

LIVING IN BiH, WAVE 2  
MODULE 4: HEALTH

MODULE 4

<p>1 Please think back over the last twelve months about how your health has been. Compared to other people of your own age would you say that your health has on the whole been READ OUT...</p> <p>Excellent.....1 Good.....2 Fair.....3 Poor.....4 OR very poor.....5</p>	<p>2 Do you have health insurance?</p> <p>Yes...1 No....2</p>	<p>3, Do you have any chronic diseases?</p> <p>Yes...1 No...2 »5</p>	<p>4, Which diseases? <b>SHOWCARD B</b></p> <p>High blood pressure..1 Arthritis.....2 Bronchial asthma....3 Chronic bronchitis...4 Ulcer.....5 Psychological disease/ psychophrenia.....6 Multipleschlerosis...7 Anaemia.....8 Diabetes.....9 Malignant tumor....10 Other.....11</p>	<p>5, During the last 12 months how many times did you visit a general practitioner at the ambulanta or DZ to get health care services?</p> <p>None..0 »7</p>	<p>6, How much money did you pay for visits to the ambulanta or DZ during the last 12 months?</p> <div style="border: 1px solid black; padding: 5px; width: fit-content;"> <p>INCLUDE COSTS OF: DRUGS, TRANSPORT, LABORATORY TESTS AND ESTIMATED IN KIND PAYMENTS. IF NONE WRITE IN 0</p> </div>	<p>7, <b>INTERVIEWER CHECK: IS THIS PERSON:</b></p> <p>Female aged 15-49.1 Other.....2 »11</p> <p>WRITE ANSWER AND FOLLOW SKIP PATTERN</p>		
<b>CODE</b>	<b>CODE</b>	<b>CODE</b>	<b>RANKING</b>			<b>NUMBER OF TIMES</b>	<b>AMOUNT IN KM</b>	<b>CODE</b>
			1	2	3			


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<p>8, During the previous 12 months, how many times did you visit a gynaecologist to obtain health care services?</p> <p>None...0 »11</p>	<p>9, Where did you visit this gynaecologist?</p> <p>Ambulanta.....1          Health centre.2          Hospital.....3          Private.....4</p>	<p>10, How much money did you pay for health services obtained from the gynaecologist during the last 12 months?</p> <div style="border: 1px solid black; padding: 5px; width: fit-content; margin: 10px auto;"> <p>INCLUDE COSTS OF: DRUGS, TRANSPORT, LABORATORY TESTS AND ESTIMATED IN KIND PAYMENTS. IF NONE WRITE IN 0</p> </div>	<p>11, During the last 12 months, how many times did you visit the dentist?</p> <p>None..0 »14</p>	<p>12, Where did you visit this dentist?</p> <p>Ambulanta.....1          Health centre.2          Hospital.....3          Private.....4</p>	<p>13, How much money did you pay for visits to the dentist during the last 12 months?</p> <div style="border: 1px solid black; padding: 5px; width: fit-content; margin: 10px auto;"> <p>INCLUDE COSTS OF: DRUGS, TRANSPORT, LABORATORY TESTS AND ESTIMATED IN KIND PAYMENTS. IF NONE WRITE IN 0</p> </div>	<p>14, During the last 12 months, how many times did you visit any other type of doctor?</p> <p>None..0 »17</p>
<b>TIMES</b>	<b>CODE</b>	<b>AMOUNT IN KM</b>	<b>NUMBER</b>	<b>CODE</b>	<b>AMOUNT IN KM</b>	<b>NUMBER</b>


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<p>15, Where did you visit this other doctor?</p> <p>Ambulanta.....1 Health centre.2 Hospital.....3 Private.....4</p>	<p>16, How much money did you pay for costs associated with those visits to the other doctor during the last 12 months?</p> <p>INCLUDE COSTS OF: DRUGS, TRANSPORT, LABORATORY TESTS AND ESTIMATED IN KIND PAYMENTS. IF NONE WRITE IN 0</p>	<p>17, During the last 12 months, how many times did you visit a private nurse, paramedic, midwife?</p> <p>None..0 »20</p>	<p>18, Where did you visit the private nurse, paramedic, midwife?</p> <p>Ambulanta.....1 Health centre.2 Hospital.....3 Private.....4</p>	<p>19, How much money did you pay for visits to the private nurse, paramedic, midwife during the last 12 months?</p> <p>INCLUDE COSTS OF: DRUGS, TRANSPORT, LABORATORY TESTS AND ESTIMATED IN KIND PAYMENTS. IF NONE WRITE IN 0</p>	<p>20, During the 12 months how many times did you use services of a physical therapist, chiropractor, herbalist or home nurse?</p> <p>None..0 »22</p>	<p>21, During the last 12 months how much did you pay for these services?</p> <p>INCLUDE COSTS OF: DRUGS, TRANSPORT, LABORATORY TESTS AND ESTIMATED IN KIND PAYMENTS. IF NONE WRITE IN 0</p>
CODE	AMOUNT IN KM	NUMBER	CODE	AMOUNT IN KM	NUMBER	AMOUNT IN KM




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<p>30,          What was the main reason you did not obtain them?</p> <p>Minor disorder, I treated it on my own....1          Minor disorder, did not treat it.....2          No health insurance.....3          Too far.....4          Poor service.....5          Too expensive.....6          Other.....7</p>	<p>31,          During previous 4 weeks how many days you did not perform your usual daily activities due to illness?</p>	<p>32,          Would you say that your health is better, worse or about the same as it was a year ago?</p> <p>Better.....1          Worse.....2          About the same..3</p>	<p>33,          How many cigarettes did you smoke in last 7 days?</p> <p>If none..0 »35</p>	<p>34          At what age did you start smoking?</p>	<p>35          Do you consider yourself to be disabled?</p> <p>Yes....1          No.....2 »MODULE 5</p>
<p>CODE</p>	<p>NUMBER OF          DAYS</p>	<p>CODE</p>	<p>NUMBER</p>	<p>AGE</p>	<p>CODE</p>


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<p>36          How would you describe your disability?</p> <p>Hearing impairment.....1          Profoundly deaf.....2          Visually impaired.....3          Blind.....4          Mobility impaired.....5          Housebound.....6          Learning disabilities.....7          War wounded.....8          Other [WRITE IN].....9</p>	<p>37,          In what year did you become disabled?</p>
<p>CODE</p>	<p>YEAR</p>
