

Family **EVERYDAY LIFE AND HEALTH**
questionnaire

IMPRIMÉ
NUMÉRO

33v

Anonymous
questionnaire
destiné au
Département
de Démographie
de l'INSEE

Cadre à remplir par l'agent recenseur :

|_|_|_|_| |_| District
|_|_|_|_| Immeuble
|_|_|_|_| Logement

RÉPUBLIQUE
FRANÇAISE
1999

*To be filled in by all household members :
One column per person, including children*

Why this questionnaire ?

Health problems upset the everyday lives of millions of people in France. But exactly how many people ? What difficulties do they face ? What help do they need ?

France lacks reliable information on this topic. The only way to get it is to ask a large sample of the population about it.

For that purpose, the concerned institutions - the Ministry of Health, Social Security offices, mutual insurance and insurance companies, integration associations, associations for the disabled and their relatives, and local authorities - asked INSEE to broach the subject within the framework of the population census.

The following questionnaire was devised with the help of INSERM specialists and, of course, doctors.

Who must this questionnaire be filled in for ?

A column must be filled in for EACH HOUSEHOLD MEMBER, REGARDLESS HIS OR HER AGE. Adults and young people born before 1/1/1983 are required to answer question 1 to 18. Children and teenagers (born after 1/1/1983) only have to answer questions 1-2 and 10 to 19.

If you are in good health, must you answer the questions ?

Yes, you must. In order to measure the proportion of people suffering from difficulties linked to their health, everyone must be interviewed. In any case, your contribution will be very helpful.

INSEE will then conduct a further detailed survey on health problems and their impact on everyday life.

Thank you for your co-operation

Vu l'avis favorable du Conseil National de l'Information Statistique, cette enquête est reconnue d'intérêt général et non obligatoire.

Label n° 99 X 700 EC du Conseil National de l'Information Statistique, valable pour l'année 1999.

Questionnaire confidentiel destiné au Département de Démographie de l'INSEE.

La loi n° 78-17 du 6 janvier 1978 relative à l'informatique, aux fichiers et aux libertés, s'applique aux réponses faites à la présente enquête. Elle garantit aux personnes concernées un droit d'accès et de rectification pour les données les concernant. Ce droit peut être exercé auprès de la Direction Régionale de l'INSEE de la région de leur domicile.

<i>Please fill in a different column for each person</i>	Person 1	Person 2	Person 3	Person 4
If 4 column are not sufficient, please do not hesitate to ask for an extra form. First name →	_____	_____	_____	_____
1 - SEX	Male <input type="checkbox"/> 1 Female <input type="checkbox"/> 2	Male <input type="checkbox"/> 1 Female <input type="checkbox"/> 2	Male <input type="checkbox"/> 1 Female <input type="checkbox"/> 2	Male <input type="checkbox"/> 1 Female <input type="checkbox"/> 2
2a. DAY AND MONTH OF BIRTH born on... →	_ _ _ _	_ _ _ _	_ _ _ _	_ _ _ _
2b. YEAR OF BIRTH in →	_1 _ _ _	_1 _ _ _	_1 _ _ _	_1 _ _ _
Questions concerning adults and young people born before January 1, 1983 → For children and teenagers, only fill in questions 10 to 19				
3. DOES THE PERSON HAVE TROUBLE READING THE PLAIN CHARACTERS OF A NEWSPAPER ARTICLE (with eye-glasses or contact lenses, if he/she usually wears any) ?	Yes <input type="checkbox"/> 1 No <input type="checkbox"/> 2	Yes <input type="checkbox"/> 1 No <input type="checkbox"/> 2	Yes <input type="checkbox"/> 1 No <input type="checkbox"/> 2	Yes <input type="checkbox"/> 1 No <input type="checkbox"/> 2
4. DOES HE/SHE HAVE TROUBLE RECOGNIZING THE FEATURES OF SOMEONE STANDING ACROSS THE ROOM OR THE STREET (with eye-glasses or contact lenses, if he/she usually wears any) ?	Yes <input type="checkbox"/> 1 No <input type="checkbox"/> 2	Yes <input type="checkbox"/> 1 No <input type="checkbox"/> 2	Yes <input type="checkbox"/> 1 No <input type="checkbox"/> 2	Yes <input type="checkbox"/> 1 No <input type="checkbox"/> 2
5. DOES HE/SHE USUALLY HAVE TROUBLE FILLING A SIMPLE FORM ON HIS/HER OWN (cheque, social security form...) ?	Yes <input type="checkbox"/> 1 No <input type="checkbox"/> 2	Yes <input type="checkbox"/> 1 No <input type="checkbox"/> 2	Yes <input type="checkbox"/> 1 No <input type="checkbox"/> 2	Yes <input type="checkbox"/> 1 No <input type="checkbox"/> 2
6. DOES HE/SHE USUALLY HAVE TROUBLE SPEAKING AND MAKING HER/HIMSELF UNDERSTOOD ?	Yes <input type="checkbox"/> 1 No <input type="checkbox"/> 2	Yes <input type="checkbox"/> 1 No <input type="checkbox"/> 2	Yes <input type="checkbox"/> 1 No <input type="checkbox"/> 2	Yes <input type="checkbox"/> 1 No <input type="checkbox"/> 2
7. DOES HE/SHE HAVE TROUBLE HEARING WHAT IS BEING SAID DURING A CONVERSATION BETWEEN SEVERAL PEOPLE ?	Yes <input type="checkbox"/> 1 No <input type="checkbox"/> 2	Yes <input type="checkbox"/> 1 No <input type="checkbox"/> 2	Yes <input type="checkbox"/> 1 No <input type="checkbox"/> 2	Yes <input type="checkbox"/> 1 No <input type="checkbox"/> 2
8. WHEN HE/SHE IS STANDING, DOES HE/SHE HAVE ANY TROUBLE BENDING OVER TO PICK AN OBJECT UP FROM THE FLOOR ?	Yes <input type="checkbox"/> 1 No <input type="checkbox"/> 2	Yes <input type="checkbox"/> 1 No <input type="checkbox"/> 2	Yes <input type="checkbox"/> 1 No <input type="checkbox"/> 2	Yes <input type="checkbox"/> 1 No <input type="checkbox"/> 2
9. HAS HE/SHE GOT TROUBLE DRESSING OR UNDRRESSING ?	Yes <input type="checkbox"/> 1 No <input type="checkbox"/> 2	Yes <input type="checkbox"/> 1 No <input type="checkbox"/> 2	Yes <input type="checkbox"/> 1 No <input type="checkbox"/> 2	Yes <input type="checkbox"/> 1 No <input type="checkbox"/> 2

Questions concerning every household member → Including children and teenagers born after January 1, 1983

10. BECAUSE OF HEALTH PROBLEMS, DOES THE PERSON NEED THE HELP OF SOMEONE ELSE IN EVERYDAY LIFE ? (or does he/she need someone to be around and/or to help him/her more than is expected at that age)	Yes <input type="checkbox"/> 1 No <input type="checkbox"/> 2	Yes <input type="checkbox"/> 1 No <input type="checkbox"/> 2	Yes <input type="checkbox"/> 1 No <input type="checkbox"/> 2	Yes <input type="checkbox"/> 1 No <input type="checkbox"/> 2	
11. HAVE YOU MADE, OR DO YOU WISH TO MAKE ADJUSTMENTS TO YOUR ACCOMODATION BECAUSE OF THIS PERSON'S HEALTH ?	Yes <input type="checkbox"/> 1 No <input type="checkbox"/> 2	Yes <input type="checkbox"/> 1 No <input type="checkbox"/> 2	Yes <input type="checkbox"/> 1 No <input type="checkbox"/> 2	Yes <input type="checkbox"/> 1 No <input type="checkbox"/> 2	
12. BECAUSE OF HEALTH PROBLEMS, DOES HE/SHE FRENQUENTLY USE A PROSTHESIS OR A SPECIAL TECHNICAL EQUIPMENT (cane, crutches, artificial limb, wheelchair, pacemaker, hearing aid...) ?	Do not take eye-glasses, dentures or any other dental prostheses into account.				
13. IS HE/SHE RESTRICTED IN THE KIND OR AMOUNT OF EXERCISE HE/SHE CAN DO (at home, work or school or in any other occupation of his/her age such as travelling, games, sports, leisure activities...) ?	Yes <input type="checkbox"/> 1 No <input type="checkbox"/> 2	Yes <input type="checkbox"/> 1 No <input type="checkbox"/> 2	Yes <input type="checkbox"/> 1 No <input type="checkbox"/> 2	Yes <input type="checkbox"/> 1 No <input type="checkbox"/> 2	
If you answered yes to 13	→ 14. HAS THIS DIFFICULTY LASTED FOR AT LEAST THE PAST SIX MONTHS (or do you think it may last for at least six months) ?				
→ 15. And... is it because of any of the reasons mentioned opposite ? Tick the correct answers	1. Nervous state (anxiety, behavioural problems) <input type="checkbox"/> 1..... <input type="checkbox"/> 1..... <input type="checkbox"/> 1..... <input type="checkbox"/> 1.....
	2. Depressive state <input type="checkbox"/> 2..... <input type="checkbox"/> 2..... <input type="checkbox"/> 2..... <input type="checkbox"/> 2.....
	3. Ageing..... <input type="checkbox"/> 3..... <input type="checkbox"/> 3..... <input type="checkbox"/> 3..... <input type="checkbox"/> 3.....
	4. Important aching..... <input type="checkbox"/> 4..... <input type="checkbox"/> 4..... <input type="checkbox"/> 4..... <input type="checkbox"/> 4.....
	5. Chronic illnesses..... <input type="checkbox"/> 5..... <input type="checkbox"/> 5..... <input type="checkbox"/> 5..... <input type="checkbox"/> 5.....
	6. Trouble with eyesight or hearing..... <input type="checkbox"/> 6..... <input type="checkbox"/> 6..... <input type="checkbox"/> 6..... <input type="checkbox"/> 6.....
	7. Congenital malformation..... <input type="checkbox"/> 7..... <input type="checkbox"/> 7..... <input type="checkbox"/> 7..... <input type="checkbox"/> 7.....
	8. Genetic illness..... <input type="checkbox"/> 8..... <input type="checkbox"/> 8..... <input type="checkbox"/> 8..... <input type="checkbox"/> 8.....
	9. Illness after-effects..... <input type="checkbox"/> 9..... <input type="checkbox"/> 9..... <input type="checkbox"/> 9..... <input type="checkbox"/> 9.....
	10. Traffic accident..... <input type="checkbox"/> 10..... <input type="checkbox"/> 10..... <input type="checkbox"/> 10..... <input type="checkbox"/> 10.....
	11. Other accident..... <input type="checkbox"/> 11..... <input type="checkbox"/> 11..... <input type="checkbox"/> 11..... <input type="checkbox"/> 11.....
	12. Other health reasons..... <input type="checkbox"/> 12..... <input type="checkbox"/> 12..... <input type="checkbox"/> 12..... <input type="checkbox"/> 12.....

→ Next page to continue

Further questions (concerning every household member)

→ Including children and teenagers born after January 1, 1983

16. DOES THE PERSON CONSIDER HIM/HERSELF DISABLED (or, if it is a child, do his/her parents consider him/her disabled) ?	Yes <input type="checkbox"/> 1 No <input type="checkbox"/> 2	Yes <input type="checkbox"/> 1 No <input type="checkbox"/> 2	Yes <input type="checkbox"/> 1 No <input type="checkbox"/> 2	Yes <input type="checkbox"/> 1 No <input type="checkbox"/> 2
17. HAS HE/SHE OR HAS SOMEONE ASKED FOR HIM/HER TO BE ACKNOWLEDGED AS A HANDICAPPED OR DISABLED PERSON (disability ID, pension, allowance, capital, admission to a specialised establishment) ?	Yes <input type="checkbox"/> 1 No <input type="checkbox"/> 2	Yes <input type="checkbox"/> 1 No <input type="checkbox"/> 2	Yes <input type="checkbox"/> 1 No <input type="checkbox"/> 2	Yes <input type="checkbox"/> 1 No <input type="checkbox"/> 2
18. IF SO, HAS THIS REQUEST BEEN GRANTED OR NOT ?	Yes <input type="checkbox"/> 1 No <input type="checkbox"/> 2 No answer <input type="checkbox"/> 3 yet	Yes <input type="checkbox"/> 1 No <input type="checkbox"/> 2 No answer <input type="checkbox"/> 3 yet	Yes <input type="checkbox"/> 1 No <input type="checkbox"/> 2 No answer <input type="checkbox"/> 3 yet	Yes <input type="checkbox"/> 1 No <input type="checkbox"/> 2 No answer <input type="checkbox"/> 3 yet
19. IF THE PERSON IS A CHILD OLD ENOUGH TO GO TO SCHOOL, IS HE/SHE REGISTERED IN A SPECIALISED STREAM OR SCHOOL BECAUSE OF HIS/HER HEALTH PROBLEMS OR LEARNING DIFFICULTIES ?	Oui <input type="checkbox"/> 1 Non <input type="checkbox"/> 2	Oui <input type="checkbox"/> 1 Non <input type="checkbox"/> 2	Oui <input type="checkbox"/> 1 Non <input type="checkbox"/> 2	Oui <input type="checkbox"/> 1 Non <input type="checkbox"/> 2

The INSEE thanks you for carefully filling in this questionnaire. In case you're hesitating on what answer to give to some of the questions, you can ask the census taker for advice.

One final question :

20. CAN YOU TELL WHO ANSWERED THE QUESTIONNAIRE ? (you may tick more than one answer)	
Only one person for the whole household	<input type="checkbox"/> 1
Several household members	<input type="checkbox"/> 2
Someone from the outside helped fill it in	<input type="checkbox"/> 3

