

### PH040: UNMET NEED FOR MEDICAL EXAMINATION OR TREATMENT

Topic and detailed topic: Health: status and disability, access to, availability and use of healthcare and

health determinants /Access to healthcare

Variable type: Annual

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

Reference period: Last 12 months

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: Yes (2015)

#### **VALUES AND FORMAT**

- Yes, there was at least one occasion when the person really needed examination or treatment but did not receive it
- No, there was no occasion when the person really needed examination or treatment but did not receive it

#### **FLAGS**

#### From 2015 onwards

- 1 Filled
- -1 Missing
- Not applicable (the person did not really need any medical examination or treatment)
- -3 Not applicable (Non-selected respondent (RB245 equal to 3))

#### Before 2015

- 1 Filled
- -1 Missing
- -3 Non-selected respondent

#### **DESCRIPTION**

#### From 2015 onwards

The purpose of the variable is to capture the restricted access to medical care according to the person's own assessment of whether he or she needed medical examination or treatment, but did not get it, experienced a delay in getting it or did not seek for it.

Delay in getting healthcare can be treated as unmet need if considered by respondents as important. However, detailing the time between the need for the service and the time of having the service is not possible as for different health conditions/problems different time references would be needed. It is up to respondents to consider if the delay was too long and if they consider it as unmet need.

Medical care refers to individual healthcare services (medical examination or treatment) provided by or under direct supervision of medical doctors (ISCO-08 code 221 group on general and specialist medical practitioners), traditional and complementary medical professionals (ISCO-08 code 2230) or equivalent professions according to national healthcare systems.

#### Included:

- Medical mental healthcare:
- Prevention if perceived by respondents as important. For example, a national healthcare system guarantees regular preventive medical check-ups but the respondent is not able to make an appointment and perceives the situation as jeopardizing his/her health.

Healthcare provided for different purposes (curative, rehabilitative, long-term healthcare) and by different modes of provision (inpatient, outpatient, day, and home care)

#### Excluded:

- Self-medication (taking prescribed or non-prescribed drugs).
- Dental care.

It is recommended that the question is implemented in the following way:

#### PH040 Q1: Was there any time during the last 12 months when you really needed a medical examination or treatment (excluding dental) for yourself?

Yes (I really needed at least at one occasion medical examination or treatment)	□1
No (I did not need any medical examination or treatment)	□2
<u>FILTER</u> : If PH040_Q1 = 1 then GO TO PH040_Q2. Else GO TO PH060_Q1.	
PH040_Q2: Did you have a medical examination or treatment each time you really nee	ded?
Yes (I had a medical examination or treatment each time I needed)	□ 1
No (there was at least one occasion when I did not have a medical examination or treatment	) 🗆 2
<u>FILTER:</u> If PH040_Q2 = 2 then GO TO PH050_Q1. Else GO TO PH060_Q1.	
Recommendations on the model question(s):	

- In order to ensure that only relevant health problems are taken into account (in situations perceived by respondent as worrying or possibly causing additional health problems or further significantly deteriorating his/her health), the question should include 'really' (... when you really needed ...).
- In order to make sure that only consultations needed on the person's own behalf rather than on behalf of children, spouse, etc., the question should include 'for yourself'.
- Both 'examination and treatment' shall be asked as both terms might be perceived differently by the respondents and the intention is to include all contacts with medical professionals (including diagnostic and preventive check-ups).
- Not to include any other questions related to unmet needs before or between the model questions.
- To follow the proposed order of all the questions and the answer categories.
- Depending on the national context, the model question can explicitly ask for exclusion of dental examination or treatment if there is a worry that respondents could consider it as part of medical care. This should especially be taken in account when questions on unmet needs for medical care are asked before questions on unmet needs for dental care.

#### Construction of PH040 variable from the model questions:

```
PH040 = 1 if PH040_Q1 = 1 and PH040_Q2 = 2
PH040 = 2 if PH040 Q1 = 1 and PH040 Q2 = 1
PH040 = missing and flag -2 if <math>PH040_Q1 = 2.
```

#### Before 2015

In order to ensure that only serious needs are taken into account, it is suggested that the term 'when you really needed ...' is added into the question.

It is also suggested that the word 'on your own behalf' is added to ensure that the consultation/treatment was on the person's own behalf rather than on behalf of children, spouse, etc. If this is not clarified, any comparison between men and women or between parents and non-parents might be confounded. Also, 'really' could stress the need for emergency checks and exclude preventive ones.

As a model to be adapted to the current PH040: Unmet need for medical examination or treatment [Unmet need for medical examination or treatment during the last 12 months], the question on unmet need for specialist consultation in the EHIS is as follows (the terms in italics refer to specialists and should be deleted or adapted):

HC.14 Was there any time during the last 12 months when you really needed to consult a specialist but did not?



- Yes, there was at least one occasion \_ 1
- No, there was no occasion  $\_2 \rightarrow$  GO TO HC.16/PH060

#### (and possibly):

- Don't know  $\_8 \rightarrow GO TO HC.16/PH060$
- Refusal \_ 9 → GO TO HC.16/PH060)



### PH050: MAIN REASON FOR UNMET NEED FOR MEDICAL EXAMINATION OR TREATMENT

Topic and detailed topic: Health: status and disability, access to, availability and use of healthcare and

health determinants /Access to healthcare

Variable type: Annual

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

Reference period: Last 12 months

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 Could not afford to (too expensive)
- 2 Waiting list
- 3 Could not take time because of work, care for children or for others
- 4 Too far to travel/no means of transportation
- 5 Fear of doctor/hospitals/examination/ treatment
- 6 Wanted to wait and see if problem got better on its own
- 7 Did not know any good doctor or specialist
- 8 Other reasons

#### **FLAGS**

- 1 Filled
- -1 Missing
- -2 Not applicable (the person did not really need any medical examination or treatment (PH040 not equal to 1))
- -3 Not applicable (Non-selected respondent (RB245 equal to 3))

#### **DESCRIPTION**

#### From 2015 onwards

The purpose of this variable is to collect the main reason for unmet need for medical examination or treatment based on personal assessment.

This is follow up variable to the PH040 Unmet need for medical examination or treatment. The purpose of the variable is to capture the reasons for a restricted access to medical care according to the person's own.

#### Included:

- Medical mental healthcare.
- Prevention if perceived by respondents as important. For example, a national healthcare system guaranties regular preventive medical check-ups but the respondent is not able to make an appointment and perceives the situation as jeopardising his/her health.
- Care provided for different purposes (curative, rehabilitative, long-term healthcare) and by different modes of provision (inpatient, outpatient, day, and home care).

#### Excluded:

- Self-medication (taking prescribed or non-prescribed drugs).
- Dental care.



It is recommended that the question is implemented in the following way:

### $\underline{\sf PH040-Q1}$ : Was there any time during the last 12 months when you really needed a medical examination or treatment (excluding dental) for yourself?

Yes (I really needed at least at one occasion medical examination or treatment)	□1
No (I did not need any medical examination or treatment)	□2
<u>FILTER</u> : If PH040_Q1 = 1 then GO TO PH040_Q2. Else GO TO PH060_Q1.	
PH040_Q2: Did you have a medical examination or treatment each time you really needed	<b>:</b> :
Yes (I had a medical examination or treatment each time I needed)	□ 1
No (there was at least one occasion when I did not have a medical examination or treatment	t) □ 2
FILTER: If PH040_Q2 = 2 then GO TO PH050_Q1. Else GO TO PH060_Q1.	

Recommendations on the model question(s):

- In order to ensure that only relevant health problems are taken into account (in situations perceived by respondent as worrying or possibly causing additional health problems or further significantly deteriorating his/her health), the question should include 'really' (... when you really needed ...).
- In order to make sure that only consultations needed on the person's own behalf rather than on behalf of children, spouse, etc., the question should include 'for yourself'.
- Both 'examination and treatment' shall be asked as both terms might be perceived differently by the
  respondents and the intention is to include all contacts with medical professionals (including diagnostic
  and preventive check-ups).
- Not to include any other questions related to unmet needs before or between the model questions;
- To follow the proposed order of all the questions and the answer categories.
- Depending on the national context, the model question can explicitly ask for exclusion of dental examination or treatment if there is a worry that respondents could consider it as part of medical care. This should especially be taken in account when questions on unmet needs for medical care are asked before questions on unmet needs for dental care.

#### Construction of PH040 variable from the model questions:

```
PH040 = 1 if PH040_Q1 = 1 and PH040_Q2 = 2 PH040 = 2 if PH040_Q1 = 1 and PH040_Q2 = 1 PH040 = missing and flag -2 if PH040_Q1 = 2.
```

#### Before 2015

This is a follow-up question to the previous one. It aims to capture the dimension of restricted access to healthcare by including not only formal healthcare coverage (by insurance or universal coverage), but also restrictions due to rationing, waiting lists, the ability to afford care, and other reasons.

In the proposed classification for this item, option 2 (length of the waiting list) should be used for people who were actually on a waiting list and who were not helped, for respondents who were discouraged from seeking care because of perceptions of long waiting lists, as well as people who have 'applied' and are still waiting to see a medical specialist.

'Not covered by insurance' should be coded as 'could not afford to' if the respondent could not afford to pay for the treatment/examination himself or herself.

The issue regarding the perception of 'Could not afford to (too expensive)' should be addressed to exclude the response of 'too expensive' which is relative (more expensive than before, etc.) so that it relates only to whether the person could not pay the price/did not have enough money to pay. The fact that the price is not covered by an insurance fund is an important element that is to be taken into account.

It is recommended that the question should be asked in this way:

#### What was the main reason for not having a medical examination or treatment?

•	Could not afford to (too expensive or not covered by the insurance fund)	□01
•	Waiting list, don't have the referral letter	□02
•	Could not take time because of work, care for children or for others	□03
•	Too far to travel/no means of transportation	□ 04
•	Fear of doctors/hospitals/examination/treatment	□ 05
•	Wanted to wait and see if problem got better on its own	□06
•	Didn't know any good specialist	□07
•	Other reason	□08
	(and possibly):	
•	Don't know	□ 98
•	Refusal	□99



### PH060: UNMET NEED FOR DENTAL EXAMINATION OR TREATMENT

Topic and detailed topic: Health: status and disability, access to, availability and use of healthcare and

health determinants /Access to healthcare

Variable type: Annual

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

Reference period: Last 12 months

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 Yes, there was at least one occasion when the person really needed examination or treatment but did not receive it
- No, there was no occasion when the person really needed examination or treatment but did not receive it

#### **FLAGS**

- 1 Filled
- -1 Missing
- Not applicable (the person did not really need any dental examination or treatment)
- -3 Not applicable (Non-selected respondent (RB245 equal to 3))

#### **DESCRIPTION**

#### From 2015 onwards

The aim of the variable is to capture unmet needs for dental care according to the person's own assessment of whether he or she needed dental examination or treatment, but didn't get it, experienced a delay in getting it or didn't seek for it.

Delay in getting care can be treated as unmet need if considered by respondents as important. It is up to respondents to consider if the delay was too long and if they consider it as unmet need.

Dental care refers to individual healthcare services provided by or under direct supervision of stomatologists (dentists) (ISCO-08 code 2261). Healthcare provided by orthodontists is included.

#### Included:

Prevention if perceived by respondents as important. For example, a national healthcare system
guarantees regular preventive medical check-ups but the respondent is not able to make an appointment
and perceives the situation as jeopardising his/her health.

#### Excluded:

- Self-medication (taking prescribed or non-prescribed drugs).
- Medical care.

It is recommended that the question is implemented in the following way:

PH060\_Q1: Was there any time during the last 12 months when you really needed a dental examination or treatment for yourself?

Yes (I really needed at least at one occasion dental examination or treatment)	□ 1
No (I did not need any dental examination or treatment)	□ 2
FILTER: If PH060 Q1 = 1 then GO TO PH060 Q2. Else GO TO [next module].	

□ 1

#### PH060\_Q2: Did you have a dental examination or treatment each time you really needed?

Yes (I had a dental examination or treatment each time I needed)

No (there was at least one occasion when I did not have a dental examination or treatment)  $\Box$  2

FILTER: If PH060\_Q2 = 2 then GO TO PH070\_Q1. Else GO TO [next module].

Recommendations on the model question(s):

- In order to ensure that only relevant dental health needs are taken into account (in situations perceived by respondent as worrying or possibly causing additional health problems or further significantly deteriorating his/her dental health), the question should include 'really' (... when you really needed to consult...).
- In order to make sure that only consultations needed on the person's own behalf rather than on behalf
  of children, spouse, etc., the question should include 'for yourself'.
- Both 'examination and treatment' shall be asked as both terms might be perceived differently by the
  respondents and the intention is to include all contacts with dental professionals (including diagnostic
  and preventive check-ups).
- Not to include any other questions related to unmet needs before or between the model questions.
- To follow the proposed order of all the questions and the answer categories.

#### Construction of PH060 variable:

PH060 = 1 if PH060 Q1 = 1 and PH060 Q2 = 2

PH060 = 2 if PH060\_Q1 = 1 and PH060\_Q2 = 1

 $PH060 = missing and flag - 2 if <math>PH060_Q1 = 2$ 

#### Before 2015

There were major differences across EU countries in terms of the proportion of people with free access to dental care. In countries where all or nearly all persons are covered, access to healthcare may still be limited by the existence of waiting lists and other forms of rationing.

The purpose of the variable is to capture the person's own assessment of whether he or she needed to consult a dentist, but was not able to do so.

We would suggest adding the word 'personally' to make sure that the consultation/treatment was on the person's own behalf rather than on behalf of children. If this is not clarified, any comparison between men and women or between parents and non-parents might be confounded.

The same comments as for PH040: Unmet need for medical examination or treatment [Unmet need for medical examination or treatment during the last 12 months] must be considered.



### PH070: MAIN REASON FOR UNMET NEED FOR DENTAL EXAMINATION OR TREATMENT

Topic and detailed topic: Health: status and disability, access to, availability and use of healthcare and

health determinants /Access to healthcare

Variable type: Annual

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

Reference period: Last 12 months

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 Could not afford to (too expensive)
- 2 Waiting list
- 3 Could not take time because of work, care for children or for others
- 4 Too far to travel/no means of transportation
- 5 Fear of doctor (dentist)/hospitals/examination/ treatment
- 6 Wanted to wait and see if problem got better on its own
- 7 Did not know any good dentist
- 8 Other reasons

#### **FLAGS**

- 1 Filled
- -1 Missing
- -2 Not applicable (PH060 not equal to 1)
- -3 Not applicable (Non-selected respondent (RB245 equal to 3))

#### **DESCRIPTION**

#### From 2015 onwards

This variable aims to capture the main reason for unmet need for dental examination or treatment.

It is recommended that the question is implemented in the following way:

<u>PH070_Q1</u> : What was the main reason for not having a dental examinal	tion or treatment?
Could not afford to (too expensive)	<b>□</b> 1
Waiting list	<b>□2</b>
Could not take time because of work, care for children or for others	<i>□</i> <b>3</b>
Too far to travel or no means of transportation	<b>□4</b>
Fear of dentists, hospitals, examination or treatment	<b>□ 5</b>
Wanted to wait and see if problem got better on its own	<b>□6</b>
Did not know any good dentist	<b>□7</b>
Other reasons	<i></i>

#### Recommendations on the model question(s):



- To follow the proposed order of the answer options.
- All the answer options should be read out during the interview (to be sure that the main reason is answered based on all possible options).

#### **Explanations for the reasons of unmet needs:**

- Could not afford to (too expensive).
- The issue on the perception of 'Could not afford to (too expensive)' should be tackled in order to not to
  include interpretations about 'too expensive' which are relative (more expensive than before, etc.) but
  relate only to the fact that the person could not pay the price, not having money enough for this.
- The fact that the price is not covered by an insurance fund is in particular an important element to be taken into account and coded under this answer category if the respondent could not afford to pay for the treatment/examination himself or herself.

**Waiting list:** This answer is to be used for people who were actually on a waiting list and, at the same time, were not helped even though the need for care was urgent, for respondents experiencing delay in getting appointment soon enough to meet their need of care, as well as for respondents who were discouraged from seeking care because of perceptions of the long waiting times.

**Excluded:** Waiting time to see a dentist or on day of appointment (the time spend in the waiting room), being on waiting list for planned (non-urgent) care if the need is not seen as urgent; too far to travel or no means of transportation.

Excluded: could not afford the cost of transport.

#### Before 2015

This is a follow-up question to the previous one. It aims to capture the dimension of restricted access to healthcare by including not only formal healthcare coverage (by insurance or universal coverage), but also restrictions due to rationing, waiting lists, the ability to afford care, and other reasons.

In the proposed classification for this item, option 4 (length of the waiting list) should be used for people who are discouraged from seeking care because of perceptions of the length of wait, as well as people who have 'applied' and are still waiting to see a dentist.

The same comments as for PH050: Main reason for unmet need for medical examination or treatment must be considered.

#### Suggested question is:

Note: This question is a follow-up question. It will only be asked if a respondent choses the answer 'YES' in the previous question!

What was the main reason for not having a dental examination or treatment?

#### Please mark:

- 1 Could not afford to (too expensive)
- 2 Waiting list
- 3 Could not take time because of work, care for children or for others
- 4 Too far to travel/no means of transportation
- 5 Fear of doctor (dentist)/hospitals/examination/ treatment
- 6 Wanted to wait and see if problem got better on its own
- 7 Didn't know any good dentist
- 8 Other reason



## PD020: REPLACE WORN-OUT CLOTHES BY SOME NEW (NOT SECOND-HAND) ONES

Topic and detailed topic: Living conditions, including material deprivation, housing, living environment,

access to services / Material deprivation

Variable type: Annual

Unit: All current household members aged 16 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 (Applicable for years: 2009 and from 2013)

Series' differences: No changes

#### **VALUES AND FORMAT**

- 1 Yes
- 2 No, cannot afford
- 3 No, other reason

#### **FLAGS**

- 1 Filled
- -1 Missing
- -3 Not applicable (Non-selected respondent (RB245 equal to 3))
- -7 Not applicable (PB010 not equal to 2021)

#### **DESCRIPTION**

The focus is on the replacement of the worn-out clothes by some new clothes e.g. suits, winter coats, pants. It is important to note that the variable refers to worn-out clothes, and not old-fashioned ones.

#### Suggested question:

Could you tell me if you can replace worn-out clothes by some new (not second-hand) ones? Please mark.

- 1 Yes
- 2 No. cannot afford
- 3 No, other reasons



### PD030: TWO PAIRS OF PROPERLY FITTING SHOES [INCLUDING A PAIR OF ALL-WEATHER SHOES]

Topic and detailed topic: Living conditions, including material deprivation, housing, living environment,

access to services / Material deprivation

Variable type: Annual

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

Reference period: Current

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

incapacity)

In use (period): Yes (Applicable for years: 2009 and from 2013)

Series' differences: No changes

#### **VALUES AND FORMAT**

- 1 Yes
- 2 No, cannot afford
- 3 No, other reason

#### **FLAGS**

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

#### **DESCRIPTION**

The concept of shoes has to be understood in a broad sense and adapted to the climatic conditions of the countries concerned (including both boots and sandals).

On the other hand, all-weather shoes (excluding sandals and boots) could be defined as any daily life shoes. Daily life shoes should be shoes the respondent can wear most days e.g. to work.

#### Suggested question:

Do you have two pairs of shoes in a good condition that are suitable for daily activities?

(Note: Two pairs of properly fitting shoes, suitable for daily activities including a pair of all-weather shoes) *Please mark.* 

. . . .

- 1 Yes
- 2 No, cannot afford
- 3 No, other reasons



# PD050: GET-TOGETHER WITH FRIENDS/FAMILY [RELATIVES] FOR A DRINK/MEAL AT LEAST ONCE A MONTH

**Topic and detailed topic**: Living conditions, including material deprivation, housing, living environment, access to services / Material deprivation

Variable type: Annual

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

Reference period: Current

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

incapacity)

In use (period): Yes (Applicable for years: 2009 and from 2013)

Series' differences: No changes

#### **VALUES AND FORMAT**

1 Yes

- 2 No, cannot afford
- 3 No, other reason

#### **FLAGS**

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

#### **DESCRIPTION**

Friends should be understood as people the respondent enjoys being with and with whom the respondent shares private matters.

The family, or relatives, should be understood in its widest meaning. It includes father/mother/children, siblings, grandparents, aunts, uncles, cousins, nephews, nieces, families-in-law, etc.

To get together for a drink/meal: To get-together for a drink/meal means spending time eating and/or drinking with friends or family (relatives) at home or elsewhere (restaurant, pub, etc.). Getting together with friends for professional matters only is excluded.

The 'No - cannot afford it' answer for getting together for a drink/meal refers to the financial exclusion/ deprivation.

The 'No - other reason' answer for this variable refers to another type of exclusion, namely the social exclusion.

This formulation is thought to be more adapted in a cross-national perspective because having friends at home is not the main way to have social relation in all countries. This variable aims to take into account the multi-cultural specificities as well as the financial and social aspects of deprivation.

#### Suggested question:

Do you get-together with friends/family (relatives) for a drink/meal at least once a month?



#### PD060: REGULARLY PARTICIPATE IN A LEISURE ACTIVITY

**Topic and detailed topic**: Living conditions, including material deprivation, housing, living environment,

access to services / Material deprivation

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 (Applicable for years: 2009 and from 2013)

Series' differences: No changes

#### **VALUES AND FORMAT**

1 Yes

2 No, cannot afford

3 No, other reason

#### **FLAGS**

1 Filled

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

#### **DESCRIPTION**

#### Regularly:

The term 'regularly' is linked to the repeated activity (ies) and is to be self-defined by the respondent. However, a 'yes' answer should imply that leisure activities (all together) are done several times per year.

#### Leisure activity:

Activities such as sport, cinema, concert, etc. should occur outside the home. These activities would incur costs for entrance and/or travel costs (e.g. swimming), for purchase costs (e.g. riding a bicycle) or for participating in organised events (e.g. football club fees).

The formal organisation of activities is not an important element.

Suggested question:

Do you regularly participate in a leisure activity (that costs money) outside home?



### PD070: SPEND A SMALL AMOUNT OF MONEY EACH WEEK ON YOURSELF

**Topic and detailed topic**: Living conditions, including material deprivation, housing, living environment, access to services / Material deprivation

Variable type: Annual

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

Reference period: Current

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

incapacity)

In use (period): Yes (Applicable for years: 2009 and from 2013)

Series' differences: No changes

#### **VALUES AND FORMAT**

- 1 Yes
- 2 No, cannot afford
- 3 No, other reason

#### **FLAGS**

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

#### **DESCRIPTION**

To spend a small amount of money on yourself means to freely spend money, to buy/do something for yourself, for your own pleasure e.g., to go to the movies, to buy a small object, to buy a magazine, a small book, a cake, an ice-cream in summer or other small things to eat, to go to the hairdresser, etc.

The "Yes" answer means that the person can afford to spend this money.

Suggested question: 'Do you spend a small amount of money most weeks on yourself, for your own pleasure (buying/doing something for yourself)?'



### PD080: INTERNET CONNECTION FOR PERSONAL USE AT HOME

 $\textbf{Topic and detailed topic} : Living \ conditions, including \ material \ deprivation, housing, living \ environment,$ 

access to services / Material deprivation

Variable type: Annual

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

Reference period: Current

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

incapacity)

In use (period): Yes (Applicable for years: 2009 and from 2013)

Series' differences: No changes

#### **VALUES AND FORMAT**

1 Yes

- 2 No, cannot afford
- 3 No, other reason

#### **FLAGS**

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

#### **DESCRIPTION**

Internet access can be via Smartphone (e.g. BlackBerry/iPhone), other wireless handheld device (tablet, etc ...), video games console, laptop, desktop computer, TV etc.

Examples of internet activities for personal use: social networking, sending/receiving emails, using services related to travel and accommodation, creating web pages, blogs, internet banking, reading or downloading online music, video, news etc., looking for information, telephoning or making video calls, buying/selling goods or services, taking part in online consultations or voting on civil or political issues etc.

The household member is considered to have an internet connection for personal use at home only if all the needs for personal use are fully fulfilled by this connection.

Suggested question: 'Do you have an Internet connection at home for personal use when needed?'