

WORLD HEALTH ORGANIZATION  
REGIONAL OFFICE FOR EUROPE

WELTGESUNDHEITSORGANISATION  
REGIONALBÜRO FÜR EUROPA



ORGANISATION MONDIALE DE LA SANTÉ  
BUREAU RÉGIONAL DE L'EUROPE

ВСЕМИРНАЯ ОРГАНИЗАЦИЯ ЗДРАВООХРАНЕНИЯ  
ЕВРОПЕЙСКОЕ РЕГИОНАЛЬНОЕ БЮРО

NOEXED

*Health services for the aged - Europe*

SECOND MEETING OF THE EDITORIAL BOARD FOR THE  
REPORT ON THE STUDY ON HEALTH CARE OF THE ELDERLY

*2d.*

Report

Athens  
9-12 December 1980



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The second meeting of the Editorial Board for the Report on the Study on Health Care of the Elderly was held in Athens, Greece, from 9 to 12 December 1980. A list of participants is given in Annex III. The meeting took the form of plenary sessions to discuss general problems and small working groups to discuss individual chapter sections. Each small working group reported back at a plenary session.

One of the first tasks of the meeting was to review the completeness of the data required from each centre in accordance with the check-list of data compiled at the first meeting of the Editorial Board (Tampere, Finland, 10-12 December 1979). A matrix showing the current levels of completeness of this information was prepared during the meeting and distributed to all participants. The circulation of this matrix resulted in some further information being supplied. The situation at the end of the meeting with regard to completeness of information is shown in Annex I. It was agreed that the deadline for providing the missing data should be the end of December 1980 (or as soon afterwards as possible). The sampling methods used were discussed and it was evident that, even when sometimes described as "random", it was a systematic sample that had in fact been used. When the material was received it would be edited by Professor Waters.

The problem of presenting data where the information was not complete was discussed. Two factors were identified: the response rate for the survey as a whole and the proportion of probands in the study who did not answer individual questions. It was difficult to make a firm recommendation, especially as the problem could vary for different age groups. In general, it was felt to be a useful guideline that if fewer than 80% of the respondents answered a particular question, the analysis of that question should not be emphasized in the published report.

It was stressed by the investigators that the data would be presented as the results from specified geographical areas and that in any publication this should be clearly stated, so that the data should not be misinterpreted as being a comparison between whole countries.

A document on derived variables was circulated and studied. (An updated version is given in Annex II.) It was agreed that the use of these derived variables, with the agreed code, would enable more information to be presented in the limited number of figures and tables and to that extent the use of these summarizing variables was considered useful. The working groups identified additional derived variables. It was, however, agreed that in the first publication the replies to individual questions would also be appropriate.

In all presentations, as a guideline, it was agreed that where possible all scales should go from "Bad" to "Good" and from "Low" to "High".

The problem of presenting so much information from so many centres was considered and it was agreed that, to avoid repeating the limitations of some previous surveys, the data should, wherever feasible, be presented according to 5-year age groups, for each sex separately. To avoid making figures and tables too complicated, it was agreed that for complex data either all 5-year age groups should be presented for one centre, or one 5-year age group should be presented for all centres. "Global" summaries, for each study area, weighted for the population structure in each area, were also considered desirable.

A possible inventory of services for the elderly in the survey areas was discussed. This question had been raised at a WHO Technical Group meeting on Services and Systems of Care for the Elderly (Helsinki, 2-4 October 1980). The preparation of such inventories of services, in areas where the health and social conditions of the aged had been surveyed, was regarded as potentially very useful, though additional to the aims and objectives of the present study. Such information should include details of the kinds and quality of services available. Where feasible, it should be obtained with regard to services existing at a specified time (? 1980) and WHO should consider the desirability of coordinating the compilation of such information to match the survey areas. A draft questionnaire concerning local services for the elderly was circulated at the meeting for comment. This questionnaire was acknowledged to be a useful first step, but it was felt that consideration would have to be given to agreed definitions of certain terms (for example, "district doctor" or "home nurse"). It might be necessary to prepare an agreed glossary. The importance of collecting this information in the near future was stressed, and it was thought probable that many, if not most, of the definitions necessary were already available in other reports. Comments on the draft inventory should be sent to Professor Heikkinen or Mrs Ikonen by 15 January 1981.

The release of data from individual centres for study by other centres was discussed. Zagreb, Tampere and the rural areas of Greece had derestricted their data for such research, but permission to publish any of the material should be obtained from the individual centres. In the event of any such publication, acknowledgements would need to be included. WHO/EURO would send out a document about this requirement. Individual centres with access to appropriate computers should inform the Regional Office as soon as possible.

Acknowledgements in the first report should be brief and general and might be confined to thanking governments and bodies providing financial assistance. Full acknowledgements should be given in the reports of individual centres. After a discussion about the problems involved, the meeting was agreed that there should be few, if any, cross-correlations in the first report. Each centre would provide individuals for the Editorial Board, the members of which would be listed in full, alphabetically, at the beginning of the book. Also at the beginning of the book there would be a list of collaborating centres together with their addresses. Chapter and section contributors would be identified in footnotes. There was agreement on continuing the present arrangement regarding contributors, most of whom had brought drafts to the meeting, although for some chapters or sections the number of individuals contributing might be increased. References should be included for each subsection. The involvement of further "second generation" surveys (such as that carried out in Israel) would be considered when the studies were complete. It was agreed that the publication as a whole should be similar to Measurement of levels of health (WHO Regional Publications, European Series, No. 7) and the editors would be Professor Brzezinski, Professor E. Heikkinen and Professor W.E. Waters.

The redrafting of the chapters/sections should be completed so as to arrive in Copenhagen by 15 February 1981. At the same time, copies of these drafts should be sent to the three above-mentioned editors. These drafts would then be technically edited and a draft final version of the book would be available from early March 1981; this would be sent to each member of the Editorial Board by 15-20 March 1981. It was agreed that, because of shortage of time and communication difficulties, the purpose of circulating this draft final version was only to allow for any strongly held reservations or for comment on any apparent errors. Such comments, which it was hoped would be few, should be sent as soon as possible and should be received by WHO/EURO by 15 April 1981. This timetable had to be closely adhered to as the book was to be published by August 1981 in time for the session of the WHO Regional Committee for Europe in September.

Various new drafts of chapters/sections had been prepared for the meeting and some of these had been circulated before the meeting began. These were: Introduction and purpose of the survey, by Professor Heikkinen and Professor Waters; Materials and methods, by Professor Waters; Health and functional ability, by Dr Kozaveric; Living conditions, by Professor Pedich, and Way of life, by Professor Heikkinen. These drafts were discussed in small working groups, each of which reported to a plenary session.

#### Small working groups

The small working group on "Health and functional ability" was chaired by Dr Kozaveric. Specific problems were identified in items 225-238; it was agreed that "No" should be "cannot do". Other data from some centres required checking, if possible, locally. Suggestions for cross-tabulations were discussed.

The small working group on "Way of life" and "Living conditions" was chaired by Professor Heikkinen. The group decided to increase the number of categories in lifestyle from 3 to 6 (living habits, physical activities, social activities, cultural activities, social contacts, use of health services) and to decrease the number of categories in life satisfaction from 7 to 3 (present satisfaction with life, self-evaluation of economic situation, feeling lonely). The lifestyle categories can be combined in one category which divides the population into three classes of lifestyle (low, average and high activity). The group felt that the section on "Living conditions" should be enlarged so as to deal also with work, employment and income, but the final decision was left to Professor Pedich, the coordinator for this section. For the section on "Way of life" it was agreed that the introduction should be shortened and that the "Methods" subsection should contain definitions as well as lists of indices and single parameters. The "Results" subsection should focus on changes with age.

The small working group on "Services: demand and use" was chaired by Professor Asiel. It agreed to adhere to the general approach decided at Tampere, but with minor modifications due to problems with small numbers. The group discussed in detail various proposals for the analysis of this section.

Future activities

It was agreed that the first report was only a beginning of the analysis of the comparative material that would become available during the coming months. Further collaborative effort was recommended by all the participants who felt that it would prove fruitful for several years ahead.

The Inventory of Services for the Elderly is an addendum to the present study ICP/SPM 004. The questionnaire will be prepared by Mrs R. Ikonen of the University of Tampere (see page 1).

Dr Hana Hermanova, Consultant, Health Care of the Elderly, WHO/EURO, reported on WHO activities under Epidemiological Studies in HCE (ICP/ADR 053), which should further develop information in various research areas within ICP/SPM 004. Such activities would include detailed analysis of "health and functional ability" (see page 2), including the mental capacities of the elderly, as assessed by questions 1-25 of the survey questionnaire. Further collaboration might involve the production of problem-oriented reports, e.g. on the subject of elderly persons living alone. Individual members of the Editorial Board might wish to pursue particular research interests (e.g. headache in the elderly); additional studies might be made to see how services were functioning. Relevant proposals should be submitted for the next meeting of the full Editorial Board, which it was proposed should be held in or near Florence, Italy.

Annex I

CHECK LIST	1 (Italy)	2 (Belgium) Asiel	3 (Belgium) Baro	4 (Yugoslavia) Defilipis	5 (Yugoslavia) Kozarevic	6 (Greece)	7 (France) Hatton	8 (France) Albarède	9 (Finland)	10 (Berlin) (West)	11 (Poland)	12 (USSR)	13 (Israel)	14 (Kuwait)	15 (Romania)
Acknowledgements					✓			*	*		✓			✓	
Geographical area		✓		✓	✓	✓		*	✓	✓	✓	✓	*	✓	✓
Population struct.		✓		✓	✓	✓		✓	✓	✓	✓	✓	*	✓	✓
Sampling frame		✓		✓	✓			✓	✓	✓	✓	✓	*	✓	*
Sampling method		✓		✓	✓	?		*	✓	✓	*	✓	*	✓	*
Work opportunities etc.		✓			✓			✓	✓		✓	✓		✓	
Medical/Social facilities		✓		✓	✓	✓		✓	✓		✓	✓		✓	✓
Interviewers		✓		✓	✓	✓		✓	✓	✓	✓	*		✓	✓
Response rates		*	✓		✓					✓	*				*
Difficult questions						✓		✓			✓				
Non-respondents								✓							

✓ : fairly complete information  
\* : partial information only

Annex II

WHO Regional Office of Europe /EPID  
Study on Health Care of the Elderly  
Codebook for the Derived Variables

DV No.	Variable label & source	Code	Value of code
1	Response validity (From items 10-13)	1	All correct
		2	Not all correct
2	Employment status (From items 27, 31)	1	Full-time
		2	Part-time/Occasional
		3	Housework only
		4	Not employed now
		5	Never employed
3	Reason left main occupation (From items 28, 33)	C	Never employed or in main occupatiuon now
		1	Age
		2	Ill health
		3	Redundancy
		4	Invalidity
		5	Better occupation
		6	Could not find appropriate work
7	Other reasons		
4	Desire to return to work (From items 29, 34)	A	Proxy interview
		C	Never employed or working
		D	Unsure
		1	Yes
		2	No
5	Conditions return to work (From items 30, 35)	A	Proxy interview
		C	Never employed or working or would not like to return to work
		1	Part time job
		2	Easier work
		3	Change of working conditions
		4	Workplace should depend on residence
5	Other or no conditions		
6	Areas lived in (From items 40, 41))	1	Mainly urban
		2	Mainly rural
		3	Both
7	Number of people lived with (From item 42)	B	Institutionalized subject
		0	None
		1	One
		2	More than one
8	Who lived with (From items 43, 47)	-	5 - digit concatenation in which 0= missing data and 9= institutionalized subject
9	Rooms not for own use (From items 49, 50)	B	Institutionalized subject
		0	None
		1	One
		2	More than one
10	Bathing facilities (From item 52)	B	Institutionalized subject
		1	Yes
		2	Indirect
		3	No

DV No.	Variable label & source	Code	Value of code
11	Water taps (From items 53, 54)	B	Institutionalized subject
		1	Both hot and cold, inside
		2	Other combinations
		3	Neither hot nor cold, anywhere
12	Toilet facilities (From items 55, 56)	B	Institutionalized subject
		1	Indoor WC, not shared
		2	Other combinations
		3	No WC, not even shared
13	Plumbing (From items 51-56)	B	Institutionalized subject
		1	All positive
		2	Other combinations
		3	All negative
14	Warm water tap (From item 53)	B	Institutionalized subject
		0	Not indoors or no
		1	Indoors
15	Cold water tap (From item 54)	B	Institutionalized subject
		0	Not indoors or no
		1	Indoors
16	WC (From item 55)	B	Institutionalized subject
		0	Not indoors or no
		1	Indoors
17	Number of plumbing fixtures indoors (From items 51, 53-55)	B	Institutionalized subject
		0-4	None to four
18	Radio ownership (From item 62)	B	Institutionalized subject
		0	No
		1	Yes
19	TV ownership (From item 62)	B	Institutionalized subject
		0	No
		1	Yes
20	Electrical equipment (From items 61, 62)	B	Institutionalized subject
		0-3	None to three
21	Health self evaluation (From item 75)	A	Proxy interview
		1	Positive
		2	Negative
22	Health self perception Subjective & Objective (From items 74, 75)	A	Proxy interview
		1	Positive
		2	Negative
23	Health comparison (From item 76)	A	Proxy interview
		1	Positive
		2	Negative
24	Number of diseases, injuries or accidents affecting daily activities (From items 78-96)	0-19	None to nineteen
25	Any diseases, injuries or accidents not affecting daily activities? (From items 97-115)	1	Yes
		2	No

DV No.	Variable label & source	Code	Value of code
26	Number of diseases, injuries or accidents not affecting daily activities (From items 97-115)	0-19	None to nineteen
27	Any diseases, injuries or accidents, period? (From items 77-115)	0	None
		1	Only affecting daily activities
		2	Only not affecting daily activities
		3	Both types
28	Infections, parasitic diseases (From items 78, 97)	1	Yes
		2	Not this
		3	None
29	Neoplasms (From items 79, 98)	1	Yes
		2	Not this
		3	None
30	Endocrine, metabolic, nutritional systems diseases (From items 80, 99)	1	Yes
		2	Not this
		3	None
31	Blood & bloodforming organs diseases (From items 81, 100)	1	Yes
		2	Not this
		3	None
32	Mental disorders (From items 82, 101)	1	Yes
		2	Not this
		3	None
33	Nervous & sensory systems diseases (From items 83, 102)	1	Yes
		2	Not this
		3	None
34	Hypertension (From items 84, 103)	1	Yes
		2	Not this
		3	None
35	Heart diseases (From items 85, 104)	1	Yes
		2	Not this
		3	None
36	Circulatory system diseases (From items 86, 105)	1	Yes
		2	Not this
		3	None
37	Respiratory system diseases (From items 87, 106)	1	Yes
		2	Not this
		3	None
38	Digestive system diseases (From items 88, 107)	1	Yes
		2	Not this
		3	None
39	Genito-urinary system diseases (From items 89, 108)	1	Yes
		2	Not this
		3	None
40	Complications of pregnancy childbirth and the puerperium (From items 90, 109)	1	Yes
		2	Not this
		3	None

DV No.	Variable label & source	Code	Value of code
41	Diseases of the skin & subcutaneous tissue (From items 91, 110)	1	Yes
		2	Not this
		3	None
42	Musculoskeletal system & connective tissues diseases (From items 92, 111)	1	Yes
		2	Not this
		3	None
43	Congenital anomalies (From items 93, 112)	1	Yes
		2	Not this
		3	None
44	Certain causes of perinatal morbidity & mortality (From items 94, 113)	1	Yes
		2	Not this
		3	None
45	Symptoms & ill-defined conditions (From items 95, 114)	1	Yes
		2	Not this
		3	None
46	Accidents, poisonings & violence (From items 96, 115)	1	Yes
		2	Not this
		3	None
47	Total Number of diseases, injuries or accidents (From items 78-115)	0-19	None to nineteen
48 to 71	Various complaints (From items 116-139)	A	Proxy interview
		0	Experienced occasionally or not at all
		1	Experienced often or nearly continuously
72	Any complaints? (From items 116-139)	A	Proxy interview
		0	No
		1	Yes
73	Number of complaints (From items 116-139)	A	Proxy interview
		0-24	None to twenty four
74	Any psychosomatic complaints? (From items 116-120, 122-133)	A	Proxy Interview
		0	No
		1	Yes
75	Number of psychosomatic complaints (From items 116-120, 122-133)	A	Proxy interview
		0-17	None to seventeen
76	Any physiological complaints? (From items 121, 134-139)	A	Proxy interview
		0	No
		1	Yes
77	Number of physiological complaints (From items 121, 134-139)	A	Proxy interview
		0-7	None to seven
78	Efficacy of hearing aid (From items 145-147)	0	No hearing aid
		1	Has hearing aid and no hearing problems
		2	Has hearing aid, but hearing problems

DV No.	Variable label & source	Code	Value of code
79	Hearing problems (From items 146-147)	1	Yes
		2	No
80	Problems of daily living (From items 146, 147, 150, 151, 154, 156)	1	Yes
		2	No
81	Degree of smoking (From items 161-163)	0	Non smoker now or never smoked
		1	Light smoker
		2	Moderate smoker
		3	Heavy smoker
82	Type of smoker (From items 161-163)	0	Does not smoke now or never smoked
		1	Smokes cigarettes only
		2	Smokes cigars only
		3	Smokes pipe only
83	Alcohol consumption (From items 164-166)	1	Yes
		2	No
		3	Does not drink this
		4	Does not drink at all
84 to 86	Degree of spirits, wine or beer consumption (From items 167-169)	1	Frequent user (to 7 days)
		2	Infrequent user (less often)
		3	Does not drink this
		4	Does not drink at all
87	Degree of alcohol Consumption (From items 167-169)	1	Frequent
		2	Infrequent
		3	Non drinker
		4	Does not drink at all
88	Quantity of physical exercise (From item 174)	0	None
		1	Light ( 1 hour/day)
		2	Moderate (1-2 hours/day)
		3	Heavy ( 2 hours/day)
89	Weekday walking (From item 176)	0	None
		1	Light ( 1 km)
		2	Moderate ( 1-2 kms)
		3	Heavy ( 2 kms)
90	Weekend walking (From item 177)	0	None
		1	Light ( 1 km)
		2	Moderate ( 1-2 kms)
		3	Heavy ( 2 kms)
91	Physical effort capacity (From items 171, 174-177)	0	None
		1	Light
		2	Moderate
		3	Heavy
92	Total doctor visits (From items 185, 186)	-	Any number
93	Total doctor contacts (From items 185-187)	-	Any number
94	Total tests (From items 188-190)	-	Any number
95	Total dentists visits (From items 191, 192)	-	Any number
96	Total nurse visits (From items 198, 199)	-	Any number

DV No.	Variable label & source	Code	Value of code
97	Total nurse contacts (From items 198-200)	-	Any number
98	Total visits received from doctors and nurses (From items 185, 198)	-	Any number
99	Total visits made to doctors and nurses (From items 186, 199)	-	Any number
100	Total telephone contacts with doctors & nurses (From items 187, 200)	-	Any number
101	Total doctor & nurse visits (From items 185, 186, 198, 199)	-	Any number
102	Total doctor & nurse contacts (From items 185-187, 198-200)	-	Any number
103	Types of contact with doctors & nurses (From items 185-187 198-200)	0 1 2 3 4	None Only received visits Only made visits Visited & visiting Only telephone contacts
104	Use of health system (From items 185, 186, 188-192, 198, 199, 201-204, 206)	0 1	Not used in last year Used in last year
105	Total days in any hospitals or institutions (From items 205, 212)	-	Any number
106	Any operations in past year (From items 213, 214)	0 1	None one or more
107 to 109	Access to doctors, dentists, hospitals (From items 215-217)	A 1 2 3	Proxy interview Excellent Satisfactory/Cannot say Unsatisfactory
110	Overall access to doctors, dentists or hospitals (From items 215-217)	A 1 2 3	Proxy interview Excellent Satisfactory/Cannot say Unsatisfactory
111	Number of medicines taken in past week (From items 220, 222)	-	Any number
112	Source of medicines taken in past week (From items 220, 222)	0 1 2 3	None Only prescribed Only not prescribed Both
113	Number of these medicines taken in past quarter (From items 221, 223)	A 0-8 9	Proxy interview Any number nine or more

DV No.	Variable label & source	Code	Value of code
114 to 127	Various tasks (From items 225-238)	1 2 3 4	Can do, without difficulty Can do, with difficulty but without help Can do, only with help Cannot do
128 to 141	Various inabilities (From items 225-238)	0 1	Able to do Unable to do
142	Mobility inability (From items 225, 227-229)	0 1	Able to do all Unable to do some
143	Number of mobility inabilities (From items 225, 227-229)	0-4	None to four
144	Self-care inability (From items 226, 230-236)	0 1	Able to do all Unable to do some
145	Number of self-care inabilities (From items 226, 230-236)	0-8	None to eight
146	Housework inability (From items 237, 238)	0 1 2	Able to do heavy housework Able to do light housework only Unable to do even light housework
147	Any inability? (From items 225-238)	0 1	No inability Some inability
148	Total number of inabilities (From items 225-238)	0-14	None to fourteen
149 to 162	Various problems (From items 225-238)	0 1	Not a problem A problem
163	Mobility problems (From items 225, 227-229)	0 1	No problem Some problem(s)
164	Number of mobility problems (From items 225, 227-229)	0-4	None to four
165	Self-care problems (From items 226, 230-236)	0 1	No problem Some problem(s)
166	Number of self-care problems (From items 226, 230-236)	0-8	None to eight
167	Housework problems (From items 237, 238)	0 1 2	No problem with heavy housework No problem with light housework only Problems even with light housework
168	Any problems? (From items 225-238)	0 1	No problem Some problems

DV No.	Variable label & source	Code	Value of code
169	Total number of problems (From items 225-238)	0-14	None to fourteen
170 to 174	Use of helping services (From items 244-248)	B 0 1	Institutionalized subject Not at all used in past year Used in past year
175	Any use of helping services (From items 244-248)	B 0 1	Institutionalized subject None used Some used
176	Number of helping services used (From items 244-248)	B 0-5	Institutionalized subject None to five
177	Activity in clubs associations, societies (From item 252)	0 1 2	Non-member Inactive/occasional member Active/executive member
178	Total number of individual occasions participated in in past year (From items 260-267)	-	Any number
179 to 186	Various types of occasion (From items 260-267)	0 1	Not participated Participated
187	Number of types of occasions participated in in past year (From items 260-267)	0-8	None to eight
188	Total number of pastimes (From items 270-282)	0-13	None to thirteen
189	Social pastimes (From items 271, 274, 279)	0-3	None to three
190	Restful pastimes (From items 272, 282)	0-2	None to two
191	Studios pastimes (From items 275, 280)	0-2	None to two
192	Media pastimes (From items 277, 278, 281)	0-3	None to three
193 & 194	Visitors (From items 284, 286)	1 2 3	Numerous ( 1 wk) Medium (1-2 wks) Few (1 mth +)
195	Overall visitors (From items 284, 286)	1 2 3	Numerous Medium Few
196	Who visiting/visited (From items 285, 287)	1 2 3 4	Child Other relative Friend Other person
197	Total children & siblings (From items 288, 289)	0-8 9	None to eight Nine or more

DV No.	Variable label & source	Code	Value of code
198	Ties with people (From items 288, 289, 291-293)	A	Proxy interview
		0	None
		1	Some
199	Aloneness (From items 283, 284 286, 292)	A	Proxy interview
		1	Not too alone
		2	So-so
		3	Very alone
200 to 205	Various feelings (From items 294-296, 298-300)	A	Proxy interview
		1	Often
		2	Sometimes/cannot say
206	Are you satisfied with your present life? (From item 297)	3	Never
		A	Proxy interview
		1	Unsatisfied
207	How do you feel about your economic situation? (From item 301)	2	So-so
		3	Satisfied
		A	Proxy interview
208	Your economic situation compared to 10 years ago (From item 302)	1	Bad
		2	Satisfactory/cannot say
		3	Good
209	Loneliness (From items 294, 295, 298)	A	Proxy interview
		1	Lonely
		2	So-so
210	Dissatisfaction with present life (From items 296, 297, 299)	3	Not lonely
		A	Proxy interview
		1	Dissatisfied
211	Economic situation (From items 301, 302)	2	So-so
		3	Positive
		A	Proxy interview
212	Satisfaction with past life (From items 303-305)	1	Negative
		2	So-so
		3	Positive
213	Satisfaction with past life (From items 303-305)	A	Proxy interview
		1	Satisfied
		2	So-so
214	Interviewer perception of subject's home & person (From items 306-311)	3	Not satisfied
		A	Proxy interview
		B	Institutionalized subject
215	Interviewer perception of subject's behaviour (From items 312-316)	1	Good
		2	Sufficient
		3	Insufficient
216	Interviewer perception of subject's behaviour (From items 312-316)	A	Proxy interview
		1	All OK
217	Treated by physiotherapist and/or occupational therapist (Additional DV from items 201, 202)	2	Something amiss
		0	No
		1	Yes

DV No.	Variable label & source	Code	Value of code
216	Birth year (From item 8)	.	Other years or info missing
		1	1910-1919
		2	1900-1909
		3	1890-1899
217	How long educated (From item 16)	1	0-3 years
		2	4-8 years
		3	9-12 years
		4	13+ years
218	Number of incapacities (From items 225-238,242,243)	0-16	None to sixteen
219	Family life (From items 42-48)	B	Institutionalized
		1	Alone
		2	With spouse
		3	With child(ren)
		4	With grandchild(ren)
		5	With s.a. ...g(s)
220	Housing descriptors (From items 50,51, 53,55, 57-59,61,62,66)	B	Institutionalized
		0-10	None to ten
221	Social activities (From items 260, 262,271, 274)	0-4	None to four
222	Cultural activities (From items 261, 277,278)	0-3	None to three
223	Number of occasions taken part in in past year (From DV 178)	0-8	None to eight
		9	Nine or more
224	Frequency of visits or contacts (From items 185- 192, 198, 199)	0	None in past year
233		1	one in 1/2-1 year
		2	one in 1/4-1/2 year
		3	one in 2-3 months
		4	one in 1-2 months
		5	one in 3-4 weeks
		6	one in 2-3 weeks
		7	one in 1-2 weeks
8	More than one per week		
234	Frequency of phone contacts with nurse (from item 200)	0	None in past year
		1	one in 1/2-1 year
		2	one in 1/4-1/2 year
		3	one in 2-3 months
235	Frequency of admission to general hospital (from item 204)	4	one in under 2 months
		0	None in past year
		1	one in 1/2-1 year
		2	one in 1/4-1/2 year
		3	one in 2-3 months
		4	one in under 2 months

DV No.	Variable label & source	Code	Value of code
236, 237	Lengths of stay (From items 205,212)	0 1 2 3 4 5 6 7 8	No stay 0-1 week 1-2 weeks 2-3 weeks 3-4 weeks 1-2 months 2-3 months 1/4-1/2 year 1/2-1 year
238 to 248	Frequency of visits or contacts (From DV's 92-102)	0 1 2 3 4 5 6 7 8	None in past year one in 1/2-1 year one in 1/4-1/2 year one in 2-3 months one in 1-2 months one in 3-4 weeks one in 2-3 weeks one in 1-2 weeks More than one per week
249	Length of stay (From DV 105)	0 1 2 3 4 5 6 7 8	No stay 0-1 week 1-2 weeks 2-3 weeks 3-4 weeks 1-2 months 2-3 months 1/4-1/2 year 1/2-1 year
250	Specific weight of observation (Ratio of population sampled to size of sample per sex and age group)	-	Any number
251	Pooling weight of observation (as previous, but for a standard total population figure of 100 000)	-	Any number

Annex III

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<sup>a</sup> Participation expenses not paid by WHO