EASS 2021 Health Module

v1 EASS Study Year
v2 Country
v3 Respondent Number

A. Health Status

a-1. <Self Rated Health/Physical Health/Mental Health> : SF-12v2

v4 SF_Q1. In general, would you say your health is:
(1) Excellent
(2) Very good
(3) Good
(4) Fair
(5) Poor

- Each team will adjust the translations to the original English.

The following questions are about activities you might do during a typical day. Does your health now limit you in these activities? If so, how much?

v5 SF_Q2. Moderate activities, such as moving a table, pushing a vacuum cleaner, bowling, or playing golf
(1) Yes, limited a lot
(2) Yes, limited a little
(3) No, not limited at all

v6 SF_Q3. Climbing several flights of stairs
(1) Yes, limited a lot
(2) Yes, limited a little
(3) No, not limited at all

During the past 4 weeks, how much of the time have you had any of the following problems with your work or other regular daily activities as a result of your physical health?

v7 SF_Q 4. Accomplished less than you would like
(1) All of the time
(2) Most of the time
(3) Some of the time
(4) A little of the time
(5) None of the time

v8 SF_Q5. Were limited in the kind of work or other activities
(1) All of the time
(2) Most of the time
(3) Some of the time
(4) A little of the time
(5) None of the time

During the past 4 weeks, how much of the time have you had any of the following problems with your work or other regular daily activities as a result of any emotional problems (such as feeling depressed or anxious)?

v9 SF_Q6. Accomplished less than you would like
(1) All of the time
(2) Most of the time
(3) Some of the time
(4) A little of the time
(5) None of the time

v10 SF_Q7. Did work or other activities less carefully than usual
(1) All of the time
(2) Most of the time
(3) Some of the time
(4) A little of the time
(5) None of the time

v11 SF_Q8. During the past 4 weeks, how much did pain interfere with your normal work (including both work outside the home and housework)?
(1) Not at all
(2) A little bit
(3) Moderately
(4) Quite a bit
(5) Extremely

These questions are about how you feel and how things have been with you during the past 4 weeks. For each question, please give the one answer that comes closest to the way you have been feeling. How much of the time during the past 4 weeks...

v12 SF_Q9. Have you felt calm and peaceful?
(1) All of the time
(2) Most of the time
(3) Some of the time
(4) A little of the time
(5) None of the time

v13 SF_Q10. Did you have a lot of energy?
(1) All of the time
(2) Most of the time
(3) Some of the time
(4) A little of the time
(5) None of the time

v14 SF_Q11. Have you felt downhearted and depressed?
(1) All of the time
(2) Most of the time
(3) Some of the time
(4) A little of the time
(5) None of the time

v15 SF_Q12. During the past 4 weeks, how much of the time has your physical health or emotional problems interfered with your social activities (like visiting friends, relatives, etc.)?
(1) All of the time
(2) Most of the time
(3) Some of the time
(4) A little of the time
(5) None of the time

sf12_gh SF12 Subscore: General Health
sf12_pf SF12 Subscore: Physical Functioning
sf12_rp SF12 Subscore: Role Physical
sf12_re SF12 Subscore: Role Emotional
sf12_bp SF12 Subscore: Bodily Pain
sf12_mh SF12 Subscore: Mental Health
sf12_vt SF12 Subscore: Vitality
sf12_sf SF12 Subscore: Social Functioning

EASS 2010 Note: TSCS only includes SF_Q1, SF_Q8, SF_Q9 and SF_Q11.

a-3. <Symptoms/Chronic Illness/Diseases under Treatment>

v18 **A-15.** Do you have chronic diseases or longstanding health problems?
(1)Yes
(2)No →Skip question A-16

A-16. What are they? Please choose all that apply.

v19 (1) Hypertension
v20 (2) Diabetes
n1 (3) Dyslipidemia
v21 (4) Heart disease
n2 (5) Stroke
n3 (6) Cancers
n4 (7) Mental disorders
n5 (8) Musculoskeletal disorders (e.g. arthritis, lower back pain, knee problem, joint pain, rheumatism)
v22 (9) Respiratory disease (e.g. asthma, emphysema)
n6 (10) Kidney disease
n7 (11) Liver disease
n8 (12) Digestive diseases (e.g. ulcer)
v23 (13) Others (Specify **)**

Note: A-16: Each country is to specify a few salient diseases as additional choices. TSCS ask the question as an open-ended.

n9 Now I have some questions about your eyesight. Are you near-sighted?
1. Yes
2. No

(only those who answered yes to the previous question)
n10 Do you usually wear glasses or contact lenses?
1. Yes
2. No

Note: TSCS does not include n9 and n10.

a-4. <Height and Weight>

v24 **A-17.** What is your height? _____cm
v25 **A-18.** What is your weight? _____kg

bmi BMI

Note: JGSS, KGSS and TSCS writes the note that "(If you are currently pregnant, write in the weight before your pregnancy)" for weight question. TSCS also reminds interviewers about it and asks to recode the weight carefully.

B. Health Behavior

b-1. <Smoking>

v26n **B-1.** Do you smoke? (including electronic cigarettes and heated tobacco products)
JGSS: (including heated tobacco products)

1	2	3
I am a smoker	I used to smoke, but I have stopped smoking	I have scarcely/never smoked

b-2. <Drinking>

Final version

v28 **B-3.** How often do you drink alcoholic drinks?
(1) Daily
(2) Several times a week
(3) Several times a month
(4) Several times a year or less often
(5) Never

Note: TSCS does not include b-2.

b-3. <-Physical Activities>

n11

How much time do you spend walking on a weekday? This includes at work and at home as your daily routine, walking to travel from place to place, and any other walking that you do for recreation, exercise, or leisure.

(1) Less than 15 min
(2) 15 to 29min
(3) 30 to 59min
(4) 60 to 89min
(5) 90 min or more

n12

How long do you do physical activities per week that make you breathe somewhat harder than normal or much harder than normal? (This includes jogging, bicycling, exercising, carrying loads, physical labor, household chores, etc.) Do not include walking.

(1) None
(2) less than 15 min
(3) 15 to 29 min
(4) 30 to 59 min
(5) About 1 hour
(6) About 2 hours
(7) About 3 hours
(8) About 4 hours
(9) About 5 hours
(10) 6 hours or more

n13_1, n13_2

How much time do you spend sitting on a week day? This includes all the time spent sitting, for example, sitting at a desk, reading, sitting or lying down to watch television.

_____ hours _____ minutes

n14_1, n14_2

How many hours of actual sleep do you get on a week day? This may be different than the number of hours you spend in bed. (**Please do not include time for napping.)**

_____ hours _____ minutes

Sleep time The Pittsburgh Sleep Quality Index (PSQI)
By: Carole Smyth MSN, APRN, BC, ANP/GNP, Montefiore Medical Center

Note: TSCS does not include n11 to n14_2.

n15

During the past month, how would you rate your sleep quality overall?

1 Very good
2 Fairly good
3 Fairly bad
4 Very bad

Sleep time The Pittsburgh Sleep Quality Index (PSQI)
By: Carole Smyth MSN, APRN, BC, ANP/GNP, Montefiore Medical Center

b-4. <Health Checkup>

v30 **B-5.** During the last three years, did you have any health checkup?
(1) Yes, regularly
(2) Yes, but not regularly
(3) No

Note: TSCS does not include B-5.

C. Medical Care

v31 **C-1.** During the last 12 months, how often did you go to see a doctor?
(Please answer your own diseases or injuries. Do not include escorting or visitations.)
(1) Several times a week
(2) About Once a week
(3) About Once a month
(4) Several times a year
(5) About Once a year
(6) None

v32 **C-2.** How much do you worry about each of the following when it comes to yourself and yourfamily?
a. Unable to receive health care when needed
(1) Very much
(2) A little
(3) Not so much
(4) Not at all

v33 b. Unable to pay the cost when someone get a serious illness or condition
(1) Very much
(2) A little
(3) Not so much
(4) Not at all

v34 **C-3.** During the last 12 months, did you refrain from going to see a doctor, even though you were ill or injured? Please include a cold.
(1) Yes, I did → Go to question C-4
(2) No, I did not
(3) I was not ill or injured during the last 12 months

C-4. Why is it? Please circle all that apply.
v35, v35_tw (1) Waiting time is too long
v36, v36_tw (2) It costs too much
v37 (3) There is no hospital or doctor's office nearby
v38 (4) I do not know where to go
v39 (5) I have no transportation
v40 (6) I do not like to see a doctor
v41, v41_tw (7) There is no time to see a doctor
v42 (8) I thought that there is no need to go
v43 (9) I do not have active health insurance
v44 (10) Others (Specify_____)
v4042_tw (11) I do not like to see a doctor or I thought that there is no need to go
n16, n16_tw (12) I do not want to get infected with COVID-19.

Note: ISSP Q18 has partial overlap with C-3 and C-4. TSCS team divides the ISSP question and adds more choices. For question C-1, JGSS includes only the first sentence in the parentheses, but can exclude those escorting or visitations with the Japanese translation. For question C-3, since "cavity" is one of the popular reasons for going to see a doctor in Japan, JGSS adds "a cavity" as example.
TSCS does not include options (3) (4) (5) (6) (8) (9) (10) for C-4.

D. Medical Insurance/Social Security Insurance

v45 **D-1.** What kind of health insurance do you have?
(1) Public health insurance only
(2) Public health insurance and private insurance
(3) Private health insurance only
(4) No health insurance at all
(5) Not sure

E. Alternative Medicine

E-1. Have you ever received the following treatment during the last 12 months?

v46n_1	A. Acupuncture ----------	1 Yes	2 No
v46n_2	B. Moxibustion ----------	1 Yes	2 No
v46n_3	C. Cupping ----------	1 Yes	2 No
v47	D. Oriental herbal medicine----------	1 Yes	2 No
v48	E. Acupressure or massage ----------	1 Yes	2 No

Note: TSCS does not include E-1. JGSS does not include E-1C.

F. Social Support /Social Trust

f-1. <Social Support: Emotional/Financial/Instrumental Support>

s1_cjk F-1J. Did anyone listen to your concerns in general when you needed it during the last 12 months?

1Yes | 2 No | 3 I did not have any concern

F-2J. Who were they? Choose all that apply.

s2_1_cjk	1 Co-residing family members
s2_2_cjk	2 Other relatives (including those who live separately)
s2_3_cjk	3 Colleagues at work
s2_4_cjk	4 Neighbors
s2_5_cjk	5 Friends
s2_6_cjk	6 Professional workers (care takers, therapists, doctors etc.)
s2_7_cjk	7 Others (specify_____)

Note: TSCS does not include f-1.

f-2. <Social Trust >

v58 **F-6.** Generally speaking, would you say that people can be trusted or that you can't be too careful in dealing with people?
(1) People can almost always be trusted
(2) People can usually be trusted
(3) You usually can't be too careful in dealing with people
(4) You almost always can't be too careful in dealing with people

G. Environment

g-1. <Physical Environment>

G-1. How severe are the following issues in the area of your local residence?

		Very severe	Somewhat severe	Not so severe	Not severe at all
v59	A Air pollution ----------→	1	2	3	4
v60	B Water pollution ----------→	1	2	3	4
v61	C Noise pollution ----------→	1	2	3	4
n17	D Insufficient sunlight ----------→	1	2	3	4

Note: KGSS does not include g-1.

g-2. <Socioeconomic Environment>

G-2. We would like to ask about the area 1km (approximately 15 minutes on foot) around your home. To what extent do you agree or disagree with each of the following statements?

		Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree
v62	A The neighborhood is suitable for doing exercise such as jogging or walking ----------→	1	2	3	4	5
v63	B A large selection of fresh fruits and/or vegetable is available in the neighborhood ----------→	1	2	3	4	5
v64	C The neighborhood has adequate public facilities (community center, library, park, etc.) ----------→	1	2	3	4	5
v65	D The neighborhood is safe ----------→	1	2	3	4	5
v66	E The neighbors are mutually concerned for each other ----------→	1	2	3	4	5
v67	F The neighbors are willing to provide assistance when I am in need ----------→	1	2	3	4	5

Note: TSCS does not include G-2E.

H. Epidemiology

v68 **H-1.** Were you vaccinated against influenza (of any type) during the last 12 months?
(1) Yes
(2) No

s10_cjk **H-2**: How much are you worried about getting infected with COVID-19?
1 Very much worried
2 Somewhat worried
3 Somewhat not worried
4 Not worried

s11_cjk 1. If a person got infected with COVID-19, it would be their own fault.
(1) Agree
(2) Somewhat agree
(3) Somewhat disagree
(4) Disagree

S12_cjk 2. If I got infected with COVID-19, it would be my own fault.
(1) Agree
(2) Somewhat agree
(3) Somewhat disagree
(4) Disagree

s13_cjk 3. What do you consider to be your own probability of getting infected with COVID-19?

Extremely likely — Extremely unlikely

1 2 3 4 5 6 7

I. Family Care Need and Care Management

v70 **I-1.** Is there anyone among your family members, whether living together or not, who needs care because of a long-term physical or mental illness or disability, or is getting old and weak?
(1) Yes
(2) No → Skip question I-2

v71 **I-2.** Are you the major care giver for at least one of them?
(1) Yes
(2) No

J. Worries about Aging

J-1. Next we would like to talk about your feelings about getting older. Please indicate how strongly you agree or disagree with the following statements.

		Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree
v72	A I worry about not being able to get around on my own as I get older ----------→	1	2	3	4	5
v73	B I worry others will have to make decisions for me as I get older ----------→	1	2	3	4	5
v74	C Financial dependence on others is one of my greatest fears about old age ----------→	1	2	3	4	5

Note: TSCS does not include J-1.

Optional: KGSS

		Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree
s8_kr	D I worry that I will have to live with my adult children when I am older →	1	2	3	4	5
s9_kr	E I worry that I will not be able to live with my adult children when I am older →	1	2	3	4	5

Considering the meaning of health, how important is each of the followings to you?

[4 point scale 1 very important, 2 important, 3 slightly important (just a little important) 4 not important]

		Very important		Important	Slightly important	Not important
n18	A Absence of (freedom from) bodily pains	1……	.. 2 ……	. 3 ……..	4	
n19	B Peace in mind and mental composure	1……	.. 2 ……	. 3 ……..	4	
n20	C Performance of familial roles and duties	1……	.. 2 ……	. 3 ……..	4	
n21	D Performance of workplace/social roles and duties	1……	.. 2 ……	. 3 ……..	4	

Note: TSCS does not include n18 to n21.

s14_cnkr

4. How often do you need to have someone help you when you read instructions, pamphlets, or other written materials from your doctor or pharmacy?
   (1) Never
   (2) Rarely
   (3) Sometimes
   (4) Often
   (5) Always

s15_cntw

5. How confident are you filling out medical forms yourself? (e.g. personal file, medical history, consent form)
   (1) Extremely
   (2) Quite a bit
   (3) Somewhat
   (4) A little bit
   (5) Not at all

6. Without other's help, how often do you have problems learning about your medical condition because of

s16_cntw a. difficulty understanding healthcare providers' explanations?
s17_cntw b. not knowing how to ask healthcare providers questions?
s18_cntw c. difficulty understanding health written materials?

   (1) Never
   (2) Occasionally
   (3) Sometimes
   (4) Often
   (5) Always

s19_cnkr V1: Older people get more than their fair share from the government
s20_cnkr V2: Older people are a burden on society
s21_cnkr V3: Old people have too much political influence
   (1) Strongly agree
   (2) Agree
   (3) Disagree
   (4) Strongly disagree

Standard Background Variables:

- Add: Spousal health (health module scale)
- In general, would you say your spouse's health is:
  (1) Excellent
  (2) Very good
  (3) Good
  (4) Fair
  (5) Poor

Note: TSCS does not include spousal health.