

## PH010: SELF-PERCEIVED GENERAL HEALTH

**Topic and detailed topic:** Health: status and disability, access to, availability and use of healthcare and health determinants / Disability and Minimum European Health Module

**Variable type:** Annual

**Unit:** All current household members aged 16 years and over or selected respondent (where applies)

**Reference period:** Current

**Mode of collection:** Personal interview (proxy as an exception for persons temporarily away or in incapacity)

**In use (period):** Yes, since the first year of the EU-SILC data collection

**Series' differences:** No changes

### VALUES AND FORMAT

- |   |                             |
|---|-----------------------------|
| 1 | Very good                   |
| 2 | Good                        |
| 3 | Fair (neither good nor bad) |
| 4 | Bad                         |
| 5 | Very bad                    |

### FLAGS

- |    |   |
|----|---|
| 1  | Filled  |
| -1 | Missing   |
| -3 | Not applicable (Non-selected respondent (RB245 equal to 3)) |

### DESCRIPTION

This variable is part of standardised variables and also part of the Minimum European Health Module (MEHM). The MEHM consists of two more variables on health status: long-standing health problem and limitation in activities because of health problems (also known as Global Activity Limitation Indicator - GALI). If the MEHM is implemented, all the questions should be asked in the recommended order (i.e. self-perceived general health, long-standing health problem, and limitation in activities because of health problems) and with no inclusion of any other health status related questions before or between the MEHM questions as it could have an impact on the results.

During the interview, all answer options should systematically be read out to respondents.

The concept of self-perceived health is subjective. The notion is restricted to an assessment coming from the individual and as far as possible not from anyone else, whether an interviewer, healthcare professional or relative.

Self-perceived health might be influenced by impressions or opinions from others but is the result after these impressions have been processed by the individual relative to his/her own beliefs and attitudes.

The reference is to health in general rather than the present state of health, as the question is not intended to measure temporary health problems. The different dimensions of health should be included, i.e., physical and emotional functioning, mental health (covering psychological well-being and mental disorders) and biomedical signs and symptoms. It omits any reference to age as respondents are not specifically asked to compare their health with others of the same age or with their own previous or future health state.

Five options for answers are proposed. Two ('very good' and 'good') are at the upper end of the scale and two ('bad' and 'very bad') are at the lower. It is also important to note that the intermediate category 'fair' should be translated into an appropriately neutral term (i.e., neither good nor bad), as far as possible keeping in mind cultural interpretations, in the various languages <sup>(50)</sup>.

For this question a proxy should be avoided and used only as an exception.

<sup>(50)</sup> As a reference for translating answer categories for PH010 model question official translations of Commission Regulation (EU) No 141/2013 of 19 February 2013 implementing Regulation (EC) No 1338/2008 of the European Parliament and of the Council on Community statistics on public health and health and safety at work, as regards statistics based on the European Health Interview Survey (EHIS) (Annex I) can be used: <http://eur-lex.europa.eu/LexUriServ/LexUriServ.do?uri=CELEX:32013R0141:EN:NOT>