

ZIP

self-questionnaire partner

Intomart

1993 - 79825

Hilversum, September 1993

Number respondent:

Instructions:

We would like you to answer the following questions by putting a tick in the box of the answer that is true for you, so in this way:

Please follow the instructions, as found in the questionnaire, carefully

Sometimes you can skip a (few) question(s). That will be indicated by the words (go to question ...)

It is very important that you answer all the questions that are applicable to you, even when it is difficult to answer a certain question. There is no right or wrong answer. This questionnaire is about your own experiences regarding your health and the way you spend your time.

Some of the questions may be of a very personal nature. Therefore we would like to emphasize that this questionnaire has been set up for scientific purposes only and that all results will be processed anonymously. The scientists, who will report on these data, do not have access to your personal details.

We are thanking you in advance for your trust and cooperation.

1a. Are you in good health, generally speaking?

very good

good

average

sometimes good and sometimes poor  
poor

1b. Are you in good health compared to other people your age?

much better

better

the same

worse

much worse

do not know

2. Below you will find a list of afflictions. Could you mark whether you have had these afflictions regularly or not at all, or whether you have received treatment from your general practitioner or a specialist or been under medical supervision the past 12 months (so since October last year).

had this affliction the past 12 months or been treated / supervised by a doctor

yes

no

- chronic bronchitis, asthma, emphysema ("distended" lung) or another chronic non-specific lung disease
- severe heart disease or heart infarct
- high blood pressure
- stroke or results of stroke
- stomach ulcer or duodenal ulcer
- gallstones or inflammation of the gall bladder
- severe abdominal disorders, for more than three months
- kidney stones
- severe kidney disease
- prostate trouble
- diabetes
- persistent back trouble, hernia, sciatica or "worn-out" back
- arthrosis of knees, hips or hands
- inflammation of joints (rheumatoid arthritis of hands and / or feet)
- other forms of rheumatism

- nervous disease, such as Parkinson's disease, multiple sclerosis, epilepsy
- migraine or severe headaches
- overstrained, depressed, overwrought
- malignant disease or cancer
- chronic skin disease or eczema
- prolapse
- varicose veins
- an injury caused by an accident in or around the house, during sports / school / work or in traffic
- other diseases / afflictions / handicaps, to wit:

If you haven't suffered from any of these afflictions the past twelve months, tick the box alongside.

- 3a. Have you consulted your GP on your own behalf the past 12 months?  
 yes (go to question 3b)  
 no (go to question 4a)
- 3b. How often have you consulted your GP on your own behalf the past 12 months?  
 consulted GP ... times in past 12 months
- 4a. Have you consulted a specialist on your own behalf the past 12 months?  
 yes (go to question 4b)  
 no (go to question 5a)
- 4b. How often have you consulted a specialist on your own behalf the past 12 months?  
 consulted specialist ... times in past 12 months
- 4c. What kind of specialist did you consult most recently?  
 internist  
 gynaecologist  
 cardiologist  
 neurologist  
 ophthalmologist

ear, nose and throat specialist

surgeon

orthopaedic surgeon

psychiatrist

other specialist, to wit:

- 5a. Have you been in a hospital or a clinic the past 12 months, so since October last year?  
yes (go to question 5b)  
no (go to question 6a)
- 5b. How many days did your most recent hospitalization last?  
number of days in hospital:
- 5c. Did you undergo surgery during your most recent hospitalization?  
yes  
no
- 6a. Have you been treated by a physical therapist the past 12 months? (Apart from treatments during hospitalization.)  
yes (go to question 6b)  
no (go to question 7a)
- 6b. How many times have you been treated by your physical therapist the past 12 months?  
been treated by physical therapist ... times
- 7a. Have you consulted a psychologist, a psychotherapist, a social worker or a regional institute for mental welfare the past 12 months, so since October last year?  
yes (go to question 7b)  
no (go to question 8a)
- 7b. How many times did you visit him / her the past 12 months?  
number of times:
- 8a. Have you made use of a district nurse on your own behalf the past 12 months?

yes (go to question 8b)

no (go to question 9)

8b. How many times a week has the district nurse visited you during that period?  
number of times a week

8c. How many weeks has the district nurse visited you during that period?  
number of weeks

9. Below you will find a list of daily activities that some people have difficulty with. Please indicate for each activity whether that one does not present a problem, presents minor problems, presents major problems or can only be done with the help of others. (Temporary problems, problems that last for a short time, are to be excluded)
- does not present a problem  
presents minor problems  
presents major problems  
with help of others
- a) going up and down the stairs
  - b) moving outdoors
  - c) leaving and entering the house
  - d) sitting down in and getting up from a chair
  - e) moving to another room on the same floor
  - f) getting in and out of bed
  - g) eating and drinking
  - h) dressing and undressing
  - i) washing face and hands
  - j) washing whole body

If you have no difficulties whatsoever with any of the activities listed above, please tick box alongside.

10. Below is another list of activities that some people have difficulty with. Could you indicate for each of these activities whether you think you will have difficulties while performing any of them?

difficulties  
 no difficulties  
 lifting or raising  
 pushing or pulling  
 carrying  
 being on your feet while working  
 bending  
 kneeling, squatting or moving on all fours  
 working in a drafty area  
 working in a damp / wet area  
 working in stuffy / dusty spaces  
 being exposed to gasses or fumes  
 working when it is cold  
 working when it is hot  
 working when temperatures vary greatly  
 working when there is a lot of noise  
 walking  
 sitting  
 working with hands and fingers  
 working with one's hands above one's head  
 working outdoors  
 working at a high pace  
 concentrating intensely for a length of time  
 being in a meeting or talking  
 reading  
 writing  
 doing sums  
 working under pressure of time

If you do not have nor expect difficulties with any of the activities listed above, please tick box alongside.

11. Below you will find a list of physical and mental afflictions.

Could you indicate for each of the afflictions below to what extent that particular affliction is troubling you by ticking the box of the answer that is true for you. We want to know how you felt this past week including today.

NB one box per line.

not at all

a little

quite

very much

headache

nervous / trembling inside

unable to get rid of unpleasant thoughts or ideas

dizzy

not interested in sex or unable to enjoy it

adopting a critical attitude towards others

bad dreams

having difficulty remembering things

worrying about an inaccuracy

being easily bored or irritated

difficulty in expressing oneself when agitated

pain in chest or cardiac region

itch

little energy

thinking of ending one's life

sweating

trembling

feeling confused

little appetite

crying easily

feeling timid or uneasy in presence of someone of the other sex

feeling trapped

suddenly being frightened without a reason

uncontrollable outbursts of anger

constipation

blaming yourself for things

pain in the small of the back  
feeling restricted  
feeling lonely  
feeling down  
worrying and fretting about things  
no interest in things  
feeling scared  
feeling hurt easily  
asking others what to do all the time  
feeling others do not understand or like you  
feeling that others are unfriendly or dislike you  
doing something slowly so you are sure you do it well  
heart palpitations  
nausea  
feeling less than others  
aching muscles  
having difficulty falling asleep  
checking what you do all the time  
having difficulty making decisions  
wanting to be alone  
having difficulty breathing  
feeling cold and warm alternately  
avoiding places or things because they scare you  
feeling empty inside  
feeling numb  
a lump in your throat  
feeling desperate about the future  
having difficulty concentrating  
feeling physically weak  
feeling tense  
heavy arms or legs

Next you will be asked some questions on your medical insurance.



12. What kind of medical insurance do you have?  
insured via a system of socialized medicine (go to question 13)  
medical insurance for civil servants (go to question 14a)  
private medical insurance (go to question 14a)  
no medical insurance (go to question 15)
13. Do you have a supplementary insurance via the system of socialized medicine?  
yes (go to question 15)  
no (go to question 15)  
do not know (go to question 15)
- 14a. Do you have to pay a fixed amount of money per year before the insurance pays?  
yes (go to question 14b)  
no (go to question 15)
- 14b. Is that per person per year, or per family per year, or different?  
per person per year  
per family per year  
different, to wit:  
do not know
- 14c. How much is that maximum per year?  
own risk per year: \$  
do not know

We conclude this questionnaire with a few questions on completely different subjects.

15. Could you indicate how much time you spend on certain activities on an average weekday?  
How many hours a day do you spend:  
sleeping ... hours  
eating / washing ... hours  
reading paper / magazines / books ... hours  
doing the housekeeping ... hours  
taking care of family members ... hours

partner ... hours  
 children / grandchildren ... hours  
 watching tv / video ... hours  
 listening to music ... hours

16. How much time a week do you spend:

a week

working ... hours  
 traveling ... hours  
 taking part in sports ... hours  
 making music ... hours  
 doing odd jobs ... hours  
 hobbies ... hours  
 studying ... hours  
 voluntary work ... hours  
 political party ... hours  
 union ... hours  
 action team ... hours  
 visiting family / friends ... hours  
 church ... hours

17. Below you will find three ladders of ten steps each. They represent "ladders of life". The bottom step represents the worst possible life.

If you climb up, you will get to the tenth step; this represents the best possible life.

Please indicate on which step you are at the moment.

Then indicate on which step you were two years ago, and finally on which step you expect to be two years from now.

at this moment

two years ago

expect to be two years from now

best possible life

worst possible life

We are thanking you kindly for having answered the questions.

Question 11 is taken from the Hopkins Symptoms Checklist (HSCL) (written by Luteijn, F., Hamel L.F., Bouman T.K., Kok A.R.)

This special edition of the HSCL has been developed after having received written permission from the publishers Swets & Zeitlinger B.V., Lisse.