please check one box)

Completely disapprove	Disapprove	Neither approve nor disapprove	Approve	Highly approve
<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅

D5. Some politicians claim that pensions should be on average the same for men and women. To what extent do you approve this?

(Please check one box)

Completely disapprove	Disapprove	Neither approve nor disapprove	Approve	Highly approve
<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅

D6. In the Czech Republic, in future the number of working persons per one retired person will decrease and the government budget will experience problems. If you could choose the government policy you would ...

(Please check only one box in each line.)

	Yes	No
a) extending the retirement age	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
b) lowering of pensions	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
c) increasing of the social security contribution or other taxes	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
d) cutting of other budget expenses	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂

D7. In year 2050, what percentage of the gross average wage will be the average retirement pension? Please choose your estimate.

(Please check one box)

0-10%	11-20%	21-30%	31-40%	41-50%	51-60%	61-70%	71-80%	81-90%	91-100%
<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆	<input type="checkbox"/> ₇	<input type="checkbox"/> ₈	<input type="checkbox"/> ₉	<input type="checkbox"/> ₁₀

E Attitudes

E1. The following questions ask about some of your attitudes.

(Please check one box in each row)

		Strongly disagree	Somewhat disagree	Somewhat agree	Strongly agree
a)	I often do whatever brings me pleasure here and now, even at the cost of some distant goal.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
b)	I frequently try to avoid projects that I know will be difficult.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
c)	Sometimes I will take a risk just for the fun of it.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
d)	I almost always feel better when I am on the move than when I am sitting and thinking.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
e)	I will try to get the things I want even when I know it's causing problems for other people.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
f)	When I'm really angry, other people better stay away from me.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄

F The Role of Technologies

F1. Please indicate how much do you agree or disagree with the following statements about the role of technologies in your life.

The term technologies refers to the information and communication technologies such as computers, internet or mobile phones.

(Please mark only one box in each row)

		Strongly disagree	Some-what disagree	Neither disagree nor agree	Some-what agree	Strongly agree	Don't know/Refusal
a)	Technologies slow me down in many activities	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆
b)	Technologies allow me to react more quickly than I would be able otherwise	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆
c)	Technologies create many more problems than I would otherwise have to solve	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆
d)	Using technologies blur boundaries between my private and public life	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆
e)	I feel my personal life is disrupted by technologies	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆
f)	I often find technologies too difficult to use	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆
g)	I do not know enough about technologies to use them effectively	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆

... Continuing with more statements:

Please indicate how much do you agree or disagree with the following statements about the role of technologies in your life.

(Please check one box in each row)

		Strongly disagree	Some-what disagree	Neither disagree nor agree	Some-what agree	Strongly agree	Don't know/ Refusal
h)	The constant development and upgrades in technologies are a burden for me	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆
i)	I feel uncomfortable that my use of technologies can be easily monitored	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆
j)	It bothers me that information from my current use of technologies could be traced even after many years from now	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆
k)	Technologies that I use can lead to an easier invasion of my privacy	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆
l)	I am better at understanding and using technologies than other people	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆
m)	In using technologies I lag behind the members of my family	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆
n)	If the next generation will live in a "Techno-universe", I will be considered there a foreigner	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆

G Health

G1. Did any of your parents or siblings suffer from any of the diseases in the following table?

(Please check Yes or No, see questions in the header.)

	Did any of your parents or siblings suffer from any of the following diseases?		IF YES, did a parent or sibling have onset before the age of 60?	
	Yes	No	Yes	No
a) Heart disease (infarction, angina)	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
b) Stroke	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
c) Diabetes	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
d) Neoplasms	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
e) Allergy	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂

G2. How many hours during a typical WEEK, EXCEPT WHEN AT WORK, do you engage in physically demanding activities, such as housework, gardening, maintenance of the house (DIY)?		hours
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G3. How many hours during a typical WEEK do you engage in sports, games or hiking?		hours
---	--	-------

G4. Do you smoke cigarettes (including electronic cigarettes, cigars, pipe etc.)?

a) Yes, regularly, at least 1 cigarette a day on average	<input type="checkbox"/> ₁
b) Yes, occasionally, less than 1 cigarette a day	<input type="checkbox"/> ₁
c) No, I smoked in the past but I stopped	<input type="checkbox"/> ₁
d) No, I have never smoked	<input type="checkbox"/> ₁

G5. <u>For current or past smokers:</u> How many cigarettes a DAY do you smoke now or you used to smoke?		cigarettes
G6. <u>For current or past smokers:</u> How old were you when you STARTED smoking?	At age	years
G7. <u>For past smokers:</u> How old were you when you STOPPED smoking?	At age	years

G8. How much beer do you usually drink during one WEEK? (In litres)		litres
G9. How much wine do you usually drink during one WEEK? (in decilitres)		decilitres
G10. How much spirits do you usually drink during one WEEK? (in decilitres)		decilitres

G11. During the last YEAR, how often did you drink alcohol?

(Please check one box)

a)	Almost every day or every day	<input type="checkbox"/> ₁
b)	About 2-4 times a week	<input type="checkbox"/> ₂
c)	About once a week	<input type="checkbox"/> ₃
d)	About 1-3 times per month	<input type="checkbox"/> ₄
e)	Less than once a month	<input type="checkbox"/> ₅
f)	Never	<input type="checkbox"/> ₆

G12. In the last 12 months:

		Yes	No
a)	Have you ever felt you should cut down on your drinking?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
b)	Have people ever annoyed you by criticising your drinking?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
c)	Have you ever felt bad or guilty about your drinking?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
d)	Have you ever had a drink first thing in the morning to steady your nerves or get rid of a hangover?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
e)	I do not drink alcohol, does not apply to me	<input type="checkbox"/> ₁	

The following questions ask about how often in the past year did you drink a certain amount of “glasses” of beer, wine, and spirits. By one “glass” we mean 0.5 litre of beer, 2 decilitres of wine, and 0.5 decilitres of spirits.

Please mark one square in each row that indicates how much did you drink at one occasion (one day, one evening).

In **example** to estimate the amount of alcohol consumed during one occasion. If you had 0.7 litre of wine and two big spirits at one occasion, it means you had 3.5 “glasses” of wine and 2 “glasses” of spirits, which is total of 5.5 “glasses”. This corresponds to a row with “5 and more glasses”. Now choose the appropriate column indicating the frequency of this amount. Please answer the following questions (check one box on each row of the table below).

	Every day or almost Every day	3 - 4 per week	1-2 per week	2-3 per month	About once a month	6 - 11 in past year	3 - 5 in past year	1-2 in past year	Never in past year
G13. How often in the last 12 months did you have 5 and more glasses at one occasion (one day, one evening)?									
5 and more glasses (of 0,5 l of beer or of 2 dcl of wine or of 5 cl of spirits)	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆	<input type="checkbox"/> ₇	<input type="checkbox"/> ₈	<input type="checkbox"/> ₉
G14. How often in the last 12 months did you have 3-4 of glasses at one occasion (one day, one evening)?									
3-4 glasses (3-4 x 0,5 l of beer or 3-4 x 5 dcl of wine or 3-4 x 5 cl of spirits)	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆	<input type="checkbox"/> ₇	<input type="checkbox"/> ₈	<input type="checkbox"/> ₉
G15. How often in the last 12 months did you have 1-2 of glasses at one occasion (one day, one evening)?									
1-2 glasses (1-2 x 0,5 l of beer or 1-2 x 2 dcl of wine or 1-2 x 5 cl of spirits)	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆	<input type="checkbox"/> ₇	<input type="checkbox"/> ₈	<input type="checkbox"/> ₉
G16. How often in the last 12 months did you have approximately one half of a glass at one occasion (one day, one evening)?									
Approximately one half of a glass	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆	<input type="checkbox"/> ₇	<input type="checkbox"/> ₈	<input type="checkbox"/> ₉

H Screening

H1. When was the last you have attended screening colonoscopy?

(Please check one box)

a)	In the last 12 months	<input type="checkbox"/> ₁
b)	In the last 1 to 5 years	<input type="checkbox"/> ₂
c)	In the last 5 to 10 years	<input type="checkbox"/> ₃
d)	10 or more years ago	<input type="checkbox"/> ₄
e)	Never	<input type="checkbox"/> ₅
f)	I don't know	<input type="checkbox"/> ₆
g)	Not suitable	<input type="checkbox"/> ₇

H2. Do you attend screening colonoscopy regularly?

(Please check one box)

a)	Regularly, every 10 years	<input type="checkbox"/> ₁
b)	I attend irregularly	<input type="checkbox"/> ₂
c)	Never	<input type="checkbox"/> ₃
d)	I don't know	<input type="checkbox"/> ₄
e)	Not suitable	<input type="checkbox"/> ₅

H3. If you attend screening regularly, what are your motivations to do so?

(Please check one or more boxes)

a)	I care about my health	<input type="checkbox"/> ₁
b)	I believe that it makes sense - early diagnosed cancer is treatable	<input type="checkbox"/> ₁
c)	I haven't thought about that	<input type="checkbox"/> ₁
d)	My doctor recommended it	<input type="checkbox"/> ₁
e)	Family history	<input type="checkbox"/> ₁
f)	I've received an invitation from the health insurance company	<input type="checkbox"/> ₁
g)	I am experiencing symptoms	<input type="checkbox"/> ₁
h)	Other	<input type="checkbox"/> ₁
i)	I don't know	<input type="checkbox"/> ₁

H4. If you are NOT attending screening, what are your barriers?

(Please check one or more boxes)

a)	I am not experiencing any symptoms	<input type="checkbox"/> ₁
b)	Fear of the examination (pain, discomfort), shame	<input type="checkbox"/> ₁
c)	Fear of the diagnosis	<input type="checkbox"/> ₁
d)	Fear of the side effects of the examination	<input type="checkbox"/> ₁
e)	I didn't know about the possibility	<input type="checkbox"/> ₁
f)	Poor accessibility (distance, lack of time)	<input type="checkbox"/> ₁
g)	Distrust in doctors and healthcare system	<input type="checkbox"/> ₁
h)	Other	<input type="checkbox"/> ₁
i)	I don't know	<input type="checkbox"/> ₁

H Breast and cervical cancer screening ONLY FOR WOMEN

H5. When was the last you have attended breast cancer screening (mammography)?

(Please check one box)

a)	In the last 12 months	<input type="checkbox"/> ₁
b)	In the last 1 to 2 years	<input type="checkbox"/> ₂
c)	In the last 2 to 3 years	<input type="checkbox"/> ₃
d)	3 or more years ago	<input type="checkbox"/> ₄
e)	Never	<input type="checkbox"/> ₅
f)	I don't know	<input type="checkbox"/> ₆
g)	Not suitable	<input type="checkbox"/> ₇

H6. Do you attend breast cancer screening regularly?

(Please check one box)

a)	Regularly, every two years	<input type="checkbox"/> ₁
b)	Regularly, every three years	<input type="checkbox"/> ₂
c)	I attend irregularly	<input type="checkbox"/> ₃
d)	Never	<input type="checkbox"/> ₄
e)	I don't know	<input type="checkbox"/> ₅
f)	Not suitable	<input type="checkbox"/> ₆

H7. When was the last you have attended cervical cancer screening?

(Please check one box)

a)	In the last 12 months	<input type="checkbox"/> ₁
b)	In the last 1 to 2 years	<input type="checkbox"/> ₂
c)	In the last 2 to 3 years	<input type="checkbox"/> ₃
d)	3 or more years ago	<input type="checkbox"/> ₄
e)	Never	<input type="checkbox"/> ₅
f)	I don't know	<input type="checkbox"/> ₆
g)	Not suitable	<input type="checkbox"/> ₇

H8. Do you attend cervical cancer screening regularly?

(Please check one box)

a)	Regularly, every year	<input type="checkbox"/> ₁
b)	Regularly, every two years	<input type="checkbox"/> ₂
c)	I attend irregularly	<input type="checkbox"/> ₃
d)	Never	<input type="checkbox"/> ₄
e)	I don't know	<input type="checkbox"/> ₅
f)	Not suitable	<input type="checkbox"/> ₆

H9. If you attend screening regularly, what are your motivations to do so?*(Please check one or more boxes)*

a)	I care about my health	<input type="checkbox"/> _1
b)	I believe that it makes sense – early diagnosed cancer is treatable	<input type="checkbox"/> _1
c)	I haven't thought about that	<input type="checkbox"/> _1
d)	My doctor recommended it	<input type="checkbox"/> _1
e)	Family history	<input type="checkbox"/> _1
f)	I've received an invitation from the health insurance company	<input type="checkbox"/> _1
g)	I am experiencing symptoms	<input type="checkbox"/> _1
h)	Other	<input type="checkbox"/> _1
i)	I don't know	<input type="checkbox"/> _1

H10. If you are NOT attending screening, what are your barriers?*(Please check one or more boxes)*

a)	I am not experiencing any symptoms	<input type="checkbox"/> _1
b)	Fear of the examination (pain, discomfort), shame	<input type="checkbox"/> _1
c)	Fear of the diagnosis	<input type="checkbox"/> _1
d)	Fear of the side effects of the examination	<input type="checkbox"/> _1
e)	I didn't know about the possibility	<input type="checkbox"/> _1
f)	Poor accessibility (distance, lack of time)	<input type="checkbox"/> _1
g)	Distrust in doctors and healthcare system	<input type="checkbox"/> _1
h)	Other	<input type="checkbox"/> _1
i)	I don't know	<input type="checkbox"/> _1

Thank you very much for your time and your answers.

Please give the completed form tot the interviewer or send it by mail in the envelope.

SC&C spol. s r.o.

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