

Module 2017 Health and children`s health

Commission Regulation (EU) 114/2016 submits the list of target secondary variables on health and children`s health. The questions in Module 2017 on health, aim to gather additional information about the financial burden associated with the cost of medical and dental services, frequency of visits and consultations with a GP and specialist, performing physical activities at work and outside work as well as calculation of body mass index.

Issues related to the health of children (0-15 years) refer to the general health of the children in the household, restriction of activities due to health problems, unmet need for dental and/or medical examinations and treatment.

Basic characteristics of 2017 module Health and children`s health:

- **Units of observation:**

The target variables relate to different types of units:

Information on financial burden applies at household level and refers to the household as a whole;

Information on health is to be provided for each current household member, or, if applicable for all selected respondents aged 16 and over;

Information on general health and limitation in activities because due to health problems is to be provided for each child aged 0-15;

Information on unmet need for dental or medical examination or treatment for children applies at household level and refers to all children aged 0-15 living in the household as a whole;

Age refers to the age at the time of the interview.

- **Modes of data collection:**

For variables applying at household level the mode of data collection is personal interview with the household respondent.

For variables applying at individual level, the mode of data collection is personal interview with all current household members aged 16 and over or, where applicable, with each selected respondent.

For children`s variables, the mode of data collection is personal interview with the household respondent.

Given the type of information to be collected, only personal interviews (proxy interviews as an exception for anyone temporarily absent or incapacitated) are acceptable.

The Body Mass Index (BMI) variable can be computed from height and weight collected during the interview or directly collected from the interviewee using a show card. Only the BMI value has to be transmitted to Eurostat.

- **Reference period:**

The target variables relate to the different types of reference period:

Current reference period for the BMI variable, the general health for children and the limitation in activities because of health problems for children;

A typical week for the variables related to physical activity;

A typical week in a given season for the frequency of eating fruit and vegetables;

Last 12 months for all other variables.

- **Target variables**

The variables in the module are as follows:

HS200: Financial burden of medical care

This includes expenses related to:

- Health care provided for different purposes (curative, rehabilitative, long-term healthcare) and by different modes of provision (inpatient, outpatient, day, and home care);
- Medical mental health care;
- Preventive medical services;
- User fee for insured people.

Excluded:

- Taking prescribed or non-prescribed drugs;
- Dental care.

Expenditures on mandatory or voluntary health insurance contributions should be excluded as a whole.

HS210: Financial burden of dental care

This includes expenses related to:

- Health care provided by a dentist or orthodontist (specialist in orthopaedic dentistry);
- Preventive dental services.

Excluded:

- Self-medication (taking prescribed or non-prescribed drugs);
- Other medical services.

Expenditures on mandatory or voluntary health insurance contributions should be excluded as a whole.

HS220: Financial burden of medicines

This includes expenses related to:

- Prescribed medicines;
- Non-prescribed medicines;
- Herbal medicines, homeopathic medicines, dietary supplements, hormones ;
- Medicines with special dosage.

Excluded:

- Contraceptives (pills or hormonal tablets);
- Herbal teas (if they are not considered as medicines).

Expenditures on mandatory or voluntary health insurance contributions should be excluded as a whole.

PH080: Number of visits to a dentist or orthodontist

Included:

- Visits to a dentist or orthodontist in foreign countries, e.g. during vacations abroad.

Excluded:

- Home visits and consultations by telephone;
- Visits due to oral health of other persons, such as children or elderly relatives.

PH090: Number of consultations of a general practitioner or family doctor

Included:

- Hospital out-patient visits;
- Visits to a GP in foreign countries, e.g. during vacations abroad.

Excluded:

- Contacts with a nurse on behalf of a GP, for instance for receiving a receipt; or visits for prescribed laboratory tests or visits to perform prescribed and scheduled treatment procedures (e.g. injections).;
- Telephone contacts (even with a doctor) without consulting own health (for example just for arranging an appointment with a doctor);
- Visits due to illness or health of other persons, such as children or elderly relatives.

PH100: Number of consultations of a medical or surgical specialist

Included:

- Consultations of paediatricians, obstetricians and gynaecologists, ophthalmologists and psychiatrists;
- Visits to emergency departments (that is wards at hospitals for emergency care);
- Hospital out-patient visits/visits to outpatient departments (that is wards at hospitals for ambulatory care);
- Visits to a medical or surgical specialist in foreign countries, e.g. during vacations abroad.

Excluded:

- Contacts with a nurse on behalf of a medical or surgical specialist, for instance for receiving a receipt; or visits for prescribed laboratory tests or visits to perform prescribed and scheduled treatment procedures (e.g. injections);
- Visits to general practitioners and dentists/stomatologists;
- Contacts with doctors during hospitalization as an in-patient or day-patient;
- Telephone contacts (even with a doctor) without consulting own health (for example just for arranging an appointment with a doctor);
- Visits due to illness or health of other persons, such as children or elderly relatives.

PH120: Type of physical activity when working

The question refers to physical activity related to the main activity / work of the respondents that they have in a typical week. Questions are asked, even if the person is not defined as active (unemployed, retired, home-maker and other inactive persons). Physical activity refers to:

- If the respondent working or studying - assessing physical activity should be consistent with its primary work / activities related to his/her training.
- If the respondent is unemployed - the assessment of the level of physical activity should be consistent with the basic tasks that he/she performs in the process of job search.
- If the respondent is retired – his/her main tasks may be in support of household work, caring for grandchildren, etc.

The respondent answers for a typical week of his/her life, not for a specific period. If during different weeks (days) his/her exercise varying degrees, the response should be based on the average grade of the main activities dealt with.

Only in the cases where the respondent stated that he could not perform any work tasks, e.g. due to injury, illness, etc., the interviewer notes answer 5 " Not performing any working tasks."

Working: refers to a broad understanding of 'work' including all the things that people have to do as a part of their daily work activities. 'Doing work' includes not only paid and unpaid work, work around the person's home, taking care of family, studying or training, but also seeking a job, doing volunteer work or care for the elderly.

Mostly sitting or Mostly standing refers to working tasks involving light physical effort which involve mostly sitting or standing activities. Only standing activities that do not involve extra physical effort should be included.

Examples:

- Sitting at work: light office work, desk work, reading, writing, drawing, using the computer, talking or talking on the phone, studying, driving a car or truck, etc.
- Standing at work not involving extra physical effort: teaching, selling bakery products, hair styling, directing traffic etc.

Mostly walking or tasks of moderate physical effort: refers to working tasks which involve mostly walking or tasks involving moderate physical effort.

Examples:

- Walking at work: delivering letters, carrying light loads, watering the lawn or garden, etc.
- Tasks of moderate physical effort: electrical work, plumbing, automobile repairs, machine tooling, tapping, drilling, painting the house, nursing, multiple household chores involving moderate physical effort such as cleaning the house, vacuuming, shopping or playing with the children, etc.

Mostly heavy labour or physically demanding work: refers to working tasks involving heavy physical effort. Examples: using heavy power tools, heavy construction work, mining, carrying heavy loads, loading, stacking or chopping wood, clearing land, shovelling or digging, spading, filling garden, etc.

PH130: Time spent on physical activities (excluding working) in a typical week

The question refers to the frequency and duration of time spent in sports, fitness and other sports activities (e.g. fast walking, ball games, jogging, cycling or swimming, aerobics, badminton). This type of physical activity is usually practiced during free time. Indicate the average duration of physical activity in minutes, hours or combined in a typical week.

Sports: refers to physical activity which is structured, repetitive and usually requires skills. Sports are often aerobic physical activities, competitive or performed as a game.

Examples: ball games, athletics, competitive bicycling, running, swimming, etc.

Fitness: refers to the act or process of retaining or improving physical fitness. Fitness often relates to physical exercise.

Examples: endurance training, strength exercise, flexibility training, etc.

Recreational (leisure) physical activity: refers to recreational activities by carrying out physical activities that lead to shortness of breath or increase in heart rate. These are physical activities performed at leisure with moderate intensity measured by a minimum of 10 minutes duration. At

least 10 minutes duration refers to activities (fast walking, ball games or running) carried out for at least 10 minutes without interruption.

Examples: Nordic walking, brisk walking, ball games, jogging, bicycling, swimming, aerobics, rowing, badminton, etc.

Transport physical activity (commuting activity): refers to activities of getting to and from places. Travelling for long journeys (irregular travelling) are not to be included here.

Examples: walking or cycling from home to work/school and back home, from work to market, from market to home.

PH140: Frequency of eating fruit

The question refers to the frequency of consumption of fruits usually ongoing during the week (including weekends). The fruits can be in any form - fresh, frozen, dried or canned (compotes), as well as freshly squeezed juice. They can be cut into small pieces or in the form of puree. Freshly squeezed fruit juices at home (restaurant, bar or other places) are included.

Excludes concentrate juices, processed fruits or sweetened with artificial sweeteners.

The amount of juice consumed is irrelevant, if it is at least one glass, as one glass is considered as one portion. Portion is defined as approximately a handful. For example, one portion is considered to be:

- one medium fruit such as apple, pear, banana, orange, etc.;
- medium-sized and smaller fruit: for example, two plums, three apricots, two kiwis, strawberries seven, one handful (about 14) of cherries, a handful of blueberries;
- piece of the larger-sized fruit: for example, half a grapefruit or avocado, a slice of pineapple, melon, watermelon, etc.;
- fruit Salad: at least three full tablespoons of fruit salad;
- one portion of fruit juice is considered 150 ml unsweetened juice from fresh fruit.

PH150: Frequency of eating vegetables

The question refers to the frequency of consumption of vegetables usually ongoing during the week (including weekends). Includes their consumption in any form - for example soups (hot and cold), canned vegetables, vegetable dishes (incl. legumes - beans, lentils, peas) and freshly squeezed juices from vegetables. They may be small pieces or in the form of puree. Freshly squeezed vegetable juices, prepared at home (restaurant, bar or other places) are included.

Excludes concentrate juices, processed vegetables with artificial sweeteners, etc. Potatoes and other foods rich in carbohydrates, for example bread and cereals should be excluded as a daily serving of vegetables.

The amount of juice consumed is irrelevant, if it is at least one glass, as one glass is considered as one portion. For example, one portion is considered to be:

- Green vegetables: for example, four tablespoons of cabbage, spinach, spring vegetables or green beans;
- Cooked vegetables: three heaped tablespoons of cooked vegetables (e.g. Steamed, cooked in a microwave oven) as zucchini, carrots, Brussels sprouts, etc.
- Salads: three stalks of celery, a slice of cucumber (about 5 cm), one medium tomato, seven cherry tomatoes, etc.
- One cup (150ml) of unsweetened 100% freshly squeezed vegetable juice.

RC010T: General health (child)

The question refers to a feeling of general /overall health of the child and not on the current state of health, i.e. it is not intended to affect temporary health problems. Information is obtained from an elderly person who lives in the same household.

It is expected to include different dimensions of health, i.e. physical and emotional functioning, mental health (covering psychological well-being and mental disorders) and biomedical signs and symptoms. There are no restrictions in terms of time. Answer in principle.

Excluded are momentary and transient conditions.

RC020T: Limitation in activities because of health problems (child)

The question refers to the long-standing limitation in activities of a child (0 to 15years old) because of health problems. Measures a subjective assessment of whether the child is limited by any on-going physical, mental or emotional health problem, including disease or impairment compared with children of the same age. Consequences of injuries/accidents, congenital conditions and birth defects, etc., are all included.

Only the limitations directly caused by or related to one or more health problems are considered. Limitations due to financial, cultural or other none health-related causes should not be taken into account.

An activity is defined as: ‘the performance of a task or action by an individual’ and thus activity limitations are defined as ‘the difficulties the individual experience in performing an activity’ activity limitations of the child are assessed against typical activities in reference to other children at this age. Activities cover all spectrums of activities: self-care and transportation, work or school, home and leisure activities.

The following questions relate to all children aged between 0 and 15 years living in the household as a whole. Age refers to age at the time of the interview. . Even if only one child does not have fulfilled needs, the entire group of children in the household are assumed not to have fulfilled needs for health care. The aim of the variable is to capture the restricted access to medical care via the person’s own assessment of whether the children in the household needed medical examination or treatment, but didn’t get it, experienced a delay in getting it or didn’t seek for it and what is the reason.

HC010T: Unmet need for medical examination or treatment (children)

Included:

- Health care provided for different purposes (curative, rehabilitative, long-term health care) and by different modes of provision (inpatient, outpatient, day, and home care);
- Medical mental health care;
- Preventive medical services.

Excluded:

- Taking prescribed or non-prescribed drugs;
- Dental care.

HC020T: Main reason for unmet need for medical examination or treatment (children)

Description of the reasons for unmet needs:

- **Could not afford to (too expensive)**

The issue on the perception of “Could not afford to (too expensive)” should be tackled in order to not to include interpretations about “too expensive” which are relative (more expensive than before, etc.) but relate only to the fact that the person could not pay the price, not having money enough for this. The fact that the price is not covered by an insurance fund is in particular an important element to be taken into account and coded under this answer category if the household could not afford to pay for the treatment/examination of the children. Moreover, if the cost of transport to the medical examination/treatment was too expensive and therefore the need of treatment/examination was not met the category could not afford (too expensive) should be selected

- **Waiting list or the time needed to obtain an appointment was too long**

This answer is to be used for children who were actually on a waiting list and, at the same time, were not helped even though the need for care was urgent, for children experiencing delay in getting appointment soon enough to meet their need of care, as well as for persons who were discouraged from seeking care for their children because of perceptions of the long waiting times.

Excluded: waiting time to see a doctor on day of appointment (the time spend in the waiting room), being on waiting list for planned (non-urgent) care if the need is not seen as urgent.

- **Too far to travel or no means of transportation**

Excluded: could not afford the cost of transport, which should be referred to the answer "Could not afford to (too expensive)".

HC030T: Unmet need for dental examination or treatment

Included:

- Health care provided by dentist or orthodontists (specialist in orthopaedic dentistry);
- Preventive dental services.

Excluded:

- Self-medication, taking prescribed or non-prescribed drugs;
- Other medical care.

HC040T: Main reason for unmet need for dental examination or treatment (children)

Description of the reasons for unmet needs:

- **Could not afford to (too expensive)**

The issue on the perception of “Could not afford to (too expensive)” should be tackled in order to not to include interpretations about “too expensive” which are relative (more expensive than before, etc.) but relate only to the fact that the person could not pay the price, not having money enough for this. The fact that the price is not covered by an insurance fund is in particular an important element to be taken into account and coded under this answer category if the household could not afford to pay for the treatment/examination of the children. Moreover, if the cost of transport to the dental examination/treatment was too expensive and therefore the need of treatment/examination was not met the category could not afford (too expensive) should be selected.

- **Waiting list or the time needed to obtain an appointment was too long**

This answer is to be used for children who were actually on a waiting list and, at the same time, were not helped even though the need for care was urgent, for children experiencing delay in getting appointment soon enough to meet their need of care, as well as for persons who were discouraged from seeking care for their children because of perceptions of the long waiting times.

Excluded: waiting time to see a dentist on day of appointment (the time spend in the waiting room), being on waiting list for planned (non-urgent) care if the need is not seen as urgent.

- **Too far to travel or no means of transportation:**

Excluded: could not afford the cost of transport.

Module 2017 Health

Supplementary variables second priority

In accordance with an ESS Agreement of 19 November 2015 on the inclusion of additional variables in the SILC 2017, Bulgaria included variables related to the health (2nd priority) of individuals.

The questions refer to variables related to health, with the exception of the use of any home care services for private use; number of nights spent as a patient in a hospital; use of any drugs prescribed by a doctor, smoking and frequency of consumption of alcoholic beverages of any kind.

The questions relate to each household member aged 16 and over

PH100T1: Difficulty in seeing, even when wearing glasses or contact lenses

The objective of the variable is to measure vision functional limitations of any kind, whatever the reasons of the limitations (born with, disease, accident, ageing, etc.).

Seeing refers to an individual using his/her eyes and visual capacity in order to perceive or observe what is happening around them.

Vision difficulties cover a spectrum of seeing problems including dimensions of near and far vision, night blindness (nyctalopia). The difficulty can concern seeing out of one eye or person's ability to see only directly in front of him/her, but not to the sides.

The variable intends to measure long-term (chronic) limitations so any temporary problems should be excluded.

The use of **aids to improve vision** includes the use of any devices/aids that improve the visual capacity of the person (glasses, contact lenses, etc.).

PH110T1: Difficulty in hearing, even when using a hearing aid

The variable refers to the evaluation of the functional capabilities of a person to hear in a quiet or noisy room.

Hearing difficulties include a range of problems that deal with some specific aspects of the hearing function: the perception of loudness and pitch, the discrimination of speech versus background noise, and the localization of sounds (distinguishing sounds from different sources). The difficulty can concern hearing in one ear or both.

The variable intends to measure long-term (chronic) limitations so any temporary problems should be excluded.

The use of **aids to improve hearing** involves the use of any tools that enhance the auditory capacity of the person (hearing aids, implants, etc.).

PH120T1: Difficulty in walking or climbing steps

This question is studying the limits of the act of "walking" rather than limitations in walking due to other functional problems. The question assesses the capabilities of the interviewed person to walk without a cane or other aid or assistance from another person. For example, for a blind person, the guide dog should not be seen as an aid in terms of walking.

Climbing steps refers to walking up or down stairs.

Walking or climbing steps difficulties cover a variety of problems with mobility including problems walking short or long distances, problems walking up or down steps, not being able to walk any distance without stopping to rest or not being able to walk without using some type of device, being unable to stand even for a short period of time and needing a wheelchair to get from place to place. Difficulties resulting from impairments in balance, endurance, or other non-musculoskeletal systems are included. Any difficulty with walking (whether it is on flat land or up or down steps) is to be captured.

The variable intends to measure long-term (chronic) limitations so any temporary problems should be excluded.

The ability to walk or climb stairs should not be done with any assistance either by another person or an auxiliary device. Walking Aids include surgical footwear (socks, shoes), canes, braces, crutches, prostheses, etc. If you need someone to hold your hand, it is considered as help. Some prostheses or artificial limbs, depending on how they are used and whether they are considered as part of the body, cannot be considered as aids. Handrails and bannisters are not in general considered as walking or climbing aids.

PH130T1: Difficulty in remembering or concentrating

The question aims to assess functional ability of a person to remember and to concentrate

Remembering refers to an individual using his/her memory capacity in order to recall what has happened around them. It means the individual can bring to mind or think again about something that has taken place in the past (either the recent past or further back). In connection with younger people, remembering is often associated with storing facts learned in school and being able to retrieve them when needed.

Concentrating refers to an individual using his mental ability to accomplish some task such as reading, calculating numbers, learning something. It is associated with focusing on the task at hand in order to complete the task. It is the act of directing ones full attention to one subject or to focus without distraction on one thing.

Remembering or concentrating difficulties cover a variety of problems; a person having a problem with finding his/her way around, or not being able to concentrate on what he/she is doing, or a person forgetting where he/she is or what month is. A person with a cognitive difficulty may not remember what someone just said to him/her or he/she may seem confused or frightened about most things. Any difficulty with remembering, concentrating or understanding what is going on around a person that he/she considers a problem should be captured. It is not intended to capture difficulties remembering or concentrating because of common everyday situations such as high workload or stress, or as a result of substance abuse.

The variable intends to measure long-term (chronic) limitations so any temporary problems should be excluded.

PH140T1: Number of nights spent as a patient in a hospital

The question concerns a duration (number of nights) of all stays in hospital (hospitalisations) as in-patient during the 12 months prior to the interview.

Included:

- Hospitalization as well as hospitalization abroad. Complications during pregnancy, complications before / during / after birth, abortion.

Excluded:

- Day (care) cases without the need for overnight stay in hospital;
- Ambulatory/outpatient care provided in hospitals;
- The time spent in hospital for giving birth.

In case the respondent is currently hospitalised and it is the only hospitalization in the past 12 months, then do not indicate the number of nights as patient in hospital.

PH150T1: Use of any home care services for personal needs

Home care services cover a wide range of health and social services and refer to the provision of medical and non-medical in-home supporting care services for persons who due to the physical or mental illness or disability or because of old age cannot perform specific personal or household care activities or are confined to their own houses. It includes home-offered services provided by a visiting nurse or midwife from a health institute, agency or association, or by a community organisation using professional or non-professional (volunteer) staff for care delivery.

Formal home care services are home care services provided by professional health, social or community workers or by volunteer staff working for organisations specialising in the provision of home care services. Home care services provided by family members, friends, neighbours or other non-professionals are excluded.

Home medical services: for example extra assistance after a stay in the hospital, assistance to persons with chronic illnesses who need help caring for themselves long term, home dialysis, provision of antenatal and post-natal care instructions to parents, etc.

Excluded: Doctor visits at patient's homes are not included.

Home non-medical services: for example assistance for personal hygiene, eating, dressing, bathing, etc. The services are provided at the person in need own house.

Home help for the housework or for elderly people: these services include tasks such as assistance in performing daily or routine domestic tasks (preparing meals, housecleaning, doing laundry, ironing, medication reminder, taking care of finances and administrative tasks, shopping for different items, etc.). These services are offered by the municipality or private organisations in order to allow to the person in need to continue living in his own house.

Meals on wheels: care service aiming at delivering a meal to persons who cannot go out to shop for food or have difficulty in preparing meals for themselves because of physical or mental illness or disability or because of impairment due to old age.

Transport service: door-to-door and sometimes specially adapted service who allows to the ones who are confined to their own houses because of a disability and/or old age to travel for different purposes, such as to medical appointments, to shop, for recreational activities, etc.

Other home care services can be provided such as support in the personal development to persons with a physical or mental disability and/or who are in a social isolation (in order to overcome the barriers in accessing employment, education and leisure opportunities). Moral support, general and family support should be included when answering the question; the same for help with interpreting for deaf people and reading for blind people.

PH160T1: Use of any medicines prescribed by a doctor

The question refers to the drugs and medicines intake by the respondents during the last two weeks prior to the interview. The question is intended to determine whether the person has actually used medicines, i.e. the person has taken or has started taking medicines in the reviewed period, not just that he/she has a prescription for them. The reviewed period is calculated two weeks back to the day prior the interview.

Included:

- medicines, herbal medicines, homeopathic medicines, or dietary supplements (such as vitamins, minerals or tonics), contraceptive pills and hormones in cases where the drugs are used for treatment of diseases;
- Medicines with special dosage.

Excluded:

- Contraceptive pills or hormones (both used for contraception);
 - Non-prescribed medicines.
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The aim of these questions is to gather information on certain aspects and habits from the daily life of respondents, which are related with the health in general. With questions about the height and weight of respondents, the body mass index (BMI) will be calculated.

PH110. How much do you weigh without clothes and shoes?

The value is recorded in kilograms, if the respondent does not know the exact answer about his/her weight (in kilograms), the use of an estimate is allowed. For pregnant women indicate the weight prior to.

PH110. How tall are you without shoes?

The value is recorded in centimetres (without shoes), if the respondent does not know the exact answer about his/her height (in centimetres), the use of an estimate is allowed.

PH170T1. Type of smoking behaviour

The aim is to assess the number of daily smokers, sometimes smokers and non-smokers at the time of survey, no matter the quantities, who smoked. All tobacco products should be considered, when answering this question not only cigarettes, but also cigars, pipe, hand-rolled cigarettes, cigarette, narghile. Electronic cigarettes as well as cigarettes with mixed content of tobacco and cannabis or other substances are excluded.

PH180T1. Average number of cigarettes a day

This question refers only for those who indicated that they smoke daily and they should indicate the average number of cigarettes smoked daily.

PH190T1. Frequency of consumption of an alcoholic drink of any kind

The question refers to the frequency of alcohol consumption during the past 12 months prior to the interview.

The term 'alcoholic drink' refers to all drinks that contain "alcohol" (beer, wine, spirits, cocktails, home-made alcohol - such as homemade rakia) including low alcoholic as well. When responding to this question, the amount of consumed alcohol is irrelevant.

- "Every day or almost every day," is marked in the cases when the consumption of alcohol is almost daily.

- “Not in the past 12 months, as I no longer drink alcohol”: stands for a person who never had a ‘drink’ over the past 12 months, but at least one drink in his/her whole life (excludes cases where the person, just tries alcoholic drink). In this case the subjective assessment of the respondent is important.
- “Never or only a few sips or trials, in my whole life”: stands for a person who has never had a ‘drink’ in his/her whole life. In this case the subjective assessment of the respondent is important.