

**ISSP 2011 – Health  
Basic Questionnaire**

**ISSP 2010 Module on Health and Health Care****Final questionnaire May 2010**

- 1 All notes which are not part of the questionnaire are enclosed in pointed brackets, e.g. <ISSP 1993 Q2, V5-6>.
- 2 Where items have previously been used in other ISSP modules this is noted. Countries should ensure that their translation for these questions matches that used on any previous occasion(s) when the questions were fielded.
- 3 Where [country] appears in the question text, members should insert the name of their country

## &lt;ISSP 2002&gt;

1. If you were to consider your life in general these days, how happy or unhappy would you say you are, on the whole?

PLEASE TICK **ONE** BOX ONLY

- Completely happy  (1)
- Very happy  (2)
- Fairly happy  (3)
- Neither happy nor unhappy  (4)
- Fairly unhappy  (5)
- Very unhappy  (6)
- Completely unhappy  (7)
- Can't choose  (98)

## &lt;ISSP 2008&gt;

2. In general, how much confidence do you have in...

PLEASE TICK **ONE** BOX ON EACH LINE

- |   | Complete confidence      | A great deal of confidence | Some confidence          | Very little confidence   | No confidence at all     | Can't Choose             |
|---|--------------------------|----------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| a. the educational system in [country]? | <input type="checkbox"/> | <input type="checkbox"/>   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. the health care system in [country]? | <input type="checkbox"/> | <input type="checkbox"/>   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|   | (1)                      | (2)                        | (3)                      | (4)                      | (5)                      | (8)                      |

3. In general, would you say that the health care system in [country]....

PLEASE TICK **ONE** BOX ONLY

- Needs no changes?  (1)
- Needs a few changes?  (2)
- Needs many changes?  (3)
- Needs to be completely changed?  (4)
- Can't choose  (8)

4. Is it fair or unfair that people with higher incomes can afford better **education for their children** than people with lower incomes?

*PLEASE TICK **ONE** BOX ONLY*

- |                         |                          |     |
|-------------------------|--------------------------|-----|
| Very fair               | <input type="checkbox"/> | (1) |
| Somewhat fair           | <input type="checkbox"/> | (2) |
| Neither fair nor unfair | <input type="checkbox"/> | (3) |
| Somewhat unfair         | <input type="checkbox"/> | (4) |
| Very unfair             | <input type="checkbox"/> | (5) |
| Can't choose            | <input type="checkbox"/> | (8) |

5. Is it fair or unfair that people with higher incomes can afford better **health care** than people with lower incomes?

*PLEASE TICK **ONE** BOX ONLY*

- |                         |                          |     |
|-------------------------|--------------------------|-----|
| Very fair               | <input type="checkbox"/> | (1) |
| Somewhat fair           | <input type="checkbox"/> | (2) |
| Neither fair nor unfair | <input type="checkbox"/> | (3) |
| Somewhat unfair         | <input type="checkbox"/> | (4) |
| Very unfair             | <input type="checkbox"/> | (5) |
| Can't choose            | <input type="checkbox"/> | (8) |

6. How much do you agree or disagree with the following statements?

PLEASE TICK **ONE** BOX ON EACH LINE

	<b>Strongly agree</b>	<b>Agree</b>	<b>Neither agree nor disagree</b>	<b>Disagree</b>	<b>Strongly disagree</b>	<b>Can't choose</b>
a. In the next few years the health care system in [country] will improve.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. People use health care services more than necessary.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. The government should provide only limited health care services.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. In general, the health care system in [country] is inefficient.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	(1)	(2)	(3)	(4)	(5)	(8)

<TN: in answer category c, "limited" can also be understood as basic>

7. How willing would you be to pay higher taxes to improve the level of health care for all people in [country]?

PLEASE TICK **ONE** BOX ONLY

Very willing	<input type="checkbox"/>	(1)
Fairly willing	<input type="checkbox"/>	(2)
Neither willing nor unwilling	<input type="checkbox"/>	(3)
Fairly unwilling	<input type="checkbox"/>	(4)
Very unwilling	<input type="checkbox"/>	(5)
Can't choose	<input type="checkbox"/>	(8)

8. Are you in favor of or against public funding of...

*PLEASE TICK **ONE** BOX ON EACH LINE*

	<b>Strongly in favor of</b>	<b>In favor of</b>	<b>Neither in favor of nor against</b>	<b>Against</b>	<b>Strongly against</b>	<b>Can't choose</b>
a. preventive medical checkups?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. treatment of HIV/AIDS?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. programs to prevent obesity?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. organ transplants?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	(1)	(2)	(3)	(4)	(5)	(8)

9. How much do you agree or disagree with the following statements?

*PLEASE TICK **ONE** BOX ON EACH LINE*

<b>People should have access to publicly funded health care even if they...</b>	<b>Strongly agree</b>	<b>Agree</b>	<b>Neither agree nor disagree</b>	<b>Disagree</b>	<b>Strongly disagree</b>	<b>Can't choose</b>
a. do not hold citizenship of [country].	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. behave in ways that damage their health.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	(1)	(2)	(3)	(4)	(5)	(8)

10. In your opinion, how many people are there in [country] who do not have access to the health care they need?

*PLEASE TICK **ONE** BOX ONLY*

None	<input type="checkbox"/>	(1)
Very few	<input type="checkbox"/>	(2)
Some	<input type="checkbox"/>	(3)
Many	<input type="checkbox"/>	(4)
Can't choose	<input type="checkbox"/>	(8)

11. Severe health problems may have many causes. How much do you agree or disagree with the following statements?

*PLEASE TICK **ONE** BOX ON EACH LINE*

People suffer from severe health problems...	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree	Can't choose
a. because they behaved in ways that damaged their health.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. because of the environment they are exposed to at work or where they live.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. because of their genes.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. because they are poor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	(1)	(2)	(3)	(4)	(5)	(8)

12. Suppose two equally sick people need the same heart operation. **One does not smoke, the other is a heavy smoker** .

In your opinion who should get the operation first?

*PLEASE TICK **ONE** BOX ONLY*

The non-smoker	<input type="checkbox"/>	(1)
The heavy smoker	<input type="checkbox"/>	(2)
Their smoking habits should make no difference	<input type="checkbox"/>	(3)
Can't choose	<input type="checkbox"/>	(8)

13. Now, suppose two other equally sick people need the same heart operation. **One is aged 30, the other 70**. In your opinion who should get the operation first?

*PLEASE TICK **ONE** BOX ONLY*

The 30 year old	<input type="checkbox"/>	(1)
The 70 year old	<input type="checkbox"/>	(2)
Their ages should make no difference	<input type="checkbox"/>	(3)
Can't choose	<input type="checkbox"/>	(8)

14. Now, suppose two other equally sick people need the same heart operation. **One has young children, the other does not have young children.** In your opinion who should get the operation first?

PLEASE TICK **ONE** BOX ONLY

- The one who has young children  (1)
- The one who has no young children  (2)
- Having young children should make no difference  (3)
- Can't choose  (8)

15. How much do you agree or disagree with the following statements?

PLEASE TICK **ONE** BOX ON EACH LINE

- |   | Strongly agree           | Agree                    | Neither agree nor disagree | Disagree                 | Strongly disagree        | Can't choose             |
|---|--------------------------|--------------------------|----------------------------|--------------------------|--------------------------|--------------------------|
| a) [Alternative/traditional/folk] medicine provides better solutions for health problems than [mainstream/western conventional] medicine. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b) [Alternative/traditional /folk] medicine promises more than it is able to deliver.   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|   | (1)                      | (2)                      | (3)                        | (4)                      | (5)                      | (8)                      |

<TN: "Alternative/traditional/folk medicine": Each country should choose the term that most appropriately refers to medical and health care practices and products, which are not currently part of mainstream Western medicine. "mainstream/western/conventional medicine": Each country should choose the term that most appropriately refers to allopathic mainstream western medicine.

This translation note is also relevant to questions 18 and 23>

16. How much do you agree or disagree with the following statements about doctors in general in [country]?

*PLEASE TICK **ONE** BOX ON EACH LINE*

	<b>Strongly agree</b>	<b>Agree</b>	<b>Neither agree nor disagree</b>	<b>Disagree</b>	<b>Strongly disagree</b>	<b>Can't choose</b>
a. All things considered, doctors can be trusted.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Doctors discuss all treatment options with their patients.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. The medical skills of doctors are not as good as they should be.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Doctors care more about their earnings than about their patients.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Doctors would tell their patients if they made a mistake during treatment.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	(1)	(2)	(3)	(4)	(5)	(8)

17. During the **past 4 weeks** how often...

*PLEASE TICK **ONE** BOX ON EACH LINE*

	<b>Never</b>	<b>Seldom</b>	<b>Sometimes</b>	<b>Often</b>	<b>Very often</b>	<b>Can't choose</b>
a. have you had difficulties with work or household activities because of health problems?	<input type="checkbox"/>					
b. have you had bodily aches or pains?	<input type="checkbox"/>					
c. have you felt unhappy and depressed?	<input type="checkbox"/>					
d. have you lost confidence in yourself?	<input type="checkbox"/>					
e. have you felt you could <u>not</u> overcome your problems?	<input type="checkbox"/>					
	(1)	(2)	(3)	(4)	(5)	(8)

18. During the past 12 months, how often did you visit or were visited by...

PLEASE TICK **ONE** BOX ON EACH LINE

	Never	Seldom	Sometimes	Often	Very often	Can't choose
a. a doctor?	<input type="checkbox"/>					
b. an [alternative/traditional /folk] health care practitioner?	<input type="checkbox"/>					
	(1)	(2)	(3)	(4)	(5)	(8)

<By alternative/traditional/folk health care practitioners we mean someone who was not trained in Western, mainstream medicine or does not practice it. Please use the term most appropriate for your country.>

19. During the past 12 months, have you been in hospital or a clinic as an inpatient overnight?

PLEASE TICK **ONE** BOX ONLY

Yes	<input type="checkbox"/>	(1)
No	<input type="checkbox"/>	(2)

<Note: this also includes giving birth.>

20. During the past 12 months did it ever happen that you did **not** get the medical treatment you needed because...

PLEASE TICK **ONE** BOX ON EACH LINE

	Yes	No	Did not need medical treatment
a. you could not pay for it?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. you could not take the time off work or had other commitments?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. the treatment you needed was not available where you live or nearby?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. the waiting list was too long	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	(1)	(2)	(7)

21. How likely is it that if you become seriously ill, you would get or not get...

*PLEASE TICK **ONE** BOX ON EACH LINE*

	<b>It's certain I would get</b>	<b>It's likely I would get</b>	<b>Equal chance of getting or not getting</b>	<b>It's likely I would not get</b>	<b>It's certain I would not get</b>	<b>Can't choose</b>
a. the best treatment available in [country]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. treatment from the doctor of your choice	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	(1)	(2)	(3)	(4)	(5)	(8)

22. In general, how satisfied or dissatisfied are you with the health care system in [country]?

*PLEASE TICK **ONE** BOX ONLY*

Completely satisfied	<input type="checkbox"/>	(1)
Very satisfied	<input type="checkbox"/>	(2)
Fairly satisfied	<input type="checkbox"/>	(3)
Neither satisfied nor dissatisfied	<input type="checkbox"/>	(4)
Fairly dissatisfied	<input type="checkbox"/>	(5)
Very dissatisfied	<input type="checkbox"/>	(6)
Completely dissatisfied	<input type="checkbox"/>	(7)
Can't choose	<input type="checkbox"/>	(98)

23. How satisfied or dissatisfied were you with the treatment you received...

PLEASE TICK **ONE** BOX ON EACH LINE

	Completely satisfied	Very satisfied	Fairly satisfied	Neither satisfied nor dissatisfied	Fairly dissatisfied	Very dissatisfied	Completely dissatisfied	Does not apply	Can't choose
a. when you last visited a doctor?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. when you last visited an [alternative /traditional/ folk] health care practitioner?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. when you were last in hospital?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(97)	(98)

<By alternative/traditional/folk health care practitioners we mean someone who was not trained in Western, mainstream medicine or does not practice it. Please use the term most appropriate for your country.>

24. Do you smoke cigarettes, and if so about how many cigarettes a day?

PLEASE TICK **ONE** BOX ONLY

Do not smoke and never did	<input type="checkbox"/>	(1)
Do not smoke now but smoked in the past	<input type="checkbox"/>	(2)
Smoke 1-5 cigarettes per day	<input type="checkbox"/>	(3)
Smoke 6-10 cigarettes per day	<input type="checkbox"/>	(4)
Smoke 11-20 cigarettes per day	<input type="checkbox"/>	(5)
Smoke 21-40 cigarettes per day	<input type="checkbox"/>	(6)
Smoke more than 40 cigarettes per day	<input type="checkbox"/>	(7)
Can't choose	<input type="checkbox"/>	(98)

25. How often do you...

PLEASE TICK **ONE** BOX ON EACH LINE

	Never	Once a month or less often	Several times a month	Several times a week	Daily	Can't choose
a. drink 4 or more alcoholic drinks on the same day?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. do physical activity for at least 20 minutes that makes you sweat or breathe more heavily than usual?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. eat fresh fruit or vegetables?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	(1)	(2)	(3)	(4)	(5)	(8)

<ISSP 2007>

26. In general, would you say your health is ...

PLEASE TICK **ONE** BOX ONLY

excellent	<input type="checkbox"/>	(1)
very good	<input type="checkbox"/>	(2)
good	<input type="checkbox"/>	(3)
fair	<input type="checkbox"/>	(4)
poor	<input type="checkbox"/>	(5)
Can't choose	<input type="checkbox"/>	(8)

<TN: This refers to both physical and mental health.>

27. Do you have a long-standing illness, a chronic condition, or a disability?

PLEASE TICK **ONE** BOX ONLY

Yes	<input type="checkbox"/>	(1)
No	<input type="checkbox"/>	(2)

28. What is your...

PLEASE ENTER

a. Height: \_\_\_\_\_cm

I don't know

b. Weight: \_\_\_\_\_kg

I don't know

**<Countries not using metric height and weight:**

**please use local units and convert to metric units in the data file you deposit to the Archive>**

**<Note to ISSP members: The following is a module-specific obligatory coding scheme. The question should be asked in a way (wording and categories) relevant to your country. However, please include the category "Have no health insurance" even if only a small number of your respondents are likely to place themselves in this category.**

**The answers of each respondent should be coded into one of the following categories.>**

29. What kind of health insurance do you have?

- |  |     |                          |
|--|-----|--------------------------|
| Have no health insurance   | (1) | <input type="checkbox"/> |
| National/public health insurance (including coverage by public welfare) (A)              | (2) | <input type="checkbox"/> |
| Private insurance (B)  | (3) | <input type="checkbox"/> |
| Employer/union based insurance (C)   | (4) | <input type="checkbox"/> |
| National/public health insurance and private/complementary insurance (A+B)               | (5) | <input type="checkbox"/> |
| Public/national and employer/union based insurance (A+C)                                 | (6) | <input type="checkbox"/> |
| Employer/union based and private/complementary insurance (B+C)                           | (7) | <input type="checkbox"/> |
| Employer/union based, private/complementary and national/public health insurance (A+B+C) | (8) | <input type="checkbox"/> |
| Other (specify) _____  | (9) | <input type="checkbox"/> |

**< TN: National/public health insurance - a system that provides a publicly defined level of health services. The label should be adapted to national terms.**

**TN: Coverage by public welfare system - health insurance provided by the state to those who are on welfare and cannot afford to pay. This refers to category 2. >**

## 30. &lt;refers only to respondents with health insurance&gt;

Thinking about your health insurance coverage would you say you are...

*PLEASE TICK **ONE** BOX ONLY*

- Very well covered  (1)
- Well covered  (2)
- Not well covered  (3)
- Don't know  (9)

<TN: Health insurance includes all types of insurance one has. The question refers to both existing and potential health problems. >

**OPTIONAL ITEMS****1. <refers only to respondents with health insurance>**

Does your health insurance cover...

*PLEASE TICK **ONE** BOX ON EACH LINE*

	<b>Fully or almost fully covers</b>	<b>Does not fully cover</b>	<b>Does not cover</b>	<b>Don't know</b>
a. the prescribed drugs you need?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. dental health care?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. in-patient health care in hospital or clinic?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	(1)	(2)	(3)	(9)

**<TN: by not fully covered we mean that it does not cover all costs and/or all procedures.>****2. Suppose you need to visit a medical specialist, do you need a referral from your GP/family doctor?***PLEASE TICK **ONE** BOX ONLY*

Yes, always	<input type="checkbox"/>	(1)
For some specialists yes and for others no	<input type="checkbox"/>	(2)
No, never	<input type="checkbox"/>	(3)
Can't choose	<input type="checkbox"/>	(8)

**3. During the past 4 weeks, to what extent did your health problems limit your usual social activities with family or friends?***PLEASE TICK **ONE** BOX ONLY*

Never	<input type="checkbox"/>	(1)
Seldom	<input type="checkbox"/>	(2)
Sometimes	<input type="checkbox"/>	(3)
Often	<input type="checkbox"/>	(4)
Very often	<input type="checkbox"/>	(5)
Can't choose	<input type="checkbox"/>	(8)