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TRANSLATION AND  
INTERPRETING**

**PECULIARITIES OF TRANSLATING SURVEY  
QUESTIONNAIRES**

**APSEKOJUMU ANKETU TULKOŠANAS SPECIFIKA**

**MASTER THESIS**

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## Anotācija

Maģistra darba “Apsekojumu anketu tulkošanas specifika” mērķis ir analizēt stratēģijas, kas tiek izmantotas Eiropā veikto iedzīvotāju apsekojumu anketu tulkošanā. Šādi apsekojumi tiek organizēti vienoti Eiropas Savienības līmenī saskaņā ar precīzi formulētiem metodoloģiskiem norādījumiem, lai iegūtu salīdzināmu, uzticamu un oficiālu statistiku. Darbs sastāv no teorētiskās daļas, kurā tiek pētīta pieejamā literatūra un informācijas avoti, un no empīriskās daļas, kurā tiek analizēts Eiropas iedzīvotāju veselības apsekojuma anketas tulkojums latviešu valodā. Pētījuma rezultāti rāda, ka visbiežāk izmantotās apsekojumu anketu tulkošanas stratēģijas ir adaptācija, lokalizācija un burtisks tulkojums, savukārt nozīmīgākās atšķirības starp avota un mērķa tekstu ir saistītas ar kultūras atšķirībām un valodas normām. Kritiskas atšķirības un neatbilstības tiek novērstas, jau laicīgi anketas izstrādes procesā iesaistot valstu ekspertus, kā arī izstrādājot ļoti detalizētas tulkošanas vadlīnijas.

Atslēgvārdi: *anketa, apsekojums, oficiālā statistika, tulkošanas stratēģijas*

## Abstract

Master's Thesis *Peculiarities of Translating Survey Questionnaires* aims at analysing strategies used for translating and adapting questionnaires of population surveys carried out commonly in several European Union countries in line with strictly set methodological requirements in order to obtain comparable, reliable and official statistical data. The work consists of a theoretical part which reviews the available literature sources on the subject matter, and an empirical part where the Latvian version of the questionnaire of the European Health Interview Survey is compared with the English version developed by *Eurostat*. The results show that the most widely used survey questionnaire translation strategies are adaptation, localisation and literal translation, and the largest differences between the source and target texts are due to cultural differences and linguistic conventions. Crucial differences have been prevented by involving national experts already in the questionnaire development stage and by elaborating detailed translator's guidelines.

Key words: *official statistics, questionnaire, survey, translation strategies*

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## Introduction

Democratic societies do not function properly without a solid basis of reliable and objective statistics. On the one hand, decision-makers at EU level, in Member States, in local governments and business need statistics to make those decisions. On the other hand, the public and media need statistics for an accurate picture of the contemporary society and to evaluate the performance of politicians and others. For these reasons every year there are a number of population surveys organised at an international level and conducted in different countries all over Europe. Accordingly, questionnaires used in these surveys need to be translated into the respective national languages. The rules for translation in these cases are quite specific: to ensure an adequate response level, cultural and linguistic particularities need to be respected to a very great extent; however at the same time translation needs to be very well-targeted and formulated in order to achieve the set goal, namely, receive objective and internationally comparable information that may be turned into reliable uncorrupted data.

The goal of the present Master's Thesis is to analyse to what extent cultural and linguistic differences affect the way survey questionnaires are formulated, arranged and presented to respondents and what translation strategies are used for these purposes.

The following hypothesis has been put forward for the present Master's Thesis: well-targeted translation guidelines help translators achieve functional equivalence between the source and target versions of survey questionnaires.

The following objectives have been followed to reach the set goal: analysis of requirements for official statistics, review of applicable translation theories and strategies, in-depth study of the Latvian translation of a typical population survey carried out in the European Union, summary of the most common solutions, methods and mistakes.

Research methods include study of literature sources, and linguistic content analysis and comparative analysis of a survey questionnaire in English and Latvian.

The theoretical part of the Master's Thesis consists of three chapters. The first chapter is devoted to an overview of the European and Latvian statistical systems, it provides a short theoretical background for survey life-cycle and gives a brief description of the European Health Interview Survey that will be analysed in the empirical part of the Master's Thesis. The second chapter of the theoretical part of the present Master's Thesis presents the most typical translation strategies used for survey translation purposes: literal translation, adaptation and localisation, and how these strategies have been rendered by scholars and theoreticians. The third chapter of the theoretical part will investigate survey-specific translation guidelines and factors affecting the translation process: target population, reduction of respondent burden and expected result.

The empirical part of the present Master's Thesis will provide an in-depth module-by-module analysis of the Latvian translation of the European Health Interview Survey questionnaire and summary of the results obtained.

## 1. Introduction to Statistical Information Produced in the European Union

There is a plenty of different and often controversial statistical data available in the European Union. A variety of social, political, economic and other processes are analysed from different perspectives and by different breakdown. Besides, data are obtained from different data sources: administrative registers, opinion polls, population surveys and many more. The present Master's Thesis will focus on translation of population surveys carried out in several European Union countries in line with a strictly set methodological requirements in order to obtain comparable, reliable and, above all, official statistical data. For this purpose the term *official statistics* needs to be formulated and defined, since it puts an obligation not only on the way and means by which such data are collected, but also how such data need to be translated.

**Official statistics** are statistics published by government agencies or other public bodies such as international organisations. They provide quantitative or qualitative information on all major areas of people's lives, such as economic and social development, living conditions, health, education, and the environment (Online 1).

**Eurostat**, the Statistical Office of the European Union, has defined official statistics as any statistical activity carried out within a national statistical system, or under the statistical programme of an intergovernmental organisation. Official statistics are compiled in accordance with the United Nations Fundamental Principles for Official Statistics, the European Statistics Code of Practice or a similar authoritative framework ensuring minimum professional standards. National statistical systems comprise the ensemble of statistical organisations and units within a country that jointly collect, process and disseminate official statistics on behalf of national government. They also include the mechanisms of interaction between suppliers, producers, users and other stakeholders. The global system of official statistics comprises all national and international producers of official statistics (Online 2).

## *1.1 Statistics in Latvia*

The main producer of statistics in Latvia is the Central Statistical Bureau of Latvia. The Central Statistical Bureau of Latvia is a state administrative institution under the supervision of the Ministry of Economy, and it is responsible for the organisation of the state statistical work in Latvia. When performing its professional duties it is still completely independent from any state power or administrative institution, political party or movement. The President of the Central Statistical Bureau of Latvia reports to the Minister of Economy (Online 3).

According to the Official Statistics Law, the Central Statistical Bureau of Latvia develops the National Programme of Statistical Information every year. The programme includes all yearly statistical information and it formulates the following items:

- contents of the statistical information;
- responsible institutions;
- periodicity;
- methods for obtaining data;
- available aggregates, their breakdown.

The Official Statistics Law endows the Central Statistical Bureau of Latvia with the rights to determine the amount of the necessary statistical information in Latvia, as well to receive this primary information from all legal and physical persons free of charge.

The Central Statistical Bureau of Latvia acquires primary statistical information from respondents such as enterprises, organisations, the population and households by means of regular (annual, quarterly, monthly) surveys and one-off surveys. For the establishment of the range of respondents the sampling method is widely used. To collect data, the Central Statistical Bureau of Latvia makes use of various kinds of sectoral and inter-sectoral questionnaires: for example, there are 28 monthly questionnaires, 22 quarterly questionnaires, six semi-annual questionnaires, 59 annual questionnaires etc (altogether 143). Statistical information from the population is collected by means of

interviewing individual persons. Every year the Interviewers Service conducts 12 surveys taking interviews from more than 50 thsd households (Online 4).

**Other producers of official statistics in Latvia** include: the Bank of Latvia (balance of payments), Financial and Capital Market Commission (insurance statistics and credit institutions statistics), Ministry of Welfare (health statistics), Ministry of Interiors Affairs (crime statistics), Ministry of Finance, Ministry of Transport and others.

### ***1.2. Brief Description of European Health Interview Survey***

The present chapter will provide a brief description of the structure, aims and periodicity of a major population survey conducted both in Latvia and in other European Union countries. Translation of this survey questionnaire will be analysed further in the empirical part of the present Master's Thesis.

The European Health Interview Survey (EHIS) consists of four modules on health status, health care use, health determinants and socio-economic background variables. EHIS targets the population aged at least 15 and living in private households. The four modules cover the following topics:

- Background variables on demography and socio-economic status such as sex, age, household type, etc.
- Health status such as self-perceived health, chronic conditions, limitation in daily activities, disease specific morbidity, physical and sensory functional limitations, etc.
- Health care use such as hospitalisation, consultations, unmet needs, use of medicines, preventive actions, etc.
- Health determinants such as height and weight, consumption of fruit, vegetables, smoking, alcohol consumption, etc.

The first wave of the European Health Interview Survey (EHIS 1) was conducted between years 2006 and 2009 without any binding Commission regulation. The participating Member States had conducted the survey in different years: 2006: Austria and Estonia; 2007: Slovenia; 2008: Belgium, Bulgaria, Czech Republic, Cyprus, France, Latvia, Malta and Romania and 2009: Greece, Spain, Hungary, Poland and Slovak Republic. Germany also conducted the survey in 2009 but did not grant access to their micro data. The 17 participating EU Member States strived towards comparability via a standard questionnaire, guidelines and translation recommendations. Member States had implemented the EHIS modules at the national level either as a specific survey or had embedded the EHIS modules in an existing national survey i.e. national health interview survey, labour force survey or other household surveys. The EHIS 1 contained around 130 questions and around 340 variables (Online 5).

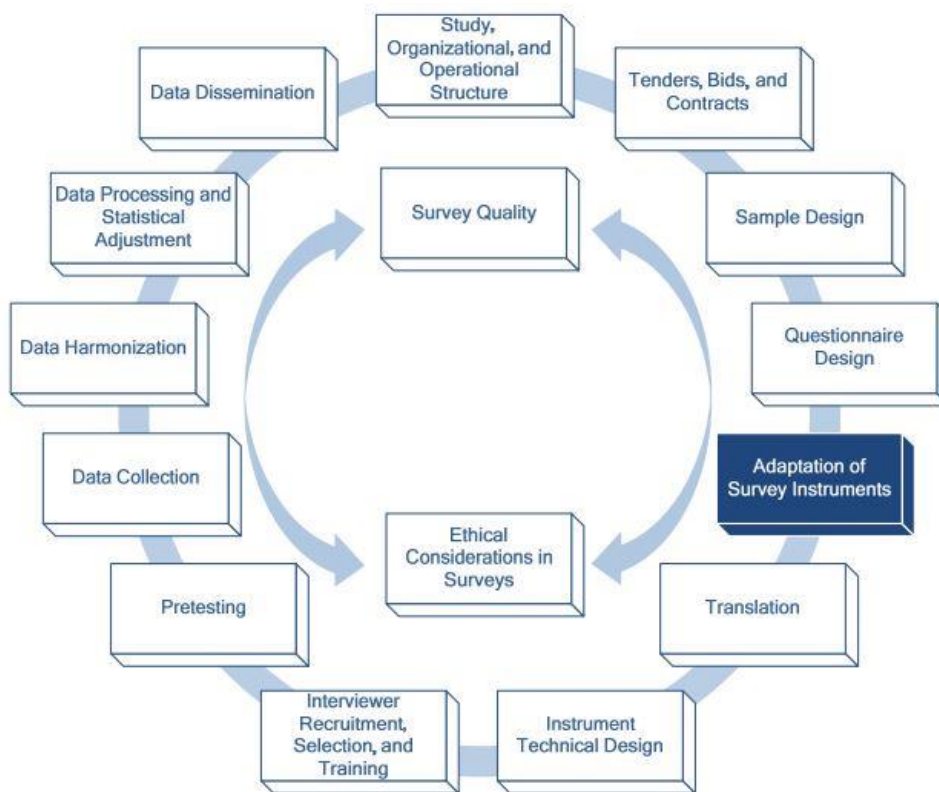
The European Health Interview Surveys are foreseen to be run every five years. The last wave (EHIS 2) was held in 2014, and its results are currently being processed and analysed. Following EHIS waves after EHIS 1 are regulated by Commission legislation.

Within the framework of the European Health Interview Survey (Wave 2), 11 thousand respondents were interviewed in Latvia during the time period from 1 October 2014 to February 2015. Respondents have been selected applying a common methodology for sample surveys developed by Eurostat, and the results will be available later this year.

### 1.3. Survey Lifecycle

The figure below illustrates the stages of survey development and implementation. The complexity of surveys differs from project to project and depends on the scope of the survey, size of sample, type, source and amount of funding, level of survey and many other factors. However, all official surveys undergo these stages, and the difference lies within the level of detail of each stage.

**Figure 1. The Survey Lifecycle**



## 2. Particularities of Survey Translation

This chapter of the Master's Thesis will be devoted to questions related to centrally-developed surveys, namely to surveys that are developed at an international level and then carried out in separate countries and translated into the respective languages. The rules for translation in these cases are quite specific, since both cultural and linguistic particularities need to be respected to a greater extent than it would be for translations for other purposes, besides the translation needs to be very well targeted in order to achieve the set goal, namely, receive objective and internationally comparable information that may be turned into reliable uncorrupted data.

Questions need to be formulated to meet the following qualities:

- they are compact, at the same time conveying the right meaning;
- they need to be formulated so that respondents do not choose “the easy way out”, i.e. choose an answer “don't know”, “don't remember” etc.;
- they need to be arranged in a logical order, not jumping from one topic to another;
- they need to be neutral; it is important that questions are not formulated in a tendentious manner or leading to a specific answer;
- often questions concern very sensitive topics, such as health, financial standing, social benefits or labour remuneration, and therefore it is important that the questions are formulated so as not to make respondents feel bad or embarrassed about their situation;
- questions need to contain phenomena that are familiar in the specific culture, and not only familiar but also of the same role as in other cultures. For example, if in other European countries, sweet potatoes would be an ordinary vegetable used on a daily basis, for example, in Latvia *batāte* is still something exotic, and should be translated simply as *kartupelis*. But in some cases it would not be appropriate and a more thorough research needs to be done, since it may be meant to be used as an exotic vegetable. In such cases the Central Statistical Bureau of Latvia would

most probably contact Eurostat, to clarify the meaning and expected feedback of the specific question.

From these examples it can be concluded that the main translation techniques used for survey translation are **literal translation, adaptation** and **localisation**. Further in this chapter of the Master's Thesis these translation strategies will be analysed closer from the perspective of survey translation and needs for producing official statistics.

## *2.1 Literal Translation and Equivalence*

Equivalence is a central concept in translation theory. Until the 1980s translation was generally regarded as a search of equivalence or sameness. Translation was defined as the replacement of textual material in one language by equivalent textual material in another language (Catford, 1965:25). A general consensus today nowadays seems to be that it is not helpful to think of the notion as a uniform one, non-differentiated. Rather, there are several types of equivalence, and in broad lines equivalence is seen as formal equivalence and dynamic (functional) equivalence (Zauberga, 2001:61-62). Traditionally formal equivalence is understood as word-for-word (literal) translation (translating the meanings of individual words in their more or less exact syntactic sequence), while dynamic equivalence is fundamentally the same as sense-for-sense translation (translating the meanings of phrases or whole sentences). American linguist and scholar Eugene Nida, in consultation with other pioneers in the field, developed the theory of "dynamic equivalence" as opposed to the traditional approach to translation, namely, formal equivalence.

According to Nida (Nida, 1964:159 – 160) formal equivalence focuses attention to the message itself, in both form and content. In such a translation one is concerned with such correspondences as poetry to poetry, sentence to sentence, and concept to concept. Viewed from this formal orientation, one is concerned that the message in the receptor languages should match as closely as possible the different elements of the source language. This means, for example, that the message in the receptor culture is

constantly compared with the message in the source culture to determine standards of accuracy and correctness. Here the translator attempts to reproduce as literally and meaningfully as possible the form and content of the original. In turn, a translation that attempts to produce a dynamic rather than a formal equivalence is based on the principle of equivalent effect. In such a translation one is not so concerned with matching the receptor-language message with the source language message, but with the dynamic relationship that the relationship between receptor and the message should be substantially the same as that which existed between the original receptors and the message. In fact, functional equivalence does not require understanding of the cultural patterns of the source-language context in order to comprehend the message. It tries to relate the receptor to modes of behaviour relevant within the context of their own culture.

Christiane Nord (Nord, 1987:35-36) looks at the level and type of equivalence from the perspective of a target or skopos of a text, and has defined equivalence as “a relationship of equal communicative value or function between a source and a target text or, on lower ranks, between words, phrases, sentences, syntactic structures etc. of a source and target language. However, equivalence at word rank does not imply textual equivalence, nor does equivalence at text rank automatically lead to lexical or syntactic equivalence. The skopos or the target of the text determines the form of equivalence required for an adequate translation. Equivalence in translation should not be approached as a search for sameness, since sameness cannot even exist between two target language versions of the same text, let alone between the source language and the target language version (Bassnett, 1988:29).

When applying the principle of formal or functional equivalence to translation of survey questionnaires, in the scale of equivalence where at the one end there is formal equivalence, and at the other end – functional equivalence, it would be closer to the “functional” end of the scale, since the aim of survey translation is to achieve the dynamic relationship defined by Nida, namely, respondents are expected to understand the essence of any question the same way as the respondents of any other culture concerned, and sometimes it requires a very free translation to achieve this equivalence. However, there are also a number of factors that restrict the translator; they include space limit, to some extent word limit, and also the need to perform back translation, which

needs to be more or less consistent with the original version of the document. Of course, any deviations can be explained and substantiated; however, there should not be too many of such cases, because this way the translator to some extent loses his/her reliability and integrity.

For the above-mentioned restricting reasons, literal translation is still among the most widely used translation strategies for rendering survey questionnaires; however, as emphasised by Peter Newmark (Newmark, 1988:69) it is important to distinguish between word-for-word and one-to-one translation. Word-for-word translation refers to source language grammar and word order, as well as the primary meaning of all the source language words, into the translation, and it is normally effective only for brief simple sentences. In one-to-one translation, a broad form of translation each source language word has a corresponding target language word, but the primary (isolated) meaning may differ. Since one-to-one translation normally respects collocational meanings, which are the most powerful contextual influence on translation, it is more common than word-for-word translation. However, above the word level, literal translation becomes increasingly difficult. When there is any kind of translation problem, literal translation is normally (not always) out of the question. By using literal translation as the only translation strategy, it is usually almost impossible or at least very difficult to achieve functional equivalence or equal effect. Besides, as pointed out by Vinay and Darbelnet (Vinay, Darbelnet: 1989:63) literal translation is most commonly found in translations between closely related languages (e.g. French – Italian), and especially those having a similar culture.

As formulated by the University of San Francisco Measurement and Methods Core of the Centre for Aging in Diverse Communities, “A well-translated survey instrument should have semantic equivalence across languages, conceptual equivalence across cultures, and normative equivalence to the source survey. Semantic equivalence refers to the words and sentence structure in the translated text expressing the same meaning as the source language. Conceptual equivalence is when the concept being measured is the same across groups, although wording to describe it may be different. Normative equivalence describes the ability of the translated text to address social norms that may differ across cultures. For example, some cultures are less willing to share

personal information or discuss certain topics than other cultures. If possible, both surveys should be developed simultaneously, preventing the survey from being based too deeply within one culture and language. Furthermore, some researchers have begun to consider whether the same questions should be asked to all populations, or whether cultural considerations may require slightly different questionnaires in several cases (issues specific to religion, health beliefs, etc)” (Guidelines for Translating Surveys in Cross-Cultural Research, 2007:1).

Looking broader at the process of translation within the context of translation of survey questionnaires the most suitable definition of translation would be that formulated by Christiane Nord (Nord: 1991:28): “Translation is the production of a functional target text maintaining a relationship with a given source text that is specified according to the intended or demanded function of the target text (translation skopos). Translation allows a communicative act to take place which because of existing linguistic and cultural barriers would not have been possible without it.”

As mentioned before, it is often considered that the overriding purpose of any translation should be to achieve “equivalent effect”, i.e. to produce the same effect (or one as close as possible) on the readership of the translation as was obtained on the readership of the original. According to Peter Newmark (Newmark, 1988:48) “equivalent effect is the desirable result, rather than the aim of any translation, bearing in mind that it is an unlikely result in two cases: (a) if the purpose of the source language text is to affect and the target language translation is to inform (or vice versa); (b) if there is a pronounced cultural gap between the source language and target language text.”

In case of survey translation the problem would be the latter, namely, there is a significant cultural gap between the source culture and the target culture, and what makes it even more complicated, a similar feedback (comparable data) needs to be achieved. Besides, there is actually no distinct source culture, since it is usually just translated from English, as English is a working language used to communicate between statistical institutes of different countries and Eurostat, where the majority of staff members are not native English speakers. Therefore it is not so easy to identify the source culture, unless we assume that the source culture is the **European** culture. But then again the concept

*European* cannot be defined homogeneously as there are too many angles, differences and even contradictions hidden in this term. And to define and analyse the meaning of being European, another in-depth research could be and many have been done, anyway not arriving to a consensus on the subject.

It as if eases the task, because there is actually no source culture or text that the translator needs to be loyal to, at the same time translators always need to bear in mind the main purpose of the translation, and it is neither to inform, nor to educate, nor to entertain or make the reader buy something. The main task is to get the reader provide the requested information to the requested extent and detail, and besides to emphasise very particular aspects. Therefore it can be considered that surveys are highly functional texts, and sometimes this purpose makes the translator sacrifice the linguistic qualities of the text. Sometimes translators are forced to produce not very well sounding sentences just to preserve the meaning. But at the same time this should not irritate the responders, and respondents are very different, of very different backgrounds, age, experience, social status etc.

Andrew Chesterman has nicely formulated this phenomenon or challenge in his book *Memes of Translation* (Chesterman, 1997:35) “Since any language user interprets any utterance partly in terms of his or her previous experience of the language and of life, no two readers ever come to a given text with exactly the same set of cognitive assumptions; if this is true even within the same language, how much more true must it be for readers of a different language and/ or culture altogether. We might consequently call the belief in the possibility of the “same effect” the *homogeneous readership fallacy*. It represents a kind of linguistic idealism, but rests on no tenable theoretical foundations, beyond this trivial truth that all readers are members of the human race.”

## **2.2. Adaptation**

Another translation technique that needs to be discussed within the context of survey translation is adaptation. Adaptation is a translation that has deviated from the source text to the extent that it cannot qualify as a translation in the conventional sense of the word. The term usually implies that considerable changes have been made in order to make the text more suitable for a specific audience or for the particular purpose behind the translation (Zauberga, 2001:48).

In case of translation of survey questionnaires it in principle means a deliberate modification of a question or questionnaire to create a new question or questionnaire. This modification can be very different – from slight linguistic changes to a completely new question, block (module) of questions or even creation of an entirely new questionnaire. Adaptation needs are considered at different times in different projects and it is likely that some adaptation needs only become apparent during translation or during pretesting of a translated questionnaire. It is therefore not possible, in terms of the survey lifecycle, to identify a single unique stage as the stage at which adaptation needs might be recognised or addressed (Harkens, 2010:2). Adaptation may be made to the content, format, response options, or visual presentation of any part of a question, any part of a questionnaire, or instrument.

The need to make some adaptation might only become apparent in the course of translating the source questionnaire into a given target language. This could be because features of the target language itself make adaptation necessary or because a translated version of the source question, although possible, would not achieve the required measurement goals. Frequently adaptations are motivated less by features of the target language than by the need to fit social, cultural, or other needs of the new linguistic group to be studied.

Answer scales provide examples of adaptations occasioned by features of the target language. Agreement scale response categories developed in English frequently have a middle category "neither agree nor disagree." In languages such as, for example, Hebrew and Swahili, this phrase cannot properly be translated by simply translating the

words. The closest semantic option available to translate "disagree" in Hebrew, for example, corresponds to "no agree." In addition, the words "neither" and "nor" are the same as the target language element corresponding to "no." Thus "neither agree nor disagree," if translated element for element, would produce something like "no agree, no no agree;" this makes little sense in Hebrew (Harkens, 2003:35-36).

Janet Harkens has identified a number of most common forms of adaptation used in developing and translating survey questionnaires that need to be used in different countries but to provide comparable data:

1. System-driven adaptation, used when units of measurement differ across countries and may require adaptation, for example, Imperial [yards, pounds] versus Metric [meters, kilos]; Fahrenheit versus Celsius). Adaptations will need to be considered for any mention in instruments of length, area, dry volume, liquid capacity, weight or mass, and also currency.
2. Adaptation to improve or guide comprehension: in preparing to use the question, "Can you run 100 yards?" in Vietnam, local researchers worried that the distance would not be clear to Vietnamese respondents and adapted it to, "Can you run 100 yards or the distance of three light poles?" to help respondents envision the distance intended. In this particular example, the distance mentioned in the source version is retained but also supplemented by a localized indication of the intended distance.
3. Adaptation to improve conceptual coverage - sometimes question components are added for a given location to better tap the intended dimension or construct. For example, the symptoms shown by patients with a given disease (as well as the treatments, the attributed causes, and the places to get help) can differ across cultures. Including mention of local symptoms, as relevant, can improve the accuracy of information collected at the local level and for the combined data set.
4. Adaptation related to cultural discourse norms - speech communities differ in the way in which they frame and carry out communication. Depending on the culture and language involved, indicators of politeness or deference may be

required in the interview script or the self-completion questionnaire (polite imperatives, acknowledgment of relative status of interviewer and respondent, apologies for asking a question, etc.).

5. Adaptation and cultural sensibilities - cultural sensibilities with regard to a wide range of topics differ from culture to culture, and some phenomena are accepted neutrally by one culture, while in another it may be considered as something unacceptable or abusive.
6. Adapting design components or characteristics - changes to the technical design of an instrument can be motivated by many factors. The direction languages are read or written in, a population's familiarity with certain visual representations (thermometers, ladders, Kunin faces), and a wide range of culturally anchored conventions related to visual presentation, including colour symbolism, representational preferences, and conventions of emphasis, may call for adaptation of components of the source questionnaire.
7. Adaptation related to lexicon and grammar - the lexicon and grammar of a language may also make changes in design necessary.
8. Adaptation to maintain or to reduce level of difficulty - educational and cognitive ability tests are biased if it is easier for one population to answer correctly or perform a task required than it is for another population of equal ability on that item. A wide range of question types is thus sometimes adapted to maintain the same level of difficulty across different populations. Research in educational and psychological testing discusses such issues.

### ***2.3. Localisation***

Another translation technique that goes hand-in-hand with adaptation and is widely used for the purposes of translation of survey questionnaires is localisation. Localisation is a method of cross-cultural transfer when the source text cultureme or the whole of the text are conveyed into a target culture specific unit. Localisation is adaptation to the degree that the recipient may perceive the target text as having

originated in the source culture (Zauberga 2001:79). Anthony Pym (Pym, 1984:17), an Australian scholar and currently Professor of Translation and Intercultural Studies at Rovira i Virgili University in Spain, has formulated quite a paradoxical observation about localisation: “Translation is often seen as a small part of localisation, and localisation is occasionally viewed as an elaborate form of translation. The two terms, however, name potentially antagonistic ways of approaching cross-cultural communication”.

In survey translations it is difficult to differentiate between localisation and adaptation, since questionnaires are in general localised to meet the specific needs and situation in the respective countries. However, since well targeted and measurable feedback is of key importance in statistics, there are strict limits to the level of localisation of questionnaires.

#### ***2.4. Target Audience of Population Surveys***

Usually texts have a more or less identified group of target readers. But in case of population survey questionnaires, which are often not specially targeted and aim at general public, it is impossible to identify the target audience, since it can be anyone aged 15 and over – with all the possible backgrounds, education, living conditions, experience etc. therefore the questionnaire must be formulated to be understood by anyone and interpreted identically. Moreover, it needs to be formulated so that respondents are willing to provide the requested (also sensitive) information. And it is not an easy task, since people tend to be very sensitive about a range of topics.

Skopos theory describes this challenge very well, namely, that it is the intended purpose of target text that determines translation method and strategy, and not the function of the source text. As it is the purpose of the translated text that determines translation strategy, the recipient for whom target text is intended becomes the crucial factor in any translation process. The function of target text is not arrived at automatically from the analysis of source text, but it pragmatically defined by the purpose of intercultural communication (Zauberga, 2001:96). According to Christiane Nord (Nord,

1991:24) each text has its place in a configuration of particular, interdependent elements (factors), whose constellation determines its function. If only one element is changed, the constellation of the other elements within the configuration will inevitably change as well. In any translation which is intended to allow people to communicate across a cultural and linguistic barrier, at least one element is different any time, and it is the recipient. Even if the target text recipient were the very image of the source text recipient in sex, age, education, social background etc., there would be one “small” difference, namely, that they are bound into different linguistic and cultural communities.

It follows that having grown up in another culture, the target text recipient has a different knowledge of the world, a different lifestyle, a different perspective on things, and a different “text experience” in the light of which the target text is read. All these factors affect the way in which he or she handles the target text. That may mean, for example, that the target reader is not familiar with the subject matter, which in the source text is dealt with in a special terminology that is supported to be well-known to the source text addressees.

## ***2.5. Reduction of Respondent Burden***

There is another notion that cannot be ignored when analysing statistical data, survey forms, or questionnaires, and it is respondent burden. Encyclopaedia of Survey Research Methods (Online 6) has defined respondent burden as the degree to which a survey respondent perceives participation in a survey research project as difficult, time consuming, or emotionally stressful. Interview length, cognitive complexity of the task, required respondent effort, frequency of being interviewed, and the stress of psychologically invasive questions all can contribute to respondent burden in survey research.

Respondent burden is one of the main reasons why the above-mentioned problems related to survey translation and data comparability cannot be solved by simply adding some extra questions, giving explanations and remarks, and using similar tools.

All these factors increase respondent burden – namely, make surveys longer, more complex, more complicated, and thus make respondents spend more time in completing a survey questionnaire. Which, in turn, imposes a risk that respondents will either choose not to complete survey form or just choose the easy way out opting for answers such as “don’t know”, “don’t remember”, “neither agree, no disagree” and similar answers in fact not giving the required effect.

A valuable analysis of relation between a translated survey questionnaire and respondent burden was provided in article *Language, Culture, and Respondent Knowledge: Findings from the Cognitive Test of the Spanish Translation of the American Housing Survey* (Online 7) which discusses problems faced when carrying out American Housing Survey 2009 - the largest regularly collected survey of housing units in the United States. In this article the authors have presented selected findings and recommendations from the cognitive test of selected questions from the Spanish translation of the American Housing Survey. Their main research goal was to identify comprehension problems respondents experienced with the Spanish translation and to disentangle whether they were due to mistranslations, lack of knowledge, or lack of experience. Where mistranslation was identified as the source of misunderstanding, the authors of the paper tested alternative translations of key terms and concepts. Where lack of knowledge or experience was identified as a source of misunderstanding, they sought to provide more context and information in the question so that respondents could formulate an informed answer. Providing more context and information to the respondent serves to decrease measurement error. While this approach reduces cognitive burden, making questions easier to answer, it also makes questions longer, which increases survey length and the time respondents take to complete the survey. Depending on the overall length of the survey, longer questions may lead to greater survey non-response and partial interviews. Thus, survey length should be considered alongside question structure when evaluating questionnaire design data quality. And in the end the researchers did not arrive at any new common solution or any new useful recommendation, except for the fact that everything should be well-balanced, and there is no one perfect strategy to develop one perfect survey questionnaire.

### ***3. Survey-Specific Translation Guidelines***

In addition to the general guidelines for survey translation, the major surveys that are carried out commonly in a number of countries are usually accompanied with a methodological manual, which includes guidelines for interviewers, mathematicians and statisticians, as well as guidelines for translators (translation protocol).

For example, the methodological manual of the European Health Interview Survey which will be analysed later in the empirical part of the present Master's Thesis included the following translation guidelines:

1. Initial translation: a translator working in the health/social statistics field, having an understanding of the health concepts used and having the target language as mother tongue and English as working language is supposed to perform the initial translation.

2. Reviewing of the initial translation: a checker with the same characteristics as the translator checks the initial translation making use of the interviewer's guidelines/conceptual guidelines and instructions.

3. Final translation: the checker's views and the initial translation are brought together in a final translation. If they do not agree, a third expert is solicited to take a decision or lead the adjudication process. It is also important to take note of the European Health Interview Survey Commission Regulation which is adopted in all linguistic versions. This regulation contains the wordings of the variables and answer categories in all languages and was reviewed by the national health interview survey experts. The model questionnaire is designed for a face-to-face interview mode. If a specific model question cannot be translated directly to a specific target language (that is if a model question does not perform in a specific target language due to cultural differences or different organisation of health care services), further modification of the model question may also be needed. All these adaptations can be introduced under the condition, that the underlying concept (or concepts) of the original model question is completely applied and covered by a modified question and that the variable derived from the modified question completely corresponds to the target variable in the Regulation. Countries sharing the

same language are recommended to coordinate the translation process in order to obtain the same questionnaire as far as possible taking into account the linguistic and cultural differences. Cognitive testing is recommended to verify the quality of the translation. Brief but important notes are given after the English version of the question. These notes should also be translated into national languages and used in the implementation of the survey.

Guidelines for translators and the level of detail of such guidelines depend on the scope and aim of the specific survey; however, in general the above-described procedure is quite commonly used in European statistical system.

#### *Back-translation and the Brislin Model for Instrument Translation*

Back-translation is a technique often used in statistics. Back-translation is a process in which a text which has been translated into a given language is retranslated into the source language. The procedure of back-translation has been used for various different purposes. Sometimes it is used in contrastive linguistics as a technique for comparing specific syntactic, morphological or lexical features from two or more languages. Sometimes back-translation is used as a technique to prove the impossibility of equivalence (Zauberga: 2001:51). In case of translation of survey questionnaires back-translation is used for the central office (usually Eurostat) to analyse whether the national versions of survey questionnaires suit the overall purpose of the survey, to investigate national peculiarities as well as to prepare for future surveys taking into account the problems faced by participating countries.

When talking about back-translation, the so-called Brislin model needs to be mentioned. The Brislin model for instrument translation is a well-known method for cross-cultural research developed by American scholar Richard Brislin (Brislin: 1970:187). According to this model, a bilingual person translates the instrument from its original language into the target language (forward translation). Then another bilingual person back translates the documents from the target language to its original language (backward translation). To ensure the equivalency of the translated documents, the back translation is done by blinding the second translator to the original document. Both

versions (the original and the back-translated documents) are then compared for accuracy. Questionable items are identified and again blindly back translated into the original language by another bilingual translator. This process is repeated multiple times until the meaning of the translated document is mutually agreed to be equivalent and unambiguous. This preferred translation processes recommends that at least two independent bilingual translators be used.

The further chapters of the present Master's Thesis will be devoted to practical analysis of the Latvian translation of the questionnaire of the European Health Interview Survey carried out in Europe on a regular basis. The main focus will be put on the used translation strategies and linguistic solutions, as well as on the compliance of the translation with the requirements of the methodological guidelines provided in the survey manual.

### **3. European Health Interview Survey**

The overall aim of the European Health Interview Survey project is to reinforce the “infrastructure for the basic system on public health statistics” (at Member State and EU level), to harmonise and improve the comparability of existing data, and to ensure that basic concepts, definitions and classifications on health statistics will be used for the whole area of health information (Online 8).

The European Health Interview Survey (EHIS) consists of four modules on health status, health care use, health determinants and socio-economic background variables. EHIS targets the population aged at least 15 and living in private households. The four modules cover the following topics:

- Background variables on demography and socio economic status such as sex, age, household type, etc.
- Health status such as self-perceived health, chronic conditions, limitation in daily activities, disease specific morbidity, physical and sensory functional limitations, etc.
- Health care use such as hospitalisation, consultations, unmet needs, use of medicines, preventive actions, etc.
- Health determinants such as height and weight, consumption of fruits, smoking, alcohol consumption, etc.

Since the questionnaire is very voluminous, closer linguistic content analysis and comparative analysis will be provided only for sub-modules and questions where there are significant differences observed between the Latvian translation and the original version of the questionnaire, as well as for the questions of other linguistic interest (possible mistakes, strange or successful wording, unusual solutions, etc.). The analysis will be provided module-by-module, starting with a general description of each module and then paying closer attention to the specific questions of interest.

### ***3.1. Analysis of Questions Included in the Health Status Module of EHIS Questionnaire***

The module on health status is a central point of the survey. It allows measurement of the health status of the population in general and not only in relation to specific health problems. It covers different aspects and dimensions of health: physical and mental health, chronic and temporary problems, specific conditions and also their general impact on the functional status and the limitations in activities of daily living of the respondents.

#### **Sub-module: Health Status**

Sub-module *Health Status* aims at measuring self-perceived general health of respondents, namely, how a person perceives his/her health in general, and if he/ she has any complaints that affect their everyday life.

Translation of the following questions of the sub-module concerning self-perceived general health will be analysed closer:

<b>How is your health in general? Is it...</b>	<b>Kāds ir Jūsu vispārējais veselības stāvoklis? Tas ir ...</b>
very good good <u>fair</u> bad very bad	ļoti labs labs <u>viduvējs</u> slikts ļoti slikts

This question refers to health in general rather than the present state of health, as the question is not intended to measure temporary health problems. Translation guidelines stipulate that "fair" is the intermediate category and should be translated into an appropriately neutral term ("not good, not bad"); however, the word "viduvējs" in Latvian presumably would rather have a negative connotation, and would be closer to bad than good, whereas "fair" is a neutral word, meaning "neither good, nor bad". According to thesaurus "viduvējs" in Latvian has three meanings, and the first really is "tāds, kas (pēc kvalitātes, daudzuma u. tml.) ir bieži sastopams, parasts un kam nepiemīt kādas ievērojamas, izcilas pazīmes"; however, a more often used meaning of the word is

“neievērojams, necils”, which does bear a negative connotation. And if directly back-translating the word “viduvējs”, the first choice would be “mediocre”, which means “of moderate or low quality, value, ability, or performance” (Online 10). Therefore for this question despite the fact that it sounds worse than the offered version I would rather opt for “ne labs, ne slikts” or “vidējs” or a similar solution, sacrificing the form and preserving the precise meaning.

<p><b>For at least the past 6 months, to what extent have you been limited because of a health problem in activities people usually do? Would you say you have been ...</b></p>	<p><b>Cik lielā mērā kāda veselības problēma vismaz pēdējo 6 mēnešu laikā ir Jūs ierobežojusi veikt <u>aktivitātes, ko cilvēki parasti dara?</u></b></p>
<p>Severely limited Limited but not severely or Not limited at all</p>	<p>Stipri ierobežojusi Ierobežojusi, bet ne pārāk stipri Nav ierobežojusi nemaz</p>

Guidelines stipulate that activities people usually do, is a question that should clearly show that the reference is to the activities people usually do and not to the own activities. People with longstanding limitations due to health problems have passed through a process of adaptation which may have resulted in a reduction of their activities. Neither a list with examples of activities nor a reference to the age group of the subject is included in the question. This is a self-perceived health question and gives no restrictions by culture, age, gender or the person's own ambition. Despite the fact that emphasis has been put on the activities that people usually do, this is an example of quite a clumsy and irritating translation of a question, even though the message has been as if conveyed.

The first objection would be towards the word “aktivitātes”, since it can be very well replaced with the word “darbības”. In Latvian the meaning of the word “aktivitātes” is usually different from that in English, and refers to more targeted activities, like physical activities, for example. The Latvian dictionary says that “aktivitāte” is “aktīva darbība, rosīga, enerģiska rīcība; rosme” or “reakcijas spēja” (Online 9). Having read the extended guidelines, I would rather opt for a solution in the direction of daily activities, since in its essence this question does concern routine everyday activities.

The second objection refers to the wording “ko cilvēki parasti dara”, since it is close to being funny and ambiguous as the emphasis is not clear: does it aim at differentiating between people and animals, and what does “usually” mean. I can understand the reasons for not deviating far from the original wording, at the same time translation guidelines give very detailed explanation as to what the question aims at and therefore the translator could use braver and more target-oriented translation approaches.

#### Sub-module: Diseases and Chronic Conditions

The following sub-module measures chronic diseases which represent one of the main public health concerns. This sub-module lists the most wide-spread diseases (and respondents are asked to answer whether they have suffered from any of these diseases during the last 12 months). The Latvian translation of all these diseases is very close to the English version of this sub-module, and therefore will not be analysed closer. Translation guidelines suggest that familiar (popular) names of the diseases/conditions should be indicated by each country. And it was also done for the Latvian version of the questionnaire, for example, “myocardial infarction (heart attack)” was translated as “miokarda infarkts (sirdstrieka)”, and “high blood pressure (hypertension)” as “paaugstināts asinsspiediens (hipertensija)”, with the exception that in the latter case, the popular name of the disease was given first.

However, if language-wise there are no significant differences between the English and the Latvian wording of this sub-module of the questionnaire, there are major differences in the very essence of the specific set of questions, as the Latvian version lists eight diseases more than the English version. It has been done, because the Interviewer’s Guidelines allow the countries to add other chronic diseases or conditions in the list for national purposes. And this is a very explicit example for how localisation as a translation strategy is used in survey questionnaires that are intended to be used in different countries and must be prepared in different languages.

### Sub-module: Accidents and Injuries

The following questions aim to measure the occurrence of different kinds of accidents and injuries which also represent a high burden in terms of consequences on health state, use of health care services and health and rehabilitation expenditures, in particular among young people. The severity of the most serious injuries that have happened during the last 12 months is also measured in the following question:

<b>In the past 12 months, have you had any of the following type of accidents resulting in injury?</b>	<b>Vai pēdējo 12 mēnešu laikā ar Jums ir atgadījies kāds no sarakstā minētajiem nelaimes gadījumiem, kas radījis traumu?</b>
Yes	Jā
No	Nē

In general, questions of this sub-module have been translated quite literally, transferring questions word-by-word, but not always the Latvian wording sounds natural, as the English pattern of the question has been reproduced very closely. For example, the question above could be formulated more successfully, making it shorter and avoiding the subordinate clause, which makes the question heavy and lengthy. However, statisticians are afraid that deviating from the original wording of the question, the target version will be perceived differently and thus imprecise information could be obtained.

### Sub-module: Absence from Work due to Health Problems

The questions of this module measure the direct burden of health problems on the economic activity, i.e. in term of absenteeism during the last 12 months. They refer to all kinds of health problems, i.e. the chronic diseases, injuries, occupational diseases measured in the previous questions, but also any other type of diseases and health problems including communicable diseases and temporary health problems.

Since questions in this sub-module are longer than in the previous sub-modules, and contain more detailed information for respondents, also the sentences in the Latvian version are longer and not always very successful. Like the question below:

<b>In the past 12 months, have you been absent from work for reasons of health problems? Take into account all kind of diseases, injuries and other health problems that you had and which resulted in your absence from work.</b>	<b>Vai pēdējo 12 mēnešu laikā Jums ir nācies neierasties darbā veselības problēmu dēļ? (Lūdzu, ņemiet vērā visas slimības, ievainojumus vai citas veselības problēmas, kas Jums ir bijušas un kuru dēļ ir nācies kavēt darbu.)</b>
Yes No	Jā Nē

Wording “nācies neierasties” is not very commonly used in Latvian, and could be simplified to “Vai pēdējo 12 mēnešu laikā Jūs esat kavējis/ kavējusi darbu veselības problēmu dēļ?”, since one of the rules for translating questionnaires is to make them as short and simple as possible. The reason for using the word “lūdzu” is not clear either, it makes the sentence heavier, and the level and register of communication in this case does not require any additional politeness formulae; besides, presumably the word “trauma” would be preferred over “ievainojums”. These two words are close synonyms in Latvian, but since in other parts of the questionnaire “injury” has been translated as trauma in order not to confuse respondents, consistency should be preserved.

#### Sub-module: Physical and Sensory Functional Limitations

These questions measure the main physical and sensory functional limitations. Measuring the prevalence of these limitations constitute the basic evaluation of the health state of the population, i.e. its situation in terms of functioning capacity whatever the reasons of the limitations.

Introduction to this sub-module:

*Now I am going to ask you some further questions about your general physical health. These questions deal with your ability to do different basic activities. Please ignore any temporary problems,*

has been translated as:

*Tagad es vēlētos lūgt Jums padomāt par situācijām, ar kādām, iespējams, Jūs saskaraties ikdienā. Lūdzu, ņemiet vērā tikai ilgstošas veselības problēmas.*

This is a very good example for omission as a translation strategy with an aim to make a question more compact and better targeted. And in this case this approach has been very successful, and has reached the goal. It is a very good example, how guidelines

can be followed instead of preserving the exact wording of the original version of the question, and this way the introductory part is really kept as simple and short as possible.

This sub-module also includes a question concerning seeing difficulty/ blindness and hearing difficulty/ deafness.

<b>Do you wear glasses or contact lenses?</b>	<b>Vai Jūs ikdienā nēsājat brilles vai kontaktlēcas?</b>
Yes	Jā
No	Nē
I cannot see at all	Esmu neredzīgs ( <u>pilnīgi akls</u> )

The translation of this question quite explicitly illustrates the differences in cultural conventions in translation and refers to issues such as political correctness, understatement, and to some extent also social attitudes. In Latvian “pilnīgi akls” is a completely neutral term that is neither offensive, nor exclusive, while in English the wording “completely blind” would be too straight-forward, and perhaps perceived as offensive to a certain group of population. The aim of political correctness according to David Katan (Katan, 1999:76) is to make language less wounding or demeaning to those whose sex, race, physical condition or circumstances leave them vulnerable to the raw powder of words. However, political correctness is treated differently by different cultures and languages, and English has always been a more socially refined language than Latvian, and it is very good that these cultural differences have been respected in translation.

This sub-module also includes questions concerning hearing ability and use of any hearing aids:

<b>Do you have difficulty hearing what is said in a conversation with <u>one other person</u> in a quiet room? Would you say...</b>	<b>Vai, sarunājoties klusā telpā, Jums ir grūtības dzirdēt <u>cita cilvēka teikto</u>?</b>
1. No difficulty	Grūtību nav
2. Some difficulty	Ar nelielām grūtībām
3. A lot of difficulty	Ar lielu piepūli
4. Cannot do at all / Unable to do	Nevaru dzirdēt nemaz

<b>Do you have difficulty hearing what is said in a conversation with <u>one other person in a noisier room?</u> Would you say...</b>	<b>Vai, sarunājoties trokšņainā telpā, Jums ir grūtības <u>dzirdēt cita cilvēka teikto, pat ja lietojat dzirdes aparātu?</u></b>
1. No difficulty 2. Some difficulty 3. A lot of difficulty 4. Cannot do at all / Unable to do	Grūtību nav Ar nelielām grūtībām Ar lielu piepūli Nevaru dzirdēt nemaz

These two questions make an example of how omission as a translation strategy not always serves the purpose and can actually encumber perception and understanding of a question. In fact in this case it can even lead to respondents giving incorrect or inaccurate answers. The emphasis in the English version of the question is put on the factor that a person is talking one-to-one with another person, instead of participating in a conversation held among several persons. When measuring the level of hearing impairment, it is always very distinctly differentiated between participation in a conversation with one other person and conversation among a group of people. Despite the fact that the Latvian wording “Vai, sarunājoties klusā telpā, Jums ir grūtības dzirdēt **cita** cilvēka teikto?” implies that a person is talking to one other person, I believe that this aspect should be emphasised more explicitly, in this case perhaps opting for a linguistically less successful sentence, but providing clearer instructions.

This sub-module also touches upon questions concerning physical (walking, moving) abilities, and the next question show an opposite trend in translation strategy used to that described above:

<b>Do you have difficulty walking up or down 12 steps? Would you say...</b>	<b>Vai varat uzkāpt un nokāpt kāpņu vienu posmu (apmēram 12 pakāpienus)?</b>
1. No difficulty 2. Some difficulty 3. A lot of difficulty 4. Cannot do at all / Unable to do	Grūtību nav Ar nelielām grūtībām Ar lielu piepūli Nevaru nemaz

In this case extra information has been added to facilitate perception of the question. Translation guidelines stipulate that “a flight of stairs” can be used as an equivalent to 12 steps, and in the Latvian translation both measurement units have been

preserved, which in this case seems to be an appropriate solution, and perhaps should also be included in the English version of the question.

The question below, which belongs to the same sub-module of the questionnaire, illustrates how measurement conventions are used in survey translations.

<b>Do you have difficulty walking <u>half a km</u> on level ground that would be without the use of any aid? Would you say...</b>	<b>Vai Jūs varat noiet <u>500 metrus</u> pa līdzenu virsmu, neizmantojot iešanas palīgīdzekļus, piemēram, spieķi vai citu cilvēku palīdzību?</b>
No difficulty	Grūtību nav
Some difficulty	Ar nelielām grūtībām
A lot of difficulty	Ar lielu piepūli
Cannot do at all / Unable to do	Nevaru nemaz

In the present case this was not a compulsory change, since there is not a different measurement system used; however, a distance of 500 metres perhaps can be visualised easier and better than a distance of half a kilometre.

Another interesting case of explicitation is rendering of the English “without the use of any aid” as “neizmantojot iešanas palīgīdzekļus, piemēram, spieķi vai citu cilvēku palīdzību”. Translator’s Guidelines stipulate that walking aids include: surgical footwear, canes or walking sticks, zimmer frames, callipers, splints, crutches, wheelchair, artificial limb (leg/foot), prostheses, someone’s assistance. Holding someone’s arm is considered as receiving assistance. It is clear that the Latvian translation aims at giving additional instructions to respondents; however, by including just one example of an aid it is more likely to limit respondents, rather than help. For example, in my opinion a walking stick and prosthesis are two completely different types of aid, and in this case, if opting for providing examples, both types should also be mentioned.

### Sub-module: Personal Care Activities

The questions of this sub-module evaluate the performance and the help received or needed concerning the main activities of daily living. It measures the first basic evaluation of disability prevalence in the population, in terms of performance for personal care activities, whatever the reasons of the disabilities (born with, disease, accident, ageing, etc.), and of related support provided to the disable persons.

The following is an example of quite illogical translation of possible answers respondents are offered to choose from:

<b>Do you usually have difficulty doing any of these activities without help?</b>	<b>Vai Jums parasti ir grūtības veikt kādu no minētajām darbībām pašam/-ai bez citu palīdzības?</b>
No difficulty Some difficulty A lot of difficulty Cannot do at all / Unable to do	Grūtību nav <u>Ar nelielām grūtībām</u> <u>Ar lielu piepūli</u> <u>Nevaru nemaz</u>

It is very difficult to answer logically and grammatically correctly to the question “Vai Jums parasti ir grūtības veikt darbību?” with an answer “Ar lielu piepūli”; besides, usually a question starting with “vai” is answered with “yes” or “no”, and such questions do not aim at measuring a degree or level of a problem. In this case the Latvian question should perhaps be modified to foresee options for measuring the level of difficulty, and could be formulated, for example, as follows: “Cik lielas grūtības Jums sagādā minēto darbību veikšana pašam/ai bez citu palīdzības?”

In fact, this is quite a common and general problem faced when translating survey questionnaires; intending to provide as precise as possible translation of multiple choice answers, translators and statisticians tend to forget to make a logical check between questions and answers.

Further questions of this sub-module refer to different aspects of everyday activities, and translation problems are very similar to those described above, therefore closer analysis of these questions will not be provided.

### Sub-module: Pain

The next sub-module includes question related to pain. They focus on the intensity of bodily pain and the extent pain interfered with normal life and work.

Translation of the question below demonstrates a successful translation (as opposed to the translation analysed in the previous chapter) of a “yes or no” question, if a level or degree of a problem needs to be measured or evaluated. And it is a very convenient technique for combining two questions, namely “Did you have any pain during the past four weeks?” and “How much pain have you had during the past 4 weeks?”

<b>How much bodily pain have you had during the past 4 weeks?</b>	<b>Vai pēdējo 4 nedēļu laikā Jums ir bijušas fiziskas sāpes?</b>
None	Nē
Very mild	Jā, nelielas
Mild	Jā, mērenas
Moderate	Jā, vidēji stipras
Severe	Jā, stipras
Very severe	Jā, ļoti stipras

In turn, one of the variants of possible answers for the question below has been translated quite awkwardly, conveying very confusing information and instructions to respondents. In most cases it means that respondents will simply avoid this answer even if it suits their situation best.

<b>During the past 4 weeks, how much did pain interfere with your normal work (including both work outside the home and housework)?</b>	<b>Cik lielā mērā sāpes pēdējās 4 nedēļās ir ietekmējušas Jūsu parasto darbu (ieskaitot gan darbu ārpus mājas, gan mājas soli)?</b>
Not at all	Nemaz
A little bit	Nedaudz
<u>Moderately</u>	<u>Mēreni daudz</u>
Quite a bit	Diezgan stipri
Extremely	Ļoti stipri

The problem refers to the translation of the answer “moderately”, which has been rendered as “mēreni daudz”, which makes the answer contradictory and illogical. Despite being a popular collocation, it still is an illogical term. In Latvian the word

“mēreni” is a close synonym for “vidēji”, and it in general understanding means “not much”; in turn, “daudz” means “much”. In this case in the Latvian version of this answer the word “daudz” seems to be redundant and could be substituted by simply “mēreni”.

### Sub-module: Mental Health Issues

Mental health is an important domain of health state because it composes a high share of the total burden of diseases and because it is an important factor in well-being. This sub-module aims at assessing and monitoring the prevalence and severity of current depressive symptoms and functional impairment among population.

The introductory part to this question:

*Next questions are about how you feel and how things have been with you during the past 2 weeks. For each question, please give the answer that come closest to the way you have been feeling.*

has been translated as:

*Nākamie jautājumi būs par to, kā jūtaties un kā Jums ir klājies pēdējo 2 nedēļu laikā. Katram jautājumam, lūdzu, sniedziet atbildi, kas pēc iespējas tuvāk atbilst tam, kā esat juties/-usies.*

The most challenging part of this sentence most probably is “how things have been with you”, which has been rendered very successfully in Latvian as “kā Jums ir klājies”. This phrase demonstrates true interest and concern, and for some reasons is not used very often in everyday communication.

The following question asks how often respondents have been bothered by any of the below listed problems over the last two weeks.

<b>Over the last 2 weeks, how often have you been bothered by any of the following problems?</b>	<b>Cik bieži pēdējo 2 nedēļu laikā Jums bija kāda no minētajām problēmām:</b>
Little interest or pleasure <u>in doing things</u>	trūka interese vai patikas <u>jebko darīt?</u>
Feeling down, depressed or hopeless	bija nomāktība, depresija vai bezcerīguma sajūta?
Trouble falling or staying asleep, or sleeping too much	bija grūtības iemigt, trausls miegs vai pārāk ilgs miegs?
Feeling tired or having little energy	bija noguruma sajūta vai enerģijas trūkums?
Poor appetite or overeating	bija slikta apetīte vai pārēšanās?
Feeling bad about yourself or that you are a failure	bija vainas vai neapmierinātības sajūta ar sevi vai

<p><u>or have let yourself or your family down</u></p> <p>Trouble concentrating on things, such as reading the newspaper or watching television</p> <p>Moving or speaking so slowly that other people could have noticed. Or the opposite - <u>being so fidgety or restless that you have been moving around a lot more than usual</u></p>	<p><u>sajūta, ka esat pievīlis/-usi sevi vai savu ģimeni?</u></p> <p>bija grūtības koncentrēties kādai nodarbei, piemēram, lasīt avīzes vai skatīties televīzijas pārraides?</p> <p>citi ievēroja, ka Jūsu kustības vai runas veids bija pārāk gauss vai, gluži pretēji, ka <u>Jūs bijāt nervozāks/-a vai nemierīgāks/-a nekā parasti</u></p>
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Since these are quite subjective factors that may be interpreted differently not only from culture to culture, but from person to person as well, very strict guidelines and explanations of each of the aspects to be assessed have been provided:

*Little interest or pleasure in doing things:* markedly diminished interest or pleasure in all, or almost all, activities most of the day, nearly every day (as indicated by either subjective account or observation made by others);

*Feeling down, depressed or hopeless:* depressed mood most of the day, nearly every day, as indicated by either subjective report (e.g. feels sad or empty) or observations made by others (e.g. appears tearful);

*Trouble falling or staying asleep, or sleeping too much:* sleep disturbances or excessive sleepiness nearly every day;

d) *Feeling tired or having little energy:* fatigue or loss of energy nearly every day;

e) *Poor appetite or overeating:* decrease or increase in appetite nearly every day;

f) *Feeling bad about yourself - or that you are a failure or have let yourself or your family down:* feelings of worthlessness or excessive or inappropriate guilt (which may be delusional) nearly every day (not merely self-reproach or guilt about being ill);

g) *Trouble concentrating on things, such as reading the newspaper or watching television:* diminished ability to think or concentrate, or indecisiveness, nearly every day (either by subjective account or as observed by others);

h) *Moving or speaking so slowly that other people could notice. Or the opposite — being so fidgety or restless that you have been moving around a lot more than usual:*

psychomotor agitation or retardation nearly every day (observable by others, not merely subjective feelings of restlessness or being slowed down).

Since these guidelines are so detailed and exhaustive, also translators and statisticians have been much freer in translating these factors. For example, “Feeling bad about yourself or that you are a failure or have let yourself or your family down” has been translated very successfully as “bija vainas vai neapmierinātības sajūta ar sevi vai sajūta, ka esat pievīlis/-usi sevi vai savu ģimeni?”, where “vainas sajūta” is a stronger word combination/collocation than “feeling bad about yourself”, whereas “neapmierinātības sajūta ar sevi” is semantically weaker than “feeling that you are a failure”, and this way compensation strategy works very well, achieving the same effect and emotional message of the question as its original version.

### ***3.2. Analysis of Questions Included in the European Health Care Module of EHIS questionnaire***

The next European Health Interview Survey module - European Health Care Module - collects data on the use of health care services and the unmet needs for health care. Information on health care consumption is an essential part of the health information system in order to assign necessary resources to the population. It allows analysing the relations between health consumption and several determinants such as health status, lifestyles or socio-demographic characteristics as well as the relations between different types of health care use.

#### **Sub-module: Use of Inpatient and Day Care**

This sub-module covers questions referring to both – time spent in hospitals, as well as to services received as an out-patient. There were not very many differences between the English version of the largest share of the questions and their Latvian translation. “In-patient” was translated as “stacionāts pacients”, and “out-patient” was rendered as “ambulatorais pacients”, which is a reasonable solution in this case.

There were some problems observed regarding specialisations of doctors and medical personnel, for example, distinguishing between general practitioners and family doctors. Translation guidelines stipulate that if some countries cannot distinguish between general practitioners/family doctors and specialists they may join the respective questions into one. However, this adaptation should only be exceptional and must be reported in detail to *Eurostat*, also giving the reasons for such choice. In the Latvian version of the document the term “ģimenes ārsts” has been used. There were also some other problematic professions, such as kinesitherapist, which in the Latvian version has not been differentiated from physiotherapist; at the same time in the Latvian translation of the question, additional professions have been listed, which are not in the English version, and, besides, they are not very common professions: runas terapeits or hiropraktiķis.

Sub-module: Use of Any Home Care Services for Personal Needs during the Past 12 Months.

Use of home care services and the corresponding expenditures are strongly increasing with the ageing of the society and are a key element of the future development of health care systems, and therefore this issue has been analysed thoroughly in the present sub-module of the questionnaire.

The following introduction to the sub-module concerning home care services for elderly people or people with disability:

*The next question is about home care services that cover a wide range of health and social services provided to people with health problems at their homes. These services comprise for example home care service provided by a nurse or midwife, home help for the housework or for elderly people, meals on wheels or transport service. Only services provided by professional health or social workers should be included*

has been translated as:

Nākamais jautājums būs par tiem mājas aprūpes pakalpojumiem cilvēkiem ar veselības problēmām, kurus sniedz ārstniecības personas un sociālie aprūpes dienesti. Tie aptver, piemēram, mājas aprūpi, ko veic medicīnas māsa vai vecmāte, palīdzību mājas solā veikšanā vai veciem cilvēkiem, ēdiena piegādi, transporta pakalpojumus u.c.

In this case sentences have been merged very successfully without losing any important information, besides generalisation strategy has been used for rendering specific concept where there is no precise equivalent in the Latvian culture, namely *meals on wheels*. *Meals on wheels* is a care service aiming at delivering a meal to persons who cannot go out to shop for food or have difficulty in preparing meals for themselves because of physical or mental illness or disability or because of impairment due to old age. In Latvia there is no such programme, therefore a more generalised term *ēdiena piegāde* has been used. Of course, the term is much wider and includes any home delivery of food for whatever reasons; however, it is a better solution than making up any artificial names for non-existent programmes in Latvia.

Sub-module: Medicine Use

Sub-module *Medicine Use* touches upon issues related to the use of medicines (pharmaceuticals, drugs) which has increased a lot during the last decades. They must consequently be also surveyed together with the other elements of the health care services consumption.

The question below illustrates how an imprecise wording of a question can cause further problems in data processing:

<b>During the past two weeks, have you used any medicines or <u>herbal medicines</u> or vitamins not prescribed by a doctor?</b> (For women, also add: 'Exclude contraceptive pills or hormones used <u>solely for</u> contraception)	<b>Vai pēdējo divu nedēļu laikā esat lietojis/-usi kādus medikamentus, vitamīnus vai <u>augu valsts līdzekļus</u>, kuru lietošanu Jums nav parakstījis ārsts?</b> ( <i>Sievietēm: lūdzu, neiekļaujiet kontracepcijas tabletes un <u>citus kontraceptīvus hormonpreparātus.</u></i> )
Yes No	Jā Nē

The Latvian translation of the question stipulates that all contraceptive pills are to be excluded from the answer, whereas the English version implies and the guidelines also set out that contraceptive pills that are used for therapeutic purposes are to be included:

**Included:** medicines, herbal medicines, homeopathic medicines, or dietary supplements (such as vitamins, minerals or tonics), contraceptive pills used for different purposes than contraception, hormones (other than for contraception) that are prescribed by a doctor.

**Excluded:** contraceptive pills or hormones (both used for contraception) prescribed by a doctor, all non-prescribed medicines.

It as if seems to be a slight and insignificant difference that does not change the essence of the question; however, it can result in item bias, and undermine the validity and reliability of data that are used not only for illustrative purposes but also for a number of further calculations.

### Sub-module: Preventive Services

Questions to measure the use of preventing care services, such as vaccination, checking for important blood parameters related to risk of diseases of the circulatory system and diabetes, and screening of some cancers are included in this section.

<b>When was the last time that your blood pressure was measured by <u>a health professional</u>?</b>	<b>Kad Jums pēdējo reizi asinsspiedienu mērīja kāds veselības <u>aprūpes speciālists (ārstniecības persona)</u>?</b>
Within the past 12 months 1 to less than 3 years 3 to less than 5 years 5 years or more Never	Pēdējo 12 mēnešu laikā Pirms 1 gada, bet mazāk nekā 3 gadiem Pirms 3 gadiem, bet mazāk nekā 5 gadiem Pirms vairāk nekā 5 gadiem Nekad

<b>When was the last time you had a <u>mammography (breast X-ray)</u>?</b>	<b>Kad Jums pēdējo reizi veica <u>mamogrāfiju</u>?</b>
Within the past 12 months 1 to less than 3 years 3 to less than 5 years 5 years or more Never	Pēdējo 12 mēnešu laikā Pirms 1 gada, bet mazāk nekā 3 gadiem Pirms 3 gadiem, bet mazāk nekā 5 gadiem Pirms vairāk nekā 5 gadiem Nekad

These two questions demonstrate two opposite translation strategies: adding of supplementary information and omission (or partial omission) of information. In the first question for some reasons additional explanatory information has been offered in brackets. However, in this case this solution instead of being helpful rather is confusing, since redundant information is provided thus making the question seem to be more complicated than it is. According to the Interviewer's Guidelines, a health professional is person who by education, training, certification, or licensure is qualified to and is engaged in providing health care. A healthcare professional is associated with either a specialty or a discipline and belongs to one of the following groups:

- medical and dental staff (associated with one or more specialties)
- nurses, midwives and health visitors

- professions allied to medicine, e.g. clinical psychologists, dieticians, physiotherapy.
- accident and emergency ambulance staff/paramedics
- other professionals who have direct patient contact, e.g. pharmacists, medical photographers, medical records staff.

Thus, in fact it means that the question refers to any health care professional while the information in brackets as if implies that some specific group of health care professionals is meant.

This is a very good example of a case where supplementary explanatory information instead of helping, hinders perception of the question.

#### Sub-module: Unmet Needs for Health Care

Equality in access to health care services including financial barriers to health care is given high importance in different EU policies. In this sub-module only the delay which is perceived by respondent as worrying or possibly causing additional health problem or further significantly deteriorating his/her health should be taken into account. Delay refers to either not receiving the health care soon enough or not receiving the health care at all by now.

A number of questions in this sub-module have been restructured, merged and rearranged, since these data are used not only for the EHIS survey, but are also included in surveys carried out at the national level. Countries are allowed to include additional questions in this survey on the condition that the compulsory questions are answered precisely and to full extent, and respondent burden is not increased significantly.

<p><b>Was there any time in the past 12 months when you needed the following kinds of health care, but could not afford it?</b></p>	<p><b>Vai pēdējo 12 mēnešu laikā Jums ir bijis gadījums, kad nesaņēmt nepieciešamo veselības aprūpi, jo finansiāli nevarējāt to atļauties?</b></p>
<p>Medical care Dental care Prescribed medicines Mental health care (<u>by a psychologist or a psychiatrist for example</u>)</p>	<p>Medicīnisko aprūpi (<u>neieskaitot zobārstniecību un garīgās veselības aprūpi</u>) Zobārstniecību Ārsta parakstītu medikamentu iegādi Garīgās veselības aprūpi (<u>pie psihologa vai psihiatra</u>)</p>

In some questions Latvian statisticians and translators have considered it to be necessary to add supplementary explanatory information, and in the question above it has been a useful strategy, since this way respondents are guided proactively, thus saving their time and reducing respondent burden. However, omission of one as if unimportant phrase *for example* in this case may also lead to acquisition of imprecise or incomparable data, since in the Latvian translation of this question mental health care has been reduced to services provided by a psychologist or a psychiatrist, despite the fact that in the English version they are used for illustrative purposes only. Psychologists and psychiatrists are the best known or traditionally known mental health care specialists; however, today there are a number of new directions of mental health care options: different group classes, drama therapy, music therapy, and not always are they conducted by a psychologist or a psychiatrist, mostly, but not always. And in the Latvian version of this question such experiences are not intended to be included.

### ***3.3. Analysis of Questions Included in the European Health Determinants Module of EHIS Questionnaire***

The general focus of the module is to measure some aspects in lifestyle or health-related behaviour having a positive or negative impact on respondent's health state. For public health actors in health promotion it is essential to measure regularly the prevalence of specific health-related behaviours and their trends at population level and in specific population subgroups.

#### Sub-module: physical activity/ exercise

The physical activity sub-module of the European Health Determinants Module enables assessment of work-related physical activity, transport (commuting) physical activity and leisure-time physical activities. Questions of these three sets have been translated very closely to the English version. Some extra information has been added to characterise a typical week (see below), for example.

However, analysing the questions a factual mistake was found, namely, in the question concerning types of physical activities, “resistance training” was translated as “izturības vingrinājumi”:

In a typical week, on how many days do you carry out physical activities specifically designed to strengthen your muscles such as doing <u>resistance training</u> or strength exercises? Include all such activities even if you have mentioned them before.	Cik dienas parastā (tipiskā) nedēļā Jūs nodarbojaties ar <u>izturības</u> un spēka vingrinājumiem muskuļu stiprināšanai? Lūdzu, iekļaujiet visas šāda veida aktivitātes pat tad, ja tās esat minējis jau iepriekš!
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Interviewer's Guidelines stipulate that muscle-strengthening activities are not the same as endurance (aerobe) activities such as jogging, swimming or bicycling, since they are usually performed in sets of 8-15 repetitions with an approximate duration of one to two minutes with breaks between the sets, and not performed at least 10 minutes continuously. Resistance training, which is a type of muscle-training activities, refers to

activities causing “the body’s muscles to work or hold against an applied force or weight”. ‘Resistance training’ can be also translated as ‘weight training’.

In Latvian it should be translated as “pretestības vingrinājumi” or “vingrinājumi, izmantojot pretestību”, and “izturības vingrinājumi” should be translated as “endurance training”. This mistake highlights another problem in elaboration of the national versions of general population questionnaires. General population questionnaires very often include questions referring to very different aspects of life, and in an ideal case a professional or specialist of each of the fields of activity concerned should be invited to the questionnaire elaboration process. And, of course, usually it is not possible, as it was not in the above-mentioned case. This questionnaire has been developed very carefully and paying close attention to details, and it is not a case of carelessness or negligence, it is just that persons elaborating the national version of the questionnaire are not familiar with sports terminology, and in this case a sports professional should have been invited.

#### Sub-module: Consumption of Fruit and Vegetables

Healthy food intake is a key element for preventing numerous chronic diseases, and therefore the questionnaire aims at measuring to what extent people take care of their health through healthy food, in this case through consumption of fruit and vegetables. This sub-module contains several questions where the size of a portion of fruit must be defined. Guidelines offer a number of options how to measure a portion:

One portion of fresh fruit has been defined as follows:

- One medium-sized fruit, such as apple, banana, pear, orange, nectarine, or a sharon fruit.
- A number of small-sized fruits: for example two plums, two satsumas, three apricots, two kiwi fruit, seven strawberries, a handful (about 14) of cherries, six lychees, a handful of blueberries.
- A piece of a large-sized fruit: for example half a grapefruit or avocado, a good slice (two-inch slice) of papaya, melon, pineapple, mango (two-inch slices).

The Latvian version of the question has been formulated as follows:

**Cik porciju jebkāda veida augļu (neiekļaujot augļu sulas, kas pagatavotas no koncentrāta) Jūs dienā apēdat?**

- porciju skaits (porcija ir apmēram viens banāns, ābols, divas plūmes, šķēle melones, glāze svaigi spiestas sulas)

It is very interesting to observe what fruit are chosen as the most illustrative fruit that would be best perceived and understood by people in Latvia. For example, why is melon preferred over pineapple, or plums over strawberries? A similar situation can be seen in selection of the most “typical” vegetables used in Latvia:

According to the guidelines one portion of vegetables is:

- Green vegetables: two broccoli spears, eight cauliflower florets, four heaped tablespoons of cabbage, spinach, spring greens or green beans.
- Cooked vegetables: three heaped tablespoons of cooked (e.g. steamed, boiled, microwaved) vegetables such as courgettes, carrots, Brussels sprouts or swede.
- Salad vegetables: three sticks of celery, two-inch piece of cucumber, one medium tomato, seven cherry tomatoes.
- Pulses and beans: three heaped tablespoons of kidney, cannelloni or butter beans or chick peas.

The Latvian version of the question has been formulated as follows:

**Cik porciju dārzeņu vai salātu Jūs dienā apēdat?**

--- porciju skaits (porcija ir apmēram viens tomāts, septiņi ķirštomāti, divas svaigu brokoļu vai astoņas ziedkāpostu rozetes, trīs pilnas ēdamkarotes ar termiski apstrādātiem dažādiem dārzeņiem)

In case with vegetables it seems that the choice of “typical vegetables” has been easier and more understandable, since the vegetables not chosen for this question are less popular in Latvia or are more difficult to use due to the offered units of measurement, for example, four heaped tablespoons or two-inch piece.

### Sub-module: Alcohol Consumption

The general purpose of the sub-module is to gather data on drinking status, volume of intake and pattern of alcohol consumption. Interviewer's Guidelines stipulate that each country should define its own national standard drink. Country-specific alcoholic beverages should appear in the listed examples, besides, home-made alcohol should also be explicitly cited.

The list of alcoholic beverages to choose from has been provided in the question below. For the Latvian version of the translation all types of alcohol offered have been preserved, besides, no national or country-specific drink has been identified:

In the past 12 months, how often have you had an alcoholic drink of any kind [beer, wine, cider, spirits, cocktails, premixes, liquor, homemade alcohol...]?	Cik bieži pēdējo 12 mēnešu laikā Jūs esat lietojis/-usi jebkāda veida alkoholiskos dzērienus (t.i., alu, vīnu, sidru, stipros alkoholiskos dzērienus, kokteiļus, gatavos jauktos dzērienus, pašbrūvētus alkoholiskos dzērienus)?
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Below is an example of a challenging wording of a question to be translated where the solution offered is quite successful:

Thinking of Monday to Thursday, on how many of these 4 days do you usually drink alcohol?	Cik bieži Jūs lietojat alkoholu laikā no pirmdienas līdz ceturtdienai?
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It is important that questions not only contain the necessary information, but also sound natural and normal, i.e. they are not funny or strange, or clumsy. Any question in a survey should be kept as neutral as possible, avoiding suggestive wording or implied expectations, at the same time ensuring that the “right message” of the question has been preserved.

For some reason the question regarding the amount of alcohol consumed has been extended and formulated in more detail than in the original version of the questionnaire. In the English questionnaire this question has been offered in the following wording:

<b>From Monday to Thursday, how many drinks do you have on average on such a day when you drink alcohol?</b>
16 or more drinks a day
10-15 drinks a day
6 - 9 drinks a day
4 - 5 drinks a day
3 drinks a day
2 drinks a day
1 drink a day
0 drink a day

Interviewer's Guidelines stipulate that the term 'drink(s)' stands literally for 'standard drink(s)' or 'standard unit(s)' which adheres to government issued standards. As can be inferred, these 'standards' vary from one country to another. The countries are to convert them to grams of pure alcohol per day according to volume percentages based on country specific sales data.

The Latvian version of this question is much longer than the English version, and contains very-well measured and precise amount of each type of alcohol:

<b>Cik daudz alkohola Jūs vidēji izdzerat vienā no šīm dienām (no pirmdienas līdz ceturtdienai)? (parādīt standarta tilpumu tabulu)</b>		
<i>Dzērieni</i>	<i>Vienību skaits</i>	<i>Tilpuma mērvienības</i>
Alkoholu (~3%) saturoši dzērieni (piemēram, kokteiļi)	□□□□	0,3 l pudeļu, kausu vai skārdeņu skaits
	□□□□	0,5 l pudeļu, kausu vai skārdeņu skaits
	□□□□	1,5 l pudeļu skaits
	□□□□	200 ml glāžu skaits
Alus vai cits vidēji stiprs (~6%) alkoholiskais dzēriens (piemēram, sidrs, kokteiļi)	□□□□	0,3 l pudeļu, alus kausu vai skārdeņu skaits
	□□□□	0,5 l pudeļu, alus kausu vai skārdeņu skaits
	□□□□	1,5 l pudeļu skaits
	□□□□	2 litru pudeļu skaits
	□□□□	200 ml glāžu skaits
Stiprs alus (~10%)	□□□□	0,3 l pudeļu, alus kausu vai skārdeņu skaits
	□□□□	0,5 l pudeļu, alus kausu vai skārdeņu skaits
	□□□□	1,5 l pudeļu skaits
	□□□□	2 litru pudeļu skaits
Vīns (~12%)	□□□□	100 ml glāžu skaits
	□□□□	0,5 l pudeļu skaits

	__ __	0,7 l pudeļu skaits
	__ __	1 litra pudeļu skaits
Stiprināti alkoholiskie dzērieni (piemēram, liķieri; ~30%)	__ __	30–40 ml glāzīšu skaits
	__ __	0,5 l pudeļu skaits
	__ __	0,7 l pudeļu skaits
	__ __	1 litra pudeļu skaits
Stiprie alkoholiskie dzērieni (40%)	__ __	30–40 ml glāzīšu skaits
	__ __	100 ml glāžu skaits
	__ __	0,5 l pudeļu skaits
	__ __	0,7 l pudeļu skaits

This solution as if guides the respondent and aims at reducing the burden; however, it seems that the question contains too detailed information that is already difficult to comprehend, and perhaps not so detailed units of measurement should have been provided, for example, for wine it could be enough to offer the number of glasses (100 ml) or the number of standard bottles.

Another interesting question, where both strategies: omission of information and adding of information have been used, concerns frequency of risky single-occasion drinking or binge drinking, as it is formulated in the survey questionnaire. The question aims to measure the "prevalence of days of high intake" of alcohol, or to assess the occurrence of episodes involving heavy drinking behaviours (that is consumption of large amount of alcohol). The question has been translated as follows:

<b>In the past 12 months, how often have you had [6 or more] drinks containing alcohol on one occasion? For instance, during a party, a meal, an evening out with friends, alone at home, ...</b>	<b>Cik bieži pēdējo 12 mēnešu laikā Jūs esat lietojis 6 vai vairāk alkohola devas vienā reizē? 6 alkohola devas var pielīdzināt 60 g tīra spirta vai:</b> 1,3 litriem alus, 0,6 litriem vīna, 0,2 litriem stipro alkoholisko dzērienu.
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In this case the illustrative example for such occasion (a party, a night out) has been omitted and replaced with precise description of alcohol units. I believe that adding of extra information in this case does not compensate omission, since usually it would be easier to remember special events where alcohol has been consumed than calculating

alcohol intake during the last year. Of course, it does not refer to people who do not use alcohol, but then again this question is not asked to such people.

### Sub-module: Social Supports

The concept of social support is defined as the belief that one is cared for and loved, esteemed and valued. It is a consequence of the interplay between individual factors and the social environment, and plays a significant role both in mental and physical health.

One of the translation-wise most challenging questions of this sub-module is the following question:

<b><u>How much concern do people show in what you are doing?</u></b>	<b><u>Cik lielā mērā citiem cilvēkiem rūp tas, ko Jūs darāt (kā Jums klājas)?</u></b>
A lot of concern and interest	Lielā mērā
Some concern and interest	Mēreni daudz
Uncertain	Neesmu pārliecināts/-a, cik lielā mērā
Little concern and interest	Visai nedaudz
No concern and interest	Pavisam nemaz

Since this question is quite ambiguous and subjective, very clear guidelines have been given for its adaptation to meet the national needs and particularities:

For some countries this question may have a negative meaning, which refers to translation of the term "concern", and this should be avoided. The concept of “positive interest” should be taken into account when translating the question. In the Latvian version of the question it has been solved very successfully substituting the word “uztraucas” or “bažas” (depending on the sentence structure), which would most probably be the first spontaneous translation of “concern”, with the word “rūp”, which conveys a more positive meaning, being closer to the English word “care” than “concern”.

Another issue regulated by the Interviewer’s Guidelines is translation of the category “uncertain”, which should represent a middle category in the sense of “neither little nor much concern”. It may be used in cases when respondents have the information to judge but it is ambiguous (they come across both some but also little interest depending on situation) and they are not sure about the appropriate answer. And in this case the Latvian translation “Neesmu pārliecināts/-a, cik lielā mērā” meets the requirements very well.

Sub-module: Provision of Informal Care or Assistance

This section should allow the assessment of long-term care activities provided by non-professional carers and provide data on possible lack in care and on barriers for people in exercising their "normal" job.

The majority of these questions refer to elderly or disabled family members that need to be taken care of. Since it is quite a sensitive issue, questions should be formulated very carefully.

A little concern was caused by the translation of the English word “infirmity”, which in Latvian has been translated as “nevarība”:

<p><b>Do you provide care or assistance to one or more persons suffering from some age problem, chronic health condition or <u>infirmity</u>, at least once a week?</b></p>	<p><b>Vai Jūs vismaz reizi nedēļā sniežat aprūpi vai palīdzību vienai vai vairākām personām, kuras cieš no vecuma izraisītām problēmām, hroniskām veselības problēmām vai <u>nevarības</u>?</b></p>
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The word “nevarība” might seem to be rather insulting or offensive to some Latvian respondents, and perhaps an option of rendering it as “vājums” or “nespēks” should be considered. On the one hand, “vājums” or “nespēks” imply that it is a temporary condition rather than permanent, at the same time “nevarība” balances on the edge of being offensive and insulting.

Findings of the empirical part of the present Master's Thesis show that the most widely used translation strategies in translating survey questionnaires is adaptation and literal translation, and to a lesser extent - localisation. In the majority of questions the English wording and sentence structure have been preserved also in the Latvian version of the questionnaire; however there were also a number of cases where information was omitted (in some cases also for no sound reason), and even more often – cases where additional information was introduced to provide more background information and instructions for respondents. The detailed and comprehensive Interviewer's (translator's) Guidelines serve as a very useful resource of instructions and assistance both for interviewers and translators.

## Conclusions

The goal of the present Master's Thesis was to analyse to what extent cultural and linguistic differences affect the way survey questionnaires are formulated, arranged and presented to respondents, and what translation strategies are used for these purposes.

The most common translation strategies applied for survey translation are adaptation, localisation and literal translation. Very often these are contradicting terms and approaches, and it is a challenging task to find the right balance between them. It is difficult to decide whether a translation of a survey questionnaire should be treated as a source-oriented or target-oriented text. To obtain comparable data, translation should be very loyal to the source; however, since a highly targeted feedback should be received from respondents, questionnaires must be adapted to the specific cultural environment: questions need to be formulated so as to be easily comprehensible, naturally sounding and neutral. The general formula for translating survey questions is to keep them as short and simple as possible. But very often it is impossible, since additional information needs to be provided to clarify questions.

In the translation of the survey questionnaire analysed, both - very smooth and well-working solutions for challenging tasks, as well as less successful and even incorrect translations (wrong terms, unreasoned omissions) were found. The best solutions were those where instead of word-for-word or literal translation, the instructions contained in the Interviewer's Manual (Translator's Manual) were followed. Interviewer's Manual provides details as to what effect needs to be achieved through the specific questions, and thus allows stepping back from the English wording of questions. However, translation should not be too free, since in most cases back-translation is done, and if the national version of a questionnaire differs too much from the English version, it raises too many questions and uncertainties, and makes doubt the integrity of the translator and the reliability of the data obtained.

The hypothesis put forward for the present Master's Thesis: well-targeted translation guidelines help translator achieve functional equivalence between the source and target versions of survey questionnaires, has been proved. Where instructions and

guidelines worked out by field specialists and statistic experts provide sufficient information on what data is to be obtained and from which perspective, translators are given more confidence to opt for adaptation or even localisation as a translation strategy, instead of applying literal translation, which might be loyal to the source text, but seldom is well functioning in the target culture. Therefore even more detailed instructions and background information would be welcome to improve the quality of any translated questionnaire.

There are two main directions for further research on the subject matter. One of them concerns a more detailed cross-cultural and cross-linguistic analysis. In fact, it was initially planned to analyse two population surveys, instead of one, and also study other language versions of the same surveys. However, the scope of the survey and volume of findings were so exhaustive that another research would be needed to compare multiple language versions of the questionnaire. It would be worth analysing translations of the same questionnaire into languages of different EU Member States, but it might be even more interesting to compare the Latvian version of a questionnaire with the Russian translation of the same questionnaire, which has been translated to survey the Russian-speaking community in Latvia.

Another study direction would be more global and more fundamental. The fact that despite the hard and attentive work of field professionals and instructions elaborated in great detail, there are still so many differences between different language versions of one and the same questionnaire, raises a question of reliability of the statistical data obtained. However, such research would require involvement of statisticians and field experts, as well as application of data verification and validation methods.

## Theses

1. In order to obtain internationally comparable, reliable and official statistical data, a number of population surveys are carried out every year in European Union countries in line with strictly set methodological requirements.
2. To obtain comparable data, questionnaire translation should be very loyal to the source text; however, since a highly targeted feedback should be received from respondents, questionnaires must be adapted to the specific cultural environment: questions need to be formulated to be easily comprehensible, naturally sounding and neutral.
3. The general principle to be applied to translating survey questions is to keep them as short and simple as possible.
4. The main translation techniques used for survey translation are literal translation, adaptation and localisation.
5. A well-translated survey instrument should have semantic equivalence across languages, conceptual equivalence across cultures, and normative equivalence to the source survey.
6. Survey questionnaires are highly functional texts, and sometimes this purpose makes translators sacrifice the linguistic qualities for functionality.
7. In case of general population survey questionnaires, it is impossible to identify the target audience, since it can be anyone aged 15 and over – with all the possible backgrounds, education, living conditions, experience etc. therefore such questionnaires must be formulated to be understood by anyone and interpreted identically.
8. Detailed and comprehensive translator's guidelines serve as a very useful resource providing instructions and assistance for translators.

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## Annex No 1: EHIS Wave 2 Model Questionnaire

### EHSM European Health Status Module

#### Minimum European Health Module – Health Status

I would now like to talk to you about your health.  
HS1 How is your health in general? Is it...

1. very good
2. good
3. fair
4. bad
5. very bad?

Do you have any longstanding illness or [longstanding] health problem? [By longstanding I mean illnesses or health problems which have lasted, or are expected to last, for 6 months or more.]

1. Yes
2. No

For at least the past 6 months, to what extent have you been limited because of a health problem in activities people usually do?  
Would you say you have been ...

1. severely limited
2. limited but not severely or
3. not limited at all?

#### Diseases and chronic conditions

Here is a list of chronic diseases or conditions.

During the past 12 months, have you had any of the following diseases or conditions?

1. Yes
2. No

- A. Asthma (allergic asthma included)
- B. Chronic bronchitis, chronic obstructive pulmonary disease, emphysema
- C. Myocardial infarction (heart attack) or chronic consequences of myocardial infarction
- D. Coronary heart disease or angina pectoris
- E. High blood pressure (hypertension)
- F. Stroke (cerebral haemorrhage, cerebral thrombosis) or chronic consequences of stroke
- G. Arthrosis (arthritis excluded)
- H. Low back disorder or other chronic back defect
- I. Neck disorder or other chronic neck defect
- J. Diabetes
- K. Allergy, such as rhinitis, hay fever, eye inflammation, dermatitis, food allergy or other allergy (allergic asthma excluded)
- L. Cirrhosis of the liver
- M. Urinary incontinence, problems in controlling the bladder



2. Some difficulty
3. A lot of difficulty
4. Cannot do at all / Unable to do

Do you use a hearing aid?

1. Yes
2. No
3. I am profoundly deaf

Do you have difficulty hearing what is said in a conversation with one other person in a quiet room, even when using your hearing aid? Would you say ...

or

Do you have difficulty hearing what is said in a conversation with one other person in a quiet room? Would you say...

1. No difficulty
2. Some difficulty
3. A lot of difficulty
4. Cannot do at all / Unable to do

Do you have difficulty hearing what is said in a conversation with one other person in a noisier room, even when using your hearing aid? Would you say

or

Do you have difficulty hearing what is said in a conversation with one other person in a noisier room? Would you say

1. No difficulty
2. Some difficulty
3. A lot of difficulty
4. Cannot do at all / Unable to do

Do you have difficulty walking half a km on level ground, that would be the length of [... ] without the use of any aid?

Would you say ...

1. No difficulty
2. Some difficulty
3. A lot of difficulty
4. Cannot do at all / Unable to do

Do you have difficulty walking up or down 12 steps? Would you say ...

1. No difficulty
2. Some difficulty
3. A lot of difficulty
4. Cannot do at all / Unable to do

#### **Personal care activities**

Now I would like you to think about some everyday personal care activities.

Here is a list of activities. Please ignore temporary problems.

Do you usually have difficulty doing any of these activities without help?

1. No difficulty
  2. Some difficulty
  3. A lot of difficulty
  4. Cannot do at all / Unable to do
- A. Feeding yourself
  - B. Getting in and out of a bed or chair
  - C. Dressing and undressing

- D. Using toilets
- E. Bathing or showering

Thinking about all personal care activities where you have difficulty in doing them without help...

Do you usually have help with any of these activities?

- 1. Yes, with at least one activity
- 2. No

Would you need more help?

Or

Would you need help?

- 1. Yes, with at least one activity
- 2. No

### **Household activities**

Now I would like you to think about some household activities. Here is a list of activities. Please ignore any temporary problems.

Do you usually have difficulty doing any of these activities without help?

- 1. No difficulty
- 2. Some difficulty
- 3. A lot of difficulty
- 4. Cannot do at all / Unable to do
- 5. Not applicable (never tried it or do not need to do it)

- A. Preparing meals
- B. Using the telephone
- C. Shopping
- D. Managing medication
- E. Light housework
- F. Occasional heavy housework
- G. Taking care of finances and everyday administrative tasks

Thinking about all household activities where you have difficulty in doing them without help...

Do you usually have help with any of these activities?

- 1. Yes, with at least one activity
- 2. No

Would you need more help?

or

Would you need help?

- 1. Yes, with at least one activity
- 2. No

### **Pain**

Next questions are about any physical pain you have had during the past 4 weeks.

How much bodily pain have you had during the past 4 weeks?

- 1. None
- 2. Very mild
- 3. Mild
- 4. Moderate
- 5. Severe
- 6. Very severe

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

**Mental health**

Next questions are about how you feel and how things have been with you during the past 2 weeks.

Over the last 2 weeks, how often have you been bothered by any of the following problems?

1. Not at all
  2. Several days
  3. More than half the days
  4. Nearly every day
- A. Little interest or pleasure in doing things  
B. Feeling down, depressed or hopeless  
C. Trouble falling or staying asleep, or sleeping too much  
D. Feeling tired or having little energy  
E. Poor appetite or overeating  
F. Feeling bad about yourself or that you are a failure or have let yourself or your family down.  
G. Trouble concentrating on things, such as reading the newspaper or watching television  
H. Moving or speaking so slowly that other people could have noticed. Or the opposite—being so fidgety or restless that you have been moving around a lot more than usual

**European Health Care Module**

**Use of inpatient and day care**

The next set of questions is about time spent in hospital. All types of hospitals are included.

In the past 12 months have you been in hospital as an inpatient, that is overnight or longer?

1. Yes
2. No

Thinking of all these occasions you have been an inpatient, how many nights in total did you spend in hospital?

□□□□ Number of nights

In the past 12 months, have you been admitted to hospital as a day patient, that is admitted to hospital for diagnosis, treatment or other types of health care, but not required to remain overnight?

1. Yes
2. No

In the past 12 months how many times have you been admitted to hospital as a day

patient?

□□□□ Number of times

### Use of ambulatory and home care

The next question is about visits to dentists, orthodontists or other dental care specialist.

When was the last time you visited a dentist or orthodontist on your own behalf (that is, not while only accompanying a child, spouse, etc.)?

1. Less than 6 months
2. 6 to less than 12 months
3. 12 months or longer
4. Never

The next set of questions is about consultations with your general practitioner or family doctor. Please include visits to your doctor's office as well as home visits and consultations by telephone.

When was the last time you consulted a GP (general practitioner) or family doctor on your own behalf?

1. Less than 12 months ago
2. 12 months ago or longer
3. Never

During the past four weeks ending yesterday, how many times did you consult a GP (general practitioner) or family doctor on your own behalf?

□□□ Number of times

Next questions are about consultations with medical or surgical specialists. Include visits to doctors as outpatient or emergency departments only, but do not include contacts while in hospital as an in-patient or day-patient.

When was the last time you consulted a medical or surgical specialist on your own behalf?

1. Less than 12 months ago
2. 12 months ago or longer
3. Never

During the past four weeks, how many times did you consult a specialist on your own behalf?

□□□ Number of times

In the past 12 months have you visited on your own behalf a...?

- A. Physiotherapist or kinesitherapist
1. Yes
  2. No

**B. Psychologist, psychotherapist or psychiatrist**

1. Yes
2. No

The next question is about home care services that cover a wide range of health and social services provided to people with health problems at their homes. These services comprise for example [home care service provided by a nurse or midwife, home help for the housework or for elderly people, meals on wheels or transport service]. Only services provided by professional health or social workers should be included.

In the past 12 months, have you yourself used or received any home care services?

1. Yes
2. No

**Medicine use**

I'd now like to ask about your use of medicines in the past 2 weeks.

During the past two weeks, have you used any medicines that were prescribed for you by a doctor?

1. Yes
2. No

During the past two weeks, have you used any medicines or herbal medicines or vitamins not prescribed by a doctor?

1. Yes
2. No

**Preventive services**

Now I would like to ask you about flu vaccination.

PA1 When was the last time you've been vaccinated against flu?

□□□ / □□□□□□

Month / Year

1. Too long ago (before last year)
2. Never

Now I would like to ask you about your blood pressure, blood cholesterol and blood sugar (glycaemia).

When was the last time that your blood pressure was measured by a health professional?

1. Within the past 12 months
2. 1 to less than 3 years
3. 3 to less than 5 years
4. 5 years or more
5. Never

When was the last time that your blood cholesterol was measured by a health professional?

1. Within the past 12 months
2. 1 to less than 3 years
3. 3 to less than 5 years
4. 5 years or more
5. Never

When was the last time that your blood sugar was measured by a health professional?

1. Within the past 12 months
2. 1 to less than 3 years
3. 3 to less than 5 years
4. 5 years or more
5. Never

The next questions are about faecal occult blood test and colonoscopy examination.

When was the last time you had a faecal occult blood test?

1. Within the past 12 months
2. 1 to less than 2 years
3. 2 to less than 3 years
4. 3 years or more
5. Never

When was the last time you had a colonoscopy?

1. Within the past 12 months
2. 1 to less than 5 years
3. 5 to less than 10 years
4. 10 years or more
5. Never

The next questions are about mammography and cervical smear tests.

When was the last time you had a mammography (breast X-ray)?

1. Within the past 12 months
2. 1 to less than 2 years
3. 2 to less than 3 years
4. 3 years or more
5. Never

When was the last time you had a cervical smear test?

1. Within the past 12 months
2. 1 to less than 2 years
3. 2 to less than 3 years
4. 3 years or more
5. Never

### **Unmet needs for health care**

There are many reasons why people experience some delay in getting health care or do not get it at all.

Have you experienced delay in getting health care in the past 12 months because the

time needed to obtain an appointment was too long?

1. Yes
2. No
3. No need for health care

Have you experienced delay in getting health care in the past 12 months due to distance or transport problems?

1. Yes
2. No
3. No need for health care

Was there any time in the past 12 months when you needed the following kinds of health care, but could not afford it?

A. medical care

1. Yes
2. No
3. No need for medical care

B. dental care

1. Yes
2. No
3. No need for dental care

C. prescribed medicines

1. Yes
2. No
3. No need for prescribed medicines

D. mental health care (by a psychologist or a psychiatrist for example)

1. Yes
2. No
3. No need for mental health care

## **European Health Determinants Module**

### **BM Weight and height**

Now I'm going to ask you about your height and weight.

BM1 How tall are you without shoes? in [cm]

\_\_\_\_\_ [cm]

BM2 How much do you weigh without clothes and shoes? in [kg]

\_\_\_\_\_ [kg]

### **Physical activity / exercise**

Next I am going to ask you about the time you spend doing different types of physical activity in a typical week. Please answer these questions even if you do not consider yourself to be a physically active person.

Firstly think about the TIME you spend DOING WORK. Think of work as the things that you have to do such as paid and unpaid work, work around your home, taking care of family, studying or training.

When you are WORKING, which of the following best describes what you do?

Would you say ...

1. Mostly sitting or standing
2. Mostly walking or tasks of moderate physical effort
3. Mostly heavy labour or physically demanding work
4. Not performing any working tasks

The next questions EXCLUDE the WORK-RELATED PHYSICAL ACTIVITIES that you have already mentioned. Now I would like to ask you about the way you usually GET TO AND FROM PLACES. For example to work, to school, for shopping, or to market.

In a typical week, on how many days do you WALK for at least 10 minutes continuously in order to get to and from places?

Number of days:

0. I never carry out such physical activities

How much time do you spend walking in order to get to and from places on a typical day?

1. 10 - 29 minutes per day
2. 30 - 59 minutes per day
3. 1 hour to less than 2 hours per day
4. 2 hours to less than 3 hours per day
5. 3 hours or more per day

In a typical week, on how many days do you BICYCLE for at least 10 minutes continuously to get to and from places?

Number of days:

0. I never carry out such physical activities

How much time do you spend bicycling in order to get to and from places on a typical day?

1. 10 - 29 minutes per day
2. 30 - 59 minutes per day
3. 1 hour to less than 2 hours per day
4. 2 hours to less than 3 hours per day
5. 3 hours or more per day

The next questions EXCLUDE the WORK and TRANSPORT ACTIVITIES that you have already mentioned. Now I would like to ask you about SPORTS, FITNESS and RECREATIONAL (LEISURE) PHYSICAL ACTIVITIES that cause AT LEAST a small increase in breathing or heart rate. For example brisk walking, ball games, jogging, cycling or swimming.

In a typical week, on how many days do you carry out sports, fitness or recreational (leisure) activities for at least 10 minutes continuously?

Number of days:

0. I never carry out such physical activities

How much time in total do you spend on sports, fitness or recreational (leisure) physical activities in a typical week?

:  per week  
hours minutes

In a typical week, on how many days do you carry out activities specifically designed to STRENGTHEN your muscles such as doing resistance training or strength exercises? Include all such activities even if you have mentioned them before.

Number of days:

0. I never carry out such physical activities

### **Consumption of fruit and vegetables**

Next questions concern the consumption of fruits and vegetables.

How often do you eat fruits, excluding juice made from concentrate?

1. Once or more a day
2. 4 to 6 times a week
3. 1 to 3 times a week
4. Less than once a week
5. Never

How many portions of fruit, of any sort, do you eat each day?

Number of portions:

How often do you eat vegetables or salad, excluding potatoes and juice made from concentrate?

1. Once or more a day
2. 4 to 6 times a week
3. 1 to 3 times a week
4. Less than once a week
5. Never

How many portions of vegetables or salad do you eat each day?

Number of portions:

### **Smoking**

The following questions are about your smoking habits and exposure to tobacco smoke.

Do you smoke?

1. Yes, daily
2. Yes, occasionally
3. Not at all

What kind of tobacco product do you mostly consume?

1. Cigarettes (manufactured and/or hand-rolled)
2. Cigars
3. Pipe tobacco
4. Other

On average, how many cigarettes do you smoke each day?

Number of cigarettes:

How often are you exposed to tobacco smoke indoors?

1. Never or almost never
2. Less than 1 hour per day
3. 1 hour or more a day

### **Alcohol consumption**

The following questions are about your use of alcoholic beverages during the past 12 months.

In the past 12 months, how often have you had an alcoholic drink of any kind [beer, wine, cider, spirits, cocktails, premixes, liquor, homemade alcohol...]?

1. Every day or almost every day
2. 5 - 6 days a week
3. 3 - 4 days a week
4. 1 - 2 days a week
5. 2 - 3 days in a month
6. Once a month
7. Less than once a month
8. Not in the past 12 months, as I no longer drink alcohol
9. Never, or only a few sips or trials, in my whole life

Thinking of Monday to Thursday, on how many of these 4 days do you usually drink alcohol?

1. On all 4 days
2. On 3 of the 4 days
3. On 2 of the 4 days
4. On 1 of the 4 days
5. On none of the 4 days

From Monday to Thursday, how many drinks do you have on average on such a day when you drink alcohol?

1. 16 or more drinks a day
2. 10-15 drinks a day
3. 6 - 9 drinks a day
4. 4 - 5 drinks a day
5. 3 drinks a day
6. 2 drinks a day
7. 1 drink a day
8. 0 drink a day

Thinking of Friday to Sunday, on how many of these 3 days do you usually drink alcohol?

1. On all 3 days
2. On 2 of the 3 days
3. On 1 of the 3 days
4. On none of the 3 days

From Friday to Sunday, how many drinks do you have on average on such a day when you drink alcohol?

1. 16 or more drinks a day
2. 10-15 drinks a day
3. 6 - 9 drinks a day
4. 4 - 5 drinks a day
5. 3 drinks a day
6. 2 drinks a day
7. 1 drink a day
8. 0 drink a day

In the past 12 months, how often have you had [6 or more]<sup>60</sup> drinks containing alcohol on one occasion? For instance, during a party, a meal, an evening out with friends, alone at home, ...

1. Every day or almost
2. 5 to 6 days a week
3. 3 to 4 days a week
4. 1 to 2 days a week
5. 2 to 3 days in a month
6. Once a month
7. Less than once a month
8. Not in the past 12 months
9. Never in my whole life

### **Social support**

In the following I will ask three questions about your social relationships.

How many people are so close to you that you can count on them if you have serious personal problems?

1. None
2. 1 or 2
3. 3 to 5
4. 6 or more

How much concern do people show in what you are doing?

1. A lot of concern and interest
2. Some concern and interest
3. Uncertain
4. Little concern and interest
5. No concern and interest

How easy is it to get practical help from neighbours if you should need it?

1. Very easy
2. Easy
3. Possible
4. Difficult
5. Very difficult

**Provision of informal care or assistance**

The next questions are about the provision of care or assistance to other people with health problems.

Do you provide care or assistance to one or more persons suffering from some age problem, chronic health condition or infirmity, at least once a week?

1. Yes
2. No

Is this person or are these persons

1. Members of your family
2. Someone else (not members of your family)?

For how many hours per week do you provide care or assistance?

1. less than 10 hours per week
2. at least 10 but less than 20hours per week
3. 20 hours per week or more

## Annex No 2: Eiropas iedzīvotāju veselības apsekojuma anketas paraugs

### VESELĪBAS STATUSA MODULIS

#### Ievads 1

Es tagad vēlētos parunāt ar Jums par Jūsu veselību.

#### **C1. Jautājumi par personas veselību**

<b>C1_1</b> HS1	<b>Kāds ir Jūsu vispārējais veselības stāvoklis? Tas ir ...</b>	
	ļoti labs	1
	labs	2
	viduvējs	3
	slikts	4
	ļoti slikts	5
	<i>Nezina</i>	8
	<i>Atsakās atbildēt</i>	9
<b>C1_2</b> HS2	<b>Vai Jums ir kāda ilgstoša slimība vai ilgstoša veselības problēma?</b> (Ilgstoša slimība vai veselības problēma ir tāda, kas ilgst (vai paredzams, ka ilgs) 6 mēnešus vai vairāk.)	
	Jā	1
	Nē	2
	<i>Nezina</i>	8
	<i>Atsakās atbildēt</i>	9
<b>C1_3</b> HS3	<b>Cik lielā mērā kāda veselības problēma vismaz pēdējo 6 mēnešu laikā ir Jūs ierobežojusi veikt aktivitātes, ko cilvēki parasti dara?</b>	
	Stipri ierobežojusi	1
	Ierobežojusi, bet ne pārāk stipri	2
	Nav ierobežojusi nemaz	3
	<i>Nezina</i>	8
	<i>Atsakās atbildēt</i>	9

		C1_4 Vai Jums kādreiz dzīvē ir bijusi kāda no tām?				C1_5 Vai slimības, veselības problēmas ir diagnosticējis ārsts?				C1_6 CDI Vai Jums tā ir bijusi pēdējo 12 mēnešu laikā?			
		Jā	Nē	Nezina	Atsakās atbildēt	Jā	Nē	Nezina	Atsakās atbildēt	Jā	Nē	Nezina	Atsakās atbildēt
1	Astma (ieskaitot alerģisko astmu)	1	2	8	9	1	2	8	9	1	2	8	9
2	Hronisks bronhīts, hroniska obstruktīva plaušu slimība, emfizēma	1	2	8	9	1	2	8	9	1	2	8	9
3	Miokarda infarkts (sirdstrieka) un tā komplikācijas	1	2	8	9	1	2	8	9	1	2	8	9
4	Sirds išēmiskā slimība (stenokardija)	1	2	8	9	1	2	8	9	1	2	8	9
5	Paaugstināts asinsspiediens (hipertensija)	1	2	8	9	1	2	8	9	1	2	8	9
6	Insults (trieka, asinsizplūdums smadzenēs, smadzeņu asinsvadu tromboze), tā sekas	1	2	8	9	1	2	8	9	1	2	8	9
7	Reimatoīdais artrīts (locītavu iekaisums)	1	2	8	9	1	2	8	9	1	2	8	9

### Ievads 2

Šeit ir hronisku slimību un ilgstošu veselības problēmu saraksts.

		C1_4 Vai Jums kādreiz dzīvē ir bijusi kāda no tām?				C1_5 Vai slimības, veselības problēmas ir diagnosticējis ārsts?				C1_6 CDI Vai Jums tā ir bijusi pēdējo 12 mēnešu laikā?			
		Jā	Nē	Nezina	Atsakās atbildēt	Jā	Nē	Nezina	Atsakās atbildēt	Jā	Nē	Nezina	Atsakās atbildēt
8	Osteoartrīts (artroze, locītavu deformācija)												
9	Muguras lejasdaļas sāpes vai citas hroniskas muguras problēmas	1	2	8	9	1	2	8	9	1	2	8	9
10	Mugurkaula kakla daļas sāpes vai citas hroniskas mugurkaula kakla daļas problēmas	1	2	8	9	1	2	8	9	1	2	8	9
11	Diabēts	1	2	8	9	1	2	8	9	1	2	8	9
12	Alerģija, tāda kā rinīts, acu iekaisums, dermatīts, pārtikas vai kāda cita alerģija (izņemot alerģisko astmu)	1	2	8	9	1	2	8	9	1	2	8	9
13	Čūla (kuņģa vai divpadsmitpirkstu zarnas čūla)	1	2	8	9	1	2	8	9	1	2	8	9
14	Aknu ciroze	1	2	8	9	1	2	8	9	1	2	8	9
15	Vēzis (ļaundabīgs audzējs, ieskaitot leukēmiju un limfomu)	1	2	8	9	1	2	8	9	1	2	8	9
16	Smagas galvassāpes, piemēram, migrēna	1	2	8	9	1	2	8	9	1	2	8	9
17	Urīna nesaturēšana, urīnpūšļa problēmas	1	2	8	9	1	2	8	9	1	2	8	9

18	Nieru problēmas	1	2	8	9	1	2	8	9	1	2	8	9
19	Depresija	1	2	8	9	1	2	8	9	1	2	8	9
20	Citas garīgās veselības problēmas	1	2	8	9	1	2	8	9	1	2	8	9
21	Negadījuma radīta trauma vai defekts	1	2	8	9	1	2	8	9	1	2	8	9

*Ievads 2 turpinājums*

	Nelaiemes gadījuma veids	C1_7 AC1 Vai pēdējo 12 mēnešu laikā ar Jums ir atgadījis kāds no sarakstā minētajiem nelaiemes gadījumiem, kas radījis traumu?				C1_8 AC2 Vai šī negadījuma vai nelaiemes gadījuma dēļ Jums bija nepieciešama medicīniskā palīdzība?					
		Jā	Nē	Nezina	Atsakās atbildēt	Jā, tiku ievietots/-a slimnīcā/ārstniecības iestādē, kurā uzturējos ilgāk par diennakti	Jā, tiku ievietots/-a slimnīcā/ārstniecības iestādē, bet nepaliku tur pānakti	Jā, apmeklēju ārstu, medicīnas māsu vai feldšeri/ārsta palīgu	Nē, konsultācijas vai palīdzība nebija vajadzīga	Nezina	Atsakās atbildēt
A	Ceļu satiksmes negadījums	1	2	8	9	1	2	3	4	8	9
B	Nelaiemes gadījums mājās	1	2	8	9	1	2	3	4	8	9
C	Nelaiemes gadījums brīvā laika nodarbēs	1	2	8	9	1	2	3	4	8	9

<b>C1_9</b> AW1	<b>Vai pēdējo 12 mēnešu laikā Jums ir nācies neierasties darbā veselības problēmu dēļ?</b> (Lūdzu, ņemiet vērā visas slimības, ievainojumus vai citas veselības problēmas, kas Jums ir bijušas un kuru dēļ ir nācies kavēt darbu.)
--------------------	---

Jā

Nē

Nezina

Atsakās atbildēt

1

2

8

9

→ Ievads 3

→ Ievads 3

→ Ievads 3

<b>C1_10</b> AW2	<b>Cik dienas kopā pēdējo 12 mēnešu laikā Jūs nebijāt darbā veselības problēmu dēļ?</b> (Intervētājam tikai nepieciešamības gadījumā jānorāda, ka pieļaujams arī aptuvenš skaits.)
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\_|\_|\_|\_| dienas

Nezina

Atsakās atbildēt

998

999

## **C2. Jautājumi par ikdienas situācijām**

### Ievads 3

Tagad es vēlētos lūgt Jums padomāt par situācijām, ar kādām, iespējams, Jūs saskaraties ikdienā. Lūdzu, ņemiet vērā tikai ilgstošas veselības problēmas.

<b>C2_1</b> PL1	<b>Vai Jūs ikdienā nēsājat brilles vai kontaktlēcas?</b>
--------------------	--

Jā	1	→ C2_2a
Nē	2	→ C2_2b
Esmu neredzīgs (pilnīgi akls)	3	→ C2_3
<i>Nezina</i>	8	→ C2_2b
<i>Atsakās atbildēt</i>	9	→ C2_2b

<b>C2_2a</b> PL2	<b>Vai Jums, pat nēsājot brilles vai kontaktlēcas, joprojām saglabājas redzes grūtības? Vai varat apgalvot, ka redzat..</b>
---------------------	---

bez grūtībām	1	→ C2_3
ar nelielām grūtībām	2	→ C2_3
ar lielu piepūli	3	→ C2_3
nevaru redzēt nemaz	4	→ C2_3
<i>Nezina</i>	8	→ C2_3
<i>Atsakās atbildēt</i>	9	→ C2_3

<b>C2_2b</b> PL2	<b>Vai Jums ir redzes grūtības? Vai varat apgalvot, ka redzat...</b>
---------------------	--

bez grūtībām	1	
ar nelielām grūtībām	2	
ar lielu piepūli	3	
nevaru redzēt nemaz	4	
<i>Nezina</i>	8	
<i>Atsakās atbildēt</i>	9	

<b>C2_3</b> PL3	<b>Vai Jūs lietojat dzirdes aparātu?</b>
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Jā	1	→ C2_3a
Nē	2	→ C2_3b
Esmu pilnīgi kurls	3	→ C2_5
<i>Nezina</i>	8	→ C2_4
<i>Atsakās atbildēt</i>	9	→ C2_4

<b>C2_3a</b> PL4	<b>Vai, sarunājoties klusā telpā, Jums ir grūtības dzirdēt cita cilvēka teikto, pat ja lietojat dzirdes aparātu?</b>
---------------------	--

Grūtību nav	1	→ C2_4a
Ar nelielām grūtībām	2	→ C2_4a
Ar lielu piepūli	3	→ C2_4a
Nevaru dzirdēt nemaz	4	→ C2_5
<i>Nezina</i>	8	→ C2_5
<i>Atsakās atbildēt</i>	9	→ C2_5

<b>C2_3b</b> PL4	<b>Vai, sarunājoties klusā telpā, Jums ir grūtības dzirdēt cita cilvēka teikto?</b>
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Grūtību nav	1	→ C2_4b
Ar nelielām grūtībām	2	→ C2_4b
Ar lielu piepūli	3	→ C2_4b
Nevaru dzirdēt nemaz	4	→ C2_5
<i>Nezina</i>	8	→ C2_5
<i>Atsakās atbildēt</i>	9	→ C2_5

<b>C2_4a</b> PL5	<b>Vai, sarunājoties trokšņainā telpā, Jums ir grūtības dzirdēt cita cilvēka teikto, pat ja lietojat dzirdes aparātu?</b>	
	Grūtību nav	1 → C2_5
	Ar nelielām grūtībām	2 → C2_5
	Ar lielu piepūli	3 → C2_5
	Nevaru dzirdēt nemaz	4 → C2_5
	<i>Nezina</i>	8 → C2_5
	<i>Atsakās atbildēt</i>	9 → C2_5

<b>C2_4b</b> PL5	<b>Vai, sarunājoties trokšņainā telpā, Jums ir grūtības dzirdēt cita cilvēka teikto?</b>	
	Grūtību nav	1
	Ar nelielām grūtībām	2
	Ar lielu piepūli	3
	Nevaru dzirdēt nemaz	4
	<i>Nezina</i>	8
	<i>Atsakās atbildēt</i>	9

<b>C2_5</b> PL6	<b>Vai Jūs varat noiet 500 metrus pa līdzenu virsmu, neizmantojot iešanas palīgīdzekļus, piemēram, spieķi, vai citu cilvēku palīdzību?</b>	
	Jā, bez grūtībām	1
	Ar nelielām grūtībām	2
	Ar lielu piepūli	3
	Nevaru nemaz	4
	<i>Nezina</i>	8
	<i>Atsakās atbildēt</i>	9

<b>C2_6</b> PL7	<b>Vai varat uzkāpt un nokāpt kāpņu vienu posmu (apmēram 12 pakāpienus)?</b>	
	Jā, bez grūtībām	1
	Ar nelielām grūtībām	2
	Ar lielu piepūli	3
	Nevaru nemaz	4
	<i>Nezina</i>	8
	<i>Atsakās atbildēt</i>	9

#### Ievads 4

Es vēlētos, lai Jūs padomājiet par savu ikdienas personisko aprūpi. Lūdzu, neņemiet vērā īslaicīgas veselības problēmas.

#### **C3. Jautājumi par ikdienas personisko aprūpi**

<b>C3_1</b> PC1	<b>Vai Jums parasti ir grūtības veikt kādu no minētajām darbībām pašam/-ai bez citu palīdzības?</b>						
		<b>Bez grūtībām</b>	<b>Jā, ar nelielām grūtībām</b>	<b>Jā, ar lielu piepūli</b>	<b>Nevaru pats to paveikt</b>	<i>Nezina</i>	<i>Atsakās atbildēt</i>
1 PC1a	Ēšana	1	2	3	4	8	9
2 PC1b	Apgulšanās gultā un piecelšanās no tās, apsēšanās krēslā un piecelšanās no tā	1	2	3	4	8	9
3 PC1c	Apģērbšanās un noģērbšanās	1	2	3	4	8	9
4 C1d	Tualetes lietošana	1	2	3	4	8	9

5 C1e	Mazgāšanās vannā vai dušā	1	2	3	4	8	9
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<b>C3_2</b> PC2	<b>Vai Jums parasti kāds palīdz?</b>						
	Jā, vismaz vienā no darbībām	1	→ C3_3a				
	Nē	2	→ C3_3b				
	<i>Nevar pateikt</i>	8	→ Ievads 5				
	<i>Atsakās atbildēt</i>	9	→ Ievads 5				

<b>C3_3a</b> PC3	<b>Vai Jums būtu nepieciešama lielāka palīdzība?</b>						
	Jā, vismaz vienā no darbībām	1	→ Ievads 5				
	Nē	2	→ Ievads 5				
	<i>Nevar pateikt</i>	8	→ Ievads 5				
	<i>Atsakās atbildēt</i>	9	→ Ievads 5				

<b>C3_3b</b> PC3	<b>Vai Jums palīdzība būtu nepieciešama?</b>						
	Jā, vismaz vienā no darbībām	1	→ Ievads 5				
	Nē	2	→ Ievads 5				
	<i>Nevar pateikt</i>	8	→ Ievads 5				
	<i>Atsakās atbildēt</i>	9	→ Ievads 5				

Ievads 5

Es vēlētos, lai Jūs padomājat par dažām ikdienas aktivitātēm. Lūdzu, neņemiet vērā īslaicīgas veselības problēmas. Jāiekļauj vienīgi ierobežojumi, ko rada hroniskas veselības problēmas, grūtības veikt pamataaktivitātes vai vecums.

#### C4. Jautājumi par ikdienas aktivitātēm mājās

<b>C4_1</b> HA1	<b>Vai Jums parasti ir grūtības veikt kādu no minētajām aktivitātēm pašam/-ai bez citu palīdzības?</b>		
<b>Uzmanību intervētājam!</b> Par katru aktivitāti, kurai tiek minēta grūtības pakāpe (C4_1 = 2, 3, 4), uzdodiet C4_2. Ja neviena aktivitāte nesagādā grūtības (C_4 = 1, 5, 8 vai 9), pārejiet uz Ievads 6.			
<b>a</b>	<b>Ēdiena pagatavošana</b> HA1_A	Grūtības nesagādā	1
		Ar nelielām grūtībām	2
		Ar lielu piepūli	3
		Es to nespēju paveikt	4
		Nav piemērojams (neesmu mēģinājis, nav vajadzības to darīt)	5
		<i>Nezina</i>	8
		<i>Atsakās atbildēt</i>	9
<b>b</b>	<b>Tālrūpa izmantošana</b> HA1_B	Grūtības nesagādā	1
		Ar nelielām grūtībām	2
		Ar lielu piepūli	3
		Es to nespēju paveikt	4
		Nav piemērojams (neesmu mēģinājis, nav vajadzības to darīt)	5

		<i>Nezina</i>	8
		<i>Atsakās atbildēt</i>	9
<b>c</b>	<b>Iepirkšanās</b> HA1_C	Grūtības nesagādā	1
		Ar nelielām grūtībām	2
		Ar lielu piepūli	3
		Es to nespēju paveikt	4
		Nav piemērojams (neesmu mēģinājis, nav vajadzības to darīt)	5
		<i>Nezina</i>	8
		<i>Atsakās atbildēt</i>	9
		<b>d</b>	<b>Medikamentu lietošana</b> HA1_D
Ar nelielām grūtībām	2		
Ar lielu piepūli	3		
Es to nespēju paveikt	4		
Nav piemērojams (neesmu mēģinājis, nav vajadzības to darīt)	5		
<i>Nezina</i>	8		
<i>Atsakās atbildēt</i>	9		
<b>e</b>	<b>Vieglu mājsaimniecības darbu veikšana</b> HA1_E		
		Sagādā nelielas grūtības	2
		Sagādā lielas grūtības	3
		Es to nespēju paveikt	4
		Nav piemērojams (neesmu mēģinājis, nav vajadzības to darīt)	5
		<i>Nezina</i>	8
		<i>Atsakās atbildēt</i>	9
		<b>f</b>	<b>Neregulāru smagu mājsaimniecības darbu veikšana</b> HA1_F
Sagādā nelielas grūtības	2		
Sagādā lielas grūtības	3		
Es to nespēju paveikt	4		
Nav piemērojams (neesmu mēģinājis, nav vajadzības to darīt)	5		
<i>Nezina</i>	8		
<i>Atsakās atbildēt</i>	9		
<b>g</b>	<b>Maksājumu un ikdienas saimniecisko jautājumu kārtošana</b> HA1_G		
		Sagādā nelielas grūtības	2
		Sagādā lielas grūtības	3
		Es to nespēju paveikt	4
		Nav piemērojams (neesmu mēģinājis, nav vajadzības to darīt)	5
		<i>Nezina</i>	8
		<i>Atsakās atbildēt</i>	9

Padomājiet par visām tām ikdienas aktivitātēm mājās, kuras veikt pašam (bez citu palīdzības) Jums sagādā grūtības.

<b>C4_2</b> HA2	<b>Vai Jums parasti kāds palīdz?</b>		
	Jā, vismaz vienā no darbībām	1	→ C4_3a
	Nē	2	→ C4_3b

Nevar pateikt

8 → Ievads  
6

Atsakās atbildēt

9 → Ievads  
6

**C4\_3a**  
HA3 **Vai Jums būtu nepieciešama lielāka palīdzība?**

Jā, vismaz vienā no darbībām

1 → Ievads  
6

Nē

2 → Ievads  
6

Nevar pateikt

8 → Ievads  
6

Atsakās atbildēt

9 → Ievads  
6

**C4\_3b**  
HA3 **Vai Jums palīdzība būtu nepieciešama?**

Jā, vismaz vienā no darbībām

1

Nē

2

Nevar pateikt

8

Atsakās atbildēt

9

Ievads 6

Nākamie jautājumi būs par jebkādam fiziskām spēēm, ko jutāt pēdējo 4 nedēļu-----

-----+ laikā.

**C5. Jautājumi par 4 nedēļu laikā sajūtām fiziskām spēēm**

**C5\_1**  
PN1 **Vai pēdējo 4 nedēļu laikā Jums ir bijušas fiziskas sāpes?**

Nē

1 → Ievads  
7

Jā, nelielas

2

Jā, mērenas

3

Jā, vidēji stipras

4

Jā, stipras

5

Jā, ļoti stipras

6

Nevar pateikt

8 → Ievads  
7

Atsakās atbildēt

9 → Ievads  
7

**C5\_2**  
PN2 **Cik lielā mērā sāpes pēdējās 4 nedēļās ir ietekmējušas Jūsu parasto darbu (ieskaitot gan darbu ārpus mājas, gan mājas soli)?**

Nemaz

1

Nedaudz

2

Mēreni daudz

3

Diezgan stipri

4

Ļoti stipri

5

Nevar pateikt

8

**C6. Jautājumi par garīgo veselību**

Ievads 7

Nākamie jautājumi būs par to, kā jūtaties un kā Jums ir klājies pēdējo 2 nedēļu laikā. Katram jautājumam, lūdzu, sniedziet atbildi, kas pēc iespējas tuvāk atbilst tam, kā esat juties/-usies.

Cik bieži pēdējo 2 nedēļu laikā Jums bija kāda no minētajām problēmām:		Nemaz	Vairākas dienas	Vairāk nekā pusē no šīm dienām	Gandrīz katru dienu	<i>Nevar pateikt</i>	<i>Atsakās atbildēt</i>
<b>C6_1</b> (MH1a)	trūka interese vai patikas jebko darīt?	1	2	3	4	8	9
<b>C6_2</b> (MH1b)	bija nomāktība, depresija vai bezcerīguma sajūta?	1	2	3	4	8	9
<b>C6_3</b> (MH1c)	bija grūtības iemigt, trausls miegs vai pārāk ilgs miegs?	1	2	3	4	8	9
<b>C6_4</b> (MH1d)	bija noguruma sajūta vai enerģijas trūkums?	1	2	3	4	8	9
<b>C6_5</b> (MH1e)	bija slikta apetīte vai pārēšanās?	1	2	3	4	8	9
<b>C6_6</b> (MH1f)	bija vainas vai neapmierinātības sajūta ar sevi vai sajūta, ka esat pievilis/-usi sevi vai savu ģimeni?	1	2	3	4	8	9
<b>C6_7</b> (MH1g)	bija grūtības koncentrēties kādai nodarbei, piemēram, lasīt avīzes vai skatīties televīzijas pārraidēs?	1	2	3	4	8	9
<b>C6_8</b> (MH1h)	citi ievēroja, ka Jūsu kustības vai runas veids bija pārāk gauss vai, gluži pretēji, ka Jūs bijāt nervozāks/-a vai nemierīgāks/-a nekā parasti?	1	2	3	4	8	9

**VESELĪBAS APRŪPES MODULIS**

Ievads 8

Šī jautājumu grupa attiecas uz laiku, ko pavadījāt slimnīcā. Tiek ņemtas vērā visu veidu slimnīcas, bet netiek ieskaitīti neatliekamās aprūpes nodaļas apmeklējumi (ja vien tajā nav palikts pa nakti) un ambulatoriskas konsultācijas.

**D1. Jautājumi par laiku, ko pavadījāt slimnīcā (stacionārā)**

<b>D1_1</b> HO1	<b>Vai pēdējo 12 mēnešu laikā esat bijis/-usi slimnīcā kā stacionēts pacients/-e, proti, pavadījis/-usi tajā vismaz vienu nakti vai ilgāk?</b>		
	Jā	1	
	Nē	2	→ D1_3
	<i>Nezina</i>	8	→ D1_3
	<i>Atsakās atbildēt</i>	9	→ D1_3
<b>D1_2</b> HO2	<b>Cik nakšu kopumā Jūs esat pavadījis/-usi slimnīcā pēdējo 12 mēnešu laikā?</b>		
	____ ____ ____  naktis		
	<i>Nezina</i>	998	
	<i>Atsakās atbildēt</i>	999	

<b>D1_3</b> HO3	<b>Vai pēdējo 12 mēnešu laikā esat bijis/-usi ārstniecības iestādē kā dienas stacionāra pacients/-e diagnostikas, ārstēšanas vai cita veida veselības aprūpes dēļ bez nepieciešamības palikt tur pa nakti?</b>	
	Jā	1
	Nē	2
	<i>Nezina</i>	8
	<i>Atsakās atbildēt</i>	9
		→ Ievads 9
		→ Ievads 9

<b>D1_4</b> HO4	<b>Cik dienas kopumā Jūs esat bijis/-usi dienas stacionāra pacients/-e pēdējo 12 mēnešu laikā?</b>	
	____ ____ ____  summārais dienu skaits	
	<i>Nezina</i>	998
	<i>Atsakās atbildēt</i>	999

## D2. Jautājumi par ambulatoro un mājas aprūpi

### Ievads 9

Nākamā jautājumu grupa būs par zobārstu vai citu zobārstniecības speciālistu apmeklējumiem.

<b>D2_1</b> AM1	<b>Kad Jūs pēdējo reizi bijāt pie zobārsta, ortodonta vai zobu higiēnista, neskaitot gadījumus, kad pavadījāt bērnu, laulāto draugu u.c.?</b>	
	Mazāk nekā pirms 6 mēnešiem	1
	Pirms 6–12 mēnešiem	2
	Vairāk nekā pirms 12 mēnešiem	3
	Nekad	4
	<i>Nezina</i>	8
	<i>Atsakās atbildēt</i>	9

### Ievads 10

Nākamie jautājumi skars konsultācijas pie sava ģimenes ārsta. Lūdzu, iekļaujiet gan vizītes ārsta praksē, gan mājas vizītes un konsultācijas pa telefonu.

<b>D2_2</b> AM2	<b>Kad Jūs pēdējo reizi konsultējāties ar ģimenes ārstu savas veselības dēļ?</b>	
	Mazāk nekā pirms 12 mēnešiem	1
	Vairāk nekā pirms 12 mēnešiem	2
	Nekad	3
	<i>Nezina</i>	8
	<i>Atsakās atbildēt</i>	9
		→ Ievads 11
		→ Ievads 11
		→ Ievads 11
		→ Ievads 11

<b>D2_3</b> AM3	<b>Cik reizi pēdējo četru nedēļu laikā esat konsultējies/-usies ar ģimenes ārstu savas veselības dēļ?</b>	
	____ ____  reizes	
	<i>Nezina</i>	98
	<i>Atsakās atbildēt</i>	99

### Ievads 11

Nākamie jautājumi skars konsultācijas pie dažādu specialitāšu ārstiem un citām ārstniecības personām. Jautājumos jāiekļauj visu veidu apmeklējumi un vizītes klātienē, ieskaitot neatliekamās medicīniskās palīdzības nodaļas apmeklējumus, konsultācijas pa telefonu vai e-pastu, kā arī vizītes pie ārsta speciālista respondenta darba vietā vai skolā. Neiekļaut gadījumus, kad respondents ārstējies slimnīcā vai dienas stacionārā.

<b>D2_4</b> AM4	<b>Kad Jūs pēdējo reizi konsultējāties ar ārstu speciālistu?</b>
--------------------	--

Mazāk nekā pirms 12 mēnešiem  
 Vairāk nekā pirms 12 mēnešiem  
 Nekad  
 Nezina  
 Atsakās atbildēt

1	
2	→ D2_6
3	→ D2_6
8	→ D2_6
9	→ D2_6

<b>D2_5</b> AM5	<b>Cik reizu pēdējo četrus nedēļu laikā esat konsultējies/-usies ar ārstu speciālistu savas veselības dēļ?</b>
--------------------	--

\_\_\_\_|\_\_\_\_| reizes  
 Nezina  
 Atsakās atbildēt

98
99

<b>D2_6</b> AM6	<b>Vai pēdējo 12 mēnešu laikā Jūs esat savas veselības dēļ apmeklējis/-usi...</b>	<b>Jā</b>	<b>Nē</b>	<i>Nezina</i>	<i>Atsakās atbildēt</i>
1	fizioterapeitu	1	2	8	9
2	medicīnas māsu, vecmāti, feldšeri vai ārsta palīgu (izņemot stacionēšanas vai mājas aprūpes gadījumus)	1	2	8	9
3	uztura speciālistu	1	2	8	9
4	runas terapeitu	1	2	8	9
5	manuālo terapeitu, hiropraktiķi	1	2	8	9
6	ergoterapeitu	1	2	8	9
7	psihologu, psihoterapeitu vai psihiatru	1	2	8	9
8	citus veselības aprūpes speciālistus	1	2	8	9
9	medicīnas laboratoriju, diagnostikas kabinetu	1	2	8	9

<b>D2_7</b>	<b>Vai pēdējo 12 mēnešu laikā Jūs esat savas veselības dēļ apmeklējis/-usi...</b>	<b>Jā</b>	<b>Nē</b>	<i>Nezina</i>	<i>Atsakās atbildēt</i>
1	homeopātu	1	2	8	9
2	akupunktūras speciālistu	1	2	8	9
3	fitoterapeitu	1	2	8	9
4	citu alternatīvās medicīnas speciālistu	1	2	8	9
5	tautas dziednieku	1	2	8	9

### Levads 12

Nākamais jautājums būs par tiem mājas aprūpes pakalpojumiem cilvēkiem ar veselības problēmām, kurus sniedz ārstniecības personas un sociālie aprūpes dienesti. Tie aptver, piemēram, mājas aprūpi, ko veic medicīnas māsa vai vecmāte, palīdzību mājas soļa veikšanā vai veciem cilvēkiem, ēdiena piegādi, transporta pakalpojumus u.c.

<b>D2_8</b> AM7	<b>Vai pēdējo 12 mēnešu laikā Jūs pats/-i esat izmantojis/-usi vai saņēmis/-usi jebkāda veida mājas aprūpi?</b>
--------------------	---

Jā  
 Nē  
 Nezina  
 Atsakās atbildēt

1
2
8
9

### D3. Jautājumi par pēdējo 2 nedēļu laikā lietotajiem medikamentiem, vitamīniem vai augu valsts līdzekļiem

#### Levads 13

Es tagad vēlētos uzdot jautājumus par pēdējo 2 nedēļu laikā lietotajiem medikamentiem.

<b>D3_1</b> MD1	<b>Vai pēdējo divu nedēļu laikā esat lietojis/-usi ārsta parakstītas zāles?</b> ( <i>Sievietēm: lūdzu, neiekļaujiet kontracepcijas tabletes un citus kontraceptīvus hormonpreparātus.</i> )	
	Jā	1
	Nē	2
	<i>Nezina</i>	8
	<i>Atsakās atbildēt</i>	9

<b>D3_2</b> MD2	<b>Vai pēdējo divu nedēļu laikā esat lietojis/-usi kādus medikamentus, vitamīnus vai augu valsts līdzekļus, kuru lietošanu Jums <u>nav</u> parakstījis ārsts?</b> ( <i>Sievietēm: lūdzu, neiekļaujiet kontracepcijas tabletes un citus kontraceptīvus hormonpreparātus.</i> )	
	Jā	1
	Nē	2
	<i>Nezina</i>	8
	<i>Atsakās atbildēt</i>	9

#### D4. Jautājumi par profilaktiskajiem (preventīvajiem) pasākumiem

Ievads 14

Tagad es vēlētos Jums uzdot jautājumus par vakcinēšanos pret gripu.

<b>D4_1</b> PA1	<b>Kad Jūs pēdējo reizi vakcinējāties pret gripu?</b>							
	<table border="0"> <tr> <td>_ _ _ </td> <td>/</td> <td>_ _ _ _ _ </td> </tr> <tr> <td>mēnesis</td> <td></td> <td>gads</td> </tr> </table>	_ _ _	/	_ _ _ _ _	mēnesis		gads	
_ _ _	/	_ _ _ _ _						
mēnesis		gads						
	Pirms daudziem gadiem (vēl pirms pagājušā gada)	1						
	Nekad	2						

Ievads 15

Tagad es vēlētos Jums uzdot dažus jautājumus par asinsspiedienu, holesterīna līmeni un cukura līmeni asinīs (glikēmiju).

<b>D4_2</b> PA2	<b>Kad Jums pēdējo reizi asinsspiedienu mērīja kāds veselības aprūpes speciālists (ārstniecības persona)?</b>	
	Pēdējo 12 mēnešu laikā	1
	Pirms 1 gada, bet mazāk nekā 3 gadiem	2
	Pirms 3 gadiem, bet mazāk nekā 5 gadiem	3
	Pirms vairāk nekā 5 gadiem	4
	Nekad	5
	<i>Nezina</i>	8
	<i>Atsakās atbildēt</i>	9

<b>D4_3</b> PA3	<b>Kad Jums pēdējo reizi holesterīna līmeni asinīs noteica kāds veselības aprūpes speciālists (ārstniecības persona)?</b>	
	Pēdējo 12 mēnešu laikā	1
	Pirms 1 gada, bet mazāk nekā 3 gadiem	2
	Pirms 3 gadiem, bet mazāk nekā 5 gadiem	3
	Pirms vairāk nekā 5 gadiem	4
	Nekad	5
	<i>Nezina</i>	8
	<i>Atsakās atbildēt</i>	9

<b>D4_4</b> PA4	<b>Kad Jums pēdējo reizi cukura līmeni asinīs noteica kāds veselības aprūpes speciālists (ārstniecības persona)?</b>	
	Pēdējo 12 mēnešu laikā	1
	Pirms 1 gada, bet mazāk nekā 3 gadiem	2
	Pirms 3 gadiem, bet mazāk nekā 5 gadiem	3
	Pirms vairāk nekā 5 gadiem	4
	Nekad	5
	<i>Nezina</i>	8
	<i>Atsakās atbildēt</i>	9

#### Ievads 16

Tagad es vēlētos uzdot dažus jautājumus par fekāliju izmeklēšanu slēptu asiņu noteikšanai un kolonoskopiju.

<b>D4_5</b> PA5	<b>Kad Jums pēdējo reizi tika veikta analīze slēptu asiņu noteikšanai izkārnījumos (fēcēs)?</b>	
	Pēdējo 12 mēnešu laikā	1
	Pirms 1 gada, bet mazāk nekā 2 gadiem	2
	Pirms 2 gadiem, bet mazāk nekā 3 gadiem	3
	Pirms vairāk nekā 3 gadiem	4
	Nekad	5
	<i>Nezina</i>	8
	<i>Atsakās atbildēt</i>	9

<b>D4_6</b> PA6	<b>Vai Jums kādreiz mūžā ir veikta kolonoskopija?</b>		
	Jā	1	→ D4_7
	Nē	2	→ 4. filtrs
	<i>Nezina</i>	8	→ 4. filtrs
	<i>Atsakās atbildēt</i>	9	→ 4. filtrs

<b>D4_7</b> PA6	<b>Kad Jums pēdējo reizi tika veikta kolonoskopija?</b>	
	Pēdējo 12 mēnešu laikā	1
	Pirms 1 gada, bet mazāk nekā 5 gadiem	2
	Pirms 5 gadiem, bet mazāk nekā 10 gadiem	3
	Pirms vairāk nekā 10 gadiem	4
	<i>Nezina</i>	8
	<i>Atsakās atbildēt</i>	9

#### D5. Jautājumi par mamogrāfiju, krūšu sonogrāfiju un par uztriepju ņemšanu no dzemdes kakla

<b>D5_1</b> PA7	<b>Kad Jums pēdējo reizi veica mamogrāfiju?</b>		
	Pēdējo 12 mēnešu laikā	1	
	Pirms 1–2 gadiem	2	
	Pirms vairāk nekā 2 gadiem, bet mazāk nekā 3 gadiem	3	
	Pirms 3 vai vairāk gadiem	4	
	Nekad	5	
	<i>Nezina</i>	8	
	<i>Atsakās atbildēt</i>	9	
			→ D5_3
			→ D5_3
			→ D5_3

<b>D5_2</b>	<b>Kāds bija iemesls pēdējās mamogrāfijas veikšanai?</b>	
	Es pati vai mans ģimenes ārsts krūtīs atrada iespējamu problēmu (piemēram, veidojumu)	1
	Man to ieteica profilaktiski veikt mans ģimenes ārsts vai ginekologs	2
	Saņēmu vēstuli ar uzaicinājumu uz valsts apmaksātu mamogrāfijas izmeklējumu (vēža skrīnings)	3
	Veicu profilaktisku apskati, jo manā ģimenē bijuši krūts vēža gadījumi	4
	Cits iemesls	5
	<i>Nezina</i>	8
	<i>Atsakās atbildēt</i>	9

<b>D5_3</b>	<b>Kad Jums pēdējo reizi veica krūšu sonogrāfiju?</b>	
	Pēdējo 12 mēnešu laikā	1
	Pirms 1–2 gadiem	2
	Pirms vairāk nekā 2 gadiem, bet mazāk nekā 3 gadiem	3
	Pirms 3 vai vairāk gadiem	4
	Nekad	5 → D5_5
	<i>Nezina</i>	8 → D5_5
	<i>Atsakās atbildēt</i>	9 → D5_5

<b>D5_4</b>	<b>Kāds bija iemesls pēdējās krūšu sonogrāfijas veikšanai?</b>	
	Es pati vai mans ģimenes ārsts krūtīs atrada iespējamu problēmu (piemēram, veidojumu)	1
	Man to ieteica profilaktiski veikt mans ģimenes ārsts vai ginekologs	2
	Veicu profilaktisku apskati, jo manā ģimenē bijuši krūts vēža gadījumi	3
	Cits iemesls	4
	<i>Nezina</i>	8
	<i>Atsakās atbildēt</i>	9

<b>D5_5</b> PA8	<b>Kad Jums pēdējo reizi tika paņemta uztriepe no dzemdes kakla?</b>	
	Pēdējo 12 mēnešu laikā	1
	Pirms 1–2 gadiem	2
	Pirms vairāk nekā 2 gadiem, bet mazāk nekā 3 gadiem	3
	Pirms 3 vai vairāk gadiem	4
	Nekad	5 → Ievads 18
	<i>Nezina</i>	8 → Ievads 18
	<i>Atsakās atbildēt</i>	9 → Ievads 18

<b>D5_6</b>	<b>Kāds bija iemesls pēdējai veiktajai dzemdes kakla uztriepes ņemšanai?</b>	
	Konkrētas sūdzības	1
	Profilaktiskā apskate pie ginekologa vai ģimenes ārsta	2
	Saņēmu vēstuli ar uzaicinājumu uz valsts apmaksātu izmeklējumu (vēža skrīnings)	3
	Cits medicīniskais iemesls	4
	Cits iemesls	5
	<i>Nezina</i>	8
	<i>Atsakās atbildēt</i>	9

#### Ievads 18

Tagad es Jums vēlētos uzdot dažus jautājumus par veselības aprūpes pakalpojumu pieejamību.

<b>D6_1</b> ANI	<b>Vai pēdējo 12 mēnešu laikā Jums ir bijis gadījums, kad veselības aprūpes pakalpojumi tika saņemti novēloti vai netika saņemti vispār, lai gan bija tāda nepieciešamība, jo:</b>	Jā	Nē	Nebija vajadzības	Nezina	Atsakās atbildēt
UN1a	bija pārāk ilgs pieraksta laiks (garas rindas)	1	2	3	8	9
UN1b	bija pārāk liels attālums vai transporta problēmas	1	2	3	8	9

<b>D6_2</b> UN2	<b>Vai pēdējo 12 mēnešu laikā Jums ir bijis gadījums, kad nesaņēmt nepieciešamo veselības aprūpi, jo finansiāli nevarējāt to atļauties?</b>	Jā	Nē	Nebija vajadzības	Nezina	Atsakās atbildēt
UN2a	Medicīnisko aprūpi (neieskaitot zobārstniecību un garīgās veselības aprūpi)	1	2	3	8	9
UN2b	Zobārstniecību	1	2	3	8	9
UN2c	Ārsta parakstītu medikamentu iegādi	1	2	3	8	9
UN2d	Garīgās veselības aprūpi (pie psihologa vai psihiatra)	1	2	3	8	9

<b>D7_1</b>	<b>Vai Jums pašam/-ai ir kāds privātās veselības apdrošināšanas veids?</b>	1	2	8	9
Jā					
Nē					
Nezina					
Atsakās atbildēt					

<b>D7_2</b>	<b>Vai Jums pašam/-ai bija jāmaksā par savu privāto veselības apdrošināšanu?</b>	1	2	3	8	9
Nē						
Jā, bet tikai daļu no maksas						
Jā, pilnu maksu						
Nezina						
Atsakās atbildēt						

### VESELĪBU IETEKMĒJOŠO FAKTORU MODULIS

#### Ievads 19

Tagad es Jums vaicāšu par Jūsu augumu un svaru.

#### E1. Jautājumi par augumu un svaru

<b>E1_1</b> BMI1	<b>Kāds ir Jūsu augums bez apaviem?</b>
---------------------	---

\_\_\_\_|\_\_\_\_|\_\_\_\_| cm

Nezina

Atsakās atbildēt

998

999

<b>E1_2</b> BMI2	<b>Kāds ir Jūsu svars bez apģērba un apaviem?</b>
---------------------	---

\_\_\_\_|\_\_\_\_|\_\_\_\_| kg

Nezina

Atsakās atbildēt

998

999

## E2. Jautājumi par fiziskajām aktivitātēm

### Ievads 20

Tagad es Jums uzdošu jautājumus par laiku, ko parastas (tipiskas) nedēļas laikā veltāt dažādām fiziskajām aktivitātēm. Lūdzu, atbildiet uz jautājumiem, pat ja neuzskatāt sevi par fiziski aktīvu cilvēku. Lūdzu, padomājiet par laiku, kuru pavadāt strādājot. Strādāšana attiecas uz darbiem, ko darāt algotā vai nealgotā darbā, uzkopjot piemājas apkārtni, veicot dažādus mājas darbus, rūpējoties par citiem cilvēkiem vai mācoties.

E2_1 PE1	Kad strādājat, kurš apgalvojums vislabāk raksturo, kā Jūs to darāt?	
	Galvenokārt sēdus vai stāvus	1
	Galvenokārt staigājot vai strādājot ar mērenu fizisku piepūli	2
	Galvenokārt tas ir smags darbs vai darbs ar lielu fizisko slodzi	3
	<i>Neolasot atzīmējam:</i> neveic ar darbu saistītas aktivitātes	4
	<i>Nezina</i>	8
	<i>Atsakās atbildēt</i>	9

### Ievads 21

Turpmākie jautājumi **neattieksies** uz nupat minētajām, ar darbu saistītajām fiziskajām aktivitātēm. Tagad es uzdošu jautājumus par to, kā Jūs parasti nokļūstat tur, kur nepieciešams, piemēram, dodoties uz darbu, skolu, veikalu vai brīvā laika nodarbēm un atgriežoties mājās.

E2_2 PE2	Cik dienu parastā (tipiskā) nedēļā Jūs parasti noejat vismaz 10 minūtes bez pārtraukuma?	
	<input type="text"/> dienas nedēļā	
	Es nekad neveicu šādas aktivitātes	<input type="text" value="0"/> → E2_4
	<i>Nezina</i>	<input type="text" value="8"/> → E2_4
	<i>Atsakās atbildēt</i>	<input type="text" value="9"/> → E2_4

E2_3 PE3	Cik daudz laika parastā (tipiskā) dienā Jūs pavadāt, ejot kājām?	
	10–29 minūtes dienā	1
	30–59 minūtes dienā	2
	No 1 stundas līdz mazāk nekā 2 stundām dienā	3
	No 2 stundām līdz mazāk nekā 3 stundām dienā	4
	3 un vairāk stundu dienā	5
	<i>Nezina</i>	8
	<i>Atsakās atbildēt</i>	9

E2_4 PE4	Cik dienu parastā (tipiskā) nedēļā Jūs vismaz 10 minūtes braucat ar velosipēdu bez pārtraukuma?	
	<input type="text"/> dienas nedēļā	
	Es nekad neveicu šādas aktivitātes	<input type="text" value="0"/> → Ievads 22

Nezina

8	→ Ievads
22	
9	→ Ievads
22	

Atsakās atbildēt

<b>E2_5</b> PE5	<b>Cik daudz laika parastā (tipiskā) dienā Jūs pavadāt, braucot ar velosipēdu?</b>
10–29 minūtes dienā	1
30–59 minūtes dienā	2
No 1 stundas līdz mazāk nekā 2 stundām dienā	3
No 2 stundām līdz mazāk nekā 3 stundām dienā	4
3 un vairāk stundas dienā	5
Nezina	8
Atsakās atbildēt	9

### Ievads 22

Turpmākie jautājumi **neattieksies** uz nupat minētajām, ar darbu un pārvietošanos saistītajām fiziskajām aktivitātēm. Tagad es uzdošu jautājumus par jebkurām citām aktivitātēm, kas tiek veiktas treniņa, atpūtas vai sportošanas nolūkā un kuru rezultātā kaut nedaudz paātrinās elpošana vai sirdsdarbība. Piemēram, iešana ātrā solī, spēles ar bumbu, skriešana, riteņbraukšana vai peldēšana.

<b>E2_6</b> PE6	<b>Cik dienu parastā (tipiskā) nedēļā Jūs sportojat, nodarbojaties ar fiziskiem vingrinājumiem vai aktīvi pavadāt brīvo laiku, veltot tam vismaz 10 minūtes bez pārtraukuma?</b>
<input type="text"/> dienas nedēļā	
Es nekad neveicu šādas aktivitātes	<input type="text" value="0"/> → E2_8
Nezina	<input type="text" value="8"/> → E2_8
Atsakās atbildēt	<input type="text" value="9"/> → E2_8

<b>E2_7</b> PE7	<b>Cik daudz laika parastā (tipiskā) nedēļā Jūs pavadāt, sportojot, nodarbojoties ar fiziskiem vingrinājumiem vai aktīvi pavadot brīvo laiku?</b>
<input type="text"/> <input type="text"/> : <input type="text"/> <input type="text"/> nedēļā	
stundas minūtes	
Nezina	<input type="text" value="8"/>
Atsakās atbildēt	<input type="text" value="9"/>

<b>E2_8</b> PE8	<b>Cik dienas parastā (tipiskā) nedēļā Jūs nodarbojaties ar izturības un spēka vingrinājumiem muskuļu stiprināšanai? Lūdzu, iekļaujiet visas šāda veida aktivitātes pat tad, ja tās esat minējis jau iepriekš!</b>
<input type="text"/> dienas nedēļā	
Es nekad neveicu šādas aktivitātes	<input type="text" value="0"/>
Nezina	<input type="text" value="8"/>
Atsakās atbildēt	<input type="text" value="9"/>

### Ievads 23

Nākamie jautājumi būs par augļu un dārzeņu lietošanu uzturā.

### E3. Jautājumi par augļu un dārzeņu lietošanu uzturā

<b>E3_1</b> FV1	<b>Cik bieži Jūs uzturā lietojat augļus (neiekļaujot sulas, kas pagatavotas no koncentrāta)?</b>		
	Vienreiz vai vairāk nekā reizi dienā	1	→ E3_2
	4 līdz 6 reizes nedēļā	2	→ E3_3
	1 līdz 3 reizes nedēļā	3	→ E3_3
	Mazāk nekā reizi nedēļā	4	→ E3_3
	Nekad	5	→ E3_3
	<i>Nezina</i>	8	→ E3_3
	<i>Atsakās atbildēt</i>	9	→ E3_3

<b>E3_2</b> FV2	<b>Cik porciju jebkāda veida augļu (neiekļaujot augļu sulas, kas pagatavotas no koncentrāta) Jūs dienā apēdat?</b>
	____ ____  porciju skaits (porcija ir apmēram viens banāns, ābols, divas plūmes, šķēle melones, glāze svaigi spiestas sulas)

<b>E3_3</b> FV3	<b>Cik bieži Jūs lietojat uzturā dārzeņus vai salātus (neiekļaujot dārzeņu sulas, kas pagatavotas no koncentrāta, un kartupeļus)?</b>		
	Vienreiz vai vairāk nekā reizi dienā	1	→ E3_4
	4 līdz 6 reizes nedēļā	2	→ Ievads 24
	1 līdz 3 reizes nedēļā	3	→ Ievads 24
	Mazāk nekā reizi nedēļā	4	→ Ievads 24
	Nekad	5	→ Ievads 24
	<i>Nezina</i>	8	→ Ievads 24
	<i>Atsakās atbildēt</i>	9	→ Ievads 24

<b>E3_4</b> FV4	<b>Cik porciju dārzeņu vai salātu Jūs dienā apēdat?</b>
	____ ____  porciju skaits (porcija ir apmēram viens tomāts, septiņi ķirštomāti, divas svaigu brokoļu vai astoņas ziedkāpostu rozetes, trīs pilnas ēdamkarotes ar termiski apstrādātiem dažādiem dārzeņiem)

#### Ievads 24

Nākamie jautājumi būs par smēķēšanu.

#### F. Jautājumi par smēķēšanu

<b>F_1</b> SK1	<b>Vai Jūs smēķējat?</b>		
	Jā, katru dienu	1	→ F1_2
	Jā, dažreiz	2	→ F1_2
	Nē	3	→ F1_4
	<i>Nezina</i>	8	→ F1_4
	<i>Atsakās atbildēt</i>	9	→ F1_4

<b>F_2</b> SK2	<b>Kādus tabakas izstrādājumus Jūs pārsvarā smēķējat katru dienu?</b> <i>(Iespējama tikai viena atbilde.)</i>		
	Cigaretēs (rūpnieciski ražotas vai paštītas)	1	
	Cigārus	2	→ F1_4

Pīpi  
 Citus tabakas izstrādājumus  
 Nezina  
 Atsakās atbildēt

3	→ F1_4
4	→ F1_4
8	→ F1_4
9	→ F1_4

<b>F_3</b> SK3	<b>Cik cigarešu dienā Jūs vidēji izsmēķējat?</b>
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Cigarešu skaits     
 Nezina 88  
 Atsakās atbildēt 99

<b>F_4</b> SK4	<b>Cik bieži esat pakļauts/-a tabakas dūmu iedarbībai telpās (darbā, mājās vai sabiedriskās vietās)?</b>
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Nekad vai gandrīz nekad   
 Mazāk nekā stundu dienā   
 Vairāk nekā stundu dienā   
 Nezina 8  
 Atsakās atbildēt 9

Ievads 25

Nākamie jautājumi būs par alkoholisko dzērienu lietošanu pēdējo 12 mēnešu laikā.

**G. Jautājumi par alkohola lietošanu**

<b>G_1</b> AL1	<b>Cik bieži pēdējo 12 mēnešu laikā Jūs esat lietojis/-usi jebkāda veida alkoholiskos dzērienus (t.i., alu, vīnu, sidru, stipros alkoholiskos dzērienus, kokteiļus, gatavos jauktos dzērienus, pašbrūvētus alkoholiskos dzērienus)?</b>
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Katru dienu vai gandrīz katru dienu  → G\_2  
 5–6 dienas nedēļā  → G\_2  
 3–4 dienas nedēļā  → G\_2  
 1–2 dienas nedēļā  → G\_2  
 2–3 dienas mēnesī  → G\_6  
 Reizi mēnesī  → G\_6  
 Retāk nekā 1 reizi mēnesī  → G\_6  
 Ne reizi pēdējos 12 mēnešos, jo es vairs nelietoju alkoholu  → H\_1  
 Nekad vai dažus malkus visa mūža laikā  → H\_1  
 Nezina 88 → H\_1  
 Atsakās atbildēt 99 → H\_1

<b>G_2</b> AL2	<b>Cik bieži Jūs lietojat alkoholu laikā no pirmdienas līdz ceturtdienai?</b>
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Visas 4 dienas   
 3 no 4 dienām   
 2 no 4 dienām   
 1 no 4 dienām   
 Nevienā no 4 dienām  → G\_4  
 Nezina 8 → G\_4  
 Atsakās atbildēt 9 → G\_4

<b>G_3</b> AL3	<b>Cik daudz alkohola Jūs vidēji izdzerat vienā no šīm dienām (no pirmdienas līdz ceturtdienai)?</b> (parādīt standarta tilpumu tabulu)
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	<i>Dzērieni</i>	<i>Vienību skaits</i>	<i>Tilpuma mērvienības</i>
G_3_1	Alkoholu (~3%) saturoši dzērieni (piemēram, kokteiļi)	___	0,3 l pudeļu, kausu vai skārdeņu skaits
G_3_2		___	0,5 l pudeļu, kausu vai skārdeņu skaits
G_3_3		___	1,5 l pudeļu skaits
G_3_4		___	200 ml glāžu skaits
G_3_5	Alus vai cits vidēji stiprs (~6%) alkoholiskais dzēriens (piemēram, sidrs, kokteiļi)	___	0,3 l pudeļu, alus kausu vai skārdeņu skaits
G_3_6		___	0,5 l pudeļu, alus kausu vai skārdeņu skaits
G_3_7		___	1,5 l pudeļu skaits
G_3_8		___	2 litru pudeļu skaits
G_3_9		___	200 ml glāžu skaits
G_3_10	Stiprs alus (~10%)	___	0,3 l pudeļu, alus kausu vai skārdeņu skaits
G_3_11		___	0,5 l pudeļu, alus kausu vai skārdeņu skaits
G_3_12		___	1,5 l pudeļu skaits
G_3_13		___	2 litru pudeļu skaits
G_3_14	Vīns (~12%)	___	100 ml glāžu skaits
G_3_15		___	0,5 l pudeļu skaits
G_3_16		___	0,7 l pudeļu skaits
G_3_17		___	1 litra pudeļu skaits
G_3_18	Stiprināti alkoholiskie dzērieni (piemēram, liķieri; ~30%)	___	30–40 ml glāzīšu skaits
G_3_19		___	0,5 l pudeļu skaits
G_3_20		___	0,7 l pudeļu skaits
G_3_21		___	1 litra pudeļu skaits
G_3_22	Stiprie alkoholiskie dzērieni (40%)	___	30–40 ml glāzīšu skaits
G_3_23		___	100 ml glāžu skaits
G_3_24		___	0,5 l pudeļu skaits
G_3_25		___	0,7 l pudeļu skaits
G_3_26		___	1 litra pudeļu skaits

<b>G_4</b> AL4	<b>Cik bieži Jūs lietojat alkoholu laikā no piektdienas līdz svētdienai?</b>
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Visas 3 dienas	1
2 no 3 dienām	2
1 no 3 dienām	3

Nevienā no šīm 3 dienām

Nezina

Atsakās atbildēt

4	→ G_6
8	→ G_6
9	→ G_6

<b>G_5</b> AL5	<b>Cik daudz alkohola Jūs vidēji izdzerat vienā no šīm dienām (no piektdienas līdz svētdienai)?</b> (parādīt standarta tilpumu tabulu)
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	<i>Dzērieni</i>	<i>Vienību skaits</i>	<i>Tilpuma mērvienības</i>
G_5_1	Alkoholu (~3%) saturoši dzērieni (piemēram, kokteiļi)	□□□□	0,3 l pudeļu, kausu vai skārdeņu skaits
G_5_2		□□□□	0,5 l pudeļu, kausu vai skārdeņu skaits
G_5_3		□□□□	1,5 l pudeļu skaits
G_5_4		□□□□	200 ml glāžu skaits
G_5_5	Alus vai cits vidēji stiprs (~6%) alkoholiskais dzēriens (piemēram, sidrs, kokteiļi)	□□□□	0,3 l pudeļu, alus kausu vai skārdeņu skaits
G_5_6		□□□□	0,5 l pudeļu, alus kausu vai skārdeņu skaits
G_5_7		□□□□	1,5 l pudeļu skaits
G_5_8		□□□□	2 litru pudeļu skaits
G_5_9		□□□□	200 ml glāžu skaits
G_5_10	Stiprs alus (~10%)	□□□□	0,3 l pudeļu, alus kausu vai skārdeņu skaits
G_5_11		□□□□	0,5 l pudeļu, alus kausu vai skārdeņu skaits
G_5_12		□□□□	1,5 l pudeļu skaits
G_5_13		□□□□	2 litru pudeļu skaits
G_5_14	Vīns (~12%)	□□□□	100 ml glāžu skaits
G_5_15		□□□□	0,5 l pudeļu skaits
G_5_16		□□□□	0,7 l pudeļu skaits
G_5_17		□□□□	1 litra pudeļu skaits
G_5_18	Stiprināti alkoholiskie dzērieni (piemēram, liķieri; ~30%)	□□□□	30–40 ml glāzīšu skaits
G_5_19		□□□□	0,5 l pudeļu skaits
G_5_20		□□□□	0,7 l pudeļu skaits
G_5_21		□□□□	1 litra pudeļu skaits
G_5_22	Stiprie alkoholiskie dzērieni (40%)	□□□□	30–40 ml glāzīšu skaits
G_5_23		□□□□	100 ml glāžu skaits
G_5_24		□□□□	0,5 l pudeļu skaits
G_5_25		□□□□	0,7 l pudeļu skaits
G_5_26		□□□□	1 litra pudeļu skaits

<b>G_6</b> AL6	<b>Cik bieži pēdējo 12 mēnešu laikā Jūs esat lietojis 6 vai vairāk alkohola devas vienā reizē? 6 alkohola devas var pielīdzināt 60 g tīra spirta vai:</b> 1,3 litriem alus, 0,6 litriem vīna, 0,2 litriem stipro alkoholisko dzērienu.	
	Katru dienu vai gandrīz katru dienu	1
	5–6 dienas nedēļā	2
	3–4 dienas nedēļā	3
	1–2 dienas nedēļā	4
	2–3 dienas mēnesī	5
	Reizi mēnesī	6
	Retāk nekā reizi mēnesī	7
	Pēdējo 12 mēnešu laikā tas nav noticis	8
	Nekad visā savā mūžā	9
	<i>Nezina</i>	88
	<i>Atsakās atbildēt</i>	99

#### H. Jautājumi par sociālo atbalstu

<b>H_1</b> SS1	<b>Cik ir tādu cilvēku, kas Jums ir pietiekami tuvi, lai uz tiem varētu paļauties gadījumā, ja Jums rastos nopietnas personīgas dabas problēmas?</b>	
	Neviens	1
	1 vai 2	2
	3 līdz 5	3
	6 vai vairāk	4
	<i>Nezina</i>	8
	<i>Atsakās atbildēt</i>	9

<b>H_2</b> SS2	<b>Cik lielā mērā citiem cilvēkiem rūp tas, ko Jūs darāt (kā Jums klājas)?</b>	
	Lielā mērā	1
	Mēreni daudz	2
	Neesmu pārliecināts/-a, cik lielā mērā	3
	Visai nedaudz	4
	Pavisam nemaz	5
	<i>Nezina</i>	8
	<i>Atsakās atbildēt</i>	9

<b>H_3</b> SS3	<b>Cik viegli nepieciešamības gadījumā Jūs varat saņemt praktisku palīdzību no kaimiņiem?</b>	
	Ļoti viegli	1
	Viegli	2

Ir iespējams	3
Grūti	4
Ļoti grūti	5
Nezina	8
Atsakās atbildēt	9

### I. Jautājumi par neformālās aprūpes vai palīdzības sniegšanu

<b>I_1</b> IC1	<b>Vai Jūs vismaz reizi nedēļā sniežat aprūpi vai palīdzību vienai vai vairākām personām, kuras cieš no vecuma izraisītām problēmām, hroniskām veselības problēmām vai nevarības?</b>
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Jā	1	
Nē	2	→ J_1
Nezina	8	→ J_1
Atsakās atbildēt	9	→ J_1

<b>I_2</b> IC2	<b>Vai šī persona (vai personas) ir ...</b>
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Jūsu ģimenes loceklis/-ļi	1
cits/-i (nav Jūsu ģimenes loceklis/-ļi)	2
Nezina	8
Atsakās atbildēt	9

<b>I_3</b> IC3	<b>Cik stundas nedēļā Jūs sniežat aprūpi vai palīdzat personai vai personām, kuras cieš no vecuma izraisītām problēmām, hroniskām veselības problēmām vai nevarības?</b>
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Mazāk nekā 10 stundu nedēļā	1
Vismaz 10, bet mazāk nekā 20 stundu nedēļā	2
20 stundu nedēļā vai vairāk	3
Nezina	8
Atsakās atbildēt	9

### Ievads 26

Es vēlētos uzdot dažus jautājumus par ienākumiem Jūsu mājsaimniecībā.

### J. Jautājumi par mājsaimniecības ienākumiem

<b>J_1</b> IN1	<b>Kādi ir Jūsu mājsaimniecības kopējie mēneša ienākumi pēc nodokļu nomaksas?</b>
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Summa euro \_\_\_\_\_

→ Intervijas  
beigas

Atsakās atbildēt

9

<b>J_2</b> IN2	<b>Varbūt Jūs varat norādīt aptuveno Jūsu mājsaimniecības kopējo mēneša ienākumu pēc nodokļu nomaksas lielumu:</b>	
Mazāk par 200,01 <i>euro</i>		01
200,01–400,00 <i>euro</i>		02
400,01–600,00 <i>euro</i>		03
600,01–700,00 <i>euro</i>		04
700,01–800,00 <i>euro</i>		05
800,01–1000,00 <i>euro</i>		06
1000,01–1400,00 <i>euro</i>		07
1400,01–2000,00 <i>euro</i>		08
2000,01 un vairāk <i>euro</i>		09
Atsakās atbildēt		99