

Questionnaire

In the present analysis were used only the following items from a survey questionnaire of 89 items. In parenthesis are given the possible answers for each question and in italics are noted the questions as presented in the tables :

Socio-demographic characteristics

- Sex (male, female)
- Age (in years or the date of birth)
- Education level (years of education they have completed)
- Employment status (not working-not seeking work, paid work, unemployed-seeking work, looking after the house/family, soldier/student, retired)
- Occupation (exact occupation)
- Marital status (never married, married, widowed, separated/divorced)
- Number of persons in the house (the exact number)
- Relationship with the head of the household (head of the household, spouse, children, parents, any other person)

Physical health status

- How would you rate your health during the last 12 months (excellent/very good, good, fair, poor/very poor) – *Self-rated health*
- Do you have any long standing illness, disability or infirmity. By ‘long standing’ we mean anything that necessitates frequent visits to a doctor or a prescribed drug treatment to cope with it (yes, no) – *Chronic disease*
If ‘yes’, they answered also the (3).
- Does this long standing illness restricts your activities in anyway (yes, no) – *Limited because of chronic disease*
- During the last two weeks did you get ill, or have an accident or injury (yes, no) – *Acute illness*
If ‘yes’, they answered also the following question :
- Did you restrict your usual daily activities because of this illness/accident/injury (‘not at all, minor restrictions, restricted at home, restricted in bed) - *Limited because of acute illness*
- Do you suffer from anyone of the following medical conditions.: heart disease, high blood pressure, asthma/chronic bronchitis, Parkinson’s, diabetes, kidney stones, G.I. ulcer, hemorrhoids, varicose / plebiscites, other disease not cited above. Answer for each one separately (yes, no)

- Have you had in the past one of the following medical conditions : stroke, cardiac infarctus, asthma crisis, G.I. ulcer crisis. Answer for each one separately (yes, no)
- Have you ever had a surgery in the past (yes, no) - *Past surgery*
- A list of 24 symptoms (last two weeks). Answer for each one separately (yes, no)

Functioning questions

- Does the state of your health impede in anyway your main everyday activity : work, housework, studies -if student- and so on ('no restrictions', 'minor restrictions', 'severe restrictions', 'completely restricted') - *Main activity*
- Does the state of your health impede in anyway your social activities, such as invite others at your house, accept other people's invitations, go out with friends and so on ('no', 'minor restrictions', 'severe restrictions', 'completely restricted') – *Social contacts*
- Because of your health status, do you have any difficulty moving inside and outside the house. By 'difficulty' we mean that you need always someone to help you when you walk, climb stairs and so on. ('no', 'minor restrictions', 'severe restrictions', 'completely restricted') – *Mobility*
- Because of your health status, do you have any difficulty dressing by yourself ('no', 'minor restrictions', 'severe restrictions', 'completely restricted') – *Dressing*
- Because of your health status, do you have any difficulty eating by yourself ('no', 'minor restrictions', 'severe restrictions', 'completely restricted') – *Eating*

Use of health services

- Did you visit the doctor during the last two weeks (yes, no) - *Physician visits*
- Did you get any medicine during the last two weeks (yes, no) - *Use of medicines*
- Use of different health services during the last year. Answer with 'yes' or 'no' to each one of 8 categories.
- Have you been hospitalized during the last three years - *Hospitalization*