

Annex 5

Table of measurement errors from proxy interviews, survey questionnaire, interviewers, quality control during fieldwork (paragraph 6.3.2)

General note: All questions are mandatory to be filled in except those explicitly marked as ‘Optional question’.

Proxy interviews	
Note: An interview is considered as a <i>proxy interview</i> even if proxy respondents were allowed to answer only a selected number of questions.	
Use of proxy interviews, and if ‘Yes’ indication of reason (several answers accepted / possible):	<input type="checkbox"/> No proxy interviews used <input checked="" type="checkbox"/> Respondent suffering from long- term cognitive impairment <input checked="" type="checkbox"/> Suffering from long- term debilitation <input checked="" type="checkbox"/> Suffering from long-term sensory impairment that prevents interaction between interviewer and interviewee <input type="checkbox"/> In hospital, in health or social care facility for entire period of fieldwork <input type="checkbox"/> Away from own household for educational or work purposes for entire period of fieldwork in the area of residence <input type="checkbox"/> Other
<u>Optional question</u> : If ‘Other’ is marked, indication of details.	
If proxy interviews used, indication for which part(s) of the questionnaire they were allowed (only one answer accepted / possible)	<input type="checkbox"/> No proxy interviews used <input checked="" type="checkbox"/> Whole questionnaire <input type="checkbox"/> Limited to the questions specified in Eurostat guidelines <input type="checkbox"/> Other questions
<u>Optional question</u> : If ‘Other questions’ is marked, specifications	
Indication of the proxy interview rate, i.e. percentage of proxy interviews of total of interviews (no proxy interviews = 0.0%)	
Survey questionnaire	

<p>Steps made in the design and testing of the questionnaire</p>	<p>The design of the questionnaire has been made following Eurostat's instructions. We made the first draft of the questionnaire in early 2017, using the French questionnaire for EHIS wave 2, and adapting it to EHIS wave 3, by deleting the old variables, adding the new variables and revising the modified variables. We ensured carefully of the accuracy of the translation of EHIS variables into French. We then updated the questionnaire according to Eurostat recommendations in the following months until the questionnaire was final.</p> <p>As regards the testing of the questionnaire, we carried out two stages of testing. Firstly, a qualitative test in September 2017 in PAPI mode, in order to check the comprehension of the questions and response categories, and get a first idea of the interview duration. Secondly, a quantitative test among 140 interviewees in October 2018, in CATI mode, to check the whole process of an interview in CATI mode and the comprehension of the questions, detect potential mistakes or dysfunctions in the implementations of filters, and get a better idea of the interview duration.</p> <p>Each test was followed by modifications and adaptations of the questionnaire, to make it as relevant, precise and comprehensible as possible.</p> <p>The conclusions of the quantitative test are presented in the corresponding section below.</p>
<p>Language(s) in which the survey was carried out</p>	<p>French</p>
<p>Indication if the translation protocol proposed by Eurostat was used for all national languages (see EHIS 2018 Guidelines, paragraph 1.1.1) - only one answer accepted / possible</p>	<p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p><i>Optional question</i> : If 'No' was marked, brief description of the protocol(s) used (for each language) in the translation process of the EHIS modules</p>	
<p>Pre-testing of survey modules (only one answer accepted / possible)</p>	<p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>

Carrying out of pilot field test(s) (only one answer accepted / possible)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<p><i>Optional question :</i> If 'Yes' is marked, description of the methodology and organisation of the field test(s) (i.e. objectives of testing, geographical area covered, age range, sample size, respondents selecting procedure, over-represented population groups, data collection procedure)</p>	<p>We carried out a test in October/November 2018 in CATI mode respecting as much as possible the conditions of the real fieldwork. Around 600 individuals have been sampled by INSEE (the French national institute for statistics and economic studies) in a stratified sample from the tax files (the same database as for the real survey), among the population aged 15 or more and residing in metropolitan France. Two subgroups have been overrepresented: the minors (people aged 15 to 18), for whom the survey protocol is a bit more complex than for majors and the people aged 75 or more, for whom we assumed a telephone interview might be more complicated than the rest of the population. The objectives were to test the survey protocol, from the sampling phase to the interview phase, to ensure the comprehension of the questions and response categories, and to test the feasibility of the protocol for minors and people aged 75 or more. A notification was sent to every sampled individual, and a group of trained interviewers contacted them by telephone at different dates and hours.</p>
<p><i>Optional question :</i> Description of the main lessons learned and main conclusions from the field test(s)</p>	<p>Among the individuals sampled for the test, one or more phone numbers were provided in the database for 554 individuals. After 3 weeks of fieldwork, around 25% individuals participated, a bit more than 15% refused to participate, while more than half of them were impossible to reach. Unfortunately, a software dysfunction made the interview impossible for a part of the sample, overrepresenting massively the proportion of individuals impossible to reach. Therefore, we haven't been able to establish an estimation of the expected participation rate for the survey.</p> <p>As regards the questionnaire, we tested a long version, including several modules specific to France. The average duration of</p>

the interviews was of 55 minutes, which appeared clearly to be too long for a telephone interview, especially for people aged 75 or more. As a consequence, we reduced consistently some parts of the questionnaire (the module on health security, the module on occupational status, which was originally issued for every member of the household, a detailed collection of the educational level, etc.) so as not to exceed 45 minutes of interview, following the advice of experts.

However, the questionnaire in itself caused very little comprehension problems among interviewees, as the questions were overall effortless to answer for most respondents. A few questions have nevertheless been modified after the test, so as to make them more comprehensible. Indeed, the formulation of the questions corresponding to variables CD1D, CD1H, CD1N, PC1A, HA2, HA1D, HA1G, HA2, PN1, HO2A, HO2B, AM4, UN1A, UN1B, DH1, DH3, DH5, DH6, SS2, AL3 and AL5 has been slightly modified; the variables PA5, PA6, PA7, PA8 have been separated in 2 questions, the first one to ask if the respondents have ever had the corresponding medical examination, and the second one to ask the date of the last examination, for individuals declaring having ever had the corresponding examination only (see below); finally regarding the submodule on unmet needs, the third response categorie has been shifted to first position, in order to reduce the risk of response error (see below).

Regarding the protocol, the test enabled us to validate it, as it worked properly for all respondents, including the minors and the people aged 75 or more for whom we had some uncertainties. Indeed, the fact to contact 2 persons in case of minor respondents (the sampled individual and an adult from his household) caused no issue in the test, nor did the fact to interview people aged 75 or more by telephone, except for the length of the

	questionnaire, which have been reduced accordingly.
Recommended order of modules and sub-modules was followed in the questionnaire (only one answer accepted / possible)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<i>Optional question</i> : If 'No' is marked, description of the deviations from the recommended order	As agreed with Eurostat, we followed the recommended order of modules and sub-modules in the questionnaire, except for 3 sub-modules: MH, SK and AL, that we moved to the end of our questionnaire (after the sub-module IC). We considered these 3 sub-modules as the most sensitive ones, and therefore decided to implement them in a separated self-completed module for CAPI interviews.
Which EHIS questions were modified in comparison with the model questionnaire and conceptual guidelines	HS1, HS3, CD2, PL9, <i>MHI</i> , PA1, PA5, PA6, PA7, PA8, UN1A, UN1B, UN2A, UN2B, UN2C, UN2D, PE2, PE3, PE4, PE5, PE6, PE7, PE8, PE9, DH5, SK1, SK2A, AL1, AL6
<i>Optional question</i> : If there were modifications, description of the changes (splitting into more questions, etc.) and the reason(s) for the modifications	<p>- HS1 : the third modality of the question in the model questionnaire is “fair” ad the conceptual guidelines indicate the formulation adopted for the translation of the modality should be neutral. In French, the translation used in the preceeding editions of the survey was “assez bon”, which has a positive undertone. However, in order to preserve the continuity and the comparability of indicators, and as “fair” seems to also have a positive connotation in English, we kept the historic translation “assez bon” (quite good)</p> <p>- HS3 : we decided to keep it in one question, as it was the case in wave 1 and wave 2, so as to preserve time comparability. A recent study by the Drees on the gali indicator in the different French household surveys in whose questionnaire the question was included showed that the levels of the indicator were consistent among the surveys, even if their subjects of interest are diverse (the surveys are the LFS, SILC, EHIS and a French survey on aged dependent persons, CARE. The publication can be found here : https://drees.solidarites-</p>

sante.gouv.fr/publications/les-dossiers-de-la-drees/elargir-les-sources-detude-quantitative-de-la-population). This study confirmed for us the need to preserve the comparability through time of the gali indicator and keep asking it in one question.

- CD2 : same remark as for question HS1 on the translation of modality “fair”.

- PL9 : The conceptual guideline recommends to filter the question and to ask it only to persons aged 55 years old or more. It was not filtered in the French questionnaire. The conceptual guideline also recommends to not take into account the use of a denture. The French questionnaire however mentioned to take dentures into account.

- *MH1* : we added the last item of the *PHQ9* (*MH11*)

- PA1 : we splited the variable into 3 questions (see below) in order to make it more understandable for respondents while approaching every aspect of the response categories

- PA5, PA6, PA7, PA8 : we splited these variables into 2 questions (see below) to make it more comfortable for respondents never did these tests/measurements (i.e. the great majority of respondents)

- submodule UN : we changed the order of response categories to put ‘No need for health care’ in first, followed by ‘Yes’ and ‘No’, in order to reduce the risk for a respondent that didn’t need the corresponding health care in the past 12 months to reply wrongly ‘No’ instead of ‘No need for health care’.

- PE2, PE3, PE4, PE5 : The methodological manuel of EHIS wave 3 recommands to exclude all physical activities linked to work in these questions. The French questionnaire did not take this into account, as it was difficult for respondents to part their trips to go and come back from work and the trips they make during their work.

	<ul style="list-style-type: none"> - PE6, PE7, PE8 : the methodological manual recommends to include a precision in the questionnaire not to include in the answers to these questions the trips and activities already taken into account in the preceding questions. This mention was not included in the French questionnaire, as it was rather complex to understand and could hinder the quality of the responses - PE9 : we decided to ask first the original version of the question, and to ask the six categories version only for respondents unable to answer the first one (see below), in order to optimise the precision of the answers. - DH5 : The methodological manual of EHIS wave 3 mentioned homemade fruits and vegetables juices. Only fruits juices were mentioned in the French questionnaire. - SK1 : we added on response category (see below) for respondents that never smoked tobacco daily so as to avoid asking them SK3 - SK2A : we implemented the same response categories as for SK1 so as to be consistent between the 2 questions and retrieve additional information. - AL1, AL6 : we decided to split the 2 variables into 2 questions (see below) : one question with the 8 first categories and a second one addressing the issue of ever drinking alcohol or ever drinking 6 glasses or more for people responding 8 at the first question - HHINCOME : was calculated with fiscal administrative data and does not come from the respondents's answers to the survey
<p><u>Optional question</u> : Provision of modified questions in English (add a separate list if needed)</p>	<p><u>HS3</u> For at least the past 6 months, have you been limited because of a health problem in activities people usually do? 1. severely limited 2. limited but not severely or</p>

3. not limited at all?

PA1

During the past 12 months, have you been vaccinated against flu?

1. Yes
2. No

If PA1A=1 go to PA1B ; if PA1A=2 go to PA1C

PA1B

Please indicate the month and year of your last vaccination :

MM / YYYY

PA1C

Have you ever been vaccinated against flu?

1. Yes
2. No

PA5A

Have you ever had a faecal occult blood test?

1. Yes
2. No

If PA5A=1 go to PA6A ; else go to PA6A [next question]

PA5B

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

Idem for PA6, PA7 and PA8

UN1A

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

UN1B

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

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

UN2A

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

1. No need [for ...]
2. No
3. Yes

Kinds of care
A. Medical care
B. Dental care
C. Prescribed medicines
D. Mental health care (by a psychologist, psychotherapist or a psychiatrist for example)

PE9A

How much time do you spend sitting and reclining on a typical day?

HH / MM

If PE9A=not stated, go to PE9B ; else go to [next question]

PE9B

Approximately, would you say...

1. Less than 4 hours?
2. 4 hours to less than 6 hours?
3. 6 hours to less than 8 hours?
4. 8 hours to less than 10 hours?
5. 10 hours to less than 12 hours?
6. 12 hours or more?

SK1

Do you smoke any tobacco products (excluding electronic cigarettes or similar electronic devices)?

1. Yes, daily
2. Yes, occasionally
3. No, but you smoked tobacco in the past
4. No, you have never smoked tobacco

SK2A

Do you smoke cigarettes?

Interviewer instruction: Please include both manufactured and hand-rolled cigarettes.

1. Yes, daily
2. Yes, occasionally
3. No, but you smoked cigarettes in the past
4. No, you have never smoked cigarettes

AL1A

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
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

If AL1A=8, go to AL1B ; else go to [next question]

AL1B

In your life, have you ever had an alcoholic drink

1. Yes
2. Yes, but only a few sips
3. No, never

AL6A

In the past 12 months, how often have you had 6 or more drinks containing

	<p>alcohol on one occasion? For instance, during a party, a meal, an evening out with friends, alone at home, ...</p> <ol style="list-style-type: none"> 1. Every day or almost 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 <p><i>If AL6A=8, go to AL6B ; else go to [next question]</i></p> <p><u>AL6B</u> In your life, have you ever had 6 or more drinks containing alcohol on one occasion</p> <ol style="list-style-type: none"> 1. Yes 2. No
<p>Indication of the content of alcohol of the “national standard” drink (in grams) used in the sub-module on Alcohol consumption (AL)</p>	<p>10 g</p>
<p><u>Optional question</u> : Modules and/or questions which caused problems during the preparation of the questionnaire and/or later during the interviews (not being detected during tests)</p>	<p>First of all, we observed during the fieldwork monitoring that the health questionnaire was quite laborious to administrate to the youngest people – especially those aged 15 to 18 – who didn’t feel concerned with some questions, as CD1 or PL submodule. As the prevalence rates are extremely low among them as regards chronic diseases or severe limitations, we wonder if it might be more relevant to filter these questions to the youngest interviewees.</p> <p>During the interviews, very few questions or sub-modules caused problems, as the questionnaire was finely prepared upstream of the fieldwork.</p> <p>However, the sub-module on unmet needs caused frequent comprehension issues among interviewees. Some other questions also caused occasional comprehension difficulties to a lesser extent, such as PE1 or PE9.</p>

Optional question : Description of the corresponding problems and solutions

For UN sub-module, we translated the questions recommended in the manual into French, and it seems that the complexity and the length of these questions were the causes of the comprehension problems perceived in some interviewees. Indeed, two concepts are included for each question of this submodule - whether respondents needed the different types of health care mentioned in the past 12 months and whether they have experienced delay in getting them or whether they could afford it or not – which are both complex in themselves, and combined together can strongly mislead interviewees. Many respondents were therefore lost when answering these questions, and some may have answered ‘No’ instead of ‘No need for health care’ when they were not concerned by the problem (delay in getting health care or not being able to pay for it), but only because they didn’t need health care in the past 12 months.

As regards PE1, we observed that many interviewees had difficulties answering it. The concept of ‘working’ is complex, especially for respondents who don’t have one main activity to refer to but several or non in particular. Furthermore, for many occupations the answer is not obvious. Therefore, we think it might be interesting to carry out a qualitative study

	on this variable, by checking the coherence between job occupations and answer to PE1.
Link to the national questionnaire(s; for all languages) and/ or provide it(them) as an additional annex	https://drees.solidarites-sante.gouv.fr/sites/default/files/2021-05/questionnaire_egis_m%C3%A9tropole%20.pdf
Interviewer	
Interviewers qualifications (several answers accepted / possible):	<input type="checkbox"/> No interviewer used in survey <input type="checkbox"/> Internal staff with experience in health/ social surveys <input checked="" type="checkbox"/> External staff with experience in health/ social surveys <input type="checkbox"/> Other
<i>Optional question</i> : If 'Other' is marked, indication of details	
<i>Optional question</i> : Ratio interviews / interviewers	
<i>Optional question</i> : Description of the interviewer training method and support (e.g. skills testing before starting the fieldwork, duration of training, training materials provided)	<p>Before starting the fieldwork, every interviewer had to participate in a one-day training session. The training session includes: a general presentation of the survey and of the context; a presentation of the survey protocol with a focus on all the instructions to respect imperatively in order to ensure the quality of the data collection; a detailed presentation of the questionnaire, focusing on every module or submodule, with several role-play exercises to make sure the interviewers acquired all the subtleties of the questions.</p> <p>During the training session, interviewers were provided a portfolio including the main information and instructions on the survey, a showcard booklet, an example of the notification letter, and for CAPI-interviewers, a tablet and a batch of visit notices.</p> <p>No skill testing was conducted before starting the fieldwork, but interviewer's performances were monitored and evaluated, as explained in part 6.3.2.4.</p>

	<p>We conducted the fieldwork in two distinct periods (from April to July and from September to December). Between the two fieldwork periods, we organised a debriefing of the first months of fieldwork with a group of interviewers, and trained all CAPI interviewers for a short session in order to remind them of the main instruction and give them new tips or directions, and all CATI interviewers (including new interviewers) for a one-day session.</p>
<p>Quality control during the fieldwork</p>	
<p>Please indicate the method used for pre-notification or the first contact of respondents (several answers accepted / possible):</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Letter <input type="checkbox"/> Telephone, incl. mobile <input type="checkbox"/> Personal contact at doorstep <input type="checkbox"/> Internet / email <input checked="" type="checkbox"/> Other
<p><i>Optional question :</i> If 'Other' is marked, specifications</p>	<p>The very first contact of interviewees is by an official letter describing the survey and specifying the legal framework in which the survey is organised and data are collected.</p> <p>Concerning the first contact between interviewer and interviewee, our sample was separated in two parts. One part (around 70%) was interviewed in CATI mode only, and the first contact was also done by telephone only. The other part (around 30%) was interviewed in CAPI mode, and the first contact was done by personal contact at doorstep only.</p>
<p>Use of any incentives. If 'Yes', description</p>	<p>No</p>
<p>Theoretical minimal number of contacts with a respondent before declaring a non-participation (i.e. the number of attempts that an interviewer is asked to do for interviewing a respondent)</p>	<p><u>For CAPI mode:</u></p> <p>At least 5 visits at the respondent's doorstep on different dates, including at least one visit on a weekday after 6 pm and one visit on a Saturday</p> <p><u>For CATI mode:</u></p> <p>At least 25 calls at every available number in the database (for most of the respondents we had only 1 phone number available, but for some of them we had 2, 3 or 4 phone numbers available ; these</p>

	respondents were therefore contacted respectively 50, 75 or 100 times before being considered as non-participants) including at least 5 calls on weekdays after 6 pm and 5 calls on Saturday
Effective (mean) number of contacts really performed before declaring a total non-participation	27.1 For CATI data collection : 34.3 For direct CAPI data collection : 3.4 For CAPI data collection on persons previously contacted by phone : 3.3
<u>Optional question</u> : Techniques used to control interviewer performance	<p><u>CATI interviewers:</u></p> <p>First of all, the EHIS 2019 interviewers were trained on the survey and its specificities on a one-day training session ensured by the EHIS survey team (IRDES and DREES), in collaboration with the fieldwork company's supervising team.</p> <p>During the data collection period, the fieldwork supervising team was in charge of the following tasks in order to ensure the quality of the survey and control interviewers' performance :</p> <ul style="list-style-type: none"> • Workforce planning needed for daily production • Monitor the progress of the fieldwork and analyse operating reports files: number of call attempts; number of unanswered, busy and answered calls; number of refusals; appointments set and interviews carried out; number of unlisted number retrieved... • Listen to interviewers' performance. There is in average 1 supervisor for 10 interviewers. The supervisor can interact with his interviewers' at any time to remind them of the instruction or support them in case of need • Report any problem encountered in the implementation of the survey (difficulties in operating files, specific problems identified with respondents) or any other incident. <p>The members of the EHIS survey team could listen to the CATI interviewers' performances at any time. A report was sent to the supervision team after every</p>

listening session, in order to evaluate the quality of the interviews carried out, and indicate the possible necessary adjustments to be made by the interviewers involved. If some interviewers' performances were considered as unsatisfactory, they were removed from the field of the survey.

In addition, the fieldwork company carries out regular controls of their interviewers' performance. Every interviewer's work is controlled frequently, by telephoning to the interviewees in order to ensure that the interview has been done properly. The control rate is of 5% minimum per survey.

CAPI interviewers:

As for CATI mode, CAPI-mode interviewers were trained on the survey and its specificities on a one-day training session ensured by the EHIS survey team (IRDES and DREES), in collaboration with the fieldwork company's supervising team.

Face-to-face interviews were carried out on tablets. Interviewers updated the result of daily work every day, enabling the supervising team to analyse the evolution of the fieldwork.

During the data collection period, the fieldwork supervising team was in charge of the following tasks in order to ensure the quality of the survey and control interviewers' performance :

- Analyse the fieldwork evolution to make ensure the achievement of the initial objectives in terms of participation
- Spot the underexploited areas, so as to take necessary measures (reallocate addresses to other interviewers, assign more interviewers in the area,...)
- Daily life of the field supervisors: interviewers' motivation, availability, timeliness...

	<p>The members of the EHIS survey team accompanied some of the interviewers on the field of the survey, in different regions in order to evaluate the quality of the fieldwork carried out, and indicate the possible necessary adjustments to be made by the interviewers involved. If some interviewers' performances were considered as unsatisfactory, they were removed from the field of the survey.</p> <p>In addition, the fieldwork company carries out regular control of their interviewers' performance. Every interviewer's work is controlled at least 3 times a year, by telephoning to the interviewees in order to ensure that the interview has been done properly. The control rate is of 10% minimum per survey.</p> <p>Finally, post-interview controls are carried out by telephone on a sub-sample of atypical participants – for both CATI and CAPI mode - focusing mainly on proxy interviews and interviews with noticeably short durations.</p>
<p><u>Optional question</u> : Ratio of interviewers to field supervisors</p>	
<p>Respondents contacted for quality control (only one answer accepted / possible)</p>	<p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p><u>Optional question</u> : If 'Yes' is marked, description of the method (mode of contact, % of respondents contacted, what was checked)</p>	
<p><u>Optional question</u> : Additional studies performed in relation to the non-participation</p>	