

Social Integration and Health Survey, SIHS-2012

Methodology

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1 Introduction: background and foundation of the SIHS

The two main political frameworks that provide notification regarding policy strategies on disabilities in Europe are the European Disability Strategy and the United Nations (UN) Convention on the Rights of Persons with Disabilities which has been endorsed by Spain and the European Union. Both frameworks are the European reference in terms of the action plans and needs for information regarding disabilities.

On 30 October 2003, the European Commission adopted a Statement of the monitoring policy for the European Year of People with Disabilities. This Statement, known as "Equal opportunities for people with disabilities: a European action plan," provided a reference point and a framework for ensuring that the issues relating to disabilities were fully considered in all pertinent community policies.

This first phase of the Action Plan (2004-2005) had the objective of establishing the conditions necessary for promoting the employment of persons with disabilities in the labour market. The priorities for action established for this period were the improvement of access to permanent education and training, the encouragement of the use of new technologies, and ensuring access to public buildings, and in particular, to the workplace.

The second phase of the Plan (2006-2007) focused on the active inclusion of persons with disabilities. Based on the concept of *citizens with disabilities* of the Charter of Fundamental Rights of the European Union, the plan insisted on the need to establish an environment enabling persons with disabilities to be more independent¹. The priorities of this phase of the Action Plan concentrated on the encouragement of activities promoting access by persons with disabilities to assistance and care services designed for this group, as well as guaranteeing them access to goods and services. This phase identified the need to have information available that would serve to increase the analytical ability in EU decision-making relating to disabilities.

Though accessibility was the basis of the focus for the latest Action Plan statement for years 2008 and 2009, it also indicated that a key priority was, during this period, to develop the need to have data available on disabilities, based on strong indicators².

Based on the Council resolution of 2008 regarding the continuity of the European Action Plan on Disabilities, it was proposed to assess those national actions carried out for the complete implementation of the United Nations Convention on the Rights of Persons with Disabilities, according to the commitments made by the European Union and the Member States.

¹ Charter of Fundamental Rights of the European Union, article 26: "The Union recognises and respects the right of persons with disabilities to benefit from the measures that guarantee their personal autonomy, social and professional integration and their participation in community life."

² "To achieve accessibility requires the prevention and elimination of obstacles that prevent persons with disabilities from exercising their abilities and from fully participating under equal conditions. This requires combining the approach from the inclusion design for all, with specific solutions for assistance in different areas, and political tools, for the purpose of addressing systematic forms of discrimination." COM (2007) 738 final.

GENESIS OF THE SOCIAL INTEGRATION AND HEALTH SURVEY

All of these initiatives highlighted the need for information regarding the situation of persons with disabilities in the Member States. For this, it was necessary to obtain comparable data regarding disabilities and the integration of persons with disabilities in society, and to this end, the best tool for achieving this objective was to carry out a global survey in the different countries. The Social Integration and Health Survey¹ - SIHS -, meets these needs.

The origin of the survey is found in the European Health Survey (*European Health Interview Survey-EHIS*), which was carried out between years 2007-2009 in its first edition in the different EU countries. Eurostat and the Member States designed this tool, divided into four modules (Nuclear Social Variables, State of Health, Health Care and Health Determinants). A common questionnaire was prepared, written in English, and a protocol was established for translation and cognitive tests associated with it, which had to be performed in each country in order to adapt the survey to its own language, respecting the concept of the original questionnaire. Within the state of health module, questions were included that detected limitations to functioning, as well as to carrying out basic activities (activities of daily living). However, remaining outside of the survey were restrictions to participation, a dimension included in order to define the disability in interaction with the state of health, and the social environment, as established in the new model implemented in the International Classification of Functioning, Disability and Health (ICF). Thus, the incorporation of a social integration module was proposed (*European Disability and Social Integration Module- EDSIM*) as an extension for future waves of the European Health Survey. Between 2007 and 2009, the definition of the questions to be included in the module was prepared (in the English version), and the Member countries translated according to the protocols established for the rest of the modules.

In turn, at the end of the last decade, the Commission Directorate General of Employment, Social Affairs and Equal Opportunities began to work on a new strategy for disabilities, identifying the lack of available information regarding disabilities, in particular within the new framework of the ICF, and pressing the Member States and Eurostat to solve this problem. Given that the next wave of the European Health Survey was set out for 2014, and that the inclusion of the module would significantly distort the duration of this survey, in 2010, Eurostat launched a Task Force, for the purpose of transforming the EDSIM module into a survey with its own entity. In January 2011, the work by said Task Force was completed, with the submission of a questionnaire and a methodology, as well as some recommendations for the implementation of the survey.

In addition to the common questionnaire and methodological recommendations, Eurostat established the same schedule for conducting the survey in the 27 Member countries (between 2012 and 2013), and took on the role of coordinator.

¹ In its original version in English, it is called the *European Health and Social Integration Survey-EHSIS*

In the case of Spain, the project was undertaken directly by the INE, which included it in the National Statistical Plan (PEN2009-2012).

SURVEYS ON DISABILITIES IN SPAIN

In Spain, the INE has already carried out three large statistical operations researching the disability phenomenon. On all three occasions, the sample size was very large (greater than 80,000 households), for the purpose of guaranteeing representativeness, at least in the main variables, on the NUTS3 (provinces) level.

The first macro-survey, performed in 1986, was the Survey on Disabilities, Impairments and Handicaps (EDDM-86).

The second was the Survey on Disabilities, Impairments and Health Status (SDIHS-99), which the INE conducted in collaboration with the IMSERSO and the ONCE Foundation in 1999. For these two Surveys, the reference framework was the International Classification of Impairments, Disabilities and Handicaps of 1980.

The latest such survey conducted by the INE in Spain was the 2008 Disabilities, Independence and Dependency Situations Survey (DIDSS), and this was the first to use the new International Classification of Functioning, Disability and Health (ICF).

Lastly, as of 2010, the INE has carried out "The Employment of Persons with Disabilities" annual statistical operation, in order to obtain data regarding the labour force (employed persons, unemployed persons) and for the population outside the labour market (economically inactive persons) within the group of persons with disabilities. This operation uses administrative data registered in the State Database of Persons with Disabilities (SDPD), and crosses it with the statistical data obtained in the Economically Active Population Survey (EAPS). As of 2013, the INE also uses the administrative data from the SDPD, crossing it with the statistical data obtained from the Wage Structure Survey (WSS), yielding the annual statistical operation called "The Wages of Persons with Disabilities," for the purpose of researching the wage distribution of workers working for others and who have a disability certificate, and comparing them with employees without disabilities.

FOCUS OF THE MEASUREMENT OF DISABILITIES IN THE SIHS

In 2001, the World Health Assembly passed the International Classification of Functioning, Disability and Health (ICF). This new classification, which replaced the old ICIDH classification¹, provides a new conceptual framework for statistics on disabilities, emphasizing participation and environmental factors.

¹ International Classification of Impairments, Disabilities, and Handicaps (ICIDH), published by the WHO in 1980.

Rather than basing disabilities on the medical model used in the past, which attributes the disability to the individual, it reconsiders disabilities as a bio-psycho-social attribute, understanding it to be the disadvantage or restriction to that participation relating to personal and contextual aspects within society, and which affects persons with impairments. The survey mainly explores the obstacles to life opportunities that persons with health problems and with impairments face, and it compares them with persons who do not have those problems. Out of these obstacles, it always considers two that are related to the health condition of the person: whether the person suffers from chronic illnesses or health problems, and whether s/he has limitations relating to functioning (seeing, hearing, moving about, concentrating, etc.). Therefore, the survey provides an approach to the bio-psycho-social concept of disabilities as the interaction between these two obstacles and the limitation to participation.

Each section of the SIHS questionnaire examines different aspects of life that allow the individual to be a completely functional and integrated member of society. Each section describes disadvantages or restrictions to social participation that persons, with or without health problems, face in their everyday lives. Therefore, this collects the information regarding the obstacles in 10 areas of everyday life: mobility; transport; access to buildings; education and training; employment; Internet use; contact and social support; leisure activities; financial situation; and discrimination.

At all times, the questionnaire is based on the person's desire to take part in different aspects of society. It is the obstacles that cause that lack of desire, and participation and social integration are the key.

DEVELOPMENT AND TESTS

Bearing in mind the need for data of the Directorate General of Employment, though being aware of the requirements of the European Health Survey System, the EHSIS¹ was designed, developed and tested in some Member States in an iterative process. Using quantitative and qualitative techniques, the survey was initially tested in the United Kingdom, and revised and tested in Italy and Lithuania. Following new revisions, the tests were expanded, and they continued in Bulgaria, the Czech Republic, Estonia, Finland, Greece, Hungary, Latvia, Malta, Slovakia and Spain. The comments and recommendations from these participating countries have been borne in mind in the final revisions, so as to develop the questionnaire in its current form.

¹ As indicated previously, the initial project of this survey was the EDSIM module, designed to be included in the European Health Survey (European Health Interview Survey, and therefore, the cognitive tests of the questionnaire were performed under this premise. Subsequently, the project evolved into a survey with its own entity (EHSIS), and the conclusions from the tests were adapted to the new survey.
(<http://circa.europa.eu/Public/irc/dsis/health/library?l=/reports/disability&vm=detailed&sb=Title>)

2 Survey objectives

GENERAL OBJECTIVE

SIHS-2012 has the general objective of providing information that is harmonised and comparable, on a European level, regarding the interaction between health condition and social integration within the Spanish population, in particular identifying the situation of persons with disabilities, understanding this concept within the framework established by the WHO, in the International Classification of Functioning, Disability and Health (ICF).

SPECIFIC OBJECTIVES

1. To provide information regarding the assessment of the general state of health, and regarding long-term health problems, in the population, as well as the limitations that they pose to the performance of regular everyday activities.
2. To estimate the number of persons with difficulties carrying out basic activities, personal care activities and household activities, identifying the socio-demographic characteristics and the health condition of said group.
3. To estimate and characterise the number of persons with limitations to social participation, within the Spanish population, in a set of 10 activity domains: mobility, transport, access to buildings, education, employment, Internet use, contact and social support, free-time activities, economic life and discrimination.
- 4.-To identify the obstacles that limit participation in the aforementioned domains, paying special attention to those that originate in health problems or in the limitations to basic everyday activities.

3 Research scopes

POPULATION SCOPE.

The research targets the group of persons aged 15 years or over and resident in main family dwellings, regardless of the households that constitute the dwellings.

GEOGRAPHICAL SCOPE

The Survey is conducted throughout the country.

TIME SCOPE

The information collection period ran throughout the months of October, November and December 2012, and January and February 2013.

The reference period of the questions refers to the time of the interview, and in some cases, to the week prior to the interview.

4 Sample design

For the sample, this survey has used the sample of households from National Health Survey 2011-12 (NHS2011-12), given that, on the one hand, it has been possible to use the information from the survey itself, and on the other hand, bearing in mind that the collection channels were the Internet and telephone interviews, it would have required a database with telephone contact, this information being available for a high percentage of the fieldwork from NHS2011-12. This guaranteed a high probability of contact via one of the two media.

Therefore, the sample design shall be the same as that planned for NHS2011-12, and whose most relevant aspects are described below.

4.1 TYPE OF SAMPLING. STRATIFICATION

The survey uses a three-stage sampling with first-stage unit stratification.

The first-stage units are the census sections. The second-stage units are the main family dwellings, and this researches all of the households within each of those main family dwellings. The third-stage units are the persons.

For the selection of the sample, we have used the framework from the use of the Continuous Municipal Register, with reference to January 2011. Appearing in said framework is the listing of family dwellings existing on that reference date. The third-stage units are selected from the listing of surveyable persons in the dwelling at the time that the interview is conducted.

The sections are grouped into strata, within each Autonomous Community, in accordance with the size of the municipality to which they belong. The following strata are considered:

Stratum 0: Municipalities that are provincial capitals with more than 500,000 inhabitants

Stratum 1: Municipalities that are provincial capitals with fewer than 500,000 inhabitants

Stratum 2: Municipalities (not provincial capitals) with 100,000 to 500,000 inhabitants

Stratum 3: Municipalities (not provincial capitals) with 50,000 to 100,000 inhabitants

Stratum 4: Municipalities (not provincial capitals) with 20,000 to 50,000 inhabitants

Stratum 5: Municipalities with 10,000 to 20,000 inhabitants

Stratum 6: Municipalities with fewer than 10,000 inhabitants

An independent sample has been designed to represent each Autonomous Community.

4.2 SIZE OF THE SAMPLE. ALLOCATION

In order to cover the objectives of SIHS-2012 of providing estimates with a given degree of reliability on a national level, it has been estimated that a sample of 14,000 dwellings is necessary. In order to reach this size, and bearing in mind the availability of NHS-2011, it has begun with a sample of approximately 24,000 dwellings, distributed throughout 2,000 census sections.

The original sample is distributed among Autonomous Communities, assigning one portion uniformly and another in proportion to the size of the Autonomous Community. Within each Autonomous Community, the sample is distributed strictly proportional to the size of the stratum.

The sample of sections and dwellings to be used is as follows:

Autonomous Communities	Sections	Dwellings
01 Andalucía	236	2,817
02 Aragón	84	1,017
03 Asturias, Principado de	80	984
04 Balears, Illes	80	927
05 Canarias	100	1,166
06 Cantabria	72	870
07 Castilla y León	116	1,441
08 Castilla-La Mancha	100	1,146
09 Cataluña	220	2,737
10 Comunitat Valenciana	160	1,982
11 Extremadura	80	928
12 Galicia	116	1,424
13 Madrid, Comunidad de	192	2,290
14 Murcia, Región de	84	997
15 Navarra, Comunidad Foral de	68	822
16 País Vasco	104	1,368
17 Rioja, La	60	783
18 Ceuta	24	254
19 Melilla	24	278
Total	2,000	24,231

4.3 SELECTION OF THE SAMPLE

In order to conduct NHS-2012, the selection of the first-stage units in each stratum was carried out with a probability proportional to the size of each section. In the second stage, the dwellings were selected by means of a systematic sample with random start and equal probabilities of selection for each dwelling in the section. This procedure provides self-weighted samples of dwellings in each stratum. In the third stage, a selection was made, with equal probability, of an adult, and of a minor, as pertinent.

In SIHS-2012, in the dwellings used, a selection was made, with equal probability, of an adult person aged 15 years old or over.

4.4 ESTIMATORS

In order to estimate the characteristics of the population, ratio estimators are used, to which calibration techniques are applied. The auxiliary variable is the population in each Autonomous Community, classified by age group, sex and nationality.

The elevation factor is calculated via the following procedure:

a) Factor for the household¹:

We start with the factor associated with the household $F_j^{(1)}$:

$$F_j^{(1)} = \frac{P_h}{p_h^e},$$

where:

P_h is the Population Now Cast for halfway through the survey period (1 January 2013) for stratum h.

p_h^e is the population of the actual sample of dwellings.

b) Factor for the adult selected for household j:

$$F_{jk}^{(2)} = F_j^{(1)} \cdot A_j$$

where sub-index jk represents the person (adult) k from household j who must fill in the individual adult questionnaire, and where A_j is the number of adults in household j.

c) Calibration techniques. Finally, calibration techniques are applied to the above individual factors, using CALMAR software.

The external sources (Population Now Cast) used are, for each Autonomous Community, the population by age group and sex: men and women aged 16 to

¹ Point 5.5A of the methodology of National Health Survey 2011-2012 describes, in detail, how the factor for the household used herein is obtained.

24 years old, 25 to 34 years old, 35 to 44 years old, 45 to 54 years old, 55 to 64 years old, 65 years old or over; and the total population with Spanish nationality and foreign nationality.

These are the elevation factors used in estimating the characteristics of the population.

4.5 SAMPLING ERRORS

For the estimation of the sampling errors, the Jackknife method has been used, which enables obtaining the estimate of the variance of the estimator of a characteristic X by means of the expression:

$$\hat{V}(\hat{Y}) = \sum_h \frac{A_h - 1}{A_h} \sum_{i \in h} (\hat{Y}_{(ih)} - \hat{Y})^2$$

with $\hat{Y}_{(ih)}$ being the estimation of characteristic Y, obtained by removing the group of sections i from stratum h, and A_h are the random groups of sections formed in stratum h.

To obtain the estimator, and for simplicity's sake, rather than recalculating the elevation factors, the stratum factors are multiplied where the sections have been removed by the factor: $\frac{n_h}{n_h - \#(lh)}$.

In accordance with the above:

$$\hat{Y}_{(lh)} = \sum_{j \in h} F_j y_j + \sum_{\substack{j \in h \\ j \neq l}} F_j \frac{n_h}{n_h - \#(lh)} y_j$$

where:

lh is the group of sections from stratum h

n_h is the total sections from stratum h

A_h are the groups of sections from stratum h

$\#(l)$ is the number of sections from group l

The relative sampling error is published in the tables as a percentage, variation coefficient, whose expression is:

$$CV(\hat{Y}) = \frac{\sqrt{\hat{V}(\hat{Y})}}{\hat{Y}}$$

The sampling error facilitates obtaining the confidence interval, within which, the real value of the estimated characteristic is found with a given probability.

Sampling theory determines that, in the bracket between

$$\left(\hat{Y} - 1,96\sqrt{\hat{V}(\hat{Y})} \quad , \quad \hat{Y} + 1,96\sqrt{\hat{V}(\hat{Y})} \right)$$

there is 95 percent confidence in finding the real value of parameter Y.

5 Information collection

5.1 COLLECTION ELEMENTS

Two collection methods are established for the questionnaires (and are limited to them): CAWI and CATI. Each unit is offered the possibility of completing the questionnaire online (CAWI), and in the event that the questionnaire is not received during the established term, the unit is contacted by telephone, and the questionnaire is completed by CATI, though the possibility of completion by CAWI remains open, if the household so desires.

Therefore, the collection is designed in two stages:

5.1.1. First stage (CAWI)

In the first stage, the collection channel is opened via the Internet, where all households may fill out the questionnaire by this means.

All of the dwellings in the sample are contacted by postal letter. The letter is addressed to the adult that was selected in the NHS, or in case that the adult had not collaborated, but the household had done so, the letter is addressed to the reference person of the household, and if the incidence in the household has been Absence, it is addressed to the same person addressed in the NHS. In addition to thanking the unit for collaborating in the previous survey, the letter expresses the importance of their participation in a last survey relating to the same subject matter as the previous survey, requesting the collaboration of a member of the household (which may be the same person, or another person resident in the dwelling). This letter explains the completion procedure online, and provides a user code and password for access to the questionnaire.

From the INE, and from the company hired, those dwellings that completely and satisfactorily answer the questionnaire via the Internet are monitored (that is, the questionnaire meets the requirements to be considered valid).

Three weeks following the beginning of the first stage, those units for which the incidence of completed survey is not recorded are sent a reminder letter, notifying them that, if they do not complete the questionnaire online, after 15 days, an

agent will contact the household by telephone, in order to conduct the interview by telephone (second stage). Nevertheless, until that contact is made, the CAWI channel remains open during that time, in case the household wishes to complete the questionnaire online.

Both letters (contact and reminder) provide a 900 contact telephone number, in case the group contacted is not that corresponding to the dwelling that collaborated in the NHS, so that they may contact the INE and make enquiries.

The electronic CAWI questionnaire is designed through the IRIA application (the new INE platform for collecting data via electronic questionnaires), including controls of flows, serious errors, questionnaire validations, notifications and pre-recorded information from the NHS. In general, in the questions that refer to specific dates or time periods, the electronic questionnaire shows the exact date about which the question is asked.

5.1.2. Second stage (CATI + CAWI)

During this stage, the collection is carried out through the two channels: CAWI and CATI. The objective is to interview all those dwellings that have not answered the survey via the Internet by telephone, or as pertinent, to remind them of the possibility of completing it online. During this second stage, the CAWI channel is kept open, for those dwellings that show interest in answering using this means.

The INE supplies the company in charge of the CATI with the listing of dwellings from weeks 1 and 2 whose incidence has not been as a collaborator up until that point. This operation is repeated every 2 weeks, until the end of the sample is reached. The dwellings are organised in several call periods (weeks), organised according to the date of the interview with NHS-2011, for the objective of the time elapsed since then being the shortest possible (those dwellings that were first interviewed in the NHS are called first).

As mentioned above, during the first stage of the survey, a reminder letter had been sent for completion of the questionnaire by CAWI, and this same letter already announced that telephone contact would be made with the dwelling if there had been no collaboration. The same user code included in this letter, providing access to the CAWI, is used as a password for the respondent to rest assured that the telephone interviewer works for the INE. In the CATI phase, letters announcing the telephone call are posted each week, and with enough advance notice.

The dwellings may complete the survey by CAWI during this entire second stage, so long as the CATI interview has not been successfully conducted. Once the questionnaire is completed by CAWI, the dwelling becomes a collaborator in the database that the CATI centre manages, and therefore, the dwelling is no longer contacted by telephone.

The CATI centre must ensure that, on making telephone contact, they are calling the selected dwelling. If the person contacted no longer resides in said dwelling, the interview is not conducted (the possibility of trying to obtain the contact telephone of the dwelling in the sample is discarded), and a non-collaborator incidence is assigned.

The calls shall be generated by an algorithm that seeks the most likely time to conduct the interview, according to the information available. Prior to generating the call, this algorithm considers the following:

- The existence of dates
- The existence of filters with interview time preferences
- Whether the dwelling has already been called or not
- The amount of time that the dwelling has gone without being called
- The time (hour) of the prior attempt for an interview
- The time remaining to reach the limit for collecting absent incidences
- If the dwelling is incomplete, an attempt will be made to assign the call to the same operator, in order to finish it
- The geographical location of the dwellings
- The language in which the interview will be conducted

The regular work method for a CATI operator is what we call "new call", which indicates the willingness of the interviewer to make the call that is automatically generated by the call algorithm.

The alternative work method is what is known as "personal". In this case, the operator calls one of the dwellings, which due to some circumstance, the supervisor has assigned them.

5.2 PHASES OF THE INTERVIEW

The interview is conducted in two phases. In the first, variables relating to all the members of the household are studied, and in the second, the target variables of the Survey referring to an adult person selected (aged 15 years old or over) are researched.

First phase

This first phase carries out a study of the composition of the household, obtaining the socio-demographic and basic economic information of all of the persons resident in the household. The respondent for this phase may be any person resident in the dwelling, so long as s/he is sufficiently informed. In case of being able to couple the composition provided in this interview with that available from the NHS for the members of the household (for which the sex and date of

birth coincide), the CAWI questionnaire (or the interviewer in the CATI) shall view the information in the NHS for confirmation (for some variables).

Second phase

In the second phase, information is collected from only one person, aged 15 years old or over, selected from amongst all of the persons resident in the dwelling. The selection algorithm shall be the same as that used in NHS-2011 (kish table with the same ordering of persons for their selection as that performed in said survey). Therefore, if the human group in the dwelling has not changed since the NHS-2011 interview, the adult selected will coincide.

The individual part of the questionnaire must be provided by the selected person, unless this person is absent, due to being admitted to a hospital centre, or is unable to respond to the interview due to old age, disability, illness, lack of knowledge of the language, or any other circumstance, in which cases, another person from the household who is sufficiently informed and capable as such (information proxy) is allowed to respond for the selected person.

The additional socio-demographic variables of the selected person (nationality, marital status) are obtained by crossing the data from NHS-2011 with the composition of the household, and are viewed in CAWI (or asked in CATI) for confirmation. If said crossing is not performed successfully, questions are asked directly.

5.3 BASIC UNITS IN THE INFORMATION COLLECTION

The following defines the basic units necessary for identifying the surveyable human group in each interview

Family dwelling

A family dwelling is considered to be any room or set of rooms and their out-buildings which occupy a building or a structurally separated part thereof, and which, by the way in which they have been constructed, reconstructed or transformed, are intended to be inhabited by one or more households and which, on the date of the interview, are not totally used for other purposes. This definition includes:

- Fixed accommodation: areas which do not totally meet the definition of a family dwelling, due to their being semi-permanent (huts or cabins), improvised with waste material, such as tins and boxes (huts or shacks), or not having been conceived initially for residential purposes, nor reformed to be used for these purposes (stables, barns, mills, garages, storage units, caves, natural refuges), but which, nevertheless, constitute the main and regular residence of one or more households.
- The dwellings of a family nature existing within collective dwellings, so long as they are for the managing, administrative or service personnel of the collective establishment.

Household

For the purposes of the survey, the household is the set of persons who reside regularly in the dwelling, regardless of the economic regime and/or budget that each of them has.

The conditions established to determine whether or not a person is a member of the household, try to avoid the possibility of the same person being classified in more than one household, or on the contrary, not being classified in any household. The key element to belonging to a household is regular residence therein.

Regular residence

For the purpose of establishing who a regular resident of a household is, this considers that those persons who live, or spend most of their daily rest time, at the household address, are part of the household.

PARTICULAR CASES

a) Change of address or residence in several addresses: If, in the next 12 months, a person has, or will have, another address(s) where s/he will reside regularly (for example, an elderly person who alternates residence, living with different children or other relatives throughout the year), this considers the person to be a member of the household where s/he will reside the longest. If it is not possible to determine where s/he will reside the longest, it shall consider the person to be a member of the household that is being interviewed at that moment.

b) Absence: If a person is temporarily absent, s/he is considered to be a member of the household, if:

- s/he resides in a health centre and intends to return to the household within the next twelve months
- s/he regularly resides in another type of collective establishment and intends to return to the household surveyed within the next twelve months.

In turn, the person is not considered to be a member of the household, if:

- s/he regularly resides in another family dwelling and intends to return to the household survey within a year, but does not expect to remain there for most of the next 12 months. For example, students who reside in another dwelling during term-time, and who return to the surveyed dwelling over the holidays.
- Those regularly residing in another family dwelling or collective establishment and do not intend to return to the surveyed dwelling within a year. For example, elderly persons residing in a retirement home and do not intend to return to the household for at least a year.

c) House guests and household employees

- Persons employed in the household and guests regularly residing with the household are also considered to be members of the household, so long as they share the household budget.

5.4 INCIDENCES IN THE COLLECTION AND THEIR TREATMENT

An actual sample of 14,614 households has been obtained from the initial sample of 21,183 dwellings selected for SIHS-2012. Those dwellings for which information has not been obtained have been assigned an incidence, depending on the different situations in which each one of them has been found. The following describes the different incidences considered, and the treatment defined for each one of them.

A) INCIDENCES

This must differentiate the method used for contacting the household in order to establish the possible incidences. In order to answer the questionnaires in each dwelling selected, it is first necessary to contact an adult person who is sufficiently informed regarding the characteristics and composition of the household: this person must be aged 18 year old or over, and able to provide information regarding those persons who regularly reside in the dwelling, as through this person, the information from the household composition table is collected, as well as the basic socio-demographic characteristics of each one of them (content of the household questionnaire).

Next, the individual questionnaire is completed by the selected adult. In this case, the respondent must be the person her/himself. A proxy interview is only allowed in the case of one of the following situations:

- The selected person is interned in a hospital or residence
- The selected person is unable to answer, due to serious illness or incapacity
- The selected person cannot answer due to the language

Multiple types of incidence preventing their collaboration may arise during the process, until the completed questionnaires of a household are obtained.

1st STAGE CAWI

In the CAWI process, the letter with the access keys to the application is addressed to the adult selected from the household interviewed in NHS-2011, or if this person is not listed, to the main breadwinner, or ultimately, to the contact person that appeared in NHS-2011. This letter may be returned, and in such case, it is considered to be NOT CONTACTED (NC).

In those cases in which the letter is not returned, it may be that the household cannot access the questionnaire ONLINE, which implies maintaining the NOT CONTACTED incidence, or if the household does access it using its keys, it is assigned a CAWI CONTACTED (CW) incidence.

In the case that it is contacted, the household may have completed the questionnaire satisfactorily (SURVEYED). If this is not the case, it is assigned an INCOMPLETE CAWI (NW).

Therefore, the NOT CONTACTED (NC) and INCOMPLETE CAWI (NW) households move onto the CATI+CAWI stage.

2nd STAGE CATI +CAWI

Those dwellings with NC and NW incidences move onto the second stage. At all times, the dwelling may use the CAWI access to complete the questionnaire, in which case, it would change to the SURVEYED incidence, and thereby not enter into the selection of dwellings to be contacted by telephone.

NC or NW dwellings do enter into the process for contact from a telephone centre. The interviewer contacts the dwelling that at all times is selected by the application. For each call, the interviewer or the application assigns a result for the call.

Once telephone contact has been made with the dwelling, the interviewer verifies that the address being called is the selected address; then the interviewer locates a suitable respondent, and subsequently conducts the interview. According to the situations presented, the interviewer or the application assigns a dwelling key, and given household and person keys.

Moreover, depending on the results of the calls to a dwelling and of the dwelling, household and person keys, at all times, the application assigns a temporary or final result to that dwelling.

The following describes the different states (o statuses) that these variables may reflect.

I. Incidences in the contact with the dwelling: call results

The possible results after each call to the dwellings that have not accessed the application are as follows:

- **Not contacted** (NC): for the calls from CATI, nobody has answered the telephone, or an answering machine has picked up.
- **Without a telephone** (ST): these are calls for which the telephone number is incorrect, or it is a fax number, or the interviewer verifies that the address to which this telephone corresponds is not the address that appears on the screen.

The address is not considered to be different if only the floor, door, stairway, block, etc. differs, so long as the street and number coincide.

- **Engaged** (C): the call yields the engaged tone (busy signal).
- **Contact postponed** (AP): the dwelling is contacted, but before starting the interview, the respondent asks to be called at another time to conduct it, or there is no valid respondent in the dwelling at this time and the call is postponed.

- **The survey has been completed online (EPW):** the respondent expresses that the questionnaire has already been completed via the Internet, but the dwelling does not yet appear in the listing of dwellings surveyed by CAWI.
- **The survey will be completed online (EFW):** the respondent expresses that s/he intends to complete the questionnaire via the Internet.
- **Partial interview because a new appointment is established (EPC):** these are calls in which the questionnaires have been started to be filled in, but the respondent requests that the interview continue at another time.
- **Partial interview interrupted for other reasons (EPO):** these are calls in which the questionnaires have started to be filled in, but the interview is interrupted due to the line being cut, system problems, etc.
- **Interview completed (EF):** these are calls in which the survey is completed, either because the questionnaire has been filled in completely, or because there is an incidence in the dwelling, the household or the person, which makes it impossible to obtain the questionnaire.

II. Incidences in the dwelling

The Survey targets only family dwellings that are used throughout the entire year, or most of it, for residence purposes, that is, which are used as a regular or permanent dwelling. The generic term "family dwelling" does not exclude that whose components do not have family ties, so long as, in accordance with the back cover of the questionnaire, there are persons there who are surveyable (for example, single persons, couples, etc.).

The Survey includes neither "group dwellings" (collective dwellings, such as hospitals, residences, barracks, etc.) nor secondary nor seasonal dwellings (used for the summer, weekends, etc.). The survey does include, however, families that, forming an independent group, reside in said group establishments (for example, the director or caretaker of the centre).

The possible incidences recorded in dwellings are as follows:

- **Dwelling used for other purposes (OF):**

This occurs when a person is contacted by telephone, but the operator is informed that the dwelling is currently dedicated, in its entirety, to purposes other than a family residence (for example, offices, shop, etc.).

- **Unavailable dwelling (IN):**

This occurs when the results of the calls to that dwelling are ST (without a telephone), because the telephone does not exist, or due to an erroneous telephone number and other contact telephone numbers cannot be obtained for that dwelling. The application assigns this incidence when no other contact telephone number can be found in the "Search for telephone numbers."

- **Empty dwelling (V):**

This occurs when a person is contacted by telephone, but the operator is informed that the dwelling selected is not occupied for most of the year, meaning that it may be a temporary or seasonal dwelling (whether inhabited or uninhabited at the time of the interview) or it is uninhabited for any reason, such as the death or change of residence of the persons who live there.

- **Previously selected dwelling (SA):**

This occurs when the respondent informs that the dwelling has been selected previously (less than three years prior) in the sample of another INE population survey, and has collaborated in it. Collaboration in the National Health Survey, NHS-2011, is excluded from this consideration.

- **Surveyable dwelling (E)**

When none of the above incidences have occurred, the operator proceeds to conduct the interview. The possible incidences or results that might occur upon trying to conduct the interview are collected in another variable, called group key, described below.

III. Incidences concerning households

Once the interviewer manages to contact the selected dwelling, and verifies that it is a main family dwelling, that is, a surveyable dwelling, the interviewer must proceed to complete the household questionnaire. It could be that collaboration is achieved, or some incidence might occur preventing collaboration. The possible incidences that might occur are as follows:

- **Refusal (NH)**

The household as a whole, or the person(s) whom the interviewer first contacts, refuse(s) to participate in the survey. This incidence may occur at the time of the first contact with the household, or subsequent to the first contact, when for some reason, the household as a whole, or one or more of its members, refuses to provide the information requested. This incidence may be considered weak or strong, depending on whether the incidence is considered to be short-term and recoverable, or not.

- **Absence (AH)**

This incidence occurs when, after successive calls to the dwelling, it has not been possible to conduct the interview, because all members of the dwelling are absent, preventing contact. This incidence may be temporary or final, depending on whether the incidence may disappear during the period of time considered in the calendar for collecting absent households.

- **Inability to respond (IH)**

This incidence occurs when all of the members of the household are unable to answer the interview questions or to complete the questionnaire, due to either old age, illness, disability, lack of knowledge of the language or any other circumstance.

- **Surveyed household (EH)**

This circumstance arises when none of the above incidences occurs, and the household questionnaire is completely filled in.

IV. Incidences concerning the selected person

These incidences may occur when, despite having completed the household questionnaire, the direct collaboration of the selected person is not achieved, and the person is not in any of the exceptional cases in which a proxy interview is admitted. The possible incidences that might occur are as follows:

- **Refusal (NP)**

The person who should fill in the individual questionnaire refuses to provide the required information. This may be an initial flat-out refusal, or it may occur subsequently, after having begun to participate. As in the case of the households, it may be strong or weak.

- **Absence (AP)**

This incidence occurs when the person selected to respond to the individual questionnaire is absent, and will be away during the whole period during which the interview may be conducted. In the case of absence due to internment in a health establishment, this incidence shall be assigned when there is no other person able to answer the individual questionnaire as an indirect respondent. As in the case of incidences concerning households, the absence may be temporary or final.

- **Inability to respond (IP)**

In this case, the person selected to answer the individual questionnaire is unable to respond to the interview, due to either old age, disability, illness, lack of knowledge of the language or any other circumstance. In any case, this incidence is assigned when there is no other person who is able to answer the questionnaire as an indirect respondent.

- **Surveyed (EP)**

This is the case in which the individual questionnaire is completed.

B) TEMPORARY AND FINAL RESULTS OF THE DWELLINGS

Using the results from each call, the dwelling and group keys annotated in the Work Report by the interviewer, the application assigns each dwelling a temporary or final result for the dwelling, in order to ascertain the situation of all of the dwellings at any given moment during the survey period.

The temporary results are as follows:

- **No call (NLL):** dwellings that have not been called at all.
- **Without a telephone (ST):** dwellings whose last call key is ST.
- **Incomplete interview (EI):** part of the questionnaire is filled in, but the interview is interrupted, because the interviewee expressly requests such, in

which case a new appointment is assigned (EPC), or because of other causes (EPO), such as the communication being cut off, etc.

- **Completion online** (EPW and EFW): these are dwellings in which the respondent expresses that s/he has already completed the questionnaires via the Internet, or intends to do so shortly.
- **Not contacted** (NC): The rest of the dwellings without a final dwelling and group key. In general, these are dwellings that it has never been possible to contact. This includes all those dwellings that do not have any EPC, EPO or EF call key, or a last ST call key for the main telephone number.

When this temporary result becomes final, because the term for calling the dwelling has ended, the application assigns E to the dwelling key and A to the group key.

The final results are as follows:

- **Surveyed** (E):
All of the questionnaires are completed, without omitting any question that must be answered, according to the flows. The dwelling key is E and the household key is E and the person key is E.
- **Refusal to collaborate**
(NH): when the household key has been indicated as a refusal.
(NP): when the person key has been indicated as a refusal.
- **Absent**
(AH): when the household key has been indicated as absent.
(AP): when the person key has been indicated as absent.
- **Inability to respond**
(IH): This incidence occurs when all of the members of the household are unable to answer the interview questions or to complete the questionnaire, due to either old age, illness, disability, lack of knowledge of the language or any other circumstance.
(IP): In this case, the person selected to answer the individual questionnaire is unable to respond to the interview, due to either old age, disability, illness, lack of knowledge of the language or any other circumstance. In any case, this incidence is assigned when there is no other person who is able to answer the questionnaire as an indirect respondent.
- **Empty** (V): when the dwelling key has been indicated as empty.
- **Other purposes** (OF): when the dwelling key has been indicated as other purposes.

- **Unavailable (IN):** when a dwelling with a temporary result moves on to "Search for a telephone number", and upon not finding any telephone number, it is indicated as "Unlocated".
- **Previously selected dwelling (SA):** this occurs when the respondent informs that the dwelling has been selected previously (less than three years prior) in the sample of another INE population survey, and has collaborated in it. Collaboration in the National Health Survey, NHS-2011, is excluded from this consideration.

C) TREATMENT OF THE INCIDENCES

In the case of incidences of a temporary nature, the system generates another call to the dwelling and the most opportune time (in the case of non-contacted or incomplete dwellings) or sends the dwelling to a telephone number search process (in the case of inaccessible dwellings). In the case of dwellings in which the respondent expresses that s/he has completed the questionnaires via the Internet, or intends to do so shortly, the dwelling temporarily leaves the algorithm, and is not called again until at least 3 days later.

In the case of short-term refusals, the best possible time to try to interview the household is sought.

In the rest of the final incidences, a sample loss occurs.

5.5 MONITORING OF THE COLLECTION AND CONTROL TOOLS

These functions are essentially carried out by the Group Managers (Interviewer Inspectors), with the supervision of the Survey Inspector.

In this sense, the most important functions are the following:

- Revision of the filtering and verification of incidences
- Inspection through telephone tapping
- Use of control lists in the administration application

5.5.1 Revision of the filtering and verification of incidences

The Interviewer Inspector revises the filtering carried out by the interviewers under her/his supervision. To this end, s/he enters into the filtering functionality of the administration application. The application leads to the questions that are subject to encoding by the interviewer.

This revision enables detecting and correcting errors or omissions in completing the questionnaires.

Moreover, it performs the filtering of the questionnaires of the dwellings assigned to her/him.

Likewise, it verifies all incidences - whether temporary or final - of the dwellings indicated by the Survey Inspectors, also viewing the questionnaires of the surveyed dwellings.

These verifications provide information regarding the defects in comprehension that the interviewers might have, which enables explaining to them how they must perform the correct completion of the questionnaires, and thus continuously improve the quality of the collection.

5.5.2 Inspection through telephone tapping

Inspection in the Social Integration and Health Survey in the CATI centres is performed via telephone tapping while the interviews are conducted by the interviewers. Therefore, it is an inspection that is carried out simultaneously with the interview. The telephone tapping may be of the complete interview, or of a part thereof.

The result of that inspection is included in the tapping questionnaire.

The tapping, from the Interviewer Inspector post, is performed at the same time as the viewing, on the monitor screen, of the post of the operator on which the tapping is being performed. That is, it is verifying the interview in itself, and the collection of that information in the electronic questionnaire. The tapping questionnaire for annotating the results of the inspection appears on the same screen where a post is being monitored.

The tapping questionnaire is made up of two parts:

The identification data appears in the first part: Inspector performing the tapping, Interviewer being tapped, Period in question (year-quarter) and Identification data of the dwelling.

The second part of the questionnaire is where the results of the inspection are annotated.

A series of variables that must be confirmed in the inspection have been included in it.

The first variables refer to the correct presentation, identification of the dwelling and determination of the members of the household.

The rest of the verifications refer to the correct formulation of all of the questions in the questionnaire. The correct formulation of the questions encompasses the reading of the introductory paragraphs, the clarifications of the questions, and the reading of all of the response options in the questions that so require.

The tapping questionnaire details those questions in which the formulation of the questions is not performed correctly.

Lastly, there is a general comment section for the inspector to annotate everything necessary relating to the inspection.

5.5.3 Use of control lists in the administration application

The Survey Inspector and the Interviewer Inspectors have a series of control listings available that enable them to have a control of the survey collection.

The listings of the administration application are as follows:

- Daily listing of all of the calls of all of the interviewers
- Monitoring of the work performed by the interviewers, according to the call results:
 - For a specific day
 - For a specific period
- Monitoring of the duration of the calls, by interviewer, according to the call results
- Daily listing of the filtering and their results
- Monitoring of the filtering
- Summary of the temporary or final result of the dwellings:
 - By section
 - By interviewer
- Listing of incidences:
 - By section
 - By interviewer
- Listing of the number of persons interviewed:
 - By section
 - By interviewer
- Listing of the duration of the calls, by interviewer
- Listing of the interview time (hour) brackets
- Listing of incidences:
 - By status
 - By collection week
- Listing of the measurement of interview times

- Work report
- Household questionnaire
- Individual questionnaire

5.6 RESPONSE RATE

The distribution of the incidences in the dwellings has been as follows:

Distribution of the incidences

Type of incidence	Number	Percentage
Total dwellings	21,183	
Surveyed dwellings	14,614	68.99
Total incidences	6,569	100.00
Unavailable dwellings	1,757	26.75
Framework incidences	537	8.17
- <i>Empty dwelling</i>	465	7.08
- <i>Transfer to another address</i>	47	0.72
- <i>Dwelling intended for other purposes</i>	24	0.37
- <i>Previously selected dwelling</i>	1	0.02
Incidences concerning households	4,275	65.08
- <i>Refusal</i>	2,095	31.89
- <i>Absence</i>	1,871	28.48
- <i>Inability to respond</i>	309	4.70

The percentages of the households surveyed in the surveyable dwellings may be considered as the response rate in the survey. On a national level, the response rate reached a value of 77.36%.

6 Main concepts and characteristics that are the target of study.

The following explains the classification variables (socio-demographic) and target of study, as well as the fundamental concepts and definitions associated with those that are considered in the survey.

6.1 CLASSIFICATION VARIABLES

Using the nuclear social variables collected by Eurostat, this has included all those necessary for meeting the study objectives. The purpose of these variables is to classify the units, according to their geographical distribution, their basic socio-demographic characteristics, their social class and their economic level.

The variables considered are the following:

I. Geographic variables

- Autonomous Community of residence

The 17 Autonomous Communities and the Autonomous Cities of Ceuta and Melilla are considered. The survey has been designed to be representative for the main variables on an Autonomous Community level. It does not guarantee representativeness or validity for an analysis at a lower geographical classification level.

II. Socio-demographic variables

- Age

This characteristic is researched for all members of the household.

- Sex

This characteristic is researched for all members of the household.

- Kinship relationship with the selected adult person

This characteristic is researched for all members of the household.

- Nationality

This characteristic is only asked of the selected person. It considers:

- Spanish
- Foreign (the country is included in this case)

This permits multiple selection for cases of dual nationality.

- Country of birth

This characteristic is only asked of the selected person. It considers:

- Spain
- Foreign country (the country is included in this case)

This also includes the country of birth of the father and of the mother of the selected person

- Marital status

This characteristic is only asked of the selected person. This refers specifically to the legal situation, and not to the de facto situation.

- Single
- Married
- Widow/Widower

- Legally separated
- Divorced

Cohabitation with a partner is obtained from the kinship relationship variable

- **Educational level**

This characteristic is researched for the selected person.

This refers to the highest educational level attained by the selected person, whereby, should a person have undertaken studies at a certain level without managing to complete them, s/he is considered to have attained the previous level.

The classification used of the educational level and the corresponding levels are as follows:

- Cannot read or write
- Has spent less than five years at school (incomplete Primary Education)
- Went to school for five years or more, but did not reach the last academic year of compulsory education (complete Primary Education)
- 1st stage Secondary Education (OSE, GBE, Secondary Education Diploma, etc.)
- Upper-Secondary Studies (Upper-Secondary, Higher Upper-Secondary Education, etc.)
- Intermediate-level professional education or the equivalent
- Advanced professional training or the equivalent
- University studies or the equivalent
- Doctorate

Definitions

Regulated studies. Generally, regulated studies are deemed to be those belonging to the official education system, or which enjoy official recognition (by the Ministry of Education or Universities), with the academic requirements for enrolling, duration of study and programmes being officially regulated, such that the qualification is attained with a stable and basically common curriculum defined for all types of centres delivering those study programmes.

The studies (with the former and current systems) included under each heading are set out in detail below. This classification corresponds to the 2000 National Classification of Education.

Description of the educational levels:

1. Cannot read or write

Persons aged 10 years old or over who are unable to read or write, are able to read but not to write, or are able to read and write only one or more memorised sentences, numbers or their own name.

2. Incomplete primary education (Has spent less than five years at school)

Persons who can read and write, and have been to school for less than 5 years, without considering the years possibly spent in preschool or infant education. These persons do not usually have any qualifications.

3. Primary education (Went to school for five years or more, but did not reach the last academic year of compulsory education)

Persons who can read and write, and have been to school for five years or more, but have not managed to complete all of the academic years of first-stage secondary education (OSE, GBE, Secondary Education Diploma, etc.). This includes the studies that generally begin at six years of age and end at the age of 11 or 12 years old. This level includes:

In the current system:

- Primary Education (LOE/GLSES): if the person has undertaken at least the first five years of the stage.

In the previous educational systems:

G.B.E., first stage (five academic years passed).

School attendance for at least five years.

- Basic Education in Special Education Centres (including all of the persons who have received education in a Special Centre or in a Special Education Classroom in ordinary regime teaching centres).

*This does not include the Primary studies certificate, issued before the 1970 General Law on Education, that is, before the 1975-76 academic year (see heading 5. 1st stage Secondary Education, according to the old system).

*This does not include those persons who have been schooled throughout the compulsory education period, that is, eight or ten academic years, and who are not in possession of the School Graduate or Secondary Education Graduate qualification (see heading 5. 1st stage Secondary Education)

4. 1st stage Secondary Education (OSE, GBE, Secondary Education Diploma, etc.)

This is the education that extends the instruction received at the primary level. It provides general training to persons normally aged between 11 or 12 and 14 years old, under the former systems, and 16 years old under the current system, and it is taught over the course of three or four academic years. At this level, if the person has completed all of the academic years corresponding to the stage, even without obtaining the accrediting qualification (School graduate, etc.), the person is classified at said level. These include:

In the current system:

Obligatory Secondary Education (O.S.E.)

- Social Guarantee Programmes (established for students between 16 and 21 years of age, who do not reach the objectives of Obligatory Secondary Education).
- Social Guarantee Programmes in Special Education (including all of the persons who have received education in a special centre or in a special education classroom in ordinary regime teaching centres).
- School attendance during the period of compulsory schooling, from six to 16 years of age (age at which the person may leave school).

In the previous educational systems:

- G.B.E. (advanced cycle or second stage).
- Schooling certificate or any other certificate that serves as proof of school attendance during the period of compulsory schooling (from six to 14 years of age, the age at which the person may leave school), and having passed a minimum of courses.
- Basic upper-secondary education (general, labour or technical) or four complete courses of upper-secondary education from plans prior to the General Law on Education.
- Primary studies certificate, issued before the 1970 General Law on Education, that is, before the 1975-76 academic year.
- Learning tasks in Special Education.

5. Upper-Secondary Studies (Upper-Secondary, Higher Upper-Secondary Education, etc.)

In the current system:

- Upper-secondary education (LOE/GLSES)

In the previous educational systems:

- Basic Secondary Education (with or without C.O.U. - Upper Secondary Education),
- Higher upper-secondary education (with or without pre-university studies)

6. Intermediate-level professional education or the equivalent

In the current system:

- Intermediate-Level Vocational Training or Plastic Arts and Design Cycles and Intermediate-Level Sports Education.
- Professional Intermediate-level Music and Dance Qualification.
- Basic scale of the Civil Guard.

In the previous educational systems:

- First-Degree Vocational Training or the equivalent: VT1 and Professional Modules, level 2.
- Special vocational training or first-degree adapted vocational training.
- Other first-degree technical-professional education: Industrial officer, Assistant technician, Agricultural foreman, First-level intermediate command, Certified in official language schools, Qualifications from prior Trade Schools, Professional Intermediate-level Music and Dance Qualification.
- Other regulated studies equivalent to VT1 or intermediate-level specific vocational training education

7. Advanced professional training or the equivalent

In the current system:

- Advanced-Level Vocational Training or Plastic Arts and Design Cycles and Advanced-Level Sports Education

In the previous educational systems:

- Second-Degree Vocational Training. VT II and Professional Modules, level 3
- Other second-degree technical-professional education: Draughtsperson, Mercantile expert, Industrial teacher, Specialised technician, Graduate in ceramics, Second-level Intermediate Command, Graduate in Applied arts and artistic professions, Home education teachers, Qualification of the Scale of Sub-officials of the Armed Forces and Civil Guard
- Other regulated studies that are equivalent to VT II (giving access to this qualification).

8. • University studies or the equivalent

- University Degree Studies
- 1st and 2nd cycle university studies (Diploma, Degree, Technical Engineer, Advanced Engineer, Technical Architect, Architect).
- Complete first cycle passed, lasting 3 years or 180 credits, of two-cycle university studies.
- Advanced-Degree Qualification in Music and Dance, Drama
- Official Scales of the Armed Forces and the Civil Guard.
- This also includes: Advanced Studies in Design, Ceramics, Preservation and Restoration of Cultural Goods, Tourism Studies
- University graduate studies: Master's.

9.- Doctorate

This includes solely those persons with a University Doctorate.

III. Socio-economic variables

- Relationship with economic activity

This refers to the situation in which each person would be classified according to their relationship with economic activity: economically active (working or unemployed) or economically inactive (retired, studying, incapacitated to work, other situations). If a person is partially in more than one of these situations, this shall only indicate that which is considered the main activity.

This characteristic is researched for all members of the household.

Definitions

1. Working (employed) person

Those persons who, at the time of the interview, have a contractual relationship by which they receive remuneration in cash or in kind are considered to be in this situation. This also includes those persons who are working for themselves (self-employed, or freelancers): businesspersons, independent workers and members of production cooperatives who work therein.

This category includes those persons who are absent from their work due to being on leave. Likewise, considered under this heading are those persons who are not working due to being on holiday or leave, carrying out trade union activities and due to temporary suspension of work, for reasons such as bad weather, mechanical breakdowns or other similar reasons, so long as they are formally linked to their job.

Those persons who are not working due to work conflict, job and salary disciplinary suspension, study leave, maternity or other leave, are considered to be working.

Those persons suspended or separated from their work as a result of an employment regulation will be considered employed persons only if they expect to be rehired by the company.

The following persons shall not be considered to be working:

- Persons absent from work or suspended and weakly linked to their job.
- Seasonal, occasional or discontinuous workers employed by others in the period of least activity, who are not working on the day of the interview.
- Persons who undertake unpaid housework, unpaid social services or charitable services, and other unpaid persons who perform activities outside the scope of economic activities.
- Seasonal self-employed workers and seasonal or occasional unpaid family workers in the season of least activity, who have not worked during the reference week.

2. Unemployed person

All those persons who, on the day of the interview, are without work, but available to work within two weeks, and are looking for work, are considered to be unemployed persons; in other words, those who have taken specific measures over the last four weeks to find a job working for someone or for themselves, are considered unemployed.

They are also considered to be unemployed if, on the day of the interview, they do not have work, but they expect to start a new job on a date subsequent to that of the interview.

Likewise, those persons who are absent from their work through suspension as a result of an employment regulation, who do not expect to join the company and who have sought work and are available to start, are considered to be unemployed.

3. Retired person or early retirement person

Persons are considered to be in this situation when they have had a previous economic activity, and due to age or other causes other than disability, they have left it, thereby receiving pensions/income because of their previous activity as their living.

This also includes those persons who receive a non-contributory old-age/retirement pension, in other words, periodic benefits granted due to age, and not derived from a previous economic activity.

Persons receiving a pension derived from someone else's contributions (widowhood, orphanhood, etc.) are also considered under this heading.

Persons taking early retirement due to redundancy (with a reduction in the normal amount of pension) without fulfilling the general requirements set out by law for receiving a retirement pension are also classified under this heading.

4. Studying

Persons receiving tuition at any educational level are considered to be in this situation.

Persons preparing for public examinations are included.

5. Incapacitated to work (this includes disability pensions or permanent disability)

Considered to be in this situation are those persons who are permanently incapacitated, both if they have worked previously or not, and if they are receiving a disability pension.

This considers both disabilities from birth and those acquired that are of a permanent nature, but not disabilities of a transitory nature, that is, temporary disa-

bilities due to common or professional illnesses or accidents, whether work-related or not, while they receive health care or medical leave is necessary.

6. Dedicated mainly to housework, or homemakers (non-economic activity)

Those persons who spend most of their time carrying out unpaid work looking after their own household (housework, looking after children, etc.) are considered to be in this situation. Mainly does not mean exclusively, since a person may spend most of his or her time carrying out housework and studying or working a few hours each day (so long as they spend less time carrying out this activity than doing housework). However, it is important for the person to estimate that s/he mainly carries out housework, otherwise a large number of interviewees will be included in this option, since almost all adults carry out some housework (making the bed, preparing breakfast, preparing a bottle for a child, etc.), and the latter is not the objective of this heading.

We can conclude from the aforementioned there may be numerous households in which no member may be included in the option of spending their time carrying out housework, given that, as shown above, those spending the most time on such tasks out of all household members have not been included in this option; rather, it has been those persons who, among the other activities which they carry out, concentrate on housework.

7. Other situations

This category includes all those persons who are not included in any of the above categories, and in particular, the following: independently wealthy persons (persons who, without performing any wage-earning or self-employed activity, receive income from property and/or other investment income); persons temporarily deprived of liberty, and those who, without performing any economic activity, receive public or private aid.

- Professional status of the person who is currently working

This studies, for the selected person, her/his status with regard to her/his current occupation. The following classes are considered:

- Permanently employed
- Temporarily employed
- Self-employed
- Other

- Type of working day of the person who is currently working

This studies, for the selected person, the type of working day. The following classes are considered:

- Full-time
- Part-time

- Occupation

Occupation is defined as the class or type of work performed, specifying the corresponding job post, for example: advertising artist, advanced telecommunications engineer, auto mechanic, etc.

This obtains the occupation of the person selected (who is working), and encodes it to two digits, according to the 2011 National Classification of Occupations (NCO-2011)¹.

- Company activity

This obtains the activity to which the establishment in which the selected person works is dedicated. The activity is encoded according to the 2009 National Classification of Economic Activities (CNAE-2009)².

They have been grouped into the following categories:

- 1.- Agriculture, livestock breeding, forestry and fishing
- 2.- Extractive and manufacturing industries
- 3.- Supply of electrical energy, gas, steam and air conditioning
- 4.- Water supply, waste management and decontamination activities
- 5.- Construction
- 6.- Wholesale and retail trade; repair of motor vehicles and motorcycles
- 7.- Transport and storage
- 8.- Accommodation
- 9.- Information and communications
- 10.- Financial and insurance activities
- 11.- Real estate activities
- 12.- Professional, scientific and technical activities
- 13.- Administrative and support services activities
- 14.- Public administration, defence, education, health and social services
- 15.- Private households with employed housekeeping staff
- 16.- Other services

¹ The codes and their corresponding literals may be viewed in the register design of the survey microdata, as well as at the following link:

<http://www.ine.es/jaxi/menu.do?type=pcaxis&path=%2Ft40%2Fcno11%2F&file=inebase&L=0>

² The codes and their corresponding literals may be viewed in the register design of the survey microdata, as well as at the following link:

<http://www.ine.es/jaxi/menu.do?type=pcaxis&path=%2Ft40%2Fclasrev%2F&file=inebase&L=0>

Definition

Economic activity. The economic activity carried out by a company is defined as the creation of added value through the production of goods and services.

Establishment. An establishment is considered to be any productive unit of goods or services (such as factories, workshops or hotels), located in a defined physical premises and under the management and control of a single company. If an establishment carries out more than one activity, it must be classified in the sector to which the main activity thereof belongs.

The question regarding financial activity always refers to the activity sector of the establishment, and not to that of the company, as a single company may have different establishments performing different activities.

If a person works in more than one place or in her/his home, the establishment is understood to be the place from which the instructions come, or that in which the work is organised.

- Income level

This studies the income received by the household for its classification. It considers all of the income received by each member of the household, excluding guests and persons employed therein, even if they reside in the household. Thus, it considers the income that the household might receive as a whole.

For the purpose of classifying households according to their income level, this asks about the net monthly income, proposing 10 brackets in which to classify the household.

Definitions:

Regular monetary income: Monetary income is considered to be that regularly received by the household and/or by household members, except for guests or domestic service (housekeeping staff), at the current time, whatever its origin, where applicable after income tax payments, social security contributions, other similar payments, deductible expenses and deductions.

In the case of regular income that is not paid on a monthly basis (overtime payments, regular social benefits, etc.), the calculation of this monthly income is carried out as a monthly prorate of the total regular income received each year.

6.2 TARGET VARIABLES

Based on the objectives of the survey, the target variables may be grouped into three classes:

I. STATE OF HEALTH MODULE

This module collects information regarding the perceived state of health, chronic illnesses and limitations to activities.

General state of health

This characteristic aims to measure the perception that the person has about her/his general state of health.

There are five levels of self-evaluation of one's state of health:

- Very good
- Good
- Fair
- Poor
- Very poor

Chronic or long-term illnesses

The objective is to ascertain whether the respondent has any chronic or long-term illness or health problem. Long-term is understood to mean that the illness or health problem has lasted, or is expected to last, longer than six months. The main characteristic of a chronic or long-term illness or health problem is that *it is permanent and it is expected to require a long period of supervision, observation or care*. Therefore, any acute (temporary) health problem, such as a sprained ankle, broken leg, appendicitis or respiratory tract infection, is not considered.

Persons with disabilities may consider that disabilities are not a health problem, but disabilities are included in this question, together with age-related health problems. In particular, this applies to consequences of injuries or accidents, consequences of congenital illnesses, consequences of problems arising during childbirth, etc.

Problems that are seasonal or intermittent, even if they "reappear" for periods shorter than six months, are included. Some are recurring (such as back pain), where there is an acute period followed by a period of remission, whereas others are episodic by nature (such as epilepsy or migraine). Both situations are considered to be chronic or long-term health problems, because they are continuous, or continuing, problems.

If we do not know how long the health problem will last, this estimates the duration, bearing in mind any information given by the doctors or other health professionals.

It also includes whether a person has, or had, a chronic or long-term illness that did not bother her/him because of being controlled with medication. For example, the medications of a person with mental problems can make that person ful-

ly functional, and a diabetic person may feel healthy if s/he follows a regular insulin treatment. However, these persons are considered to have a chronic or long-term health problem, since they would not achieve this normalcy without the medication.

Problems that do not seem very serious, such as hay fever, are only included if they limit the activities of the person.

The question refers to chronic or long-term illnesses or health problems, that is, not only those diagnosed by a doctor or health professional.

Limitations to carrying out activities of daily living

The goal is to ascertain the severity of the chronic or long-term health problem, in terms of how it has affected their ability to carry out basic activities.

The questionnaire asks the person to think only of how the problem has affected her/him in the last six months, and not to consider how it might affect her/him in the future. The time period refers to the duration of the limitation to activity, and not to the health problem.

The question refers only to those problems relating to health as the cause of the limitations, and does not intend to measure the limitations due to financial, cultural and other non-health-related causes.

The consequences of injuries or accidents, consequences of congenital illnesses or consequences of problems arising during childbirth, are also included in health problems.

This refers to "activities that the persons regularly do." This is due to the fact that those persons with chronic or long-term limitations due to health problems have gone through an adaptation process that may have led to a reduction in their activities. In order to identify the existing limitations, a reference is required, and therefore, limitations to activity are assessed in comparison with a standard, general population, with regard to cultural and social expectations.

An activity is defined as "the performance of a task or action by an individual," and therefore, limitations to activity are defined as "the difficulties that an individual may experience in performing an activity."

Degree of severity

- Severely limited
- Limited, but not severely
- Not at all limited

Chronic or long-term illnesses or health problems

The purpose is to research what type of long-term illnesses or health problems the population has suffered from at some point in time, which ones they have suffered from in the last twelve months, and whether they have been diagnosed by a doctor.

The objective of this question is to identify which, if any, chronic or long-term illnesses or health problems (not necessarily diagnosed by a doctor) the selected person has.

List of illnesses and health problems

1. Problems in the arms or hands (including arthritis or rheumatism)
2. Problems in the legs or feet (including arthritis or rheumatism)
3. Problems in the back or neck (including arthritis or rheumatism)
4. Cardiac or circulatory problems, such as arterial hypertension (this includes a cerebrovascular accident - or stroke - as chronic or long-term consequences)
5. Allergy (rhinitis, inflammation of the eyes, dermatitis, food or other allergy; this includes allergic asthma)
6. Respiratory problems (this includes chronic asthma or bronchitis; however, it does not include allergic asthma and other allergic reactions)
7. Problems of the stomach, liver or kidney, or digestive problems (this does not include allergic reactions)
8. Illnesses of the skin (this includes severe disfigurement; it does not include allergic reactions, such as dermatitis)
9. Diabetes
10. Cancer (malignant tumour; it also includes leukaemia and lymphoma)
11. Epilepsy (this includes seizures)
12. Strong headaches (such as migraine)
13. Chronic anxiety
14. Chronic depression
15. Learning difficulties (reading, writing, addition or subtraction)
16. Other mental, nerve or emotional problems
17. Other degenerative illnesses (such as HIV, multiple sclerosis, Alzheimer's or Parkinson's)
18. Other chronic or long-term illnesses or health problems

A single illness or health problem cannot correspond to more than one code in the question, For example, a person who states "cancer" must record code 10, and not the illness of the organ that the cancer affects. What can be considered in the case of a person with cancer is that another illness (such as diabetes) may be associated with the cancer.

Examples:

- A person had a medical check-up two months ago, and the doctor diagnosed her/him with diabetes. Though her/his illness has only existed for the last two months, it is very likely that the health problem will be a chronic or long-term health problem, and that, therefore, it will last more than six months (Code 9).
- A person had a medical check-up one month ago, and the doctor diagnosed her/him with asthma. Though her/his illness was diagnosed one month ago, it is clear that it will last more than six months (Code 6).

An injury caused by an accident may be chronic or long-term, if the consequences last for at least six months.

Example:

- A person with a severe and complicated femur fracture from a traffic accident. The treatment time was five months, and the rehabilitation time was three months.

Situation 1: the treatment and rehabilitation were at the time of the survey. Due to the treatment plus the rehabilitation going to last more than six months, the person must consider that s/he has a chronic or long-term health problem.

Situation 2: the treatment and rehabilitation were over at the time of the survey, but the person has permanent side effects. The person must consider that s/he has a chronic or long-term health problem.

Situation 3: the treatment and rehabilitation were over at the time of the survey, and the person has no permanent side effects. No code should be used.

Code 4: Cardiac or circulatory problems, such as arterial hypertension: this includes a cerebrovascular accident - or stroke - as chronic or long-term consequences.

The consequences of a cerebrovascular accident, whether acute or mild, are not very evident, and may remain for a period lasting from a few months to forever. From this perspective, a cerebrovascular accident is considered to be a chronic or long-term health problem.

For a person who had a cerebrovascular accident without effects on her/his health, or who has followed a rehabilitation programme that has been effective and that lasted less than six months, and that did not have side effects: no illness is recorded.

For a person who has had a cerebrovascular accident whose consequences could not or cannot be treated: code 4 is used: "cardiac or circulatory problems"; code

15 may be used: "learning difficulties"; or code 18 may be used: "another long-term illness or health problems" for the consequences (depending on the exact situation).

Code 5: allergy (rhinitis, inflammation of the eyes, dermatitis, food or other allergy; this includes allergic asthma). All types of allergy are included:

Code 8: illnesses of the skin (this includes severe disfigurement; it does not include allergic reactions, such as dermatitis).

Severe disfigurement includes large scars resulting from accidents, burns or freezing, birth marks; and illnesses of the skin include related skin allergies; this does not include tattoos or piercings.

Code 13: chronic anxiety. This also encompasses panic disorders and phobias.

Code 15: learning difficulties (reading, writing, addition or subtraction). These are also known as mental retardation or mental impairment. Examples: dyslexia, dyscalculia.

Code 16: other mental, nerve or emotional problems. This includes severe mental problems: psychosis (for example, schizophrenia), affective disorders, and less severe clinically recognised disorders (anorexia, etc.). Sleep disorders are also recorded here.

Code 18: other chronic or long-term illnesses or health problems This includes obesity, alcoholism and drug addiction.

In the case of a fracture of the spinal cord, and resulting paralysis of the legs, code 18 is used: "another chronic or long-term illness or health problem," for the fracture of the spinal cord (which is an injury), as well as for the paralysis of the legs (paraplegia), which is a neurological problem.

II. MODULE ON LIMITATION TO ACTIVITY

Degree of limitation to performing basic activities

The objective of this question is to identify the basic activities that pose difficulties to the person when facing her/his daily life. It encompasses a broad range of physical, sensory and mental limitations:

1. Seeing, even when wearing glasses or contact lenses
2. Hearing, even when wearing a hearing aid
3. Walking 100 metres on flat land (approximately the length of a football pitch)
4. Going up or down 12 stairs
5. Concentrating or remembering (for example, recent events, appointments, household chores or taking medication)
6. Communicating (for example, understanding what others say or making oneself understood by others)

7. Lifting a 2-litre water bottle from waist height up to head height
8. Using the hands and fingers to pick up small objects (for example, a button or a pencil, or opening or closing containers or bottles)

An activity is defined as "the performance of a task or action by an individual," and therefore, limitations to activity are defined as "the difficulties that an individual may experience in performing an activity."

The criterion used to assess the limitation is the impact that it has on the life of the person. This only considers chronic or long-term limitations to activity. Therefore, the limitation must last, or be expected to last, for six months or longer.

On answering this question, the use of technical aid or personal assistance must not be considered, except in the case of seeing or hearing (codes 1 and 2). For example, in vision problems, the person is not asked whether the glasses or contact lenses are "effective enough." For a surveyed person with difficulty seeing or hearing who does not have glasses or a hearing aid (for example, due to economic reasons), s/he must answer without considering that aid.

The activities from the list refer to the limitations during the physical act of performing them, and not to limitations due to other functional problems. For example, a blind person (even when using a cane or a guide dog) should not be considered as having difficulty walking.

It is possible that there is a health problem, and a consequence of this illness, and the person so states in this question. For example, a person with respiratory problems may state that s/he has difficulty walking or going up stairs.

Code 6: "Communicating, for example, understanding what others say, or making oneself understood by others" refers to problems in using and understanding the mother tongue, and not a foreign language.

Degree of limitation to self-care and personal independence

This question refers to the limitations to the basic activities related to daily care and personal independence:

1. Feeding oneself
2. Getting into or out of bed, or sitting down and getting up from a chair
3. Dressing and undressing oneself
4. Going to and using the restroom (w.c.)
5. Bathing or showering

This asks for the self-perception that the person has regarding whether s/he has any limitations to performing these activities.

Once again, the attention is focused on chronic or long-term problems, rather than temporary problems, and therefore, the question includes the word "regularly".

The activities listed are the most essential activities that persons must perform for self-care in everyday life. Independence corresponds to what persons do (and not what they believe they can do), and therefore, they are asked about the performance (do you...?), rather than for a self-assessment of ability (can you...?), providing an answer that is closer to the actual results.

Code 4: Going to and using the restroom includes raising and lowering the toilet seat, removing and replacing the clothing, and cleaning or manipulating the catheter or colostomy.

Lack of technical aid and/or personal assistance for self-care activities

This verifies whether the person has limitations to self-care activities due to a lack of equipment or special technical aid, or due to a lack of personal care or assistance.

Technical aid

"Technical aid" includes a broad range of elements, devices and equipment that are used to increase, maintain or improve the functioning of persons. There are many types of aid devices for limitations to basic activities (walking, seeing, hearing, reaching, stretching, etc.). For example, wheelchairs, canes, walkers, motorised scooters, hearing aids, special readers or the use of large print or Braille, or adapted telephones or computers.

However, it is also important to indicate that "equipment or technical aid" does not include adaptations to the architecture in buildings, such as ramps, banisters, handrails or adapted restrooms. This information is collected in the section on access to buildings, and there is a specific code for difficulty accessing and moving about buildings.

Personal assistance

Personal aid or assistance must be provided regularly. The term "assistance" refers to the special personal aid that might be provided by some member of the family, relatives, friends, colleagues or other persons. For example, a person who pushes a wheelchair, or a person who is specifically employed to help another person with hearing problems, as a sign-language interpreter. However, special work agreements for the individual would not be included, such as a working-time reduction or a more sedentary job inside a building. This information is collected in the "lack of flexibility of the boss," within the employment section.

Degree of limitation to performing household chores

This question refers to limitations to the basic activities of the household that are necessary for living independently and maintaining a normal home:

1. Preparing meals

2. Using the telephone
3. Doing the shopping
4. Administering the medication (being aware of when to take it, purchasing new medication, etc.)
5. Performing household tasks
6. Taking care of the household economy and the daily administrative paperwork

Once again, the attention is focused on chronic or long-term problems, rather than temporary problems, and therefore, the question uses the word "regularly".

As with the personal care activities, the person is asked about the performance (do you...?) rather than for a self-assessment of ability (can you...?), and therefore, the answer is closer to the actual results. However, persons may have the ability to perform them, but they might have another person doing them for them, as in the case of a cleaning person. Thus, the question is asked as to whether they "have any difficulty."

In administering medication, this also includes the ability to take pills by oneself.

Household tasks include activities such as using the vacuum cleaner, dusting or putting objects back where they belong.

Reason for the limitation to performing household chores

This question refers to the cause of having difficulty performing household chores.

- 1.- Mainly, due to a chronic or long-term illness
- 2.- Mainly, due to a limitation to basic activities (difficulty seeing, hearing, concentrating or moving about)
- 3.- Mainly, for other reasons (the person has never tried it, etc.)
 - Reason for the limitation to performing activities
 - Lack of technical aid and/or personal assistance

Lack of technical aid and/or personal assistance for household activities

This verifies whether the person has limitations to household activities due to a lack of equipment or special technical aid, or due to a lack of personal care or assistance.

III. MODULE ON SOCIAL PARTICIPATION

III.1 MOBILITY

The objective of this section is to ascertain the mobility and the ability to leave the house and go where one wants to go, with the frequency that one wishes, and at the time that is convenient to the person. It is likely that the lack of mobili-

ty is an interaction of personal factors (such as health) and environmental characteristics (poor road surfaces, lack of transport, etc.).

"Leaving the house" refers to going beyond the boundaries of one's property. It does not include going out to the garden, but does include being able to leave and move about the neighbourhood.

It does not matter if the person leaves the house walking (or in a wheelchair) or in transport, with or without assistance, or with or without technical aid.

What matters is the current situation at the time of the interview.

Restriction to leaving the house (or "going out")

Code 1: Economic reasons (lack of money, the person cannot afford it). Sometimes, leaving the house implies spending money, and therefore, economic reasons may prevent the person from leaving the house whenever s/he wants to. This code includes those cases in which the person cannot leave the house whenever s/he wants to, due to the cost of public transport or petrol. It does not include when the person is prevented from leaving the house for social events (such as going out to dinner) as much as s/he would like, due to the cost of eating out. This is because this section is focused on mobility problems.

Code 2: Too busy (with work, family, other responsibilities). This includes responses such as not having time, being too busy caring for family members or children, being too busy with school or university studies, being too tired or busy caring for ill relatives.

Code 3: Lack of knowledge or information on the environment (such as not knowing the area, lack of directions on the street). This includes the lack of information regarding the transport timetable or the area maps.

Code 4: Chronic or long-term illnesses or health problems. This is encoded when the person believes that a medical condition contributes to her/him not leaving the house more often, or to not leaving the house at all. It includes agoraphobia. The illness or health problem may not have been diagnosed - symptoms such as pain, shortness of breath or fatigue should also be included.

Code 5: Long-term limitation to basic activities (such as difficulty seeing, hearing, concentrating, moving about). This is included in the list of responses representing impairments. They have deliberately been separated from the health problems.

Code 6: Lack of suitable transport. This includes both public and private transport. The transport that is available may not go to the place that the person wishes, or at the time that s/he wishes. This includes when there is a great distance to the places, which may be applied, in particular, in the case of a person who lives in a rural area.

Code 7: Conditions in the dwelling surroundings (slopes, hills, stairs, street and road situation). This refers to the area where the person lives - her/his neighbourhood. It includes when there are too many slopes, hills or stairs, the design

of the streets and roads, irregular or slippery roads, without rest areas or restrooms, without ramps or banisters, without acoustic signals at the intersections.

Code 8: Lack of self-confidence, or due to the attitude of other persons. When these concerns prevent the person from leaving the house whenever s/he likes. This includes "feeling stigmatised" and being "worried about crime."

Code 9: Other reasons. This includes things such as: a broken-down lift in the building, the person is too young to go out at night. It also includes temporary health problems, such as a sprained ankle. It may include temporary transport issues, such as a strike. It also includes climate conditions, when the weather makes it difficult to leave the house whenever the person wishes.

Code 10: No, nothing prevents me from leaving the house whenever I like. This includes the unusual situation in which the surveyed person never leaves that house because s/he does not want to, or for any other reason.

Lack of technical aid and/or personal assistance for leaving the house

These questions are asked of the persons who answer that they have a health problem or a limitation to activity that prevents them from leaving the house whenever they would like.

Lack of equipment or special technical aid: those persons with several limitations to activity, such as limitations to walking, going up or down steps or stairs, may move about if they have technical aid. This includes canes, orthopaedic legs, back support, crutches, walkers, wheelchairs, adapted cars, motorised scooters.

Lack of personal aid or assistance: this refers to physical aid in the sense of leading a person by the arm, helping by pushing a wheelchair, giving instructions or following instructions. It includes counting on a companion in order to go out. It does not include those nannies or neighbours who stay at home when the surveyed person goes out.

III.2 TRANSPORT

This section is designed to assess whether the persons are capable of getting around by motorised transport whenever they need to, or whenever they wish. If they do not use this type of transport, or they would like to use it more, it studies the reasons. This focuses on the current situation.

Availability of a private vehicle in the household

This question establishes whether any member of the household has access to a motor vehicle to use it for private purposes; that is, it is not a public vehicle that may be used by any person.

Continued use entails that the vehicle is available for the members of the household whenever they want to use it. The vehicle needs not be the property of the household.

The examples of motor vehicles listed in the question are cars, vans, motorcycles, scooters and mopeds. Any motor vehicle that is available to the household for personal use is accepted. For example, snowmobiles or tractors may be included, if they are available for personal transport and not only for recreational purposes. Company cars are also included, if they are available for private (personal) use. Moreover, these motor vehicles only count if they can be used on public roads.

The vehicle must be available for use at this time.

Use of the private vehicle by the person

The person her/himself may drive the vehicle, or may ride as a passenger.

The members of the household may have access to more than one vehicle. In this case, the question regarding use is applied to any of the vehicles, though not necessarily to all of them. The question is whether the person can use a motorised vehicle, regardless of which vehicle it is.

Frequency of use of the private vehicle

This asks whether the person gets around in the private vehicle as much as s/he would like. It does not matter if the person is the driver or a passenger. What is most important is whether the person can move about in the vehicle whenever s/he wants to. If the person only does so as a passenger, then it may be the case that s/he cannot go out as often as s/he would like, because s/he depends on the driver.

If the person says that s/he does not ever need or want to go out in the vehicle, then it is understood that s/he gets around in the private vehicle as often as s/he would like.

Restriction to getting around in a private vehicle.

This question is posed to those persons who do not go out in a vehicle, or who do not go out as much as they would like.

Code 1: Economic reasons (lack of money, the person cannot afford it). This includes the general expenses of the vehicle - insurance, taxes, fuel, municipal fees, parking fees.

Code 2: Too busy (with work, family, other responsibilities). This includes responses such as not having time, being too busy caring for family members or children, being too busy with school or university studies, being too tired or busy caring for ill relatives.

Code 3: Lack of knowledge or information on the environment (such as not knowing the area, lack of directions on the street).

Code 4: Chronic or long-term illnesses or health problems. This is encoded when the person believes that a medical condition contributes to her/him not going out in the vehicle as often as s/he would like. The illness or health problem may not

have been diagnosed - symptoms such as pain, shortness of breath or fatigue should also be included.

Code 5: Long-term limitation to basic activities (such as difficulty seeing, hearing, concentrating, moving about). This is included in the list of responses representing impairments. They have deliberately been separated from the health problems.

Code 6: The vehicle is not always available. This is used when the vehicle is not the property of the surveyed person, but rather belongs to another member of the household, or even to someone who does not belong to the household, and therefore, the vehicle may not always be available when the person wants to travel.

Code 7: Difficulty getting into or out of the vehicle. This is used when the available transport is not designed for persons with special needs, whether due to a health problem or due to another type of reason, like when the surveyed person has difficulty getting into or out of the vehicle with a small child. For example, the vehicle is too high, too narrow or too small.

Code 8: Lack of self-confidence, or due to the attitude of other persons. This includes when the person lacks confidence as a driver. It also includes when other persons do not trust the person to drive. It also includes the attitudes of other persons that prevent her/him from using the vehicle as often as s/he would like.

Code 9: Other reasons. This includes things, such as not having a driving permit. It includes poor driving conditions, such as poor roads or traffic congestion. It also includes climate conditions, when the weather makes it difficult to use the vehicle.

Code 10: No, nothing prevents me from getting around in this vehicle.

Lack of technical aid and/or personal assistance for using a private vehicle

These questions are asked of the persons who have answered that they have a health problem or a limitation to activity that prevents them from going out in the vehicle whenever they would like.

Lack of equipment or special technical aid: this includes when the vehicle is not especially adapted to the needs of the person, for example, lack of special manual controls for accelerating or braking, special knobs on the steering wheel to help turn the tyres more easily, adapted mirrors, seatbelts and harnesses, swivel seats and accessories to help getting into and out of the vehicle, such as wheelchair elevators or ramps. This also includes the lack of space for a wheelchair. Motorised seats are included as special equipment.

Lack of personal aid or assistance: this refers to both physical aid in the sense of leading a person by the arm, helping by pushing a wheelchair, and giving instructions or following instructions. It includes having a companion in order to travel by the transport.

Use of other means of transport

This question refers to any means of public transport that anyone may use. Therefore, it means that the person would be a passenger on that transport. It includes bus, tram, train, underground, taxi, aeroplane, etc. However, it does not include special transport for persons with disabilities, such as a bus service provided by the local authorities for persons with disabilities.

This must consider both local transport and long-distance travel.

Frequency of use of public transport

This asks whether the person moves about in other means of transport as much as s/he would like. If the person responds that s/he does not want to use other means of transport, then it is understood that s/he travels on public transport as much as s/he wants.

Restriction to getting around on public transport

This question is posed to those persons who do not use other means of transport, or who do not use them as much as they would like.

Code 1: Economic reasons (lack of money, the person cannot afford it). This includes the fact that the means of transport are very expensive.

Code 2: Too busy (with work, family, other responsibilities). This includes responses such as not having time, being too busy caring for family members or children, being too busy with school or university studies, being too tired or busy caring for ill relatives.

Code 3: Lack of knowledge or information (such as timetables, location of the stops).

Code 4: Chronic or long-term illnesses or health problems. This is encoded when the person believes that a medical condition contributes to her/him not using other means of transport as often as s/he would like. The illness or health problem may not have been diagnosed - symptoms such as pain, shortness of breath or fatigue should also be included.

Code 5: Long-term limitation to basic activities (such as difficulty seeing, hearing, concentrating, moving about). This includes difficulty reaching the boarding gate. It also includes not being able to see the signs or the notices, or to hear the personnel or the announcements, given that these are limitations to seeing and hearing.

Code 6: Lack of suitable transport (unsuitable route or timetables) The transport that is available may not go to the place that the person wants to go to at the time that the person wishes to go. It includes the long distance to public transport, or the fact that it is not frequent enough.

Code 7: Conditions of the station or stop and its surroundings (slopes, hills, stairs, street situations). Persons may have difficulty accessing the place at which they can take the transport, such as the train station or the bus stop, since they have difficulties in its surroundings. This includes too many hills, stairs, street

situations, irregular or slippery roads, without rest areas or restrooms, without ramps or banisters, without acoustic signals for crossing.

Code 8: Difficulty getting onto or off of the transport. This includes those difficulties in using the transport with a small child. It also includes the transport being too full of people, if this prevents the surveyed person from using the transport at the time that s/he wishes.

Code 9: Difficulties travelling on the transport (such as a lack of availability of seats, or seats that are too uncomfortable). This includes that the transport is too full of people, once on the transport, a lack of space (it must be borne in mind that claustrophobia is considered to be a health problem). The persons may need a place to sit, and there is nowhere available, or seats cannot be reserved. This includes if there is too much noise, or it is too dirty.

Code 10: Lack of self-confidence, or due to the attitude of other persons. When these concerns prevent a person from using another means of transport whenever s/he wants to. This includes "feeling stigmatised" and being "worried about crime." It also includes being nervous about travelling at night.

Code 11: Other reasons. This includes climate conditions, when the weather makes it difficult to use another type of transport.

Code 12: No, nothing prevents me from getting around on other means of transport.

Lack of technical aid and/or personal assistance for using public transport

These questions are asked of the persons who have answered that they have a health problem or a limitation to activity that prevents them from using another means of transport whenever they would like.

Lack of equipment or special technical aid: this includes when the vehicle is not specially adapted to their needs, for example, a lack of lifts or ramps allowing access to wheelchairs, or a lack of space for the wheelchair. Likewise, when guide dogs are not allowed entry onto the transport.

Lack of personal aid or assistance: this refers to both physical aid in the sense of getting onto or off of the transport, helping by pushing a wheelchair, and giving instructions or following instructions. It includes having a companion with whom to travel.

III.3 ACCESSIBILITY TO BUILDINGS

This section examines some of the effects that environmental factors have on the lives of persons. The attention is focused on the use of the buildings, and encompasses both the entry into and the exit out of buildings, such as the workplace, shops, restaurants, cafeterias, offices, leisure facilities or the homes of other persons. This includes adaptations, such mobile or fixed ramps, automatic doors, manoeuvrable doorhandles, as well as adapted restrooms, telephones, lifts, escalators, etc. It also centres on moving about inside the building, in terms of signage (size), size of the hallways and floor surface.

This section provides information regarding how environmental factors affect the lives of persons with health problems or limitations to activity. However, the questions are posed to persons both with and without health problems. Those persons with small children or elderly persons may also experience difficulties when using the buildings.

The objective is to delve into the concept of accessibility. It is important to recognise that some persons may have problems entering some buildings, due to a health problem, but they might never try to enter those buildings. This is why the expression "wish to use" is so important.

Restriction to accessing and moving around inside of buildings other than the main dwelling.

The persons are asked whether there is anything preventing them from using the buildings whenever they like. This centres on the interaction between the persons and the surroundings with regard to the buildings. It includes responses, such as difficulty entering into or exiting from the building, such as doors that are not wide enough for a wheelchair, difficulty within the building, such as hallways that are not wide enough for a baby carriage, or a lack of lifts, and the use of the installations within the building, such as restrooms. It does not include not being able to access it after normal opening hours, or, for example, forgetting the building access key.

The part corresponding to getting to the building, or leaving from the building, is studied in the transport section.

Code 1: Difficulty parking (lack of space, cost). This includes when there are not enough areas to get out of the vehicle.

Code 2: Difficulty entering or exiting the buildings (situation of the building accesses, lack of ramps, doors too narrow). This centres on that design of the buildings or their surroundings that restricts persons from entering or exiting. It includes difficulty using the stairs to access the building or inadequate signage.

Code 3: Difficulty inside of the buildings (distribution, spaces, directions, noise, seats, wash rooms, lifts). This includes moving around the building once inside, for example, entering a shop, or moving from one floor to another. It also includes the use of building facilities, such as using the restrooms. It includes when the cubicle is too small, or when the height of the counter is not suitable. It also includes the lack of potable water, inadequate signage, poor surface areas, poor ventilation, or the building being too full of people.

Code 4: Chronic or long-term illnesses or health problems. This is encoded when the person believes that a medical condition contributes to her/him having difficulty accessing and using the buildings. The illness or health problem may not have been diagnosed - symptoms such as pain, shortness of breath or fatigue should also be included. This also includes claustrophobia.

Code 5: Long-term limitation to basic activities (such as difficulty seeing, hearing, concentrating, moving about). This is included in the list of responses represent-

ing impairments. They have deliberately been separated from the health problems.

Code 6: Lack of self-confidence, or due to the attitude of other persons, or worried about crime, which prevents the person from accessing and using the buildings. The attitudes of other persons include comments or looks, or even the inappropriate attention paid to the guide dog.

Code 7: Other reasons. This includes situations such as guide dogs not being allowed in restaurants. It also includes those cases in which the prices to enter the buildings are very high.

Code 8: No, nothing prevents me from using these buildings when I want to.

Lack of technical aid and/or personal assistance for accessing and moving about the buildings

These questions are asked of the persons who have answered that they have a health problem or a limitation to activity that prevents them from accessing or using buildings whenever they like.

Lack of equipment or special technical aid refers to the equipment or special technical aid that the surveyed person her/himself requires, and not to the adaptations to the buildings included in the question.

Lack of personal aid or assistance. This refers to physical assistance, in the sense of needing the assistance of a person in order to enter or exit a building, or in order to move about once inside it. It includes the need to be accompanied.

III.4 EDUCATION AND TRAINING

The educational level is asked in the section on the basic social variables in the questionnaire. However, social integration does not encompass only the consequences of the educational achievements of the past, nor only the problems in accessing training courses in the past. The goal is to be able to have current access to new, suitable and desirable opportunities for education and training, for the purpose of improving living abilities and opportunities.

At any point in adult life, the person might wish to study, perhaps as a form of aid in the labour market, or simply in order to acquire new personal aptitudes. This section focuses on the obstacles preventing persons from undertaking education, or education beyond that which is compulsory in a formal learning environment, relating to the current job or profession, or for preparing for future employment, which leads to obtaining an accrediting qualification.

Educational opportunities are measured within the context of intention - the desire of the person her/himself at the current time. The person may wish to study in order to obtain a qualification, but may not have the opportunity to do so, due to any of the reasons listed in the question.

This section encompasses the formal education at the school, college or university, or the training relating to a job, trade or profession.

This section does not include that training work that does not lead to obtaining a qualification, nor does it include leisure classes or hobby studies, unless the person is studying them in order to obtain a qualification. For example, the person may be learning, or may want to learn, a language at an adult education centre, for pure pleasure, but the course does lead to obtaining a qualification in that language. This situation would be included.

Home study is included if it is registered at a school, university or other accredited educational establishment.

The questions are applied only to those persons whose labour situation is not that of students or in unpaid training work.

Current studies

The person is asked whether s/he is currently studying or participating in an educational activity.

If the person is studying toward attaining a qualification, it is assumed that the person has access to the educational opportunities, and therefore, the questions on obstacles to education are not asked; the final objective of studying must be to obtain a qualification.

This includes full-time and part-time studies.

It includes night classes, one-day-a-week courses, and courses that work only for a short period of time.

It includes if the person has already obtained a spot in an educational or training course, and is waiting for it to begin.

It includes if the surveyed person is repeating the course in order to improve her/his mark.

Restriction to studying or participating in a training activity

This studies the obstacles preventing the person from taking advantage of educational or training activities "at the current time." This is important, because the goal is to avoid the person thinking of educational opportunities that s/he was not able to take when s/he was younger.

Code 1: Economic reasons (lack of money, the person cannot afford it). This includes when the person cannot afford to travel to the learning centre, or access a course because it is very expensive, or because it affects the payment of benefits.

Code 2: Too busy (with work, family, other responsibilities). This includes responses such as not having time, being too busy caring for family members or children, being too busy with school or university studies, working too many hours or being busy caring for ill relatives.

Code 3: Lack of knowledge or information regarding what is available. This includes responses such as not knowing what educational or training activities are available, or how to access them.

Code 4: Chronic or long-term illnesses or health problems. This is encoded when the person believes that a medical condition contributes to her/him not seeking or undertaking educational or training activities. The illness or health problem may not have been diagnosed - symptoms such as pain, shortness of breath or fatigue should also be included.

Code 5: Long-term limitation to basic activities (such as difficulty seeing, hearing, concentrating, moving about). This is included in the list of responses representing impairments, such as seeing, hearing, concentrating or moving.

Code 6: Difficulties - not related to the person her/himself - undertaking a course (not enough spots or not offered in her/his municipality). The goal is to ascertain whether the person has restrictions - not related to her/himself - to the educational or training activities available to her/him. For example, the person may wish to study a particular course that is not offered in her/his area, or perhaps, there are no educational or training activities available for that person. This includes when there are no spots available in the course.

Code 7: Difficulty arriving at the educational centre (lack of means or transport or too far away). The difficulty may be due to the fact that the centre is too far away, or that there is no transport available for getting there, or that there are limited parking spaces.

Code 8: Difficulty accessing or moving about the buildings. The difficulty may be due to the parking spaces being limited, or to difficulty entering a building or using its installations (facilities). This refers to those buildings used as part of an educational establishment, and includes responses such as "doors too narrow," "lack of access ramps" or "lack of handrails or banisters." It also includes responses such as difficulty using the restrooms, reaching the classroom or conference room once inside the building or using the lecterns or chairs provided. It includes when it is difficult to reach the educational installations due to the situation of the surroundings and the difficulty manoeuvring around them.

Code 9: The attitude of the bosses or lecturers. The persons may be reluctant to study because they feel that they do not have their boss' support. They may feel that they cannot attend a course because their boss will not give them permission to miss work. In particular, the youngest persons may feel persuaded by the attitude of their lecturers not to undertake higher education.

Code 10: Lack of self-confidence, or due to the attitude of other persons. When those concerns prevent the person from studying. This includes responses such as being worried about bullying or crime, if this prevents the person from accessing the training. It also includes when the persons are reluctant to study because they feel that they lack the support of those around them (work colleagues, friends or relatives).

Code 11: Other reasons. Responses may include the unsuitable schedule of the courses, or not having Internet access. This includes climate conditions, when the weather makes it difficult to reach the educational centre.

Code 12: The person does not wish to study. The person may not wish to study towards a qualification (at this point in time). That is, s/he does not wish to undertake studies. This code may be alone, or may be used together with other codes, as the person may have postponed her/his studies due to the aforementioned obstacles.

Code 13: No, nothing currently prevents me from studying. The person still wishes to study, though s/he is not currently studying. However, nothing prevents her/him from doing so.

Lack of technical aid and/or personal assistance for studying or participating in a training activity

These complementary questions are asked of those persons who have answered that they have a health problem or a limitation to activity which acts as an obstacle to studying. They must be related to training obstacles. They must not be related to adaptations to the architecture of the buildings, such as ramps, banisters or restrooms. This information is collected in the building accessibility section.

Lack of equipment or special technical aid. Those persons with limitations to activity may learn new things, if they can have suitable aid devices available. These devices can provide physical assistance or aid for using the course materials. For example, aid for mobility, devices for seeing or hearing, or aid for persons with speaking or communication limitations. These examples may include voice recognition software for computers, tactile screens or devices for using a computer with one's head. This also considers Internet access, only if the use is specifically related to a health problem or limitation to basic activities. It also considers devices such as a Kindle (electronic book reader), only if the use is specifically related to a health problem or limitation to basic activities (probably associated with vision problems). Audio books, loupes, recorders, Braille writing or software for translating into Braille for computers, Braille printers, large computer monitors, keyboards with large keys and screen readers are other examples. Deaf persons, or persons with hearing problems may lack devices, such as hearing aids, amplifiers or headphones. Technological aid for physical disabilities is very varied in terms of its scope and its application. Some examples would include inclined tables, eye-controlled computer devices, alternative keyboards, devices for controlling the computer with the mouth or pedals, ball mouse devices, mouse devices that are moved with the one's head and adapted mouse devices.

Lack of personal aid or assistance. Many tasks can be carried out if there are persons available to help. This may entail physical assistance or giving or following instructions. It also includes a person who pushes a wheelchair, or who uses a pointer when the person has hearing problems.

III.5 EMPLOYMENT

The questions on the labour situation are already asked in the section on basic social variables. However, social integration is based not only on the labour situation, but also on the access to a suitable and desirable job. Those persons with

some health problem or illness, or with limitations to basic activities, have less of a probability of being employed, and greater probabilities of being economically inactive. The objective of this section is to examine the obstacles to carrying out the type of paid work that a person wishes to perform.

This section deals with the reasons why persons are not able to carry out the type of work they wish to do. This is asked of all persons over 16 years of age.

The question has to do with the work that the persons wish to perform, and not necessarily that which they are currently doing. However, the work that one "wishes" to do must refer to a reasonable expectation, and not to fulfilling an idealised desire. It must be a job that the person believes s/he would be able to perform, if s/he could overcome the obstacles currently preventing her/him from doing so, even if it required more training or qualifications.

Restriction to performing the type of job that the person desires

The persons are asked for the reasons preventing them from performing the type of job that they would like to do.

The factors preventing performing the desired type of job may be environmental, physical or mental obstacles. These may affect the type of work that one may do, how long the person may work, when the person may work and where the person may work. This may encompass a broad range of circumstances: how flexible bosses may be regarding the hours and days when employees may work, or if they are limited, where the workplace is with regard to their home - in terms of both the distance from home and the access there by some means of transport. Some persons may only be able to work at home or inside a building.

Persons may be limited in terms of performing the type of work they wish, due to family responsibilities, a health problem or illness, or due to limitations to basic activities, or for more practical everyday living reasons - earning more money could affect their social rights or subsidies.

Code 1: Lack of employment opportunities. The type and amount of work that persons do may be strongly influenced by their place of residence, based on the local employment rates and industries.

Code 2: Too busy (with family, other responsibilities). This includes responses such as not having time, being too busy caring for family members or children, being too busy caring for ill relatives.

Code 3: Lack of qualification or experience. There may be imbalance between the abilities that a person has and the ability required for other types of work.

Code 4: Chronic or long-term illnesses or health problems. This is encoded when the person believes that a medical condition contributes to her/him not being able to perform another type of work or not being able to work more. The illness or health problem may not have been diagnosed - symptoms such as pain, shortness of breath or fatigue should also be included.

Code 5: Long-term limitation to basic activities (such as difficulty seeing, hearing, concentrating, moving about). This is included in the list of responses representing impairments. They have deliberately been separated from the health problems.

Code 6: Working or having another type of job would imply not receiving some sort of benefit or service. The persons may wish to work more time, and earn more money, but this might affect their receiving social benefits or services.

Code 7: Difficulty arriving at the workplace (lack of means of transport or too far away). The difficulty may be due to the fact that the workplace is too far away, that there is no transport available to get there.

Code 8: Difficulty accessing or moving about the buildings. The difficulty may be due to the parking spaces being limited, or to difficulty entering a building or using its installations (facilities). It includes when it is difficult to reach the workplace due to the situation of the surroundings and the difficulty manoeuvring around them.

Code 9: Attitudes of the bosses or lack of flexibility in the job conditions. Bosses might not allow flexibility in the hours and days in which the employees must work. This code includes the attitude of the bosses when they do not provide the necessary training, or when the person perceives that s/he is being treated discriminatingly for some reason.

Code 10: Lack of self-confidence, or due to the attitude of other persons (other than the bosses). The persons may not have the self-confidence necessary to perform the type of work they desire, due to the attitude of other persons, such as work colleagues, relatives or friends, preventing them from doing so. This includes the discriminating behaviour of other persons (other than the bosses).

Code 11: Other reasons. This includes job stress, when it is not identified as a health problem.

Code 12: I do not want a paid job. Those persons who are economically inactive might choose not to perform any job, because, due to economic reasons, they do not need to work. This code is used for retired persons who do not wish to continue working, or students who are completely occupied by their studies.

Code 13: No, nothing prevents me from the type of work I want to do.

Lack of technical aid and/or personal assistance for performing the type of work

Those persons who have answered that they have a health problem or a limitation to activity that prevents them from performing the type of work they wish are asked whether another reason is the lack of equipment or technical aid, or the lack of personal aid or assistance. The equipment or technical aid must be related to the obstacles to employment. They must not be related to adaptations to the architecture of the buildings, such as ramps, banisters or restrooms. This information is collected in the building accessibility section.

Lack of equipment or special technical aid. Persons with limitations to activity may still work in many job posts, if they have suitable aid devices available, such as screen readers, an adapted computer or telephone, a voice synthesiser, or printing in large print or in Braille.

Lack of personal aid or assistance. Many tasks can be carried out if there are persons available to help. This refers to physical assistance or giving or following instructions. The assistance may be provided by relatives, friends or work colleagues who are present to assist the person in what s/he needs. Examples include sign language interpreters or job trainers.

We must include the unwillingness of the boss to purchase the specialised equipment, or to provide personal assistance for persons with health problems or limitations to activity.

III.6 ICT

The Internet has a great potential for expanding opportunities for communication and obtaining knowledge. However, persons with chronic or long-term health problems, or with limitations to basic activities, are less inclined to living in households with computers, less inclined to using computers, and less inclined to accessing the Internet. This section is designed in order to identify the obstacles that persons have in using the Internet.

Internet use

We are interested in Internet use, for any purpose.

The Internet may be accessed from many locations, from home, the workplace, educational centres, hotels, Internet cafés, libraries, post offices or day care centres.

The Internet may be accessed from different devices, such as a PC, laptop computer, mobile telephone or television.

Persons may use the Internet for different reasons, for communicating via email or social networks or via Skype, for making purchases, listening to music or viewing video clips, for studying, for working or simply for browsing different websites.

This includes those cases in which the person usually has Internet access, and uses it, but it is currently not available for some reason, such as a defective connection.

Reasons for using the Internet

Those persons who use the Internet are asked what they usually use it for.

Code 1: To be in contact with relatives or friends (email, Skype, social networks). This includes email, Skype, social networks, chats, maintaining contact with groups they belong to.

Code 2: Making purchases, doing banking paperwork or paying bills. This includes the purchase or reservation of tickets or services.

Code 3: Playing or downloading music, games, e-books, films or video clips. This includes watching video clips on YouTube.

Code 4: Obtaining information (newspapers, news, Administration websites) This includes searches for services providers, such as a plumber, checking transport timetables, sporting results, lottery numbers and information regarding health and well-being.

Code 5: Training, education or learning. This is the structured learning that may be independent learning or learning as part of a formal course or education. It includes using the Internet to prepare papers for school or university.

Code 6: Seeking work. This includes using the Internet to answer job advertisements or potential employers or to send out one's CV.

Code 7: For work. This refers to using the Internet only for work reasons.

Code 8: Other purposes. This includes using the Internet for selling personal items, when the person does not consider this to be her/his main job or main source of income.

Frequency of Internet use

The person is asked if s/he would like to use the Internet more. This question is the key to ascertaining whether there are obstacles that prevent the person from using the Internet as much as s/he would like. Those persons who do not want to use the Internet, or who use it as much as they like, are not asked the question on obstacles. The person is asked about her/his own opinion regarding whether s/he would like to use the Internet more than s/he does. Perhaps they would like to use the Internet more frequently than they do, or for longer periods of time in a single session.

Restriction to Internet use

There may be different reasons why a person cannot use the Internet as much as s/he wishes, or ever. This could be due to physical health reasons, time limitations, or the availability of the Internet connection. It may be that use is restricted to them to certain parts of the Internet. For example, they might only have access to email, and not to websites. Or perhaps, this restriction might be due to their lack of computer knowledge.

Code 1: Economic reasons (lack of money, the person cannot afford it). This is included when the person cannot afford to buy a computer, when it is too expensive to spend much time online, or when the person cannot afford to pay for a faster connection.

Code 2: Too busy (with work, family, other responsibilities). This includes responses such as not having time, being too busy caring for family members or children, working a lot of hours, being too busy with school or university studies, or caring for ill relatives.

Code 3: Lack of knowledge of information (computer knowledge). This includes when the person does not know how to use the Internet, or how to obtain it, when the person does not have computer knowledge or the person does not trust in browsing.

Code 4: Chronic or long-term illnesses or health problems. This is encoded when the person believes that a medical condition contributes to her/him not using the Internet, or not using it so much. The illness or health problem may not have been diagnosed - symptoms such as pain, shortness of breath or fatigue should also be included.

Code 5: Long-term limitation to basic activities (such as difficulty seeing, hearing, concentrating, moving about). This is included in the list of responses representing impairments. These have been deliberately separated from the health problems, but this should only be encoded when the impairment prevents the surveyed person from using the Internet more. For example, persons with problems concentrating for long periods of time might have difficulties using the Internet as much as they would like, or those with hearing problems might indicate that they would like to listen to music, but they cannot do so.

Code 6: Lack of self-confidence, or due to the attitude of other persons. When these concerns prevent the person from using the Internet (more).

Code 7: Other reasons (this includes connection problems, distrust in the network). This would include responses such as a slow connection or being worried about online security.

Lack of technical aid and/or personal assistance for using the Internet

Those persons who have answered that they have a health problem or a limitation to activity that prevents them from using the Internet are asked whether another reason is the lack of equipment or technical aid, or the lack of personal aid or assistance.

Lack of equipment or special technical aid. Those persons with limitations to activity may use computers or the Internet, if they can have suitable aid devices available. For example, persons with difficulties seeing might use extra-large screens or screen magnifiers; blind persons or persons with very poor eyesight might use the Internet, if they have screen readers that convert the words on the screen to a digitalised voice. Persons with restricted movement in the arms or hands might use special mouse or keyboard devices; devices for controlling the computer with one's mouth, or voice recognition software, for telling the computer what to do.

Lack of personal aid or assistance. Many tasks can be carried out if there are persons available to help. This refers to both physical assistance and giving or following instructions.

III.7 CONTACT AND SOCIAL SUPPORT

This section refers to the contact, whether in person or by telephone, of persons who provide emotional support, upbringing and protection. It is established by

asking if the person has anyone close to her/him that s/he can count on in case of a personal problem.

These persons that provide support may be relatives, friends, work colleagues or classmates. On analysing the obstacles to having greater social contact, this considers both personal and environmental factors to be viable responses.

The purpose of the questions in this section is to establish the degree to which the persons have contact and social support, whether they feel that they want more, and in that case, what prevents them from having more.

The section includes meeting with others or talking to others face-to-face or by telephone (landline or mobile). It also includes using an Internet connection to talk by telephone or by Skype. It does not include talking to those close to them by email or through social networks.

Number of persons close to them

The person is asked for the number of persons close to her/him that s/he can count on in case of a personal problem. It is for the surveyed persons to decide what this means to them, but it is very likely that it will be someone that they trust and with whom they feel they can talk in good faith. The nature of the problem is not relevant. It is what the person her/himself considers to be a personal problem. This includes those persons who live with the surveyed person, as well as those who do not.

Frequency of social contact

The surveyed person must think about those closest to her/him with whom s/he has spoken in the last week, whether in person or by telephone, and whether s/he would like to have spoken to them more than s/he did.

Restrictions to social contact

The key question is not the number of close persons with whom the person has met or spoken in the last week, but rather, why s/he has not had more social contact. This question is not posed to those persons who are satisfied with their level of social contact, and the question focuses on the external obstacles to social contact.

The codes refer to the situation of the surveyed person, and not to the situation of the close person, except for code 10, which covers those reasons relating to the other persons, such as "the other person was very busy" or "the other person was not feeling well," etc.

Some codes are applied to contact in person, others to telephone contact, and others to both.

Code 1: Economic reasons (cost of the calls, cost of transport). This includes when the person cannot afford to pay for public transport or the telephone call.

Code 2: Too busy (with work, family, other responsibilities). This includes responses such as not having time, being too busy caring for family members or

children, being too busy with school or university studies, being too tired or busy caring for ill relatives.

Code 3: Lack of a telephone or of telephone coverage. This includes the lack of a landline telephone or lack of mobile telephone coverage. It includes responses such as "I do not have a telephone" or "the telephone coverage in my area is very bad."

Code 4: Chronic or long-term illnesses or health problems. This is encoded when the person believes that a medical condition contributes to her/him not having as much social contact as s/he would like. The illness or health problem may not have been diagnosed - symptoms such as pain, shortness of breath or fatigue should also be included. This should also include agoraphobia.

Code 5: Long-term limitation to basic activities (such as difficulty seeing, hearing, concentrating, moving about). This is included in the list of responses representing impairments. They have deliberately been separated from the health problems.

Code 6: Lack of suitable transport for visiting them. The transport available may not go where the person wants to go, or at a suitable time for meeting up with those close to her/him.

Code 7: The distance, as they live very far away. This includes responses in which the close persons live too far away to meet up as often as they would like. It includes when the other persons live in another country, or perhaps in another time zone, which makes it difficult to speak by telephone as often as they would like.

Code 8: Difficulty accessing or moving about the buildings. This includes when the person has difficulty entering the home of another person or the meeting place. It includes when it is difficult to reach the meeting place, due to the situation of the surroundings and the difficulty manoeuvring around them.

Code 9: Lack of self-confidence, or due to the attitude of other persons. This includes crime and the attitudes of other persons, when such prevents the person from meeting up with those closest to her/him when s/he wants to.

Code 10: Lack of availability of the other persons (too busy, illness). The reason why the person cannot meet up or talk with those closest to her/him is because the other person is ill or too busy.

Code 11: Other reasons. This also includes climate conditions, when the weather makes it difficult to leave the house.

Lack of technical aid and/or personal assistance for keeping social contact

These questions are asked of the persons who have answered that they have a health problem or a limitation to activity that prevents them from talking or meeting up with those closest to them. The equipment or technical aid must not be related to adaptations to the architecture of the buildings, such as ramps, banisters or restrooms. This information is collected in the building accessibility section.

Lack of equipment or special technical aid. Those persons with limitations to activity may meet up or speak with those closest to them, if they can have suitable aid devices available. This includes the lack of specialised telephone equipment, such as coupling a hearing aid, large buttons on telephones that are easy to ready, mobile telephones that are easy to hold or voice entry coding.

Lack of personal aid or assistance. Those persons with limitations to activity may meet up or speak with those closest to them, if they can have assistance for doing so.

III.8 LEISURE

Leisure activities are important for the well-being of persons. This section examines the obstacles to carrying out leisure activities that imply a social interaction with other persons. In other words, it does not consider individual activities. These leisure activities may be restricted because the person is very busy with work or family. Some persons might prefer individual activities to group activities. Others might live in places that are so remote that regular social involvement (participation) is not possible. For these reasons, the questions regarding participation are phrased in such a way that is measured in a relative sense; with regard to the person's wish to participate.

Leisure activities are those that persons carry out in their free time. That is, the hours in which person do what they wish, when they are not working or caring for children or ill relatives, busy with homemaking, etc.

This section is only interested in those activities that are carried out with other persons. This refers to physical company, and not only to talking with them by telephone or the Internet. During these activities, the contact might imply a communication by telephone or by the Internet, but the activity must imply meeting up or being with other persons. The person might attend that meeting alone, but there must be other persons around her/him, such as an antique show, because s/he collects antiques. Persons may attend cultural events alone or with other persons, such as going to the cinema, but there must be other persons around them.

Restriction to spending time on hobbies or interests (so long as they entail interaction with other persons)

The key question is not the amount or frequency of the person's participation, but rather the restrictions to that person's participation. We are interested in the external obstacles to participation (family responsibilities, accessibility, problems with transport, etc.), as well as the limitations of the person her/himself.

This question encompasses a broad range of activities, since the range of interests is very broad. The key is in meeting with persons who have similar interests. Thus, for example, belonging to an association (for example, an association of archaeologists or of car enthusiasts) is included when it implies meeting with people face-to-face.

Interests may be divided into:

1.- Recreational and leisure activities: this includes participating in sports, such as the member of a football team. This also includes watching sports, if one is accompanied by other persons; attending a football match, as it implies being with other persons; watching a football match on the television with friends is included if it is considered a hobby or interest (watching it alone at home is not included); belonging to a cycling club is included when the person goes with other persons, but doing it alone is not included; attending aerobics classes or going to the gymnasium is included, since this is an activity carried out in the company of other persons. Stamp collecting is not included, unless the surveyed person attends meetings or events with persons who have the same interests. Book reading is not included, unless the person belongs to a reading club where meetings are held with other members. In general, shopping is not considered a hobby or interest, unless the person considers it to be an interest (collecting antiques, for example). Gambling and games of chance are included if the person considers such to be a hobby. Playing in a band or orchestra is included if the person considers this to be an interest, and even if s/he receives payment for doing so, unless s/he considers it to be a job.

We must bear in mind that meeting with other persons with the same interests in one's own home is also included. Thus, even those persons who cannot leave their homes might carry out this activity, if other persons go to their homes.

2.- Community life: this includes being a member of a local community, neighbourhood association, neighbourhood watch, etc., if this implies meeting with other persons. This also includes participating in a school party or charity event; belonging to a social club associated with one's faith or religion. However, the act of praying or attending religious services is not included.

The surveyed person cannot receive any payment for her/his free time, but may be reimbursed for her/his expenses. For example, this would include that person who is a member of a school council, and who considers this activity to be a hobby or activity of interest that s/he carries out in her/his free time.

This does not include meetings with persons with similar interests that are work-related, and in which the boss pays for attending those meetings.

It does not include education or learning, if the objective is to obtain a qualification. It does include studies for pleasure, which is simply for interest, if no qualification is obtained, but it does entail attending classes with other persons. For example, attending cooking classes.

Code 1: Economic reasons (lack of money, the person cannot afford it). This includes the cost of arriving at the place or meeting point.

Code 2: Too busy (with work, family, other responsibilities). This includes responses such as not having time, being too busy caring for family members or children, being too busy with school or university studies, being too tired or busy caring for ill relatives.

Code 3: Lack of knowledge or information (regarding what is available).

Code 4: Chronic or long-term illnesses or health problems. This is encoded when the person believes that a medical condition contributes to her/him not being able to participate. The illness or health problem may not have been diagnosed - symptoms such as pain, shortness of breath or fatigue should also be included.

Code 5: Long-term limitation to basic activities (such as difficulty seeing, hearing, concentrating, moving about). This is included in the list of responses representing impairments. They have deliberately been separated from the health problems.

Code 6: Lack of suitable transport. The transport that is available may not go to the place or meeting point or at the time that the person wishes to go.

Code 7: Distance to the place where the activity is carried out. This includes when it is too far away, there is nothing in the area or there is a lack of availability.

Code 8: Difficulty accessing or moving about the buildings at the designated meeting point, including the homes of other persons. This includes the lack of ramps, handrails or banisters, the lack of rest areas or the lack of adapted restrooms. It includes when it is difficult to reach the meeting point, due to the situation of the surroundings and the difficulty manoeuvring around them.

Code 9: Lack of self-confidence, due to the attitude of other persons or there is no one to go with. When that prevents the person from performing these activities as much as s/he would like. This includes crime and being worried about feeling stigmatised.

Code 10: Other reasons. This also includes climate conditions, when the weather makes it difficult to reach the meeting point.

Code 11: The person has no hobbies or interests. This may be encoded by itself, or it may be used together with other codes, since the person may have abandoned a hobby or interest due to any of the above obstacles.

Code 12: No, nothing prevents me from practising my hobbies or interests when I want to.

Lack of technical aid and/or personal assistance for spending time on hobbies or interests

Those who have answered that they have a health problem or a limitation to activity that prevents them from practising their interests are asked if this is due to the lack of technical aid or personal assistance. The equipment or technical aid must not be related to adaptations to the architecture of the buildings, such as ramps, banisters or restrooms. This information is collected in the building accessibility section.

Lack of equipment or special technical aid. Those persons with limitations to activity may participate in leisure activities, if they can have suitable aid devices available. It is difficult to specify examples of equipment or technical aid that the surveyed persons might need in order to carry out their hobbies, due to the di-

versity of the types of interest that they might perform. The types of aid listed in the other sections may be included here.

Lack of personal aid or assistance. The persons can participate in their leisure activities if they have assistance in order to do so. This may entail physical assistance or giving or following instructions.

Restriction to attending events and parties (celebrations)

This question also centres on activities in which there are other persons present.

The persons are asked if there is anything that prevents them from attending cultural events that they wish to attend. This includes going to the cinema, even when they go alone, since there will be more persons inside the cinema; attending musical events or the theatre; visiting special interest places, such as art galleries, museums or other historical interest sites, stately homes and gardens; going to the circus or the zoo; attending local events, such as local celebrations or carnivals. The person may go along, since these are public places or events where there will be more persons.

The key question is not the amount or frequency of attendance at cultural events, but rather the restrictions to the person's participation. The goal is to ascertain the external obstacles to participation (family responsibilities, accessibility, problems with transport, society attitudes) that may interact with a health problem or limitation to the activity of the person.

Code 1: Economic reasons (lack of money, the person cannot afford it). This includes when it is too expensive, or due to the cost of reaching the place.

Code 2: Too busy (with work, family, other responsibilities). This includes responses such as not having time, being too busy caring for family members or children, being too busy with school or university studies, being too tired or busy caring for ill relatives.

Code 3: Lack of knowledge or information (regarding what is available).

Code 4: Chronic or long-term illnesses or health problems. This is encoded when the person believes that a medical condition contributes to her/him not being able to participate in social activities. The illness or health problem may not have been diagnosed - symptoms such as pain, shortness of breath or fatigue should also be included.

Code 5: Long-term limitation to basic activities (such as difficulty seeing, hearing, concentrating, moving about). This is included in the list of responses representing impairments. They have deliberately been separated from the health problems.

Code 6: Lack of suitable transport. The transport that is available may not go to the place or may not go at the time that the person wishes to go, in order to arrive at or return from the place in question.

Code 7: Distance to the event location. This includes when there is nothing in the area or there is a lack of availability.

Code 8: Difficulty accessing or moving about buildings. This includes the lack of ramps, handrails or banisters, the lack of rest areas or the lack of adapted restrooms. It includes when it is difficult to reach the location, due to the situation of the surroundings and the difficulty manoeuvring around them.

Code 9: Lack of self-confidence, due to the attitude of other persons or there is no one to go with. This includes crime and the attitudes of other persons, when such prevents the person from carrying out these activities as much as s/he would like.

Code 10: Other reasons. This also includes climate conditions, when the weather makes it difficult to reach the meeting point.

Code 11: The person does not want to attend cultural events. When the person does not wish to go to cultural events. This code may be used together with the rest, as the person may have abandoned the action of attending cultural events, due to any of the above obstacles.

Code 12: No, nothing prevents me from attending cultural events whenever I like. This code is used when there is nothing that prevents the surveyed person from attending cultural events whenever s/he likes.

Lack of technical aid and/or personal assistance for attending events and parties (celebrations)

Those persons who have answered that they have a health problem or a limitation to activity that prevents them from attending cultural events are asked if this is due to the lack of technical aid or personal assistance. The equipment or technical aid must not be related to adaptations to the architecture of the buildings, such as ramps, banisters or restrooms. This information is collected in the building accessibility section.

Lack of equipment or special technical aid. Those persons with limitations to activity may attend cultural events, if they can have suitable aid devices available.

Lack of personal aid or assistance. The persons can participate in cultural events if they have assistance in order to do so. This includes both physical assistance and giving or following instructions.

III.9 FINANCIAL SITUATION

Degree of difficulty meeting basic expenses.

This section is not about how much money the surveyed person has, but rather, if the person has enough money to pay for the essential things in life, such as food, clothing, medication, heating, electricity, housing, a telephone, and essential transport costs (for going to work, for example).

This refers to the current situation, and not to past experiences.

The person is asked about essential things that s/he must pay with her/his own money. "Own money" is considered the person's income or the money to which s/he has access within the household (for example, joint accounts).

The person is asked about the situation of the selected person, and not about the situation of the household. Both may be very closely linked, when the person is in financial difficulty due to the situation of another member of the household.

The goal is to ascertain whether the person is economically self-sufficient and able to pay for the basic things in life that allow her/him to function fully. This does not include the ability to go away on holiday or to eat out and socialise.

The persons who have debts to pay essential expenses may or may not be considered self-sufficient. It depends on whether they are able to manage said debt. Having a mortgage, for example, is not considered being in debt, if the person is able to make the monthly payments. However, being delinquent in the payment of public services or credit cards indicates a lack of economic self-sufficiency.

The person is asked her/his own opinion about the degree of difficulty.

There are five response options that go from very easy to very difficult

Reasons for the difficulty meeting basic expenses.

The persons who have answered the above question with difficult or very difficult are asked about the reasons for this difficulty.

Code 1: Limited income (loss of employment, reduced pay/working hours/overtime hours, incapacitated to work due to a health problem/limitation to activity, payment of debts/loans). The person may have financial difficulty because s/he has lost her/his job, or they have reduced her/his wages, or s/he has had to work fewer hours. The person cannot work at all, or has a part-time job, due to a health problem or a limitation to activity. (This is different from codes 4 and 5, which refer only to the additional costs of the person's health condition or limitation to activity).

Code 2: Rise in price (food, fuel, housing). This includes the rise in price of food, housing, public services, medication, petrol, public transport, etc.

Code 3: Difficulty managing money (poor budgetary organisation). Objectively, persons can have enough money to pay for basic things, but still have difficulty managing their budget.

Code 4: Costs relating to a chronic or long-term illness or health problem. This is encoded when the person believes that a medical condition contributes to her/him not being able to pay for the things that s/he needs. S/he might have to purchase medications, pay for treatment or have a higher heating bill due to being home all day. The illness or health problem may not have been diagnosed - symptoms such as pain, shortness of breath or fatigue should also be included. These costs refer only to a health condition of the selected person. The costs relating to the health condition of another member of the household must be included in code 7.

Code 5: Costs relating to a long-term limitation to basic activities. This is encoded when the person believes that a limitation contributes to her/him not being able to pay for the things that s/he needs. The person might need to purchase

technical aids, pay for special adaptations or pay for having personal care. This code also includes having a restriction to shopping, due to their limitation to activity, which implies that the person cannot look for cheaper prices. The costs relating to a limitation to the activity of another member of the household must be included in code 7.

Code 6: Unexpected extra expenses (in the home, vehicle repair). The persons might have financial problems because they have had an unexpected extra expense, such as a repair in the home or of the vehicle, for example, a leaky roof, heating problems or a vehicle breakdown.

Code 7: Financial situation of another member of the household (in debt, unemployed, ill). The selected person may have financial problems, due to the fact that another member of the household has lost her/his job, has fallen ill, has a health problem or has pending debts, etc., and the selected person is helping her/him. If s/he is helping a person who does not belong to the household (a relative or friend) in a similar situation, s/he must encode "Other reasons." This code also includes when the person depends on another member of the household financially, and the money is not enough, for whatever reason.

Code 8: Other reasons.

I.10 DISCRIMINATION

Reasons for discrimination

Persons may feel discriminated due to the attitudes of other persons. This section refers to those situations in which the attitudes of other persons become discriminatory, and the person is treated unfairly.

It studies whether the person feels that s/he has been subjected to discriminatory practices, based on her/his age, sex, ethnicity, physical or mental health, religion or sexual orientation. It then identifies those persons who have been treated negatively, due to a health problem or a limitation to activity.

The section refers to the current situation. Those situations that happened in the past are not considered, even if the person still feels distressed as a result of them. Therefore, the goal is to ascertain how the surveyed persons feel that they are currently treated in life.

They are asked about their own experience. For example, some persons with disabilities may feel that they are identified with a group that is subject to discrimination, but that it does not apply to them personally. In that case, the response should not be considered as discrimination of the person her/himself.

In this context, the discrimination (or being treated unfairly) includes being "excluded" from activities, opportunities or places to which others have access, being denied the opportunity to participate, or being made to feel different.

Code 7: Sexual orientation. This includes when the surveyed person feels discriminated because s/he is considered gay, lesbian or bisexual.

Group(s) of persons that has/have discriminated against the person

This question intends to give the surveyed person the opportunity to consider all of the situations in which s/he feels discriminated or treated unfairly due to her/his health problems or limitations to basic activities.

The types of person who might treat her/him this way are listed for encoding, and include family, friends, services suppliers, persons from work or school, or even strangers on the street.

Code 3: Boss/Educational services personnel. This includes the boss, manager, human resources personnel, teachers, lecturers, school or university administrators, school or university directors or principals, education civil servants.

Code 6: Public services suppliers. This includes the public personnel employed in health care services (doctors, nurses, paramedics, hospital personnel), social public services suppliers (social workers, home assistance), public employment agencies (employment and social security services personnel), security (police, community support civil servants), public transport companies (bus, train, tram, underground drivers, ticket office personnel, traffic wardens), post offices and other public services.

Code 7: Private services suppliers. This includes the personnel employed in private companies, such as health services (doctors, nurses, paramedics, hospital personnel), social services (social workers, home assistance), employment agencies (job centres, placement agencies), housing services personnel (housing officials, housing benefit agency personnel, housing association personnel, owners, leasing agents or equity agents), security personnel (security guards), transport services (taxi drivers, bus drivers, flight or train attendants, ticket office personnel, traffic wardens) and other services, such as shops, restaurants, bars, cafeterias, sporting and leisure facilities, travel agencies, banks, bookshops, etc.

Code 8: Other persons. This includes strangers on the street or in public places (parks, for example); clients.

7 Information processing

7.1 FILTERING AND VALIDATION

As the information is collected via CAWI and CATI, a first filtering of the data is performed, through errors implemented in the application, which enables the detection of inconsistencies and notifications of strange values, at the time that the responses are being introduced. In this way, the correction/confirmation of the information is carried out at the same time as the interview.

Once the information is collected from the dwellings corresponding to each census section, the information is periodically downloaded to the unit responsible for the information processing, for centralised control and filtering. This process

is applied immediately upon closing the first section lot, for the purpose of verifying the quality of the collection, and correcting possible systematic collection errors.

The defined validation controls are performed again, verifying that there is no data outside the normative data range, nor inconsistencies among the responses defined in the application. Possible recording errors, outliers and other anomalous values are also revised.

The phases for the control and filtering treatment shall be the following:

- *Coverage Phase*: This detects duplicates and compares the number of theoretically collected questionnaires (according to the computer program for monitoring the fieldwork) and the number actually collected for each household.
- *Filtering and Imputation Phase*:: The defined validation controls are performed again, verifying that there is no data outside the normative data range, nor inconsistencies among the responses defined in the collection application. This also includes notifications relating to anomalous values, such as recording errors, outliers and incoherent values not included in the collection application. It also obtains the marginal tables, variable analysis tables, etc., that enable improving the filtering work. These controls are programmed prior to the beginning of the collection. The correction of possible inconsistent values is performed automatically, and as an exception, manually (as in the case of anomalous and/or extreme values), and always following the specifications set out, as pertinent, by Eurostat.

7.2 OBTAINING RESULTS

Once the information is filtered, the phases for calculating elevation factors and obtaining results are begun:

- *Calculation of elevation factors and estimators*: In order to estimate the characteristics of the sample, ratio estimators are used, to which balancing techniques are applied, as explained in section 4.4.
- *Calculation of sampling errors*: The sampling errors of the main tables are calculated by using variation estimations, through indirect estimation methods.
- *Analysis of non-response*: In order to analyse the non-response of the Survey, information is obtained regarding the basic characteristics of the units that do not collaborate in the survey, either directly from the respondent unit, or through administrative registers.

8 Dissemination of the results

The results of the Survey are published on the website of the National Statistics Institute (www.ine.es).

The following products are provided, in addition to the present methodological report:

1.- The main statistical tables covering the variables studied, classified by socio-demographic characteristics, on the national and Autonomous Community levels. The tables are presented, grouped into three blocks (Disability; State of health and limitations to activity; Obstacles to social participation) and the data is presented in relative values.

The data used in the tables has been weighted as described in section 4 of this document.

2.- The tables of sampling errors for the main variables are published, in addition to a report on the analysis of non-response.

3.- The microdata files, and their corresponding questionnaire and register designs are provided. Two files are provided:

- Household File: this contains the information for the household. Each record corresponds to a person from the household, with their socio-demographic characteristics included in said questionnaire. The characteristics of the household itself, and that are common to all of the members thereof, appear in each record (for example, income).
- Adult File: this contains the information provided by the selected person. Each record corresponds to a selected person. This may be crossed with the information for the household, through the common household identifier. Each record contains an elevation factor for the individual.