

HOW ARE YOU?

YOUR HEALTH MATTERS TO US.

For this reason, you may be selected to fill in an anonymous questionnaire about your health and your living conditions in this hosting facility.

By completing the questionnaire, you will help us improve health services and develop projects to improve the quality of life in this hosting facility.

Your answers are completely anonymous. No one in the Hosting facility will see them.

Thank you for your time.

Hosting Facility _____

Section

- ☐ Male – *write the name of the section* _____
- ☐ Female – *write the name of the section* _____
- ☐ Other – *write the name of the section*

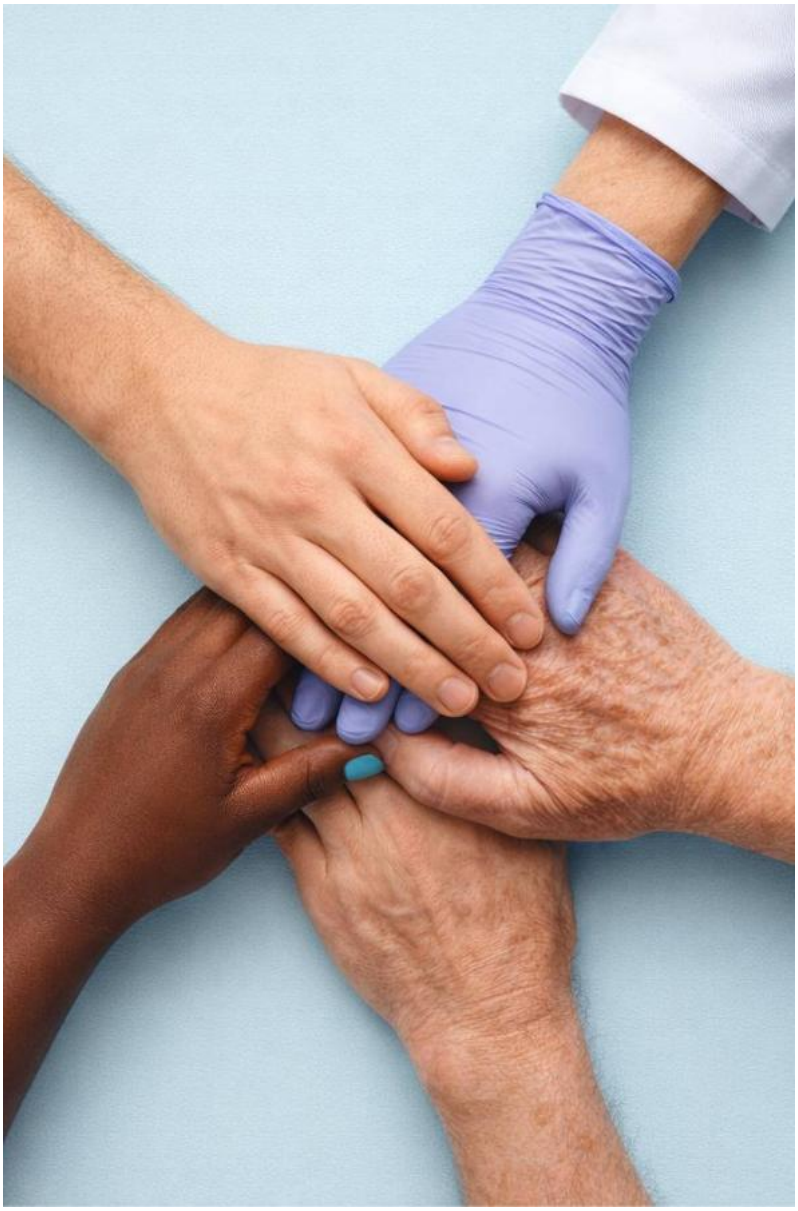
  _____

		Age

Citizenship

- ☐ Italian
- ☐ Foreign
- ☐ Dual (Italian and foreign)

Date _____/_____/_____



Information about the PASSI survey

Hello,

Today you are here to answer some questions about your health. The survey is called PASSI.

We want to know about your health, so that we can improve the quality of the health services offered.

It will take about one hour. The information collected will not carry your name and will not be linked to any identity code. It will be handled only by the staff who carry out the survey for the Local Health Authority (AUSL) and by the National Institute of Health (ISS), which coordinates this survey in Italy.

The facility will not see your answers.

In more detail, the questionnaire collects information about your health, risk behaviours, living conditions in the facility and access to health services. Your answers are then sent, always anonymously, by the AUSL staff directly to the AUSL. Only the survey staff can enter this platform. The results will be published only as group data and **not as individual data**. They will be used to plan health prevention and health promotion activities in the facilities. You can stop the interview at any moment, or choose not to answer some questions. To protect your privacy even more, **no identifying data will be collected**, not even when you give your consent. Your consent will be recorded only by putting a tick in the box below.

The data are used only as total numbers. Nobody will know what you personally answered.

So, if you have understood the purpose and the way your information is collected, as described above, we ask you:

Are you willing to take part in this survey and answer the questionnaire now?

☐ YES
☐ NO

Start time (hour/minute): | | | | |

How to fill in the questionnaire

- Put a cross (**x**) in the box □ of the answer you choose. Only one X, unless it says “More answers”.
- Words in **bold** or <u>underlined</u> in the questions tell you the place or the time period to think about

For example:

1.6 In the **<u>last 12 months</u>** did you have the flu vaccination?

- Some questions depend on your previous answers: the arrow symbol (↳) means that you reach the next question by skipping ahead.

For example:

2.1 Do you do physical activity inside the facility?

□ 1 – Yes

□ 2 – No → ***skip to question* 2.8**

If the answer is No, skip directly to the question shown, without answering the questions in between:

~~**2.2** In the last 30 days, did you do any intense physical activity?~~
~~**2.3** How many days a week?~~
~~**2.4** On those days, how many minutes on average?~~
~~**2.5** In the last 30 days, did you do any moderate physical activity?~~
~~**2.6** How many days a week?~~
~~**2.7** On those days, how many minutes on average?~~

↳ **2.8** In your opinion, the physical activity you did in the last 30 days was:

□ 1 – More than enough
□ 2 – Enough
□ 3 – Not quite enough
□ 4 – Very little

- The questionnaire uses some medical words. If you do not know what these words mean, you can read the **glossary** on **page 46** looking for **the first letter** of the word.

For example:

1.6 In the last 12 months did you have the **v**accination against the flu?

A B C D E F G H I L M N O P Q R S T U **V** Z

V

VACCINATION

Something given to you (an injection or drops) that teaches your body to defend itself against a specific disease before you meet it. It protects the vaccinated person and the people around them.

Remember that you can ask for **help** from the survey staff **to fill in the questionnaire**.

Thank you for your time.

Remember that you can ask the survey staff for help to fill in the questionnaire.

0.1 Where were you before you entered **this** facility?

- ☐ 1 – From another country
- ☐ 2. – From another facility ⟶ ***also answer question 0.3***
- ☐ 3. – Other…. (Please specify)_____
- ☐ -88 – I don't know / I don't remember
- ☐ -99 – I prefer not to answer

0.2 What is the date you entered **this** facility? ***(day/month/year)***

_____ / _____ /_____

If at question 0.1 you answered "3 – From another facility**", answer the next question; if you do not come from another facility, skip directly to question 0.4**

ONLY FOR PEOPLE COMING FROM ANOTHER FACILITY

0.3 What is the date when your whole period of stay in a facility began?

_____ / _____ /_____

0.4 What is your current status?

- ☐ 1 – Applicant:
  - ☐ Ordinary asylum applicant
  - ☐ Applicant under the "Dublin procedure"
  - ☐ Applicant in an accelerated or border procedure
  - ☐ Unaccompanied foreign minor (MSNA) applicant
  - ☐ Repeat applicant (subsequent application)
- ☐ 2 – Holder:
  - ☐ Holder of Refugee Status
  - ☐ Holder of Subsidiary Protection
  - ☐ Holder of Special Protection
  - ☐ Holder of Temporary Protection
  - ☐ Holder of a permit for health reasons
  - ☐ Holder of a permit for natural disasters
  - ☐ Holder of a permit for acts of special civil value
  - ☐ Holder of a permit for social protection
- ☐ -88 – I don't know / I don't remember
- ☐ -99 – I prefer not to answer

SECTION 1 Health status and perceived quality of life

First of all, we will ask you some general information about your health.

1.1 How is your health in general?

- ☐ 1 – Very good
- ☐ 2 – Good
- ☐ 3 – Fair
- ☐ 4 – Bad
- ☐ 5 – Very bad
- ☐ -88 – I don't know / I don't remember
- ☐ -99 – I prefer not to answer

The next questions are about your health <u>during the last 30 days</u>.

1.2 Think about your **<u>physical health</u>**, including illnesses and the results of accidents. In the last 30 days, on how many days did you not feel well?

Number of days: ☐☐ (0-30 days)

- ☐ -88 – I don't know / I don't remember
- ☐ -99 – I prefer not to answer

1.3 Now think about **<u>psychological aspects</u>**, such as emotional problems, anxiety, depression, stress. In the last 30 days, on how many days did you not feel well?

Number of days: ☐☐ (0-30 days)

- ☐ -88 – I don't know / I don't remember
- ☐ -99 – I prefer not to answer

1.4 Now think about your **<u>usual activities</u>**. In the last 30 days, on how many days were you unable to do them because of poor physical or psychological health?

Number of days: ☐☐ (0-30 days)

- ☐ -88 – I don't know / I don't remember
- ☐ -99 – I prefer not to answer

1.5 Has a doctor ever told you that you have one of these illnesses?

Give one answer for each illness; "doctor" means any doctor. If you are not sure, you can look at the glossary on page 46 or ask for help.

	1 – Yes	2 – No	-88 – I don't know / I don't remember	-99 – I prefer not to answer
1 – Diabetes	☐	☐	☐	☐
2 – Kidney failure	☐	☐	☐	☐
3 – Bronchial asthma	☐	☐	☐	☐
4 – Chronic bronchitis, emphysema, respiratory failure	☐	☐	☐	☐
5 – Stroke or cerebral ischaemia	☐	☐	☐	☐
6 – Heart attack, cardiac ischaemia or coronary disease	☐	☐	☐	☐
7 – Other heart diseases	☐	☐	☐	☐
8 – Tumours (including leukaemia and lymphoma)	☐	☐	☐	☐
9 – Chronic liver diseases, cirrhosis	☐	☐	☐	☐
10 – Arthritis (for example rheumatoid arthritis, gout, lupus, fibromyalgia)	☐	☐	☐	☐
11 – Osteoarthritis or other musculoskeletal diseases	☐	☐	☐	☐
12 – High blood pressure	☐	☐	☐	☐
13 – Addictions (drugs, medicines, alcohol)	☐	☐	☐	☐

1.6 In the **last 12 months** did you have the seasonal flu vaccination?

- ☐ 1 – Yes
- ☐ 2 – No
- ☐ -88 – I don't know / I don't remember
- ☐ -99 – I prefer not to answer

1.7 Have you ever been vaccinated against Hepatitis B? ***(at any time in your life)***

- ☐ 1 – Yes
- ☐ 2 – No
- ☐ -88 – I don't know / I don't remember
- ☐ -99 – I prefer not to answer

There is a blood test to find out if you are infected with Hepatitis B.

1.8 Have you ever had this test? ***(at any time in your life)***

- ☐ 1 – Yes
- ☐ 2 – No → ***skip to question* 1.10**
- ☐ -88 – I don't know / I don't remember → ***skip to question* 1.10**
- ☐ -99 – I prefer not to answer → ***skip to question* 1.10**

1.9 What was the result of the test?

- ☐ 1 – It shows that I am infected, or that I had Hepatitis B in the past
- ☐ 2 – It shows that I have never had Hepatitis B
- ☐ -88 – I don't know / I don't remember
- ☐ -99 – I prefer not to answer

There is a blood test to find out if you are infected with Hepatitis C.

1.10 Have you ever had this test? ***(at any time in your life)***

- ☐ 1 – Yes
- ☐ 2 – No → ***skip to question* 1.12**
- ☐ -88 – I don't know / I don't remember → ***skip to question* 1.12**
- ☐ -99 – I prefer not to answer → ***skip to question* 1.12**

1.11 What was the result of the test?

- ☐ 1 – It shows that I am infected, or that I had Hepatitis C in the past
- ☐ 2 – It shows that I have never had Hepatitis C
- ☐ -88 – I don't know / I don't remember
- ☐ -99 – I prefer not to answer

1.12 Have you ever been vaccinated against HPV (human papilloma virus)? ***(at any time in your life)***

- ☐ 1 – Yes
- ☐ 2 – No
- ☐ -88 – I don't know / I don't remember
- ☐ -99 – I prefer not to answer

Now we would like to ask you some questions about behaviours that can carry a risk of infectious diseases.

Remember that your answers are <u>anonymous</u> and no member of the facility staff will read them.

For this reason we ask you to answer honestly.

1.13 During your stay in the facility, have you given yourself tattoos, or had tattoos done by other people?

- ☐ 1 – Yes
- ☐ 2 – No → ***skip to question* 1.15**
- ☐ -88 – I don't know / I don't remember → ***skip to question* 1.15**
- ☐ -99 – I prefer not to answer → ***skip to question* 1.15**

1.14 Who did these tattoos?

Give one answer for each line

	1 – Yes	2 – No	-88 – I don't know / I don't remember	-99 – I prefer not to answer
1 – I did them myself	☐	☐	☐	☐
2 – Another resident did them	☐	☐	☐	☐
3 – A professional did them	☐	☐	☐	☐

1.15 In your opinion, would it be useful if a professional tattoo artist could come into the facility and work for a fee?

- ☐ 1 – Yes
- ☐ 2 – No
- ☐ -88 – I don't know / I don't remember
- ☐ -99 – I prefer not to answer

1.16 During your stay in the facility, have you ever had unprotected sex (without a condom)?

"Sex" means all types of sexual contact, including oral sex.

- ☐ 1 – Yes
- ☐ 2 – No
- ☐ -88 – I don't know / I don't remember
- ☐ -99 – I prefer not to answer

1.17 In your opinion, would free distribution of condoms be useful?

- ☐ 1 – Yes
- ☐ 2 – No
- ☐ -88 – I don't know / I don't remember
- ☐ -99 – I prefer not to answer

SECTION 2 Physical activity

The next questions are about the physical activity you do in the facility.

2.1 Do you do physical activity inside the facility, **not** counting the activity you do at work?

- ☐ 1 – Yes
- ☐ 2 – No → ***skip to question* 2.8**
- ☐ -88 – I don't know / I don't remember → ***skip to question* 2.8**
- ☐ -99 – I prefer not to answer → ***skip to question* 2.8**

2.2 In the last 30 days, did you do any **intense** physical activity that causes a **big increase** in breathing and heart rate, or a lot of sweating, for example running, fast cycling (exercise bike), sport (weight lifting) or aerobics?

- ☐ 1 – Yes
- ☐ 2 – No → ***skip to question* 2.5**
- ☐ -88 – I don't know / I don't remember → ***skip to question* 2.5**
- ☐ -99 – I prefer not to answer → ***skip to question* 2.5**

2.3 How many days a week?

Number of days/week: ☐☐ (1-7 days)

- ☐ -88 – I don't know / I don't remember
- ☐ -99 – I prefer not to answer

2.4 On those days, how many minutes on average? ***(referring to the days with intense physical activity)***

Number of minutes/day: ☐☐

- ☐ -88 – I don't know / I don't remember
- ☐ -99 – I prefer not to answer

2.5 In the last 30 days, did you do any **moderate** physical activity that causes a **small increase** in breathing and heart rate, or a little sweating, for example walking fast or doing gentle exercise?

- ☐ 1 – Yes
- ☐ 2 – No → ***skip to question* 2.8**
- ☐ -88 – I don't know / I don't remember → ***skip to question* 2.8**
- ☐ -99 – I prefer not to answer → ***skip to question* 2.8**

2.6 How many days a week?

Number of days/week: ☐☐ (1-7 days)

- ☐ -88 – I don't know / I don't remember
- ☐ -99 – I prefer not to answer

2.7 On those days, how many minutes on average? ***(referring to the days with moderate physical activity)***

Number of minutes/day: ☐☐

- ☐ -88 – I don't know / I don't remember
- ☐ -99 – I prefer not to answer

2.8 In your opinion, the physical activity you did **in the last 30 days** was:

- ☐ 1 – More than enough
- ☐ 2 – Enough
- ☐ 3 – Not quite enough
- ☐ 4 – Very little
- ☐ -88 – I don't know / I don't remember
- ☐ -99 – I prefer not to answer

SECTION 3 Smoking habits

The following questions are about cigarette smoking (tobacco cigarettes)

3.1 In the last 12 months, has a doctor or a health worker asked you if you are a smoker?

☐ 1 – Yes

Pay attention to the following options

☐ 2 – No, they did not ask me
☐ 3 – No, because I have not had contact with a doctor/health worker
☐ -88 – I don't know / I don't remember
☐ -99 – I prefer not to answer

3.2 In your whole life, have you smoked at least 100 cigarettes in total (5 packets of 20 cigarettes)?

☐ 1 – Yes
☐ 2 – No → ***skip to question* 3.8**
☐ -88 – I don't know / I don't remember → ***skip to question* 3.8**
☐ -99 – I prefer not to answer → ***skip to question* 3.8**

3.3 Do you smoke cigarettes at the moment?

☐ 1 – Yes, I also smoked before I came to the facility → ***skip to question* 3.5**
☐ 2 – Yes, I started smoking in the facility → ***skip to question* 3.5**
☐ 3 – No
☐ -88 – I don't know / I don't remember → ***skip to question* 3.8**
☐ -99 – I prefer not to answer → ***skip to question* 3.8**

3.4 No, why?

☐ 1 – I stopped → ***skip to question* 3.7**
☐ 2 – I cannot buy cigarettes → ***skip to question* 3.7**
☐ -88 – I don't know / I don't remember → ***skip to question* 3.7**
☐ -99 – I prefer not to answer → ***skip to question* 3.7**

3.5 On average, how many cigarettes do you smoke per day?

Number of cigarettes/day: | | |

If you smoke less than one cigarette a day, write the value –1

☐ -88 – I don't know / I don't remember
☐ -99 – I prefer not to answer

1 bag of 30 g of tobacco → 40 cigarettes
1 bag of 40 g of tobacco → 50 cigarettes
1 bag of 50 g of tobacco → 65 cigarettes

3.6 During the last 12 months, did you stop smoking for at least one day, trying to quit for good?

☐ 1 – Yes → ***skip to question* 3.8**
☐ 2 – No → ***skip to question* 3.8**
☐ -88 – I don't know / I don't remember → ***skip to question* 3.8**
☐ -99 – I prefer not to answer → ***skip to question* 3.8**

ONLY FOR EX-SMOKERS

3.7 When did you stop smoking? (also if you had to stop against your will)

□ 1 – Less than 6 months ago
□ 2 – Between 6 months and one year ago
□ 3 – More than one year ago
□ -88 – I don't know / I don't remember
□ -99 – I prefer not to answer

3.8 Do people usually smoke in your room? ***(you and/or other people)***

☐ 1 – Always
☐ 2 – Almost always
☐ 3 – Sometimes
☐ 4 – Never
☐ -88 – I don't know / I don't remember
☐ -99 – I prefer not to answer

3.9 At the moment, do you use electronic cigarettes, heated tobacco cigarettes, or other devices?

- ☐ 1 – Yes
- ☐ 2 – No
- ☐ 3 – I don’t know what they are
- ☐ 4 – They are not allowed
- ☐ -88 – I don’t know / I don’t remember
- ☐ -99 – I prefer not to answer

SECTION 4 Food and diet

The following questions are about your eating habits (how you eat).

4.1 Are you following a diet at the moment, to lose weight or to keep your weight?

- ☐ 1 – Yes
- ☐ 2 – No
- ☐ -88 – I don't know / I don't remember
- ☐ -99 – I prefer not to answer

The next question is about how much fruit and vegetables you usually eat. A "portion of fruit or vegetables" means an amount of raw fruit or vegetables that fits in the palm of your hand, or half a plate of cooked vegetables.

4.2 On a typical day, how many portions of fruit or vegetables do you eat?

- ☐ 1 – None
- ☐ 2 – 1-2 portions
- ☐ 3 – 3-4 portions
- ☐ 4 – 5 or more portions
- ☐ -88 – I don't know / I don't remember
- ☐ -99 – I prefer not to answer

4.3 In your opinion, the amount of fruit/vegetables you are given is

- ☐ 1 – More than enough
- ☐ 2 – Enough
- ☐ 3 – Not quite enough
- ☐ 4 – Not enough at all
- ☐ -88 – I don't know / I don't remember
- ☐ -99 – I prefer not to answer

The next question is about how much salt you usually eat: the salt we add when we prepare food, or the salt already in preserved food (for example cured meats, salty snacks, mature cheeses, and so on) or in baked products (such as bread, breadsticks, crackers, and so on).

4.4 At the moment, are you paying attention to the amount of salt, or trying to reduce it?

- ☐ 1 – No
- ☐ 2 – Yes → **If yes, for how long?**
  - ☐ In the last year
  - ☐ For longer
- ☐ -88 – I don't know / I don't remember
- ☐ -99 – I prefer not to answer

4.5 Do you prepare food in your room?

- ☐ 1 – Yes → ***skip to question* 4.7**
- ☐ 2 – No
- ☐ -88 – I don't know / I don't remember → ***skip to question* 4.7**
- ☐ -99 – I prefer not to answer → ***skip to question* 4.7**

4.6 If no, why?

Give one answer for each line:

	1 – Yes	2 – No	-88 – I don't know / I don't remember	-99 – I prefer not to answer
1 – Buying food is not allowed	☐	☐	☐	☐
2 – I cannot afford to buy food	☐	☐	☐	☐
3 – Cooking food is not allowed	☐	☐	☐	☐
4 – I prefer to take the food prepared by the kitchen (from the trolley)	☐	☐	☐	☐
5 – Other	☐	☐	☐	☐

4.7 Do you have a **fridge** in your room or in your section, where you can keep food in the right way?

- ☐ 1 – Yes
- ☐ 2 – No
- ☐ -44 – Only a freezer and no fridge
- ☐ -88 – I don't know / I don't remember
- ☐ -99 – I prefer not to answer

4.8 At this time, do you need to follow a specific diet, for example halal food, kosher food, gluten-free food, vegetarian, vegan and so on?

- ☐ 1 – Yes
- ☐ 2 – No → ***skip to*** **Section 5**
- ☐ -88 – I don't know / I don't remember → ***skip to*** **Section 5**
- ☐ -99 – I prefer not to answer → ***skip to*** **Section 5**

4.9 In this facility, are you able to follow your specific diet?

- ☐ 1 – Always
- ☐ 2 – Often
- ☐ 3 – Sometimes
- ☐ 4 – Never
- ☐ -88 – I don't know / I don't remember
- ☐ -99 – I prefer not to answer

SECTION 5 Alcohol use

The following questions are about alcohol use.

Think about a typical month <u>before</u> you entered the facility.

5.1 On average in a month, on **<u>how many days</u>** did you drink **<u>at least one unit</u>** of an alcoholic drink? By "unit of an alcoholic drink" we mean a glass of wine, or a can of beer, or a small glass of spirits.



Number: ☐☐ (1-30 days)

- ☐ -77 – Never (***0 days)*** → ***skip to question* 5.5**
- ☐ -88 – I don't know / I don't remember → ***skip to question* 5.5**
- ☐ -99 – I prefer not to answer → ***skip to question* 5.5**

1 bottle of wine (750 ml) → 6 glasses
1 bottle of spirits (750 ml)→ 15 small glasses

5.2 On the days when you drank, how many units of alcoholic drinks did you drink on average per day?

Number: ☐☐

- ☐ -88 – I don't know / I don't remember
- ☐ -99 – I prefer not to answer

5.3 And when did you drink these alcoholic drinks, compared with meals?

- ☐ 1 – Only during meals
- ☐ 2 – Mainly during meals
- ☐ 3 – Mainly outside meals
- ☐ 4 – Only outside meals
- ☐ -88 – I don't know / I don't remember
- ☐ -99 – I prefer not to answer

5.4

For MEN:

Thinking about all types of alcoholic drinks, how many times a month on average did you drink **5 or more units** on one single occasion?

Number: ☐☐

- □ -77 – Never
- □ -88 – I don't know / I don't remember
- □ -99 – I prefer not to answer

For WOMEN:

Thinking about all types of alcoholic drinks, how many times a month on average did you drink **4 or more units** on one single occasion?

Number: ☐☐

- □ -77 – Never
- □ -88 – I don't know / I don't remember
- □ -99 – I prefer not to answer

5.5 Would you buy alcohol (wine or beer) inside the facility if the management allowed it?

- ☐ 1 – Yes
- ☐ 2 – No, because I do not drink alcohol
- ☐ 3 – No, because I cannot afford it (I do not have enough money)
- ☐ 4 – No, because in the facility I do not feel like drinking
- ☐ -88 – I don't know / I don't remember
- ☐ -99 – I prefer not to answer

5.6 In the last 30 days in this facility, have you drunk alcohol?

If you have been in the facility for less than 30 days, count only the days you have been in the facility.

- ☐ 1 – Every day
- ☐ 2 – Several times a week
- ☐ 3 – About once a week
- ☐ 4 – Less than once a week
- ☐ 5 – Never
- ☐ -88 – I don't know / I don't remember
- ☐ -99 – I prefer not to answer

5.7 Normally, in a typical month **before** you entered the facility, did you use drugs (for example cannabis, cocaine, heroin, hallucinogens and so on)?

- ☐ 1 – Yes
- ☐ 2 – No
- ☐ -88 – I don't know / I don't remember
- ☐ -99 – I prefer not to answer

5.8 **Before** you entered the facility, did you have contact with the alcohol service / addiction service of the health authority (SERT/SERD)?

- ☐ 1 – Yes, for problems related to alcohol
- ☐ 2 – Yes, for problems related to the use and/or abuse of substances such as drugs and/or medicines
- ☐ 3 – Yes, for both
- ☐ 4 – No → ***skip to*** **Section 6**
- ☐ -88 – I don't know / I don't remember → ***skip to*** **Section 6**
- ☐ -99 – I prefer not to answer → ***skip to*** **Section 6**

5.9 Did you follow the rehabilitation programme that was offered to you?

- ☐ 1 – Yes, I followed a rehabilitation programme
- ☐ 2 – No, I did not follow it, or I left the rehabilitation programme that was offered to me
- ☐ -88 – I don't know / I don't remember
- ☐ -99 – I prefer not to answer

SECTION 6 Oral health

The following questions are about the health of your teeth.

6.1 **Before** you entered the facility, when was the last time you went to the dentist (including specialists, for example orthodontists)?

- ☐ 1 – In the 12 months before I entered the facility
- ☐ 2 – Between 1 and 2 years before I entered the facility
- ☐ 3 – More than 2 years before I entered the facility
- ☐ -77 – Never
- ☐ -88 – I don't know / I don't remember
- ☐ -99 – I prefer not to answer

6.2 **After** you entered the facility, how many times have you been to the dentist?

Number of times: | | |

- ☐ -77 – Never
- ☐ -55 – I am on a waiting list
- ☐ -88 – I don't know / I don't remember
- ☐ -99 – I prefer not to answer

SECTION 7 Mental health

We would like to come back to a topic we have already touched on, and ask you some questions about <u>how you feel psychologically</u> and how you cope with everyday life.

Remember that your answers are anonymous.

7.1 In the last **<u>2 weeks</u>**, on how many days did you feel little interest or pleasure in doing things?

Number of days: | | | (0-14 days)

☐ -88 – I don't know / I don't remember
☐ -99 – I prefer not to answer

7.2 In the last **<u>2 weeks</u>**, on how many days did you feel down, depressed or hopeless?

Number of days: | | | (0-14 days)

☐ -88 – I don't know / I don't remember
☐ -99 – I prefer not to answer

7.3 In the last **<u>2 weeks</u>**, on how many days did you have trouble falling asleep or staying asleep (for example waking up many times, waking up too early), or did you sleep too much?

Number of days: | | | (0-14 days)

☐ -88 – I don't know / I don't remember
☐ -99 – I prefer not to answer

7.4 In the last **<u>2 weeks</u>**, on how many days did you feel tired or with little energy?

Number of days: | | | (0-14 days)

☐ -88 – I don't know / I don't remember
☐ -99 – I prefer not to answer

7.5 In the last **2 weeks**, on how many days did you have little appetite or, on the contrary, did you eat too much?

Number of days: | | | (0-14 days)

☐ -88 – I don't know / I don't remember
☐ -99 – I prefer not to answer

7.6 In the last **2 weeks**, on how many days did you think badly about yourself, or feel that you are a failure, or feel that you have let yourself or your family down?

Number of days: | | | (0-14 days)

☐ -88 – I don't know / I don't remember
☐ -99 – I prefer not to answer

7.7 In the last **2 weeks**, on how many days did you have trouble concentrating on something, for example reading the newspaper or watching television?

Number of days: | | | (0-14 days)

☐ -88 – I don't know / I don't remember
☐ -99 – I prefer not to answer

7.8 In the last **2 weeks**, on how many days did you move or speak so slowly that other people noticed it? Or, **on the contrary**, were you so restless or agitated that you moved much more than usual?

Number of days: | | | (0-14 days)

☐ -88 – I don't know / I don't remember
☐ -99 – I prefer not to answer

7.9 In the last **2 weeks**, on how many days did you think that it would be better to die, or to hurt yourself in some way?

Number of days: | | | (0-14 days)

☐ -88 – I don't know / I don't remember
☐ -99 – I prefer not to answer

If in one of the nine questions above (from 7.1 to 7.9) you wrote 1 day or more, continue with question 7.10; if not, → skip to question 7.11.

7.10 Because of these problems, did you talk to one or more of the following people?

Give one answer for each line:

	1 – Yes	2 – No	-88 – I don't know / I don't remember	-99 – I prefer not to answer
1 – Health staff (doctor, psychologist, nurse, health promoter...)	☐	☐	☐	☐
2 – Security / surveillance staff	☐	☐	☐	☐
3 – Educator (FGP: legal and educational officer)	☐	☐	☐	☐
4 – Other staff (for example teachers)	☐	☐	☐	☐
5 – Volunteer	☐	☐	☐	☐
6 – Lawyer	☐	☐	☐	☐
7 – Ombudsman for people's rights	☐	☐	☐	☐
8 – Religious figure	☐	☐	☐	☐
9 – Family, friends	☐	☐	☐	☐
10 – Other residents (from the same room and/or section)	☐	☐	☐	☐
11 – Nobody	☐	☐	☐	☐

7. 11 During the time you have spent in **this** facility, have you harmed yourself on purpose (that is, have you wanted to hurt yourself)?

- ☐ 1 – Yes
- ☐ 2 – No
- ☐ -88 – I don't know / I don't remember
- ☐ -99 – I prefer not to answer

7.12 **In the last 12 months**, have you ever been put in isolation in **this** facility? ***(this means all forms of isolation)***

- ☐ 1 – Yes
- ☐ 2 – No → ***skip to question* 7.17**
- ☐ -88 – I don't know / I don't remember → ***skip to question* 7.17**
- ☐ -99 – I prefer not to answer → ***skip to question* 7.17**

7.13 How many times have you been put in isolation?

Number of times: | | |

- ☐ -88 – I don't know / I don't remember
- ☐ -99 – I prefer not to answer

7.14 On average, how many days each time?

Number of days: | | |

- ☐ -88 – I don't know / I don't remember
- ☐ -99 – I prefer not to answer

7.15 During isolation, were you allowed time outside in the open air?

- ☐ 1 – Always
- ☐ 2 – Almost always
- ☐ 3 – Sometimes
- ☐ 4 – Never
- ☐ -88 – I don't know / I don't remember
- ☐ -99 – I prefer not to answer

7.16 During isolation in **this** facility, have you harmed yourself on purpose?

- ☐ 1 – Yes
- ☐ 2 – No
- ☐ -88 – I don't know / I don't remember
- ☐ -99 – I prefer not to answer

7.17 **<u>In the last 12 months</u>**, have you ever been involved in fights or other forms of physical violence in this facility, even only as a witness?

- ☐ 1 – Yes, as a witness
- ☐ 2 – Yes, personally (suffering the violence and/or doing it)
- ☐ 3 – Yes, both as a witness and personally
- ☐ 4 – No
- ☐ -88 – I don't know / I don't remember
- ☐ -99 – I prefer not to answer

7.18 **<u>In the last 12 months</u>**, have you ever suffered psychological violence in this facility, for example behaviour that made you feel uncomfortable, threatened or unsafe, and so on?

- ☐ 1 – Yes
- ☐ 2 – No → ***skip to*** **Section 8**
- ☐ -88 – I don't know / I don't remember → ***skip to*** **Section 8**
- ☐ -99 – I prefer not to answer → ***skip to*** **Section 8**

Give one answer for each line.

Remember that your answers are anonymous.

7.19 Who used psychological violence against you?

	1 – Yes	2 – No	-88 – I don't know / I don't remember	-99 – I prefer not to answer
1 – Health staff (doctor, psychologist, nurse, health promoter...)	☐	☐	☐	☐
2 – Security / surveillance staff	☐	☐	☐	☐
3 – Educator (FGP: legal and educational officer)	☐	☐	☐	☐
4 – Other staff (for example teachers)	☐	☐	☐	☐
5 – Volunteer	☐	☐	☐	☐
6 – Lawyer	☐	☐	☐	☐
7 – Ombudsman for people's rights	☐	☐	☐	☐
8 – Religious figure	☐	☐	☐	☐
9 – Family, friends	☐	☐	☐	☐
10 – Other residents (from the same room and/or section)	☐	☐	☐	☐

SECTION 8 Personal and social information

The following questions are about some personal details.

8.1 How old are you (completed years)?

Age: ☐☐

8.2 What sex were you assigned at birth (as written on your birth certificate)?

☐ 1 – Male
☐ 2 – Female

8.3 What is your gender identity?

☐ 1 – Man
☐ 2 – Woman
☐ 3 – Transgender
☐ 4 – Non binary
☐ 5 – Other (please specify: _____)
☐ -99 – I prefer not to answer

8.4 What is your current marital status?

☐ 1 – Married
☐ 2 – In a civil union
☐ 3 – Single
☐ 4 – Widowed
☐ 5 – Separated/divorced
☐ 6 – Married under the law of my country of origin, but not recognised by Italian law
☐ 7 – Living together / stable relationship

8.5 Do you have children?

☐ 1 – Yes
☐ 2 – No → ***skip to question* 8.12**

8.6 How many children under 18?

Number of children under 18: ☐☐

☐ -77 – I have no children under 18 → ***skip to question* 8.12**

8.7 How old is the youngest one?

Age of the youngest child: | | |

The following questions are only about your children under 18.

8.8 How many of your children under 18 ***(write the number of children in the box next to the answer)***:

If none of your children live abroad, for example, write 0 (zero) in the box.

1 – Live in the same province as the facility: | | |

2 – Live in another Italian province: | | |

3 – Live abroad: | | |

☐ -88 – I don't know / I don't remember
☐ -99 – I prefer not to answer

8.9 In the last 3 months (that is, the last 90 days), how many visits have you had from your children **under 18**?

Number of visits: | | |

☐ -77 – None → ***skip to question*** **8.11**

8.10 During visits with your children under 18, does the space available meet your needs and your children's needs?

A space that meets your needs means a suitable and welcoming room for meetings, a place where you can and are allowed to do activities with your children, such as playing, reading or drawing.

☐ 1 – Very much
☐ 2 – Quite a lot
☐ 3 – A little
☐ 4 – Not at all
☐ -88 – I don't know / I don't remember
☐ -99 – I prefer not to answer

8.11 In your opinion, since you have been in the facility, your relationships with your children **under 18** can be kept up:

- ☐ 1 – Very easily
- ☐ 2 – Quite easily
- ☐ 3 – With some difficulty
- ☐ 4 – With a lot of difficulty
- ☐ 5 – I am not allowed to see them (for example because of a judge's order)
- ☐ -88 – I don't know / I don't remember
- ☐ -99 – I prefer not to answer

8.12 What is your citizenship?

- ☐ 1 – Italian → ***skip to question* 8.18**
- ☐ 2 – Foreign – *please specify*: _____
- ☐ 3 – Dual (Italian and foreign) – *please specify*: _____
- ☐ 4 – Stateless
- ☐ -88 – I don't know / I don't remember
- ☐ -99 – I prefer not to answer

8.13 How long have you lived in Italy?

Number of years: | | |

- ☐ 1 – Less than one year
- ☐ -88 – I don't know / I don't remember
- ☐ -99 – I prefer not to answer

8.14 Before you came to the facility, did you have a residence permit?

- ☐ 1 – Yes
- ☐ 2 – No → ***skip to question* 8.17**
- ☐ 3 – I do not need a residence permit → ***skip to question* 8.18**
- ☐ -88 – I don't know / I don't remember → ***skip to question* 8.18**
- ☐ -99 – I prefer not to answer → ***skip to question* 8.18**

8.15 What type of permit?

- ☐ 1 – Work
- ☐ 2 – Family reasons
- ☐ 3 – International protection
- ☐ 4 – Asylum
- ☐ 5 – Subsidiary protection
- ☐ -88 – I don't know / I don't remember
- ☐ -99 – I prefer not to answer

8.16 During your stay in the facility, has your residence permit expired?

- ☐ 1 – Yes
- ☐ 2 – No → ***skip to question* 8.18**
- ☐ -88 – I don't know / I don't remember → ***skip to question* 8.18**
- ☐ -99 – I prefer not to answer → ***skip to question* 8.18**

8.17 Did you renew the permit?

- ☐ 1 – Yes
- ☐ 2 – Yes, I applied and I am waiting for the answer
- ☐ 3 – No, I did not ask for it
- ☐ 4 – No, I asked for it but I did not get it
- ☐ -88 – I don't know / I don't remember
- ☐ -99 – I prefer not to answer

8.18 Is (or was) one of your parents, or both of them, a foreign citizen?

- ☐ 1 – Neither of them
- ☐ 2 – Only my father – *please specify father's citizenship*:

  _____
- ☐ 3 – Only my mother – *please specify mother's citizenship*:

  _____
- ☐ 4 – Both – *please specify father's citizenship*: _____

  – *please specify mother's citizenship*:

  _____
- ☐ -88 – I don't know / I don't remember
- ☐ -99 – I prefer not to answer

8.19 What is your level of education?

Also count qualifications that are not recognised in Italy: if a person has a degree, even if it is not recognised in Italy, write "degree"; if a person says they studied for 8 years, write "lower secondary school certificate", and so on.

- ☐ 1 – No qualification
- ☐ 2 – Primary school certificate
- ☐ 3 – Lower secondary school certificate
- ☐ 4 – Upper secondary school diploma or qualification
- ☐ 5 – Degree / university diploma or higher qualification

30 The following questions are about the 30 days before you entered the facility (*this means the current period of stay*).

8.20 Which of the following options best describes your work situation? ***(this means before you entered the facility)***

Also in the case of undeclared work, write "regular worker" or "occasional worker", because this does not refer to having a contract or not, but to whether the work was continuous over time or not.

- ☐ 1 – Regular worker ***(also without a work contract)***
- ☐ 2 – Occasional worker ***(also without a work contract)***
- ☐ 3 – Unemployed and looking for work
- ☐ 4 – Unemployed and not looking for work
- ☐ 5 – Not working (for example student, retired, homemaker)
- ☐ 6 – Other
- ☐ -88 – I don't know / I don't remember
- ☐ -99 – I prefer not to answer

8.21 Which of the following options best describes the place where you lived?

Write where you lived for most of the time.

Stable housing is: a house, a flat, a hostel or supported housing.

Unstable housing is: temporary accommodation, sleeping on the street or being homeless.

- ☐ 1 – Stable housing
- ☐ 2 – Unstable housing / no fixed address
- ☐ 3 – Other
- ☐ -88 – I don't know / I don't remember
- ☐ -99 – I prefer not to answer

8.22 Still thinking about **before** you entered the facility, with the money you had (your own or your family's), how easy was it to get to the end of the month?

- ☐ 1 – Very easily
- ☐ 2 – Quite easily
- ☐ 3 – With some difficulty
- ☐ 4 – With a lot of difficulty
- ☐ -88 – I don't know / I don't remember
- ☐ -99 – I prefer not to answer

SECTION 9 Living conditions in the facility

We finish with some questions about your daily life in <u>this</u> facility.

9.1 **<u>since you have been in this facility</u>**, do you do, or have you done, manual work and/or a job inside or outside the facility?

- ☐ 1 – Yes, I am working at the moment
- ☐ 2 – Yes, I have worked, but I am not working now
- ☐ 3 – No → ***skip to question* 9.4**
- ☐ -88 – I don't know / I don't remember → ***skip to question* 9.4**
- ☐ -99 – I prefer not to answer → ***skip to question* 9.4**

9.2 Does the work offered in **<u>this facility</u>** meet your needs?

- ☐ 1 – Very much
- ☐ 2 – Quite a lot
- ☐ 3 – A little
- ☐ 4 – Not at all
- ☐ -88 – I don't know / I don't remember
- ☐ -99 – I prefer not to answer

9.3 How much were you paid per hour in your last job in the facility?

If you do not know the hourly pay, write separately how many days a week you work and how many hours a day.

Gross = before taxes and deductions.

Gross hourly pay: | | | | | **,** | | |

Or

Euro (gross) per month: | | | | | **,** | | |

for | | | | | hours per month

- ☐ -88 – I don't know / I don't remember
- ☐ -99 – I prefer not to answer

9.4 **<u>Since you have been in this facility</u>**, do you do, or have you done, training or study activities?

- ☐ 1 – Yes, at the moment
- ☐ 2 – Yes, I have attended courses, but not now
- ☐ 3 – No → ***skip to question* 9.6**
- ☐ -88 – I don't know / I don't remember → ***skip to question* 9.6**
- ☐ -99 – I prefer not to answer → ***skip to question* 9.6**

9.5 Does the training and study offered in **<u>this facility</u>** meet your needs? (for example school, courses)

- ☐ 1 – Very much
- ☐ 2 – Quite a lot
- ☐ 3 – A little
- ☐ 4 – Not at all
- ☐ -88 – I don't know / I don't remember
- ☐ -99 – I prefer not to answer

9.6 In your opinion, since you have been in **<u>this facility</u>**, can your emotional relationships and contacts with your family be kept up:

- ☐ 1 – Very easily
- ☐ 2 – Quite easily
- ☐ 3 – With some difficulty
- ☐ 4 – With a lot of difficulty
- ☐ 5 – I have no family / emotional relationships → ***skip to question* 9.12**
- ☐ 6 – I have no family → ***skip to question* 9.12**
- ☐ -88 – I don't know / I don't remember
- ☐ -99 – I prefer not to answer

9.7 On average, how many times a month do you speak with your family on the phone?

Number of times: ☐☐

- ☐ -44 – A few times a year
- ☐ -77 – Never
- ☐ -88 – I don't know / I don't remember
- ☐ -99 – I prefer not to answer

9.8 On average, how many times a month do you make video calls with your family?

Number of times: | | |

- ☐ -44 – A few times a year
- ☐ -77 – Never
- ☐ -88 – I don't know / I don't remember
- ☐ -99 – I prefer not to answer

9.9 And how many times a month do you meet your family?

Number of times: | | |

- ☐ -44 – A few times a year
- ☐ -77 – Never
- ☐ -88 – I don't know / I don't remember
- ☐ -99 – I prefer not to answer

9.10 Are you married or in a civil union, or do you have a person you were living with steadily **before** you entered the facility?

"Stable relationships" also count, even if you did not live together.

- ☐ 1 – Yes
- ☐ 2 – No → ***skip to question* 9.12**
- ☐ -88 – I don't know / I don't remember → ***skip to question* 9.12**
- ☐ -99 – I prefer not to answer → ***skip to question* 9.12**

9.11 Can you have intimate visits **in this facility** with your husband/wife or partner?

- ☐ 1 – Yes
- ☐ 2 – No, we would like to have intimate visits but the law does not allow it, because we are not registered as living together (*more uxorio*)
- ☐ 3 – No, by our own choice
- ☐ 4 – No, because my partner lives abroad, or too far from the facility
- ☐ 5 – No, but I have applied
- ☐ 6 – No, for other reasons
- ☐ -88 – I don't know / I don't remember
- ☐ -99 – I prefer not to answer

9.12 How do you judge your relationships with the **the other residents**?

- ☐ 1 – Very good
- ☐ 2 – Good
- ☐ 3 – Neither good nor bad
- ☐ 4 – Bad
- ☐ 5 – Very bad
- ☐ -88 – I don't know / I don't remember
- ☐ -99 – I prefer not to answer

9.13 How do you judge your relationships with the **the security staff**?

- ☐ 1 – Very good
- ☐ 2 – Good
- ☐ 3 – Neither good nor bad
- ☐ 4 – Bad
- ☐ 5 – Very bad
- ☐ -88 – I don't know / I don't remember
- ☐ -99 – I prefer not to answer

9.14 How do you judge your relationships with the **educators**?

- ☐ 1 – Very good
- ☐ 2 – Good
- ☐ 3 – Neither good nor bad
- ☐ 4 – Bad
- ☐ 5 – Very bad
- ☐ -88 – I don't know / I don't remember
- ☐ -99 – I prefer not to answer

9.15 How do you judge your relationships with the **health staff** (for example Doctor, Nurse, Psychologist, Health promoter, etc.)?

- ☐ 1 – Very good
- ☐ 2 – Good
- ☐ 3 – Neither good nor bad
- ☐ 4 – Bad
- ☐ 5 – Very bad
- ☐ -88 – I don't know / I don't remember
- ☐ -99 – I prefer not to answer

9.16 How many people are there in your room?

Number of people: | | |

9.17 The space you have in the room is:

- ☐ 1 – More than enough
- ☐ 2 – Enough
- ☐ 3 – Not enough
- ☐ 4 – Not enough at all
- ☐ -88 – I don't know / I don't remember
- ☐ -99 – I prefer not to answer

9.18 Is the temperature in the room where you live comfortable, both in winter and in summer?

- ☐ 1 – Yes → ***skip to question*** **9.19**
- ☐ 2 – No
- ☐ -88 – I don't know / I don't remember → ***skip to question*** **9.19**
- ☐ -99 – I prefer not to answer → ***skip to question*** **9.19**

9.18A If you answered No, please say why:

Give one answer for each line.

	1 – Yes	2 – No	-88 – I don't know / I don't remember	-99 – I prefer not to answer
1 – In winter it is too cold, even when the heating is on	☐	☐	☐	☐
2 – In winter it is too cold, because the heating does not always work	☐	☐	☐	☐
3 – In summer it is too hot, even though there are fans	☐	☐	☐	☐
4 – In summer it is too hot and there are no fans	☐	☐	☐	☐

9.19 Inside the room, are there toilet facilities that meet your needs?

- ☐ 1 – Yes
- ☐ 2 – No
- ☐ -88 – I don't know / I don't remember
- ☐ -99 – I prefer not to answer

♀ ONLY FOR WOMEN

9.20 In this facility, is it possible to get enough products for female personal hygiene (for example sanitary pads, intimate products, and so on)?

- □ 1 – Always
- □ 2 – Often
- □ 3 – Sometimes
- □ 3 – Never
- □ -88 – I don't know / I don't remember
- □ -99 – I prefer not to answer

The following questions are for everybody (men and women).

9.21 How tall are you (without shoes)?

Height: | | | | Centimetres (cm)

9.22 How much do you weigh, without shoes and clothes, or with light clothes?

Weight: | | | | Kilograms (kg)

9.23 Since you entered **this** facility, do you think your **physical health** is:

- ☐ 1 – Better
- ☐ 2 – Worse
- ☐ 3 – The same
- ☐ -88 – I don't know / I don't remember
- ☐ -99 – I prefer not to answer

9.24 Since you entered **this** facility, do you think your **psychological health** is:

- ☐ 1 – Better
- ☐ 2 – Worse
- ☐ 3 – The same
- ☐ -88 – I don't know / I don't remember
- ☐ -99 – I prefer not to answer

9.25 How do you judge the health care in **this facility**?

- ☐ 1 – Very satisfactory
- ☐ 2 – Quite satisfactory
- ☐ 3 – Not very satisfactory
- ☐ 4 – Not satisfactory at all
- ☐ 5 – I have not needed health care
- ☐ -88 – I don't know / I don't remember
- ☐ -99 – I prefer not to answer

9.26 Has it ever happened, during your stay in **this facility** that they scheduled a specialist appointment for you outside the facility (for example in hospital)?

- ☐ 1 – Yes → **How many times?**

  Number of times: | | |

- ☐ 2 – No → ***skip to question* 9.29**
- ☐ -88 – I don't know / I don't remember → ***skip to question* 9.29**
- ☐ -99 – I prefer not to answer → ***skip to question* 9.29**

9.27 Did you have the appointment(s) within a time that was acceptable to you?

- ☐ 1 – Yes, always → ***skip to question* 9.29**
- ☐ 2 – Yes, but not always
- ☐ 3 – No
- ☐ -88 – I don't know / I don't remember
- ☐ -99 – I prefer not to answer

9.28 Think about the last appointment that was moved or cancelled. What was the **main reason**?

- ☐ 1 – I refused
- ☐ 2 – I was not authorised
- ☐ 3 – Transport was cancelled by the management
- ☐ 4 – Cancelled by the health facility (hospital, clinic)
- ☐ 5 – Another reason
- ☐ 6 – No appointment has ever been moved or cancelled, but I am waiting, or I have waited, for a long time
- ☐ -88 – I don't know / I don't remember
- ☐ -99 – I prefer not to answer

9.29 Do you have physical problems (for example difficulty moving, difficulty walking, problems with sight or hearing, and so on) that limit your daily activities in the facility?

- ☐ 1 – Yes
- ☐ 2 – No → ***skip to question* 9.31**
- ☐ -88 – I don't know / I don't remember → ***skip to question* 9.31**
- ☐ -99 – I prefer not to answer → ***skip to question* 9.31**

9.30 Are you given tools/aids/people that help you with these difficulties (for example a wheelchair, crutches, hearing aids, and so on)?

- ☐ 1 – Yes, and they help me a lot
- ☐ 2 – Yes, but they do not help me much
- ☐ 3 – No
- ☐ -88 – I don't know / I don't remember
- ☐ -99 – I prefer not to answer

9.31 Now think about any previous experience you have had in **<u>other</u>** facilities. In **<u>this</u>** facility, from the point of view of your physical and mental health, you have felt:

- ☐ 1 – Better looked after
- ☐ 2 – Less looked after
- ☐ 3 – Looked after in the same way
- ☐ 4 – I have had no previous experience in other facilities
- ☐ -88 – I don't know / I don't remember
- ☐ -99 – I prefer not to answer

You have finished! Thank you very much.

If you want, you can write a comment or a question for us below.

_____
_____
_____
_____
_____
_____
___

End time (hour/minute): | | | | |

Glossary

This questionnaire uses some **medical words**. Below you find a simple explanation for each of them, **in alphabetical order**.

If you have questions, you can ask the person who is helping you to fill in the questionnaire.

A

BLOOD TEST (Analisi del sangue)

A test in which a small sample of blood is taken to check your health. It is used to find diseases or to check that the organs are working well.

ARTHRITIS (rheumatoid arthritis)

A disease that affects the joints (knees, hands, ankles), making them swollen, painful and stiff. It can be caused by the immune system attacking the body's own tissues.

OSTEOARTHRITIS (Artrosi)

The wearing down of the cartilage that covers the bones in the joints. It causes pain and stiffness, especially in the hips, the knees and the back. It is more common as people get older.

BRONCHIAL ASTHMA (Asma bronchiale)

A lung disease that makes breathing difficult. People with asthma sometimes have attacks of breathlessness, coughing or wheezing, especially at night or after physical effort.

SELF-HARM (Autolesionismo)

Hurting yourself on purpose (for example cutting or burning yourself). It is often a sign of great psychological suffering and needs medical and psychological help.

B

CHRONIC BRONCHITIS / EMPHYSEMA / RESPIRATORY FAILURE (Bronchite cronica)

Lung diseases that make breathing difficult all the time. Air has trouble going in and out of the lungs. They are often caused by cigarette smoke.

C

CIRRHOSIS / CHRONIC LIVER DISEASES (Cirrosi)

The liver is an organ that filters the blood and helps digestion. When it is damaged or scarred (cirrhosis), it does not work well. It can be caused by alcohol, viruses or other diseases.

D

DEPRESSION

An illness of the mind that causes deep sadness, loss of interest in things, tiredness and lack of hope. It lasts a long time and interferes with daily life.

DIABETES

A disease in which the body cannot manage the sugar in the blood well. It can damage the eyes, the kidneys and the heart if it is not treated.

ADDICTION (Dipendenza: drugs, medicines, alcohol)

When a person cannot stop using a substance (such as drugs or alcohol) even if it harms them. The body or the mind needs it in a compulsive way.

E

HEPATITIS B (Epatite B)

An infection of the liver caused by a virus. It is passed on through blood or sexual contact. There is a vaccine to prevent it and a blood test to find out if you have been infected.

HEPATITIS C (Epatite C)

An infection of the liver caused by a different virus from hepatitis B. It is passed on mainly through blood (for example by sharing needles). Today it can be treated with effective medicines.

F

FIBROMYALGIA

A disease that causes widespread pain all over the body, chronic tiredness and sleep problems, without any visible damage to the joints or the muscles.

G

GOUT (Gotta)

A disease that causes intense, sudden pain in the joints (especially in the foot). It is caused by too much uric acid in the blood, which forms painful crystals in the joints.

H

HPV (Human papilloma virus)

A virus that is passed on through sexual contact. Some types of HPV can cause tumours. There is a vaccine to protect yourself.

I

STROKE / CEREBRAL ISCHAEMIA (Ictus)

A blockage or a rupture of a blood vessel in the brain. It can cause paralysis, or difficulty speaking or understanding. It is a serious medical emergency that needs immediate care.

HEART ATTACK / CARDIAC ISCHAEMIA / CORONARY DISEASE (Infarto)

Diseases in which the heart does not get enough blood, because its arteries are blocked. A heart attack is the acute event in which part of the heart stops working.

SEASONAL FLU (Influenza stagionale)

An infectious disease caused by a virus that spreads every year in winter. It causes fever, muscle pain and cough. There is a yearly vaccine to protect yourself.

KIDNEY FAILURE (Insufficienza renale)

The kidneys cannot filter the blood well and remove waste substances. It may need special treatment such as dialysis (a machine that does the work of the kidneys).

HIGH BLOOD PRESSURE (Ipertensione)

The pressure of the blood in the arteries is too high. Often it gives no symptoms, but over time it can damage the heart, the brain and the kidneys. It is checked with regular measurements.

L

LEUKAEMIA / LYMPHOMA (Leucemia / Linfoma)

Types of tumour that affect the blood and the immune system. Leukaemia affects the blood cells; lymphoma affects the lymph nodes (the glands of the body’s defence system).

LUPUS

A disease in which the immune system attacks by mistake the organs and tissues of the person’s own body, causing inflammation in different parts (skin, joints, kidneys, and so on).

M

HEART DISEASES (Malattie del cuore)

A group of problems with the working of the heart, different from a heart attack. They can cause breathlessness, swollen legs or irregular heartbeat.

MUSCULOSKELETAL DISEASES (Malattie muscoloscheletriche)

Diseases that affect bones, muscles, tendons and joints. They can limit movement and cause pain that lasts over time.

O

HEALTH WORKER (Operatore sanitario)

A person who works in health care: doctor, nurse, psychologist, pharmacist, physiotherapist and others. They work to prevent illness, to treat it and to assist sick people.

P

CONDOM (Profilattico)

A thin latex covering used during sex to avoid passing on infectious diseases (such as HIV, hepatitis, and so on) and to avoid unwanted pregnancy.

S

ORAL HEALTH (Salute orale)

The health of the teeth, the gums and the mouth in general. Good oral hygiene prevents cavities and gum infections.

SERT / SERD (Addiction service)

A public service of the Local Health Authority that helps people with addiction problems related to drugs, alcohol or medicines. It offers medical and psychological support.

T

TATTOOS AND INFECTION RISK (Tatuaggio)

Getting tattoos with needles that are not sterile can pass on serious infections such as hepatitis B, hepatitis C or HIV, because blood can pass from one person to another through the needle.

TUMOUR (cancer)

A disease in which some cells of the body grow in an uncontrolled way and can damage nearby organs. There are many types of tumour; some can be treated well if they are found early.

V

VACCINATION

Something given to you (an injection or drops) that teaches your body to defend itself against a specific disease before you meet it. It protects the vaccinated person and the people around them.

The people we host are part of our **community**.
The **health** of the people we host is **the health of our community**.

