

**Health questions from the Minimum European Health Module  
used in EU-SILC**

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**2004**

*How is your health in general?*

1. Very Good
2. Good
3. Fair
4. Bad
5. Very Bad

• **Chron\_ill (Chronic illness)**

*Ask if Calc > 15*

*If the respondent is 16 years or over*

*Do you suffer from any chronic (long-standing) illness or condition (health problem)?*

*INTERVIEWER: Problems that are seasonal or recurring should be included.*

1. Yes
2. No

• **Lim\_Act (Limited activity)**

*Ask if Calc > 15*

*If the respondent is 16 years or over*

*For at least the last 6 months have you been limited in activities people usually do, because of a health problem? (If limited specify whether strongly limited or limited)*

1. Yes, strongly limited
2. Yes, limited
3. Not limited

2005

HEALTH QUESTIONS

- **Hlth\_stus (Health status)**

*Ask if Calc>15*

*If the respondent is 16 years or over*

*How is your health in general?*

1. Very Good
2. Good
3. Fair
4. Bad
5. Very Bad

- **Chron\_ill (Chronic illness)**

*Ask if Calc>15*

*If the respondent is 16 years or over*

*Do you suffer from any chronic (long-standing) illness or condition (health problem)?*

*INTERVIEWER: Problems that are seasonal or recurring should be included.*

1. Yes
2. No

- **Lim\_Act (Limited activity)**

*Ask if Calc>15*

*If the respondent is 16 years or over*

*For at least the last 6 months have you been limited in activities people usually do, because of a health problem? (If limited, specify whether strongly limited or limited).*

1. Yes, strongly limited
2. Yes, limited
3. Not limited

**HEALTH QUESTIONS**

• **Hlth\_stus (Health status)**

*Ask if Calc>15*

*If the respondent is 16 years or over*

*How is your health in general?*

1. Very Good
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• **Chron\_ill (Chronic illness)**

*Ask if Calc>15*

*If the respondent is 16 years or over*

*Do you suffer from any chronic (long-standing) illness or condition (health problem)?*

*INTERVIEWER: Problems that are seasonal or recurring should be included.*

1. Yes
2. No

• **Lim\_Act (Limited activity)**

*Ask if Calc>15*

*If the respondent is 16 years or over*

*For at least the last 6 months have you been limited in activities people usually do, because of a health problem? (If limited, specify whether strongly limited or limited).*

1. Yes, strongly limited
2. Yes, limited
3. Not limited

Note: If the respondent has recently become limited because of a health problem and expects the limitation to persist for 6 months then code either 1 or 2.

# 2007

## **Hlth\_stus (Health status)**

Ask if Calc>15

If the respondent is 16 years or over

How is your health in general?

1. Very Good
2. Good
3. Fair
4. Bad
5. Very Bad

## **Chron\_ill (Chronic illness)**

Ask if Calc>15

If the respondent is 16 years or over

Do you suffer from long-standing (chronic) illness or condition (health problem)?

INTERVIEWER: Problems that are seasonal or recurring should be included.

Yes

No

*For at least the last 6 months have you been limited in activities people usually do, because of a health problem? (If limited, specify whether strongly limited or limited).*

1. Yes, strongly limited
2. Yes, limited
3. Not limited

**Note:** If the respondent has recently become limited because of a health problem and expects the limitation to persist for 6 months then code either 1 or 2.

## 2008

- **Hlth\_stus (Health status)**

Ask if Calc>15

If the respondent is 16 years or over

**<Name> How is your health in general?**

1. Very Good
2. Good
3. Fair
4. Bad
5. Very Bad

- **Chron\_ill (Chronic illness)**

Ask if Calc>15

If the respondent is 16 years or over

**<Name> Do you suffer from long-standing (chronic) illness or condition (health problem)?**

**Ⓛ Problems that are seasonal or recurring should be included.**

1. Yes
2. No

- **Lim\_Act (Limited activity)**

Ask if Calc>15

If the respondent is 16 years or over

**<Name> For at least the last 6 months have you been limited in activities people usually do, because of a health problem? (If limited, specify whether strongly limited or limited).**

1. Yes, strongly limited
2. Yes, limited
3. Not limited

**Note:** If the respondent has recently become limited because of a health problem and expects the limitation to persist for 6 months then code either 1 or 2.

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2010

➤ **Hlth\_stus (Health status)**

Ask if Calc>15

If the respondent is 16 years or over

**<Name> How is your health in general?**

1. Very Good
2. Good
3. Fair
4. Bad
5. Very Bad

➤ **Chron\_ill (Chronic illness)**

Ask if chron\_ill2 = 8

If the respondent is 16 years or over

**<Name> Do you suffer from any other long-standing (chronic) illness or condition (health problem)?**

**ⓘ Problems that are seasonal or recurring should be included.**

1. Yes
2. No

➤ **Lim\_Act (Limited activity)**

Ask if Calc>15

If the respondent is 16 years or over

**<Name> For at least the last 6 months have you been limited in activities people usually do, because of a health problem? (If limited, specify whether strongly limited or limited).**

1. Yes, strongly limited
2. Yes, limited
3. Not limited