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Table 1 Question wording, ESS module

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|--|--|
| Self Reported Conditions | Which of the health problems on this card have you had or experienced in the last 12 months that is since [MONTH, YEAR]? Just tell me which letters apply to you. INTERVIEWER PROBE: Which others? (Heart or circulation problem; High blood pressure; Breathing problems such as asthma attacks, wheezing or whistling breathing; Allergies; Back or neck pain; Muscular or joint pain in hand or arm; Muscular or joint pain in foot or leg; Problems related to your stomach or digestion; Problems related to a skin condition; Severe headaches; Diabetes) |
| | And which of the health problems you had or experienced in the last 12 months hampered you in your daily activities in any way? Just tell me which letters apply to you. |
| | Do you have or have you ever had any of the health problems listed on this card? IF YES, is that currently or previously? (Yes, currently; Yes, previously; No, never) [CARD: Cancer affecting any part of the body; Leukaemia; Malignant tumour; Malignant lymphoma; Melanoma, carcinoma, or other skin cancer] |
| Dimensions of mental wellbeing | I will now read out a list of the ways you might have felt or behaved during the past week. Using this card, please tell me how much of the time during the past week... READ OUT ...you felt depressed? ...you felt that everything you did was an effort? ...your sleep was restless? ...you were happy? ...you felt lonely? ...you enjoyed life? ...you felt sad? ...you could not get going? (None or almost none of the time; Some of the time; Most of the time; All or almost all of the time) |
| Health Care Utilization | In the last 12 months, that is since [MM, YY], were you ever unable to get a medical consultation or the treatment you needed for any of the reasons listed on this card? (Y/N) |
| | During the past 12 months, how many times have you discussed your health with a general practitioner? INTERVIEWER: include any form of communication and home visits by the doctor. |
| | Which of the reasons listed on the card applied to you in the last 12 months? CODE ALL THAT APPLY. INTERVIEWER PROBE: Any others? (Could not pay for it; Could not take the time off work or had other commitments; The treatment you needed was not available where you live or nearby; The waiting list was too long; There were no appointments available; Other) |
| | (If 'no' at Q12) Was that because you were able to get a medical consultation or the treatment you needed, Or, you did not need a medical consultation or treatment in the last 12 months? |
| | Do you spend any time looking after or giving help to family members, friends, neighbours or others because of any of the reasons on this card? Do not count anything you do as part of your paid employment. (Yes; No) [CARD: Long term physical ill health or disability; Long term mental ill health or disability; Problems related to old age] |
| | How many hours per week do you spend doing this? (1-10 hours per week; 11-20 hours per week; 21-30 hours per week; 31-40 hours per week; 41-50 hours per week; > 50 hours per week) |
| Smoking | In the last 12 months, that is since [MM, YY], which of the treatments on this card have you used for your own health? (Acupuncture; Acupressure; Chinese medicine; Chiropractics; Osteopathy; Homeopathy; Herbal treatment; Hypnotherapy; Massage therapy; Physiotherapy; Reflexology; Spiritual Healing) |
| | Now thinking about smoking cigarettes, which of the descriptions listed on this card best describes your smoking behaviour? INTERVIEWER: Include rolled tobacco but exclude pipes, cigars or electronic cigarettes. (I smoke daily; I smoke but not every day; I don't smoke now but I used to; I have only smoked a few times; never smoked) |
| Alcohol Consumption | How many cigarettes do you smoke on a typical day? WRITE IN NUMBER OF CIGARETTES: |
| | In the last 12 months, that is since [MM,YY], how often have you had a drink containing alcohol? This could be wine, beer, cider, spirits, or other drinks containing alcohol. Please choose an answer from this card. (Every day; Several times a week; Once a week; Several times a month; Once a month; Less than once a month; Never) |
| | Please think about the last time you were drinking alcohol on a Monday, Tuesday, Wednesday or Thursday. How many of each of the following drinks did you have on that occasion? Use this card to guide your answer. INTERVIEWER PROBE: Any other drinks? [country-specific showcard produced in consultation with the ESS Team] |
| | Now please think about the last time you were drinking alcohol on a Friday, Saturday or Sunday. How many of each of the following drinks did you have on that occasion? Use this card to guide your answer. INTERVIEWER PROBE: Any other drinks? [country-specific showcard produced in consultation with the ESS Team] |
| Fruit and Vegetable Consumption | This card shows six different examples of how much alcohol people might drink on a single occasion. In the last 12 months, how often have you drunk this amount of alcohol or more on a single occasion? Was it daily or almost daily, weekly, monthly, less than monthly, or, never? [country-specific showcard produced in consultation with the ESS Team] |
| | Using this card, please tell me how often you eat fruit, excluding drinking juice? INTERVIEWER: Frozen fruit should be included. (Three times or more a day; Twice a day; Once a day; Less than once a day but at least 4 times a week; Less than 4 times a week but at least once a week; Less than once a week; Never) |
| Physical Activity | Using this card, please tell me how often you eat vegetables or salad, excluding potatoes? INTERVIEWER: Frozen vegetables should be included. |
| BMI | On how many of the last 7 days did you walk quickly, do sports or other physical activity for 30 minutes or longer? WRITE IN NUMBER OF DAYS: |
| Quality of Housing | What is your height without shoes? / What is your weight without shoes? INTERVIEWER: If the respondent answers "don't know" say: "please give your best estimate". |
| Working Conditions | Do any of the problems listed on this card apply to your accommodation? (Yes; No) [CARD: Mould or rot in windows, doors or floors; Damp walls or leaking roof; Lack of indoor flushing toilet; Lack of bath and shower; Overcrowding; Extremely hot or extremely cold] |
| | In any of the jobs you have ever had, which of the things on this card were you exposed to? CODE ALL THAT APPLY. INTERVIEWER PROBE: Which others? (Vibrations from hand tools or machinery; Tiring or painful positions; Manually lifting or moving people; Manually carrying or moving heavy loads) |
| Childhood Conditions | In any of the jobs you have ever had, which of the things on this card were you exposed to? CODE ALL THAT APPLY. INTERVIEWER PROBE: Which others? (Very loud noise; Very hot temperatures; Very cold temperatures; Radiation such as X-rays; Handling, breathing in or being in contact with chemical products, vapours or substances; Breathing in other types of smoke, fumes, powder or dust) |
| | Using this card, please tell me how often there was serious conflict between the people living in your household when you were growing up? (Always; Often; Sometimes; Hardly ever; Never) |
| | Using the same card, please tell me how often you and your family experienced severe financial difficulties when you were growing up? (Always; Often; Sometimes; Hardly ever; Never) |