



# **National Health Survey 2011-2012**

## **SNHS 2011-2012**

Methodology

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## 1. INTRODUCTION

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### 1.1. The SNHS series

The Spanish National Health Survey (SNHS) is a series of surveys that periodically provide information regarding the health of citizens and regarding some of the main factors determining said health.

A great deal of this information is not available from other sources. In view of the health indicators being examined, perception of health, obtained via the impressions of the individual, provides a crucial element in measuring health. The perception of each individual reflects the contribution of different social and environmental factors and lifestyles that go well beyond the health system. This type of subjective information is a vital element in planning and adopting public health measures, and it constitutes a fundamental tool in the assessment of health policies.

For the purpose of obtaining this information, through the Health Information System and within the National Statistical Plan (NSP), the Health Administration periodically conducts surveys targeting the general population, studying health in the broadest sense of the term, as well as its determining factors, from the perspective of citizens. The first of these surveys was conducted in 1987, and since then, it has been carried out in 1993, 1995, 1997, 2001, 2003 and 2006. Within this series, and once European Survey of Health in Spain 2009 was conducted, the new edition of the Spanish National Health Survey was established, taking place in 2011 and 2012 (SNHS2011-2012).

SNHS2011-2012 is a statistical operation included in NSP2009-2012. The institution responsible for the survey is the Ministry of Health, Social Services and Equality, and it is carried out jointly with the National Statistics Institute. The collaboration between these two institutions is established in their basic lines in the partnership Framework Agreement signed in March 2002, and which is developed for each specific operation through the respective Partnership Agreements.

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### 1.2. The European statistical system

In recent years, within the European statistical system, a European Health Survey has been developed, and whose purpose concurs with the SNHS, but with an added objective of standardising the information among the countries in the European Union. In 2009, the first edition of said European Survey of Health in Spain was carried out (ESHS2009). The coexistence of the two surveys is caused by the need to obtain specific information on particular aspects of the National Health System that are not included in the ESHS, as well as to maintain the dataserie existing since the first edition of the SNHS. For the purpose of meeting the regulating principle from NSP2009-2012 regarding the response workload for informants, it was agreed that both surveys would alternate, establishing a five-yearly period, while simultaneously working on the line of convergence between the two projects, in both methodological and content aspects.

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## 2. OBJECTIVES OF SNHS2011-2012

The general aim of SNHS2011 is to provide the necessary information on the health of the population in order to be able to plan and assess actions on health issues. It is designed for:

1. Providing information regarding assessment of the general state of both physical and mental health, and identifying the main health problems faced by citizens: chronic diseases, ailments, accidents and functional limitations.
2. Ascertaining the degree of access and use of health services.
3. Ascertaining the determining health factors: life habits and characteristics of the physical and social environment that pose a health risk.
4. Analysing the differences with which health problems are presented, the risk factors and the use of services among the different population subgroups (by sex, age, social class, country of origin, and Autonomous Community).

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## 3. RESEARCH SCOPES

### **Population scope.**

The research is aimed at the set of persons who reside in main family dwellings. When the same dwelling comprises two or more households, the study extends to all of them, although independently for each household.

### **Geographical scope.**

The Survey is conducted throughout the country.

### **Time scope**

The collection period for the information is throughout the year, from June 2011 to June 2012.

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## 4. DESIGN OF THE QUESTIONNAIRE

On revising the design of the questionnaire for the new edition of SNHS2011-2012, the basic criterion was to maintain stability of the previously consolidated series. Nevertheless, each module - with the questions contained therein - was then revised, for the purpose of confirming their relevance within the survey, while at the same time attempting to adjust the informant workload.

There are some changes that totally or partially meet the intention to reach standardisation with the European survey, with the objective of gaining in comparability with the environment. The most important change lies in the reduction of the age limit for the questionnaire for adults, from 16 to 15 years old. At the time of making this decision, which redefines the series population for some of the variables, it has also considered the interest in the information regarding tobacco use at the age of 15 years old, as well as the convenience of adapting to five-year age groups, to the limit of the age of paediatric care, and to other health surveys. The approach with Europe has also established the selection of certain tools aimed at studying other life habits and sensory limitations.

Another important innovation in this edition of the SNHS is the introduction of the computer-assisted personal interview (CAPI) as a method of information collection. This not only improves the quality, but also enables shortening the time for the data processing and moving the publication of results forward.

In some sections, difficulties were detected in the measurement, whether during the data collection or in the use of SNHS2006, directly or through the fieldwork reports and the reports from the Autonomous Communities. This is the case of alcohol consumption, the quality of life in childhood or reproductive work and to a certain extent, the screening of breast cancer and cervical cancer.

SNHS2006 introduced short-term tools on discrimination, on assault and abuse, regarding the perception of the family function and regarding road safety, which provided valuable information, but is not repeated in 2011. In this addition, the questions about immigration are expanded, and new sections are included on physical activity and on the quality of life as related to health in adults.

From both the cost perspective and the perspective of the workload implied for the interviewee, it was also decided to abbreviate and order the questionnaire. It was suggested to limit the maximum duration of the survey to 60 minutes, and reorder the questions into three large modules, thus harmonising them with the EHS: state of health module, health care module and health determinants module.

Lastly, the modifications made in the household questionnaire and its modification have enabled, though leaving most of the socio-demographic variables in the household questionnaire, transferring some of them, specifically those referring to the selected person, to the beginning of the individual questionnaires, for minors and for adults, respectively, given that the best informant is clearly the person selected.

The entry into force of Royal Decree 1591/2010, of 26 November, passing National Classification of Occupations 2011, establishes the compulsory use of the new classification (NCO-11) for all those statistical operations included in the National Statistical Plan. This is the case of the SNHS, since it already collects the information regarding occupation, encoded to three digits, according to NCO-11 in force, and whose equivalents with NCO-94 have

already been published by the National Statistics Institute <sup>1</sup>. In turn, the Spanish Epidemiology Society has revised the listing of occupations included in each social class category<sup>2</sup>.

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## 5. SAMPLE DESIGN

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### 5.1. Type of sampling. Stratification

The type of sample used is a stratified tri-stage sample.

The first-stage units are the census sections. The second-stage units are the main family dwellings. Within each household an adult is selected (aged 15 years old or over) to fill in the Adult Questionnaire, and in the case of there being minors (aged 0-14 years old) a minor is similarly selected to fill in the Minor Questionnaire.

The framework used for the sample selection for the first stage is an area framework formed by the listing of existing census sections referring to January 2011. For the second-stage units, the list of main family dwellings in each one of the sections selected for the sample has been used. The third-stage units are selected from the list of persons who can be surveyed in the dwelling at the time the interview is carried out.

The first-stage units are grouped into strata, in accordance with the size of the municipality to which the section belongs.

The following strata are considered:

**Stratum 0:** Municipalities with more than 500,000 inhabitants.

**Stratum 1:** Provincial capital municipality (except the above).

**Stratum 2:** Municipalities with more than 100,000 inhabitants (except the above).

**Stratum 3:** Municipalities with 50,000 to 100,000 inhabitants (except the above).

**Stratum 4:** Municipalities with 20,000 to 50,000 inhabitants (except the above).

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

**Stratum 6:** Municipalities with fewer than 10,000 inhabitants.

For each Autonomous Community, an independent sample that represents it is designed, due to the fact that one of the objectives of the survey is to provide data at this level.

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### 5.2. Sample size. Allocation

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<sup>1</sup> <http://www.ine.es/jaxi/menu.do?type=pcaxis&path=%2Ft40%2Fno11%2F&file=inebase&L=>

<sup>2</sup> Domingo-Salvany A, Bacigalupe A, Carrasco Gimeno JM, Espelt A, Ferrando J, Borrell C. Neo-weberian and neo-marxist social class proposals using National Classification of Occupations 2011. Health Gazette (*in the press*).

To cover the objectives of the survey of providing estimates with a certain degree of reliability on national and Autonomous Community levels, a sample of approximately 24,000 dwellings distributed into 2,000 census sections has been selected. The number of dwellings selected in each census section is 12.

In determining the sample size, we have considered the type of characteristics studied, that the information must be provided by the selected person (the use of proxy informants is not allowed) and the importance of the study of minors and their representativeness.

The sample is distributed among Autonomous Communities, assigning one part evenly and another part in proportion to the size of the Autonomous Community.

### **Distribution of the sample by Autonomous Community**

<b>Autonomous Community</b>	<b>Number of census sections</b>
Andalucía	236
Aragón	84
Asturias, Principado de	80
Baleares, Illes	80
Canarias	100
Cantabria	72
Castilla y León	116
Castilla-La Mancha	100
Cataluña	220
Comunitat Valenciana	160
Extremadura	80
Galicia	116
Madrid, Comunidad de	192
Murcia, Región de	84
Navarra, Comunidad Foral de	68
País Vasco	104
Rioja, La	60
Ceuta	24
Melilla	24
<b>Total</b>	<b>2,000</b>

### **5.3. Selection of the sample**

The sections are selected within each stratum with a probability proportional to their size. The dwellings, in each section, with the same probability via random start systematic sampling. This procedure leads to self-weighted samples in each stratum.

For the selection of the person to fill out the Adult Questionnaire, a random procedure is used that assigns the same probability to all adults in the household.

In the case of households with minors, the selection of the minor aged 15 years old to fill out the Minor Questionnaire is carried out using a procedure that is the same as above.

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#### 5.4. Distribution over time

The sample of sections is distributed among the four quarters comprising the time scope of the survey homogeneously, so that any period of the year is equally represented.

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#### 5.5. Estimators

Ratio estimators have been used to estimate the characteristics of the population, implementing re-weighting techniques, considering auxiliary variables, such as age groups and sex and nationality groups of the population in the Autonomous Community.

For this, the following steps have been followed:

#### A. Estimates for households and persons

##### 1.- Estimator based on the design of the sample.

$$\hat{Y}_d = \sum_h \sum_{i,j \in h} \frac{1}{K_h \cdot \frac{12}{V_h^{(11)}}} \cdot y_{hij} = \sum_h \sum_{i,j \in h} \frac{V_h^{(11)}}{V_h^t} \cdot y_{hij}$$

where:

$Y_{hij}$ : Value of target variable Y in household j, from section i, stratum h

$K_h$ : Number of sample sections in stratum h

$V_h^{(11)}$ : Number of dwellings from stratum h according to the framework from 2011

$v_h^t$ : number of theoretical households from stratum h. It is confirmed that:  
 $v_h^t = K_h \cdot 12$ .

The factor  $K_h \cdot \frac{12}{V_h^{(11)}}$  is the probability of selection of a dwelling from stratum h.

2.- **Correction of non-response.** This aspect is corrected on a stratum level, by multiplying the aforementioned elevation factor  $\frac{V_h^{(11)}}{v_h^t}$  by the inverse of the probability of response therein, that is to say:

$$\hat{Y}_2 = \sum_h \sum_{i,j \in h} \frac{V_h^{(11)}}{v_h^t} \cdot \frac{v_h^t}{v_h^e} y_{hij} = \sum_h \sum_{i,j \in h} \frac{V_h^{(11)}}{v_h^e} \cdot y_{hij}$$

where  $v_h^e$  is the effective sample of dwellings in stratum h.

3.- **Ratio estimator:** using the Population Now Cast compiled by the INE as an auxiliary variable at the time of the survey. Its fundamental aim is to improve the estimator obtained via the previous steps, updating the population employed when selecting the sample at the time when the survey is conducted. It is expressed as:

$$\hat{Y}_3 = \sum_h \frac{\sum_{i,j \in h} \frac{V_h^{(11)}}{v_h^e} \cdot y_{hij}}{\sum_{i,j \in h} \frac{V_h^{(11)}}{v_h^e} \cdot p_{hij}} \cdot P_h = \sum_h \sum_{i,j \in h} \frac{P_h}{p_h^e} \cdot y_{hij}$$

where:

$P_h$  is the Population Now Cast halfway through the period for carrying out the survey (31 December 2011), for stratum h.

$p_h^e$  is the population of the effective sample of dwellings ( $v_h^e$ )

If the previous factor is denoted by  $F_j^{(1)}$ ,  $F_j^{(1)} = \frac{P_h}{p_h^e}$ ,

Then:

$$\hat{Y}_3 = \sum_h \sum_{i,j \in h} F_j^{(1)} \cdot y_{hij}$$

4. **Calibration techniques.** The above factor is reweighted in order to adjust the distribution of some characteristics estimated with the sample to the information from external sources.

This calibration has been carried out by means of the CALMAR framework of the French National Statistics and Economic Studies Institute (INSEE). The variables used in this adjustment process were:

- Age groups and sex. Males and females distributed in the following age groups: 0-4, 5-9, 10-15, 16-19, 20-24, 25-29, 30-34, 35-39, 40-44, 45-49, 50-54, 55-59, 60-64, 65 and over.
- Population totals by province.
- Total population by Spanish or foreign nationality.

- Households by size: 1, 2, 3, 4 or more members.

After implementing the above steps, a final elevation factor is obtained  $F_j^{(2)}$  for each one of the households in the effective sample.

Thus, the estimator for the total  $\hat{Y}$  of a characteristic Y can be expressed by:

$$\hat{Y} = \sum_{j \in S} F_j^{(2)} y_j$$

where the sum is extended to all of the households in sample s,  $y_j$  is the value of characteristic Y observed in household j.

The estimators of proportions  $P = \frac{X}{Y}$  are of the form  $\hat{P} = \frac{\hat{X}}{\hat{Y}}$  where estimates  $\hat{X}$  and  $\hat{Y}$  are obtained using the above formula.

The previous household factor is also assigned to all its members for estimates of characteristics of all persons.

## B. Factor for adults and minors selected.

In addition to the estimates obtained from the household characteristics and from those of all its members, it is necessary to consider the characteristics obtained from information provided by the adult and the minor selected, having completed the Individual Questionnaire. In a similar way to section A, the factor is obtained via a series of steps.

1.- **Design factor:** From the previous household  $F_j^{(1)}$  factor (Step 3), we obtain:

**Factor of the adult selected for household j:**  $F_{jk}^{(3A)} = F_j^{(1)} \cdot A_j$ , where subindex jk represents the person (adult) k from household j who should fill out the individual adult questionnaire, and where  $A_j$  is the number of adults in household j.

**Factor of the child selected for household j** (where there are children in the aforementioned household):

$F_{jk}^{(3M)} = F_j^{(1)} \cdot M_j$ , where subindex jk represents, in this case, the person (minor) k from household j who must fill out an individual minor questionnaire and  $M_j$  is the number of children in household j.

2.- **Correction of non-response.** Due to the existence of non-response from individual questionnaires, there are adults and minors who, although they should fill out the corresponding individual questionnaires, do not do so because the previous factors must be corrected.

The correction is carried out in the following manner:

In the case of the adults:

$$F_{jk}^{(4A)} = F_{jk}^{(3A)} \frac{\sum_{lm \in CIAT_G} F_{lm}^{(3A)}}{\sum_{lm \in CIAE_G} F_{lm}^{(3A)}}$$

where the sum of the number extends to the set of theoretical individual questionnaires from group G ( $CIAT_G$ ), and the sum of the denominator to the set of effective individual questionnaires from that same group ( $CIAE_G$ ). Subindex  $lm$  represents adult  $m$  from household  $l$ .

In the case of minors:

$$F_{jk}^{(4M)} = F_{jk}^{(3M)} \frac{\sum_{lm \in CIMT_G} F_{lm}^{(3M)}}{\sum_{lm \in CIME_G} F_{lm}^{(3M)}}$$

similar expression to the previous one, having merely exchanged A for M and extended the sums to the set of individual child questionnaires. Subindex  $lm$  represents child  $m$  from household  $l$ .

Groups G that have been considered both in the case of adults and in the case of minors were by Autonomous Community and groups by sex and five-year age brackets up to 65 years old and over.

**3.- Calibrating techniques.** Finally, calibrating techniques have been applied to the previous individual factors, using CALMAR software.

The external sources (Population Now Cast) used have been, within each Autonomous Community, the population by age group and sex: males and females aged 0-15, 16-24, 25-34, 35-44, 45-54, 55-64, and 65 years old and over; and population total of Spanish and foreign nationality by Autonomous Community.

These factors are those used in the estimates of characteristics of the Individual Questionnaires.

## 5.6. Sampling errors

For the estimation of the sampling errors <sup>3</sup> the Jackknife method has been used, which enables obtaining the estimation of the variance of the estimator of characteristic X, using the following expression:

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

<sup>3</sup> As the sample design is multi-stage and stratified, the calculation of the sampling error requires a process that is different from that which would be obtained by applying the expressions of simple random sampling. The analysis based on this type of sampling would generally produce an underestimation of said error

where  $\hat{Y}_{(lh)}$  the estimate of characteristic Y obtained by removing group of sections i from stratum h, and  $A_h$  are the random groups of sections comprised 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:

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

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 enables 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 interval between

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

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

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## 6. INFORMATION COLLECTION

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### 6.1. Structure of the questionnaires

The information collection by the survey is divided into three questionnaires:

- I. Household Questionnaire

## II. Adult Questionnaire

## III. Minor Questionnaire

The household questionnaire includes all members of the household, and some basic socio-demographic variables on all of them. Moreover, information is collected on socio-demographic characteristics of the reference person in the household (person who contributes the most to the household budget).

The adult questionnaire collects information on the person aged 15 years old or older selected from the household, and in the case of there being minors in the household, and the minor questionnaire includes the information from the minor selected. Said information corresponds to additional socio-demographic variables of the persons selected, and all the target health variables of the survey.

SNHS2011-2012 has adopted the modular structure for the health variables, dividing the adult questionnaire and the minor questionnaire in three modules, according to the dimensions studied:

- a) State of Health Module: state of health and chronic illnesses, accidents, quality of life as related to health (only for persons aged 8 years old and over), restriction of activity, limitations to carrying out everyday activities (only for persons aged 65 years old and over), auditory and visual sensory limitation (only for persons aged 15 years old and over), mental health (only for persons aged 4 years old and over) and job stress (only for persons aged 15 years old and over).
- b) Health Care Module: access to and use of health services (medical consultations, hospitalisations, emergencies, dental care), needs that are not covered, type of insurance, consumption of medication and general preventive practices (only for persons aged 15 years old and over) and women's preventive practices (only for women aged 15 years old and over).
- c) Health Determinant Module: physical characteristics (Body Mass Index), tobacco and alcohol consumption, (only for persons aged 15 years old and over), exposure to tobacco smoke, rest and physical exercise, diet, dental hygiene (only for persons aged 3 years old and over), emotional and personal support (only for persons aged 15 years old and over) and reproductive work (only for persons aged 15 years old and over).

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## 6.2. Stages of the interview

In SNHS2011-2012, the initial contact with the households selected is made via the mailing of a letter from the INE, requesting their collaboration, and in which they are notified of having been selected for the survey, as well as its confidential nature, and warning them about the coming visit by an accredited interviewer.

In each of the selected dwellings, the number of existing households is identified. For each household in the dwelling, the study has been carried

out in two phases, the first begin identified with the Household Questionnaire, and the second with the Adult Questionnaire (persons aged 15 years old or over) and the Minor Questionnaire (persons aged 0 to 14 years old).

### **First Phase**

In the first phase, it was attempted to collect all of the persons resident in the household, requesting information of all of the members regarding some fundamental socio-demographic variables included in the household questionnaire.

The Household Questionnaire had to be answered by an adult able to provide information regarding the characteristics and composition of the household.

In this phase of the interview, a person aged 15 years old and over (adult person) resident in the household is selected to answer the adult health questionnaire, and if there is a person under 15 years of age residing in the household, one of them is selected to fill out the health questionnaire for minors. The selection is carried out at random, through a *Kish table* used in the portable device. In this way, it is not possible to replace the adult person or the minor selected with others in the household to answer the respective questionnaires.

Moreover, the identification of the reference person in the household is requested, and in the event that it does not coincide with the adult person selected, information is requested regarding additional socio-demographic variables for that person. Lastly, details are requested regarding the characteristics of the dwelling and the household.

### **Second phase**

In the second phase, health information is collected for the person aged 15 years old and over selected for the household, and as pertinent, the minor (aged 0 to 14 years old) selected

The Adult Questionnaire will be notified directly by the person aged 15 years old and over selected. A person other than the person selected to be the informant (proxy) will be allowed if:

- a) The person selected is in a hospital or residence
- b) The person selected is incapacitated to answer, due to serious illness or disability
- c) The person selected cannot answer because of the language

In these cases, it is allowed for another adult person in the household, or another person of legal adult age who is not a member of the household, to answer for the person selected. In the case that the reason for a proxy is the lack of knowledge of the language, it is allowed for the informant acting as a translator to be a minor, if there is no other adult person who can act as a translator.

In turn, the information corresponding to the Minor Questionnaire is obtained indirectly, provided by the mother, the father or the guardian. If

they are not able to provide the information due to illness, lack of knowledge of the language, etc., or if they are always absent, another authorised person who is sufficiently notified on the data requested and able to do so, may provide the information.

Both questionnaires collect socio-demographic information in addition to the obtained in the household questionnaire for each person selected, and all of the questions from the three modules on health variables.

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### **6.3. Collection method**

The information collection method is the computer-assisted personal interview (CAPI) that may be complemented when necessary, and in exceptional cases, via telephone interview.

The interviews are conducted in the selected dwellings. The personnel in charge of conducting the interviews is assigned a periodical work quota, distributed according to the sampling design. For each dwelling, at least 6 visits are made on three different days, until the household is contacted or the corresponding incidence is confirmed.

The fieldwork (data collection, inspection, monitoring and control of the information corresponding to each province) has been carried out by the Research, Planning and IPD Development company, which was awarded the contract tendered by the INE, under close supervision thereof.

Before beginning the collection tasks, personnel from the INE, advised by the MSSSI, teaches training courses to those persons responsible for the area of the company in charge of the collection. In the meantime, they are responsible for the training of the personnel they oversee in the respective areas. The courses in the first step of training last 3 days, those in the second step last 2 days, both meeting in the morning and the afternoon.

These courses serve to explain the methodological concepts and theoretical considerations in the content of the survey, the use of portable devices and the rules for completing the questionnaire. Likewise, the administration procedure of the questionnaire is explained, as well as the rules for conducting the interview, the rules for carrying out the fieldwork (collection and inspection), the incidences in the collection and processing, supporting this explanation with practical examples. This also explains the use of applying monitoring and control of the fieldwork (ADM) and the procedure for downloading the information.

The training courses use the SNHS2011-2012 Manual for interviewers, which comprehensively includes the information collection procedure. They also explain to the interviewers the importance of their mission and the relevance that the correct conduction of the interview has on the data collection, on the use of those factors influencing the collaboration of persons, and on the quality of the responses provided.

For the purpose of verifying the proper information collection onsite, the company in charge of the collection periodically carries out inspections of the visits made by the interviewers.

In addition to these periodical inspections, other occasional inspections are performed in those areas where problems or doubts in the collection occur.

he total number of sections inspected has reached 419 (21% of the sample).

The main purpose of the inspection is to verify that the interviewers correctly perform their work in the original interview, following the established rules, specifically checking that the assignation of incidences by the interviewers has been correct, and correcting mistakes they have made.

In addition to the above inspections carried out by the company in charge of the collection, INE personnel eventually performs inspections and controls for the purpose of corroborating the quality of the collection tasks and compliance with the tasks that are the responsibility of the company awarded the contract.

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#### **6.4. Basic Units**

Below are the definitions of 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 outbuildings which occupy a building or a structurally separate 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 on the date of the interview are not used totally for other purposes. This definition includes:

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

##### **- Household**

A household is defined as that person (single-person household) or group of persons (multi-person household), whether or not they are linked by family bonds, who together occupy a main family dwelling, or part of it, have a common budget and consume and/or share food and other relevant expenses, using said budget.

The group of persons that reside in a group establishment (hospital, hotel, student residence, etc.) does not constitute a household. However, it must be considered that, within the building of a group establishment, there can be a household, so long as that household has a budget that is clearly differentiated from that of the group, such as the case of cleaning managers

of schools or other institutions whose dwelling is within the school or institution building.

For the purpose of locating the number of households residing in the dwelling, this survey considers that more than one **household resides** in the same dwelling when these households maintain differentiated budgets, that is, separate finances among them, and even if they share a series of basic dwelling expenses (rent, gas, electricity, water), they are independent with regard to all of the relevant expenses, such as food, clothing, telephone, etc., and in addition, each household occupies a different and delimited area of the dwelling, even if all of the households in the dwelling have a common space (for example, dwellings with subletters, dwellings shared by two or more families with independent finances, etc.).

Therefore, if the dwelling is occupied by two or more groups of persons with these characteristics, it must be considered that each of these groups constitutes a household, and a Household Questionnaire is opened for each of them.

In order to delimit the maximum number of households that may reside in a dwelling, the following is considered:

@When only independent persons reside in the dwelling, and they use one or several rooms exclusively and do not have a common budget (guests, subtenants, etc.), each person will be considered to constitute a private household, as long as the number of persons resident in the dwelling is 5 or less. In this case, each person will be considered an independent household, and each one will be interviewed. When there are more than 5 persons with these characteristics residing in the dwelling, it will be considered a group establishment, and the persons will be rendered unsurveyable.

@When persons who use one or more rooms exclusively and who do not have a common budget (guests, lodgers subletting, etc.) live in the same dwelling and there are also persons who do constitute a household and have a common budget, the survey will consider a household on the one hand, and on the other, the rest of the persons living in the same dwelling will be considered independent households if there are 5 or less, and each of them will be interviewed independently. Conversely, if the number of these persons is higher than 5, they will not be the target of study, though the group comprising the household will be, and therefore, it is a surveyable dwelling.

#### **- Members of the household**

The conditions established in order to determine whether or not a person is a member of the household endeavour to avoid the possibility of a single individual being classified in more than one household or, conversely, not being classified in any household.

Once it has been determined how many households there are in a dwelling, for the purposes of this survey, all the following persons are considered to be members of the household in the surveyed dwelling:

- Those regularly residing and planning to reside there most of the year with the household in the surveyed dwelling.

- If in the next 12 months a person has, or will have, one or more other addresses where they will regularly reside, that person is considered to be a member of the household in which s/he is going to reside the most time.

- If they regularly reside in another dwelling, a health centre or another type of group establishment, and they intend to return to the surveyed dwelling before a year has elapsed, in such a way that in the next 12 months, they will spend most of the time with the household in the surveyed dwelling.

For example, the case of students who live outside their parents' household. If they return home only during holidays, they will not be considered members of the household, as they would spend most of the next 12 months residing in a different dwelling.

- Also considered to be members of the household are those persons employed in the household, and those guests who regularly reside with the household and share a common budget and consume and/or share food or other relevant expenses using said budget with the rest of the members of the household.

- As a special case, those persons who reside in more than one household, and the same amount of time in each over the course of the year, are considered to be members of the household in which they reside at the time of the Survey.

For example, with elderly persons who change their residence, living with different children or other relatives throughout the year, two cases may arise:

1st They spend the same amount of time throughout the year with all of their children. In this case, they would be considered a member of the household in the surveyed dwelling, so long as they resided with that household at the time of the interview.

2nd They do not spend the same amount of time throughout the year with all of their children. In this case, they would be considered a member of the household with which they reside the most time.

The children of divorced parents with shared custody will be treated the same way; they will be considered members of one household or the other, depending on the time they spend with each one of their parents.

- Persons who, without another private address, are currently living or planning on residing in the dwelling most of the time in the next 12 months.

For example, the case of a lorry driver, with long absences from their regular dwelling. Due to not having another private address, for question 5, "No" should be marked, and therefore, they will be considered a member of the household being surveyed.

#### **- Regular residence**

A person will be considered a regular resident if s/he spends most of her/his daily life there, assessed with regard to the year prior to the interview.

## 6.5. Incidences in the collection and their treatment

An effective sample of 21,508 households has been obtained from the initial sample of 24,000 dwellings selected for SNHS2011-2012. The dwellings for which it has not been possible to obtain information have been assigned an incidence, depending on the different situations that the interviewer might find in dividing each of them into sections. The following describes the different incidences considered and the treatment defined for each of them.

### A. INCIDENCES

There are three types:

#### I. Incidences concerning dwellings

Every dwelling, depending the situation it is in when the interview is carried out, is included in one of the following classification types:

##### I.1 *Surveyable dwelling* (E)

This is the dwelling that is used all or most of the year as a regular residence. Considering a dwelling as surveyable is the first step toward conducting the interview.

I.2 *Unsurveyable dwelling*, in turn, may be unsurveyable due to being an:

- *Empty dwelling* (V):

The dwelling selected is uninhabited, in ruins or a seasonal dwelling.

- *Unlocatable dwelling* (IL):

The dwelling cannot be located at the address that appears on the list of selected dwellings, either because the address is wrong or because the dwelling no longer exists, or for other reasons.

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

The dwelling selected is used completely for purposes other than a family residence, due to an error in the selection or because its purpose has changed, and therefore, it does not form part of the target population of study.

##### I.3 *Inaccessible dwelling* (IN):

That which cannot be accessed to conduct the interview, due to climatological causes, floods, etc., or geographical causes, when there are no passable roads to reach it.

##### I.4 *Previously selected dwelling* (SA):

This is the dwelling that, having been selected previously (less than five years ago) in the sample of any other INE survey targeting households, and having collaborated in it, has now been selected again.

#### II. Incidences concerning households

Once the interviewer located the selected dwelling and confirmed that it was a main family dwelling, that is, a surveyable dwelling, as a result of contacting the household, the following cases could occur:

### II.1 *TOTALLY SURVEYED Household (ET):*

The household is thus considered if the household agrees to provide the information, and the Household Questionnaire, the Adult Questionnaire, and if there are minors, the Minor Questionnaire are all filled out.

For the purposes of collaborating in the survey, the requirements demanded to consider the household a totally surveyed household will vary, depending on whether or not there are minors in the household. In this way, a household without minors will be considered totally surveyed when both the household and adult questionnaires are obtained and considered valid. In a household with minors, the household is considered totally surveyed when the household, adult and minor questionnaires are all obtained and considered valid. In order for a questionnaire to be considered valid, it must have a minimum of information.

### II.2 *Partially surveyed household (EP)*

This incidence will be assigned when a household with minors has managed to validly fill out the household questionnaire and either the adult or the minor questionnaire, but not both.

### II.3 *Unsurveyed household*

That household that is neither totally nor partially surveyed shall be considered an unsurveyed household, and shall be considered an incidence due to one of the following circumstances:

#### - *Refusal (NH):*

The household as a whole, or the person(s) whom the interviewer first contacts, refuse(s) to participate in the survey.

#### - *Absence (AH)*

This incidence occurs when all of the members of the household are absent, and will continue to be so during the period of time in which the fieldwork in the section is to last.

#### - *Inability to respond (IH)*

All of the members of the household are unable to respond, due to old age, illness, lack of knowledge of the language, or any other circumstance.

### **III. Incidences concerning the selected person**

These incidences shall only be assigned to those cases in which the household has been given the "Partially surveyed" incidence, and shall refer to the incidence of the informing person from the questionnaire that is missing (adult or minor questionnaire). It may be due to:

#### - *Refusal (NP)*

The person who must fill out the missing questionnaire refuses to provide the required information.

#### - *Absence (AP)*

This incidence occurs when the person selected to respond to the questionnaire is absent, and will be away during the whole period during which the fieldwork will be performed in the section.

- *Inability to respond* (IP)

The person selected to answer the missing questionnaire is unable to respond to the interview, due to disability, illness, lack of knowledge of the language or another circumstance. In the case of disability or illness, this incidence will be assigned when there is no other person who can respond to the questionnaire as an indirect informant.

## **B. TREATMENT OF THE INCIDENCES**

Each section starts with 12 incumbent dwellings that are to be surveyed. In case it is not possible to survey a dwelling due to some incidence, as a general rule, it is replaced by another dwelling from the list of reserve dwellings. To this end, the incumbent and reserve dwellings are assigned a theoretical group to which they belong: (i) dwellings with minors, (ii) dwellings without minors, with all members under 40 years of age, and (iii) dwellings without minors, some member over 40 years of age. The replacement of incumbent dwellings by reserves is always carried out within the same theoretical group. The list of reserve dwellings cannot be expanded.

The objective of this controlled-replacement mechanism is to try to maintain - in the effective sample - the same percentages of dwellings from one group and the other in the theoretical sample.

The treatment of the incidences, and the means of replacement, is as follows:

### **I. Incidences concerning dwellings**

- a) Those **incumbent dwellings that are empty, unlocatable and intended for other purposes** (V, IL, OF) are replaced by other dwellings from the same theoretical group of reserve dwellings from the same section, until the latter are used up.

If, on conducting the interview, it is observed that the reserve dwelling does not actually belong to the same group as the incumbent dwelling, it is used as though this fact had not arisen. That is, it only considers the theoretical classification of both the theoretical units and the reserve units in order to make the replacement.

- b) **Unavailable or inaccessible dwellings** (IN) may only be replaced if the cause of the inaccessibility disappears during the time in which the fieldwork in the section lasts. Replacements, if needed, are performed following the same criteria stated in the previous section.
- c) In the case of the **dwellings previously selected** in another population survey, and that are detected prior to starting the fieldwork, they are assigned the SA incidence, and they are directly replaced by the first available dwelling from the list of reserve dwellings from their theoretical group.

If this circumstance is detected during the fieldwork, and the household is not willing to collaborate on this occasion (SA), it is replaced by the first valid reserve dwelling available from the theoretical group to which the dwelling belongs. In case they wish to collaborate, the interview is conducted, assigning it the corresponding collaboration incidence.

## II. Incidences concerning households

- a) Those households that have **refused** to collaborate (NH) are replaced, whether the refusal has been from the household as a whole or from all of the persons who had to provide information. For the replacements, the same norms were followed as in the case of incidences in dwellings.
- b) In the case of **absence** (AH), the dwelling is replaced, following the rules established in section (a) on incidences concerning dwellings.
- c) That household with an **inability to respond** (IH) is also replaced, according to the rules set out in section (a) on incidences concerning dwellings.

## III. Incidences concerning persons

- a) If the adult selected or the person responsible for the minor selected is a **refusal** (NP):

In the case that the person selected refuses to provide the information corresponding to the Adult Questionnaire, that information cannot be provided by another other person, and no other person in the household will be selected to fill out the Adult Questionnaire.

In the case that the parents or guardian of the minor refuse to provide the data for the minor, it is only allowed to ask another person in the household who is able to provide the information, if the parents or guardian agree.

- b) If it is due to **absence or inability to answer** of the adult selected or of the persons responsible for the minor selected (AP, IP):

In the case of the adult selected, if the absence is due to being admitted to a health establishment or due to disability, another person in the household capable of providing the information may do so, and in this case, no household incidence would be produced (see section 6.2). In the case of another reason for the absence, the information cannot be provided by another member of the household or by a replacement.

In the case of absence of the persons responsible for the minor selected, other sufficiently-informed persons may answer the questionnaire, so long as permission is obtained from the persons responsible for the minor.

## 6.6. Response rate

The distribution of the incidences in incumbent dwellings and reserve dwellings, and the response rates, have been as follows:

### **Distribution of the incidences**

Type of incidence	Incumbent dwellings		Reserve dwellings used	
	Number	%	Number	%
<b>Total dwellings</b>	<b>24,000</b>		<b>13,808</b>	
Framework incidences (empty, unlocatable, other purposes, inaccessible)	3,370	14.04	2,270	16.44
<b>Surveyable dwellings</b>	<b>20,630</b>		<b>11,538</b>	
<b>Surveyable households</b>	<b>20,744</b>	<b>100.00</b>	<b>11,593</b>	<b>100.00</b>
Incidences concerning households	6,004	28.94	4,825	41.62
Refusal	3,030	14.61	2,258	19.48
Absence	2,834	13.66	2,423	20.90
Inability to respond	140	0.67	144	1.24
<b>Households surveyed</b>	<b>14,740</b>	<b>71.06</b>	<b>6,768</b>	<b>58.38</b>
<b>Final effective sample (Incumbent households + reserve households)</b>	<b>21,508</b>			
<b>Response rate (Incumbent households surveyed/Surveyable incumbent households)</b>	<b>71.06%</b>			
<b>Proportion of the effective sample of households (Surveyed households/Incumbent dwellings)</b>	<b>89.62%</b>			

## **7. FUNDAMENTAL CONCEPTS AND CHARACTERISTICS OF THE STUDY**

Below are the details of the identification and classification (socio-demographic) variables and target variables of the study, as well as the fundamental concepts and definitions associated with them considered in the survey.

### **7.1. Identification variables**

These variables are in the three questionnaires, and their purpose is to identify each unit. The variables considered are the following:

#### **- Province**

The 50 provinces into which Spain is divided, and the Autonomous Cities of Ceuta and Melilla, are considered.

#### **- Section.**

The census section to which the selected dwelling belongs is considered. A correlated number assigned for each section.

**- Order number of the dwelling**

The selection number which corresponds to each one of the sample dwellings is considered.

**- Household number within the dwelling**

The number assigned to each of the households within the dwelling is considered, in the case that there is more than one household in the dwelling.

**- Number of the adult person selected in the household**

This considers a correlated number assigned to each person aged 15 years old and over, beginning with the number 01.

**- Number of the minor selected in the household**

This considers a correlated number assigned to each person under 15 years of age, beginning with the number 51.

**- Data from the questionnaire informant**

C. Household: This identifies the informant person for the household questionnaire (member of the household or person outside the household)

C. Adult: In case of a proxy informant, this identifies who it is, and the reason for the proxy

C. Minor: This identifies the adult informant of the minor questionnaire.

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## **7.2. Classification variables**

Starting with 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.

These variables are collecting in questions from the Household Questionnaire (CH), when information is required from all members of the household or from those that are not the selected adult, and in questions from the Adult (CA) and Minor (CM) Questionnaires, when based on them. The variables considered have been as follows:

### **I. Geographical variables**

**- Autonomous Community of residence**

The 17 Autonomous Communities and the Autonomous Cities of Ceuta and Melilla are considered. The survey has been designed in order to be representative for the main variables on an Autonomous Community level. Representativeness and validity of an analysis on a lesser geographical classification level are not guaranteed.

## II.- Socio-demographic variables

### - Age

This characteristic is researched for all members of the household (CH).

### - Sex

This characteristic is researched for all members of the household (CH).

### - Kinship relation with the adult person selected

This characteristic is researched for all members of the household (CH).

### - Educational level

This characteristic is researched for all members of the household.

This refers to the highest educational level attained by persons aged 10 years old and over residing in the household, whereby, should a person have studied to a certain level without managing to finance their studies, s/he is deemed to have attained the previous level.

The classification used for the educational level, and the corresponding levels considers, has been as follows:

- Not applicable, s/he is under 10 years old
- Cannot read or write
- Incomplete primary education (Attended school for less than five years)
- Primary education (Attended school for five years or more, but did not reach the last year of compulsory education)
- 1st stage Secondary education (OSE, Elementary secondary education, etc.)
- Upper secondary education
- Intermediate-level professional education or the equivalent
- Advanced professional training or the equivalent.
- University studies or the equivalent

#### *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 for all types of centres delivering those study programmes.

**Annex I** shows the details on the studies (with the only and new systems) that are included in each level considered in the variable, according to the 2000 National Classification of Education (NCED-2000).

### **- Nationality**

This characteristic is only asked of the adult and minor selected for their respective questionnaires (CA and CM). It considers:

- Spanish
- Foreign (in this case, the country is noted)

This allows for multiple selection for cases of dual nationality.

### **- Country of birth**

This characteristic is only asked of the adult and minor selected for their respective questionnaires (CA and CM). It considers:

- Spain
- Abroad (in this case, the country is noted)

### **- Years residing in Spain**

This characteristic is asked only of the adult and minor selected for their respective questionnaires (CA and CM) when their country of birth is not Spain.

### **- Marital status**

This characteristic is only asked of the adult selected (CA). This refers specifically to the legal situation, and not to the de facto situation.

- Single
- Married
- Widowed
- Legally separated
- Divorced

Cohabitation with a partner is obtained from the kinship relations variable

## **III.- Socio-economic variables**

### **- Reference person.**

Also known as the main breadwinner, this is the member of the household who regularly (not occasionally) contributes the most to the household budget, in order to pay for the common expenses thereof. Please observe that the main breadwinner is not the person who obtains the most income (main source), but rather the person who contributes the most to the common budget.

It must be borne in mind that if the person who contributes the most to pay the common household expenses is no longer a member of the household (or never was a member of the household), s/he is not considered the reference person, even if s/he makes the greatest economic contribution to the household. In this case, the reference person is that member of the

household who receives the economic contributions intended to pay the household expenses. If the economic contributions are earmarked for a person under 16 years of age, the person who provides the most to the household budget would be the member of the household aged 16 years old or over who is responsible for said minor.

For example, a father separated from his wife, who has definitively left the household and resides in another dwelling, is no longer a member of the household, and therefore, cannot be considered the reference person, and if he makes the maximum economic contribution to the household in order to pay the expenses thereof, in this case, the reference person would be the mother of the minor to whom the economic contributions are earmarked.

However, a minor can be the reference person. There are three main sources of income for a minor to be the person who contributes the most to the household budget (though not in all cases is this the reference person):

a) orphanhood pension

b) separated parents, and the minor receives the money from the parent who does not cohabit with the household

c) heir who pays the most of the household expenses.

In case a), the minor is marked as the reference person. In cases b) and c), the reference person is the member of the household aged 16 years or over who is responsible for said minor, as was explained in the last example.

#### **- Situation with regard to economic activity**

This refers to the situation in which each person would be classified with regard to economic activity: economically active (working or unemployed) or economically inactive (retired, studying, unable to work, other situations). It is possible for a person to be partially in several of these situations, and therefore, it is allowed to tick a maximum of three, though always considered that it is considered a main activity.

This characteristic is researched for all members of the household (CH).

*Definitions:*

#### **Working:**

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 self-employed or freelance workers: businesspersons, independent workers and members of production cooperatives who work therein.

Included in this category are those persons who might have been absent from their work due to being on leave. Moreover, considered under this heading are those persons who, during the reference week, were 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, during the reference week, were not working due to work conflict, job and salary disciplinary suspension, study leave, maternity or other leave, are considered to be working.

Those suspended or separated from their work as a result of an employment regulation will be considered employed persons only in the event of them expecting to be rehired by the company.

The following persons will 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 did not work during the reference week.
- 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.

### **Unemployed**

All persons who, during the reference week, were without work and were available to work in the period of two weeks as of the date of interview and are looking for work; 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.

If on the date interview takes place, the person does not have a job, but s/he expects to start a new job after the interview date, then the person is also considered to be unemployed.

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 unemployed.

### **Retired or in early retirement**

Persons are considered to be in this situation when they have had a previous economic activity, and due to age or causes other than disability, they have left their work, with their livelihood being pensions and/or income received because of their previous activity.

This includes 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.

## **Studying**

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

Persons preparing for public examinations are included.

## **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 permanent disabilities, whether from birth or acquired, but not disabilities of a transitory nature, that is, temporary disabilities due to common or professional illnesses or accidents, whether work-related or not, while they receive health care or medical leave is necessary.

## **Dedicated to housework (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 her/his 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 an infinite number of households in which no member may be included in the option of spending their time carrying out housework, given that, as has been shown, those spending the most time 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.

## **Other situations**

This category includes all those persons who are not assigned to any of the above categories, and in particular, the following: independently wealthy persons (those who do not carry out any wage-earning or self-employed work, but instead receive income from property and/or investment income); persons who are temporarily incarcerated, and those who, without carrying out any economic activity, receive public or private aid.

## **- Professional status with regard to their current or last job**

Research is conducted for the reference person (CH) and for the adult selected (CA) as to their current situation with regard to occupation (in the case that the person is working) or with regard to their last job (if they have

worked, but are not currently working). The following classes are considered:

- Wage-earner (salary, commission, daily-pay, etc.)
- Businessperson or professional with wage earners (employees)
- Businessperson without wage earners or independent worker
- Family assistance (without regulated remuneration in the family company or business)
- Member of a cooperative
- Other situation

### *Definition*

**Wage earner.** A wage-earner is considered to be that person who works for a company or public organisation (wage earner in the public sector) or private organisation (wage earner in the private sector), and receives for that work a salary, commission, benefit, payments by results, or any other form of regulated remuneration, in cash or in kind.

Those persons who meet the requirements to be wage earners, do not lose said condition, even in the case that they directly pay taxes due to performance of personal work and/or Social Security contributions

Also included as wage earners are the following:

- The worker-partners of public limited labour companies who have an employment relationship with wage earners.
- The managers, directors or other wage-earning employees who are not owners of the company in which they work, even when they carry out the same functions as the employers or businesspersons, such as the hiring or dismissal of other workers in the name of the company.
- Home workers, when they have an explicit or implicit contract or labour agreement, and their remuneration basically depends on the time worked or the amount produced.

**Businessperson or professional with wage earners (employees).** This is considered to be the person who manages her/his own company, industry or trade (except cooperatives), or manages on her/his own, a liberal profession or trade, and who due to this, hires one or more employees or workers whom s/he pays via salary, wages, commission, etc. Therefore, classified in this category are managers, businesspersons and professionals, including wage-earning personnel.

Members of productive cooperatives are not included, even if they employ wage-earning personnel.

**Businessperson without employees or independent worker.** This considers the person who manages her/his own company, industry, trade or farm, or who exercises, on her/his own, a liberal profession or trade and does not employ wage-earning personnel. It includes those who work in their own

company with the sole assistance of family members without reglamentary remuneration.

**Family assistance.** This is considered to be that person who works, without reglamentary remuneration, in the company or business of a relative with whom s/he lives. The persons who help a relative with whom they do not live, and from whom they receive no type of remuneration, are considered to be unemployed. If they receive any remuneration (in cash or in kind), they will be considered to be employed, and their professional situation (status) will be that of a wage earner.

**Member of a cooperative.** These are all of the members of production cooperatives working therein. Working members of public limited labour companies are not included in this section, since they are regarded as wage earners. Wage earners working in cooperatives are not included in this code either. Working partners of associated work cooperatives, community land exploitation cooperatives, etc., however, are included.

**Another situation.** This considers those persons who cannot be included in any of the above sections, with this option being reserved only for very specific cases:

- Wage earners hired by foreign embassies (these are public sector employees of another country).
- Persons cooperating in the work of a wage earner, and who therefore cannot be encoded as family assistance (since there should therefore be a businessperson or independent worker in the family unit of which they would be family assistance). For example, textile sector workers working in their own homes, in receipt of wages in return for this, and who are helped by other members of the family unit. The latter cannot be considered family assistance

#### - Occupation

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

This obtains the occupations of the adult selected and of the reference person, for their current job or their last job, and they are encoded to three digits, according to the 2011 National Classification of Occupations (NCO-2011) <sup>4</sup>.

#### - Company activity

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<sup>4</sup>The codes and their corresponding names may be viewed in the design of the microdata register for the survey, as well as at the following link:  
<http://www.ine.es/jaxi/menu.do?type=pcaxis&path=%2Ft40%2Fcono11%2F&file=inebase&L=0>

This obtains the activity of the establishment in which the adult selected and/or the reference person works or that in which the person last worked. The activity is encoded to two digits, according to the 2009 National Classification of Economic Activities (CNAE-2009) <sup>5</sup>

#### *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, 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 on economic activity always refers to establishment activity and not to company activity, since one same company may own several 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.

#### **- Characteristics of the current job post**

This studies the following for the adult selected and who is working:

- Type of contract
- Duration of the contract
- Working time in the company
- Type of working day
- Workers in her/his charge

#### *Definitions*

**Working day:** This is the time spent by each worker carrying out the work for which s/he was hired. It is recorded by the number of hours the employee must spend in order to carry out her/his work activity within the allotted period of time.

**Split shift:** When the working day includes at least a 1-hour break that is not counted as time worked.

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<sup>5</sup>The codes and their corresponding names may be viewed in the design of the microdata register for the survey, as well as at the following link:  
<http://www.ine.es/jaxi/menu.do?type=pcaxis&path=%2Ft40%2Fclasrev%2F&file=inebase&L=0>

**Continuous working day:** When the working day carried out continuously lasts more than 6 hours, and there is a break of no less than 15 minutes which counts as time worked. This working day may be in the morning, in the afternoon or at night.

**Night work** is performed between 10 o'clock at night and six o'clock in the morning. It may not exceed a daily average of eight hours, in a reference period of fifteen days.

A night worker is considered as the employee who normally has the night shift occupying more than 3 hours of their daily working day, or if they carry out one-third of their annual work at night.

**Reduced working day:** This is a shorter working day, as a result of the particular physical circumstances under which the work is carried out:

- Work with health hazards
- Work in refrigerators and freezers
- Work inside mines
- Construction work and public works
- Other working day reductions (breastfeeding, legal guardian for children, etc.)

**Work in shifts:** Work in shifts is considered as any form of work organisation in teams according to which the workers successively occupy the same job posts, following a certain continuous or discontinuous rhythm, implying that the worker must provide their services at different hours within a determined period of days or weeks.

#### - **Social class**

The social class is assigned to the reference person and the adult selected, following the classification provided by the Spanish Epidemiology Society <sup>6</sup> expressed in detail in **Annex II**.

For the social class, in the case that the reference person and or the adult selected have never worked and receive a contributory pension, the occupation and economic activity variables of the person generating said pension are studied.

#### - **Income**

The income received by the household is studied for classification according to the level and the source. This considers all the income received by each member of the household, excluding guests and persons employed therein,

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<sup>6</sup> Domingo-Salvany A, Bacigalupe A, Carrasco Gimeno JM, Espelt A, Ferrando J, Borrell C. Neo-weberian and neo-marxist social class proposals using National Classification of Occupations 2011. Health Gazette (*in the press*).

even if they reside in the household. Likewise, it considers the income that the household might receive as a whole.

a) Sources of income

This considers the different sources of income that they receive throughout the year, and which of them is the main source:

- Income from self-employed work or work employed by others
- Benefit and subsidies due to unemployment
- Benefit due to retirement, widowhood, orphanhood or for other family members
- Pension due to disability or incapacity
- Economic benefits for raising dependent children or other economic benefits as household assistance, etc.
- Benefits or subsidies related to the dwelling
- Benefits or subsidies related to education
- Other regular income / Other subsidies or regular social benefits

b) Level of income.

For the purpose of classifying households by their level of income, they are asked their net monthly income. In case they do not provide this figure, 8 brackets are proposed for the household to choose from.

*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, at the current time, whatever its origin, where applicable after income tax payments, social security contributions, other similar payments, deductible expenses, deductions and withholdings.

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

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### 7.3. Target Variables.

#### I. Module on the state of health

In this module, information is collected regarding the perceived state of health, chronic illnesses, accident rate, quality of life as related to health, restriction of activity, physical and sensory limitations and mental and work health.

##### General state of health

This characteristic aims to measure the perception that the person has about her/his state of health in the last twelve months.

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 goal is to ascertain if the informant has some chronic or long-term illness or health problem, that is, of a lasting or permanent nature, that may or may not require care for a long period of time. This may refer to isolated complaints, such as pain.

Chronic or long-term refers to illnesses or health problems lasting longer than six months. This does not consider temporary problems, but it does bear in mind seasonal or recurring problems.

### **Illnesses and health problems**

The goal is to study what types of long-term illnesses or health problems the population has suffered at some point in time, what they have suffered in the last 12 months, and whether these have been diagnosed by a doctor.

Types of illnesses and health problems

Persons aged 15 years old and over:

- High blood pressure
- Myocardial infarction
- Other heart diseases
- Varicose veins in the legs
- Arthrosis, arthritis or rheumatism
- Chronic back pain (neck)
- Chronic back pain (lower back)
- Chronic allergy (excluding allergic asthma)
- Asthma
- Chronic bronchitis, emphysema, chronic obstructive pulmonary disease (COPD)
- Diabetes
- Stomach or duodenum ulcer
- Urinary incontinence

- High cholesterol
- Cataracts
- Chronic skin problems
- Chronic constipation
- Chronic depression
- Chronic anxiety
- Other mental problems
- Embolism, stroke, cerebral haemorrhage
- Migraines or frequent headaches
- Haemorrhoids
- Malignant tumours
- Osteoporosis
- Thyroid problems
- Prostate problems (only men)
- Menopausal problems (only women)
- Permanent injuries or defects caused by an accident
- Other chronic illnesses

Persons under 15 years of age:

- Chronic allergy (excluding allergic asthma)
- Asthma
- Diabetes
- Malignant tumours
- Epilepsy
- Behavioural disorders
- Mental disorders
- Permanent injuries or defects caused by an accident
- Other chronic illnesses.

### *Definitions*

*Illness:* More or less serious alteration to health.

*Chronic illness:* A chronic illness is a long-term complaint that is not due to acute isolated processes.

### **Accident rate**

The aim is to study whether the person has, in the past twelve months, had an accident of any kind, and the characteristics of the most recent accident.

Research is conducted as to the place where the last accident took place, whether the person consulted a health professional as a result of the last accident, and the effect or damage caused by the last accident.

*Place where the latest accident occurred*

- At home, stairs, foyer, etc.
- Traffic accident on the street or highway
- In the street, but it was not a traffic accident
- At work
- In the place of study
- In a recreational or leisure area
- At another place

*Consultation with a health professional as a result of the latest accident*

- Was admitted to hospital
- Went to an Accident and Emergency department
- Visited a doctor or nurse
- Did not make any doctor visit or intervention

*Effect or damage caused by the latest accident*

- Contusions, hematomas, sprains-dislocations or superficial wounds
- Fractures or deep wounds
- Poisoning or intoxication
- Burns
- Other effects
- No damage

*Definitions*

*Accident:* An accident is defined as a fortuitous and unforeseen occurrence which strikes the individual and causes him or her an identifiable corporal injury.

*Poisoning:* This is an alteration in the state of health of a person, caused by intake of drugs and/or medicines (including alcohol-poisoning), intake of corrosive or caustic products, paint, varnish and other toxic substances, albeit solid, liquid or gaseous or intake of other toxic products.

**Quality of life related to health in the adult population**

The instrument from the EuroQoL group is used <sup>7</sup> EQ-5D-5L EVA <sup>8</sup> on the quality of life for the population aged 15 years old and over.

The instrument consists of two parts: a questionnaire that measures self-perceived problems or limitations in health and a visual analogue scale (VAS).

The questionnaire describes the state of health of individuals from 5 dimensions: mobility, personal care, everyday activities, pain or discomfort and anxiety or depression. Each of these dimensions has five response levels: without problems, with minor problems, with moderate problems, with severe problems and totally impossible.

The interviewee is also asked to assess their health using a thermometer, a visual analogue scale, which provides the value for the state of health. This enables synthesising this value between 100 (the best imaginable state of health) and 0 (the worst imaginable state of health).

For the first time, the EQ-5D-5L EVA questionnaire is being included in SNHS2011-2012.

### *Definitions*

*Quality of life:* The individual's perception of her/his lot in life in the context of the culture and value system in which s/he lives and in relation to her/his goals, expectations, codes and interests. This involves an extensive concept regarding which physical health, psychological state, level of independence, social relationships and the relationship with the main aspects of one's surroundings have a complex influence.

### **Quality of life related to health in children**

The KIDSCREEN-10 questionnaire is used <sup>9</sup> amended from the quality of life for the population aged 8 to 14 years old.

It consists of 10 questions, 9 of which present a reminder 1-week reminder, and 5 categories of responses on the Likert scale, and the tenth question is on perceived general health. The response is given by the indirect information for the minor questionnaire (father, mother, guardian or well-informed person), but providing the perspective of the minor.

- Has the child felt good and healthy in the last seven days?
- Has the child felt full of energy in the last seven days?
- Has the child felt sad in the last seven days?
- Has the child felt lonely in the last seven days?
- Has the child had enough time to him or herself in the last seven days?
- Has the child been able to do things s/he wanted in her/his free time in the last seven days?

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<sup>7</sup> The EuroQoL Group (1990). EuroQoL – a new facility for the measurement of health-related quality of life. Health Policy 16(3):199-208. [www.euroqol.org](http://www.euroqol.org).

<sup>8</sup> ©1990 EuroQoL Group. EQ-5D™ is the registered trademark of EuroQoL Group.

<sup>9</sup> <http://www.kidscreen.org/>

- Has the child played with friends in the last seven days?
- Has the child been problem-free at school in the last seven days?
- Has the child been able to pay attention in the last seven days?

### *Definitions*

*Quality of life:* The individual's perception of her/his lot in life in the context of the culture and value system in which s/he lives and in relation to her/his goals, expectations, codes and interests. This involves an extensive concept regarding which physical health, psychological state, level of independence, social relationships and the relationship with the main aspects of one's surroundings have a complex influence.

### **Restriction on activity**

Restriction on regular activity in the last two weeks is analysed, by one or more pains or symptoms.

This studies whether the person has had to reduce or limit their regular activities in the last two weeks, and whether s/he has stayed in bed due to those symptoms, and the number of days s/he had to do so.

### **Limitations in carrying out everyday activities**

We try to ascertain whether the person has some limitation, due to a health problem, to carrying out everyday activities, the degree of severity of the limitation(s), and the type of problem causing it/them.

### *Degree of severity*

- Severely limited
- Limited, but not severely

### *Type of problem causing the limitation(s) to carrying out everyday activities*

- Physical
- Mental
- Both

Persons aged over 64 years old are asked whether they carry out a series of specific activities themselves, whether they are able to carry them out with help or whether they are completely unable to carry them out.

<u>Everyday activities</u>	<u>Ability to carry out these activities</u>
<ul style="list-style-type: none"> <li>- Use the telephone (find the number and dial)</li> <li>- Purchase food or clothes, etc.</li> <li>- Take the bus, subway, taxi, etc.</li> <li>- Prepare their own breakfast</li> <li>- Prepare their own meals</li> <li>- Take their medicine (remember the quantity and the time when they must be taken)</li> <li>- Administer their own money (pay bills, deal with the bank, sign cheques, etc.)</li> <li>- Cut a slice of bread</li> <li>- Do the washing up</li> <li>- Make the bed</li> <li>- Change the bed sheets</li> <li>- Wash light clothes by hand</li> <li>- Use the washing machine</li> <li>- Clean the house or flat (mop the floor, sweep)</li> <li>- Clean a stain on the floor by bending down</li> <li>- Eat (cut the food and place it in their mouth)</li> <li>- Get dressed and undressed and select the clothes that should be worn</li> <li>- Comb their hair, shave, etc.</li> <li>- Walk (with or without a cane)</li> <li>- Get out of bed and lie down</li> <li>- Cut their toe nails</li> <li>- Sew a button</li> <li>- Wash their face and body from the waist up</li> <li>- Shower or bathe</li> <li>- Climb ten steps</li> <li>- Walk for one hour continuously</li> <li>- Stay alone all night</li> </ul>	<ul style="list-style-type: none"> <li>- Can carry it out without assistance</li> <li>- Can carry it out with assistance from another person</li> <li>- Cannot carry it out in any way whatsoever</li> </ul>

*Definitions*

*Difficulty in carrying out everyday activities:* Those limitations which a person may have in carrying out activities her/his everyday surroundings as a result of a health problem.

The expected carrying out of a specific activity is that seen in persons in the general population who do not have a specific health condition. Therefore, whether or not the person knows how to carry out specific activities (for example, doing household chores) should not be taken into account, but rather, whether or not s/he is capable of carrying them out.

An activity is limited when it is regarded as such by the actual subject.

If the person indicates that s/he has difficulty in any of the steps involved in completely carrying out a specific activity, it is considered that they do have difficulty. For example, if a person has visual problems which prevent her/him from preparing meals, even if s/he does not have any limitation to eating if someone prepares it for her/him, it is considered that the person does have difficulty carrying out everyday activities.

A person is regarded as having difficulties carrying out everyday activities even if he or she has overcome them using an aid, albeit technology or a person.

*Assistance from another person:* Any direct support offered by someone else in order to carry out everyday activities. Personal assistance should not be confused with professional support, such as physiotherapy, psychotherapy, rehabilitation, or special education.

### **Visual and auditory sensory limitations**

The objective is to measure sensory functional limitations, following the International Classification of Functioning, Disability and Health (ICF).

To measure the existence of these limitations constitutes a basic assessment of the state of health of the population, in terms of capacity for functioning, irregardless of the reason that caused the limitation.

The target characteristics of study are as follows:

- Vision
- Hearing

Unlike other types of limitation, for visual and auditory limitations, they are considered such when the person has problems carrying out the activities, even when using some sort of aid, so long as s/he has such aid. That is, in case of using an auditory prosthesis or a hearing aid, this characteristic will be measured in the situations when it is used. If the person uses glasses or contact lenses, the question is considered as referring to those situations in which s/he is using them.

The person is asked if s/he can hear what is said in a conversation with several persons, and if s/he sees well enough to distinguish a person 4 metres away. The person is also asked if s/he can read the type in a newspaper.

### **Mental health and workplace stress**

### **- Mental health in adults**

Questionnaire GHQ12 is used; this corresponds to the abbreviated form of 12 items of the General Health Questionnaire (*GHQ*). It is an instrument designed as *screening* in order to detect psychological disorders in the general public.

The questions formulated are:

During the last two weeks:

- Have you been able to concentrate properly on what you were doing?
- Have your concerns caused you to waste a lot of time?
- Have you felt that you are carrying out a useful role in life?
- Have you felt able to make decisions?
- Have you noticed that you are constantly stressed and tense?
- Have you felt unable to overcome difficulties?
- Have you been able to enjoy normal, everyday activities?
- Have you been able to deal with your problems properly?
- Have you felt unhappy or depressed?
- Have you lost self-confidence?
- Have you thought that you are not a worthwhile person?
- Do you feel reasonably happy under the circumstances?

There are two types of response category:

Type1; Better than usual

- The same as usual
- Less than usual
- Much less than usual

Type2. - No, not at all

- No more than usual
- Somewhat more than usual
- Much more than usual

### *Definitions*

*Mental health problems:* affective, emotional or behavioural disorders which cause suffering in humans and which alter their integrity on the physical, psychological or social plane.

### **- Mental health in minors**

The Strengths and Difficulties Questionnaire (SDQ) is used <sup>10</sup> and it consists of 25 questions. This Module is aimed at children aged 4 to 14 years old.

The 25 SDQ items are divided into 5 scales:

1. Emotional symptoms
2. Behavioural problems
3. Hyperactivity/ Short attention span
4. Problems with peers
5. Prosocial behaviour

The categories considered for this response are:

- It is not true
- It is partly true
- It is completely true

**- Workplace stress**

Research is conducted regarding the employed population, as to whether they consider the job carried out as satisfactory, and also if they consider it stressful.

A scale from 1 to 7 is used.

## **II. Module on the use of health services**

In this section, information is gathered on the type of health services received: medical consultations, health coverage, dentist visits, diagnostic tests and other services, hospitalisations, outpatient care and use of accident and emergency services, unmet need for medical care, taking of medicines and preventative practices.

### **Medical consultations**

This intends to study the frequency with which the person has gone to primary care and specialised outpatient medical visits, the place of the visit, functional dependence of the doctor, reason for the visit, time waiting, performance of non-urgent tests, visits to other health professionals and home care services.

#### *Definitions*

*Medical consultation.* Any visit to a qualified medical professional (in person or over the phone), for diagnosis, examination, treatment, follow-up, advice or any other procedure. Check-ups and prescription requests are also considered medical consultations.

Group medical examinations (work, school, etc.), simply requesting an appointment, stomatology, dental or dental hygiene consultations, the

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<sup>10</sup> <http://www.sdqinfo.com/>

carrying out of any diagnostic test (x-rays, analyses, etc.) are not considered medical consultations. Neither are therapeutic procedures as instructed by a doctor, nor contacts with pharmacists or opticians for acquiring medical prescriptions.

The following characteristics of consultations carried out are researched:

*Last time the person had a medical consultation*

- Four weeks ago or less
- More than four weeks and less than one year ago
- More than one year ago
- Never visited a doctor

*Number of times the person had a consultation with a family doctor or general practitioner (or paediatrician in for children under 15 years of age) in the last four weeks*

*Number of times s/he has had a consultation with a specialist in the last four weeks*

*Place of the last consultation in the last four weeks*

- Health Centre/Medical Clinic
- Outpatient office/Speciality centre
- Hospital outpatient centre
- Non-hospital accident and emergency services
- Accident and Emergency services of a hospital
- Private health insurance doctor surgery
- Private doctor surgery
- Company or workplace (aged 15 years old or over)
- School, college (children under 15 years of age)
- Household of the subject of the interview
- Telephone consultation
- Another place

*Definitions*

*Health/Medical Clinic:* Centres at which primary care is provided to those receiving Social Security. Care is provided by general doctors, paediatricians and nursing staff. In addition, there is a series of support services: family planning units, mental health, physiotherapy, buco-dental health, involving other health professionals (gynaecologist(s)/obstetrician(s), odontologist(s), psychiatrist(s), psychologist(s) and pharmacist(s)) dealing with problems related to their specific training.

*Outpatient office/Speciality centre:* Centres at which specialist care is provided to those receiving Social Security. In its outpatient modality, it

comprises all legally recognised medical and surgical specialisms. Patient access is, generally, by instructions from the primary care doctor for outpatient care.

*Hospital outpatient centre:* Consultations made at the actual hospital for those patients requiring diagnostic means, treatment and/or rehabilitation which cannot be provided at the Primary Care level, including the performing of minor surgical procedures. They do not require hospital admission, but rather are carried out as outpatient services.

*Outpatient accident and Emergency services:* Outpatient service with professionals on hand to provide urgent care outside normal hours.

*Accident and Emergency services of a hospital:* Service at a hospital, regarded as being any service with an organised team of which provides urgent care 24 hours a day.

#### *Reason for the consultation*

- Diagnosis of an illness or health problem
- Accident or assault
- Check-up
- Only to obtain medical prescriptions
- Sick leave documentation
- Other reasons

#### *Definitions*

*Diagnosis of an illness or health problem:* The reason for the consultation is a complaint or illness requiring a medical examination in order to be correctly diagnosed and treated, where appropriate.

*Accident or assault:* The reason for the consultation is as a result of a one-off occurrence due to which a person is intentionally unintentionally injured.

*Check-up:* The reason for the consultation is the ongoing monitoring of illnesses or processes already diagnosed and being treated.

*Only to obtain medical prescriptions:* The reason for the consultation is solely to request medicines for treatment already being received.

*Sick leave documentation:* When the reason for the consultation is to obtain sick leave documentation, to confirm sick leave or to discharge the patient.

*Other reasons:* For example: requests for reports, certificates or other documents.

*Time elapsed from the first signs of illness to realising the person had a health problem, and time elapsed from requesting an appointment to being seen.*

#### *Functional dependency of the doctor*

It refers to the institution or system under which care is provided.

- Public health (Social Security)
- Medical company
- Private office
- Other (company doctor, etc.)

#### *Definitions*

*Public health (Social Security):* The doctor is regarded as being affiliated with Social Security when s/he depends on the National Health System, comprising the former INSALUD, the Autonomous Community health services and other public bodies such as Provincial Delegations and Local Corporations.

*Medical company:* This includes private medical care companies (ASISA, ADESLAS, SANITAS, PREVIASA, etc.).

*Private clinic:* It is a consultation carried out by a private doctor (one who is freely practising his or her profession, receives payment for duties as a doctor).

*Others:* These include company doctor, workplace and professional medical insurance companies, motor insurance companies, NGOs, etc.

#### *Other service use in the last 12 months*

The person is asked if s/he has visited the following services:

- Laboratory analysis
- Radiology centre or service
- Physiotherapist
- Nurse or midwife (excluding hospitalisations, home care, or in a medical laboratory or radiology centre)
- Psychologist or psychotherapist
- Speech pathologist (only children under 15 years of age)

#### *Definitions*

*Physiotherapist:* specialist treating bone, muscle, circulatory or nervous system problems for the recovery, rehabilitation and prevention of dysfunctions or somatic disabilities, with movement therapy, therapeutic massage and the application of physical stimuli, electrotherapy, hydrotherapy, spa therapy, etc. Therapy may take place in public hospitals, private offices, outpatient hospitals, schools, gymnasiums, etc.

*Psychotherapist:* specialist with a qualification in medicine or psychology, and who is professionally dedicated to the application of psychotherapy, understood as the scientific treatment of a psychological nature, for physical or emotional manifestations.

*Speech therapist:* specialist who carries out activities in the prevention, assessment and recovery of disorders involving hearing, fonación and language, through therapeutic techniques specific to this discipline.

### *Conducting diagnostic tests in the last 12 months*

The person is asked whether s/he has carried out the following tests:

- X-Ray
- CAT scan
- Ultrasound
- Magnetic resonance (MRI)

### *Visits to alternative professionals in the last 12 months*

The person is asked if s/he has consulted the following complementary or alternative health professionals:

- Homeopathic specialist
- Acupuncturist
- Herbal practitioner
- Other professional of alternative medicine (osteopath, chiropractor, etc.)

### *Definitions*

*Homeopathic specialist:* a specialist who provides small doses of substances that, at higher doses, are able to reproduce the same symptoms of the illness suffered, in such a way that the organism is stimulated so as to solve the problem by itself. A homeopathic specialist adapts the dose by the person, bearing in mind the lifestyle, emotional and mental states and other factors.

*Acupuncturist:* a specialist who treats complaints via acupuncture, a traditional Chinese technique based on the insertion of needles in different parts of the body, based on the organs affected by the illness, for the purpose of balancing the energy situation of the patient.

*Herbal practitioner:* this specialist works based on the comprehension and use of the main self-regulators in the organism. The techniques and therapies most frequently used are herbal therapy and phytotherapy, which uses plants or plant extracts to treat an illness or improve the health of the patient, heliotherapy, spa therapy, climate therapy, hydrotherapy, kinesiotherapy, biomagnetism, diet therapy and fasting, manual mobilisation techniques and therapeutic massage.

*Other alternative medicine professionals:* these specialists use other forms of medical care and products that are not considered part of conventional medicine, excluding the aforementioned. For example: professionals specialised in aromatherapy, music therapy, oriental medicine, etc.

### *Use of home care services in the last 12 months (only adults)*

The person is asked whether s/he has used the following home social or health services:

- Homecare provided by a nurse or midwife
- Homecare for household chores or for elderly persons

- Home delivery of meals for elderly persons (only persons over 65 years of age)
- Special home delivery services for attending a medical service, outpatient hospital, recreational activities, etc.
- Other home care services

### *Definitions*

*Homecare:* this refers to the care, both medical and non-medical, of persons with some type of physical or mental illness, with some type of disability, or of persons who, due to being elderly, are unable to carry out personal care activities or housework. This includes home services provided by a nurse or midwife from a hospital, by agencies, associations or volunteers.

*Homecare provided by a nurse or midwife:* this refers to the care, both medical and non-medical, of persons with some type of physical or mental illness, with some type of disability, or of persons who, due to being elderly, are unable to carry out personal care activities or housework. Examples of medical services provided: extra assistance after a hospital stay, aid to persons with chronic health problems who need care for a long period of time, dialysis, care instruction for parents before and after the birth of their children. Examples of non-medical services provided: assistance for personal hygiene, eating, dressing, bathing, etc.

*Homecare for household chores or for elderly persons:* these services include tasks such as cleaning the home, preparing meals, doing the laundry, ironing, giving or remembering medication, helping with economic or financial household tasks, doing the grocery shopping, etc., offered by municipal councils, private associations, NGOs, etc.

*Home delivery of meals for elderly persons:* service whose objective is to provide meals to persons who cannot leave home to do the grocery shopping or who have difficulty in preparing their own meals, due to suffering from some type of physical or mental illness, having some type of disability or because their advanced age prevents them from doing so.

*Special home delivery services:* services that enable getting around for persons who are confined in their homes, due to some type of disability or due to their advanced age. Getting around may be for different reasons, such as doctor visits, doing the grocery shopping, participating in recreational activities, etc.

*Other homecare services:* this includes the support for personal development aimed at persons with physical or mental illnesses or with some type of disability who are isolated due to their situation.

### **Stomatology, dental or dental hygiene consultations**

The goal is to ascertain how long ago the person went to a stomatology office, and the number of times s/he went in the last three months, the type

of care received, the functional dependence of the professional seen, and the state of the person's teeth and molars.

### *Definitions*

*Visits to the dentist:* Any visit to a qualified professional (dentist, stomatologist or dental hygienist) for examining, advising, treating or reviewing dental or oral problems.

### *Type of care*

- Revision or check-up
- Teeth cleaning
- Fillings (plugs), endodontic treatment (root canals)
- Extraction of teeth/molars
- Caps (crowns), bridges, other types of prostheses
- Treatment for gum disease
- Orthodontics
- Application of fluoride
- Dental implants
- Other types of care

### *Definitions*

*Teeth cleaning:* Use of an ultrasound device for removing tartar and grime from teeth.

*Fillings (plugs):* Treatment consisting of filling a tooth or molar affected by caries with paste.

*Endodontic treatment:* Therapeutic techniques for dental nerve diseases.

*Caps (crowns), bridges and other types of prostheses* Rehabilitation replacing or covering one or more teeth, supported, fixed, retained or stabilised using the remaining adjoining dental or gum structures.

*Treatment for gum diseases:* Treatment for bleeding gums, teeth that move, puss ("piorrea") or any other gum disease.

*Orthodontic treatment:* Placing apparatus in the mouth in order to correct teeth or molars whose position is incorrect.

*Application of fluoride:* The application of fluoride is understood to be solely that applied by the odontologist or hygienist (it does not refer to the fluoride contained in toothpaste).

*Dental implants:* Replacement of a lost tooth with a biocompatible artificial piece, permanently anchored in the jawbone.

### *Functional dependence of the professional*

- Public health (social Security, municipal council, private surgery financed by the Autonomous Community government)

- Medical company
- Private office
- Other

#### *Definitions*

*Dependence of the stomatology professional, dentist or dental hygienist:* institution or system in which the dentist, stomatologist or dental hygienist provides care. (See definitions in the section on medical consultations).

#### *State of the teeth and molars*

- S/he has caries
- Teeth/molars have been extracted
- He/She has fillings (plugs) in teeth/molars
- The gums bleed when the teeth are brushed or spontaneously
- S/he has loose teeth/molars
- S/he has caps (crowns), bridges, other types of prostheses or dentures
- Teeth/molars are missing and have not been replaced with prostheses
- S/he has or preserves all her/his natural teeth/molars

#### *Definitions*

*Caries:* It involves the erosion of tooth and molar enamel and dentine by the action of certain bacteria.

#### **Hospital care**

##### **Hospitalisation**

This characteristic intends to study whether the patient has been hospitalised at least during one night in the last twelve months, the frequency, duration, reason for hospitalisation, waiting list, type of admission and service provider.

#### *Definitions*

*Hospitalisation:* This is any admission to hospital to receive medical or surgical care or treatment involving at least one overnight stay or having a bed assigned. Stays of less than 24 hours in an accident and emergency service or in another service for diagnostic or therapeutic tests to be performed are not regarded as hospitalisation. Persons staying with the patient, even if they occupy a bed and are there more than one day, or healthy newborns occupying a bed for more than a day, are not regarded as hospitalised either.

*Hospital:* Health establishment with an in-patient system whose main purpose, regardless of its name, is to provide medical care or surgery to the patients admitted therein. Nursing homes, orphanages, crèches, charity homes, etc., are not included.

#### *Reason for admission*

- Surgical intervention
- Medical study for diagnosis
- Medical treatment without surgical intervention
- Childbirth (including Ceasarean)
- Other reasons

*Waiting list*

- Number of months on the waiting list.

*Type of admission*

- Admission through the Accident and Emergency services
- Ordinary admission (not through Accident and Emergency)

*Definitions*

*Admission through the Accident and Emergency services:* Unscheduled hospital admissions occurring after the patient had been attended to by the accident and emergency services of a hospital institution. This includes urgent admissions directly onto the wards as instructed by the doctor.

*Ordinary admission (not through the Accident and Emergency services):* Hospital admissions scheduled for a given date, having received instructions from the doctor.

*Party responsible for the hospitalisation costs:*

- Public health (Social Security)
- Compulsory mutual society (MUFACE, ISFAS, etc.)
- Private medical company
- At her/his own expense or that of her/his household
- At the expense of other persons, organizations or institutions

*Definitions*

*Party responsible for the hospitalisation costs:* The objective is to ascertain the organisation or institution that ultimately takes responsibility for the expenses derived from the interviewee's hospitalisation. In case those who initially finance these expenses (ASISA, for example) do so based on an agreement with a compulsory mutual society (MUFACE, for example), the category is "Mutual society".

**Outpatients**

This aims to ascertain whether s/he has been admitted to outpatients in the last 12 months, the reason for the latest admission to outpatients and the number of times s/he has gone to outpatients.

### *Definitions*

*Admission to outpatients:* is admission to a hospital bed for diagnosis and/or scheduled treatment and discharge before midnight the same day. This includes admission to a bed or a couch. This does not include stays in accident and emergency or in observation.

### *Reasons for latest admission to outpatients*

- Treatment
- Surgical intervention
- Other reasons

### **Accident and emergency services**

This studies whether the person has had to use accident and emergency services in the last twelve months, due to some problem or illness, and the frequency, as well as - with regard to the last time they went - the place s/he went to, the time elapsed from the moment s/he began to feel ill until s/he sought assistance, the time elapsed from the moment s/he sought assistance until s/he was seen, the type of service where s/he was seen, and the person who provided the initiative to go to accident and emergency.

### *Definitions*

*Accident and emergency services:* These are services dealing with clinical processes, whatever their nature, which require urgent diagnostic or therapeutic guidance.

### *Place where the person was attended*

- In the place where the person was found (home, workplace, etc.)
- In an ambulance
- In an accident and emergency centre or service

### *Time elapsed between the person beginning to feel ill and seeking assistance*

- Days, hours and minutes

### *Time elapsed between the person seeking assistance and being attended*

- Hours and minutes

### *Type of accident and emergency service*

- Public Health System Hospital (Social Security)
- Public health (Social Security) non-hospital accident and emergency centre or service. For example, health centre, outpatient treatment, etc.
- Sanatorium, hospital or private clinic
- Private accident and emergency services
- First aid centres or town council accident and emergency services
- Another type of service

## *Definitions*

*Public health (Social Security) non-hospital accident and emergency centre or service:* Constituted accident and emergency service, taken to mean a service with a team of professionals in place to provide urgent care. These services are located in primary or outpatient care centres with urgent care (continuous attention points), and they work outside of the regular opening hours for private care centres.

It also includes centres coordinating medical emergencies (061, 112, etc.) which operate 24 hours-a-day and have specialised medical equipment for urgent treatment at home or outside.

### *Reason for visiting an accident and emergency service*

- Because the doctor said to do so
- Because the person, her/his family members or other persons regarded it as necessary.

### **Need for medical assistance**

It entails gauging whether the person has needed medical care and has not received it in the past twelve months. Research is conducted as to the main reason why s/he did not receive care.

### *Main reason why medical care was not received*

- I could not afford it (it was too expensive, or not covered by my insurance)
- I had to wait too long
- I did not have enough time, due to work, taking care of the children or taking care of other persons
- Too far to travel/without means of transport
- Fear of doctors/hospitals/medical examinations/treatment
- I wanted to wait and see if the problem improved by itself
- Other reasons

### **Health insurance**

Research is conducted regarding the health insurance modalities held by or from which the person benefits.

### *Insurance modalities*

- Public Health (previously Social Security)
- State Mutual Provident Societies (MUFACE, ISFAS, MUGEJU) attached to Social Security
- State Mutual Provident Societies (MUFACE, ISFAS, MUGEJU) attached to private insurance
- Private medical insurance, taken out individually (SANITAS, ASISA, professional associations, etc.)

- Medical insurance taken out by the company
- I do not have medical insurance
- Other situations

### *Definitions*

*Public health:* This includes those persons who have a right to be attended by Social Security health services or by the Health Service of the corresponding Autonomous Community. These are cardholders or beneficiaries of the Social Security card or health card, as they are registered in Social Security (economically active worker or pensioner, person registered in unemployment, or without sufficient economic resources), or they are foreign nationals supported by the Law on Foreign Nationals <sup>11</sup>, or EU citizens resident in Spain. Also included in this section are persons making contributions and directly affiliated to the Health Service of the Autonomous Community in which they are resident.

This health coverage modality is exceptionally compatible with that of the *State Mutual Provident Societies covered by Social Security* and *State Mutual Provident Societies covered by private insurance*. For example, it is possible for civil servant to have MUFACE health coverage with health provision by Social Security, and in turn to work freelance, and therefore, be insured by Social Security. A civil servant with MUFACE health coverage with health provision by Social Security does not appear in the Social Security option.

*State Mutual Provident Societies (MUFACE, MUGEJU and ISFAS) covered by Social Security:* It includes national civil servants, as well as military and legal personnel (affiliated to MUFACE, MUGEJU or ISFAS) and their respective beneficiaries,, when they have chosen to receive health care from the public health system.

This health coverage modality is exceptionally compatible with the *Public health (Social Security) modality*.

*State Mutual Provident Societies (MUFACE, MUGEJU and ISFAS) covered by Social Security:* It includes national civil servants, as well as military and legal personnel (affiliated to MUFACE, MUGEJU or ISFAS) and their respective beneficiaries, when they have opted to receive health care from private institutions and organisations dedicated to health care (ADESLAS, ASISA, DKV, SANITAS, etc.). This section includes those users affiliated with the Mutual Provident Societies for civil servants, and having chosen private insurance companies, due to living in a rural area, and through special agreements, receive the care of a family or general doctor and paediatrician from the Public Health system.

This health coverage modality is exceptionally compatible with the *Public Health (Social Security) modality* and with that of the *State Mutual Provident Societies covered by Social Security*.

*Private medical insurance, taken out individually (SANITAS, ASISA, professional associations, etc.):* This includes those persons who have paid

<sup>11</sup> <http://www.boe.es/boe/dias/2000/01/12/pdfs/A01139-01150.pdf>

out of pocket for policies taken out with insurance companies to receive health care in hospitals, centres and surgeries that are either private or dependent on the insurance companies with which they have taken out said policies.

*Private medical insurance taken out by the company:* This includes those persons who are entitled to receive health care via private companies whose services are taken out by the company at which they work. Generally, this private insurance includes workers and their families.

*The person does not have medical insurance:* This includes those persons who are not entitled to receive public health care, and who have no insurance taken out individually or by the company with private companies, and when they need it, they are attended to by doctors that they pay directly.

This situation is incompatible with all others.

*Another situation:* Persons will be included referring to situations not covered in the previous sections, for example, those in an irregular situation without insurance.

This situation is incompatible with all others.

### **Taking of medicines**

Research is conducted as to whether the person has taken medicine in the last two weeks, which s/he has taken, and which of them were prescribed to her/him.

The medicines researched are as follows:

- Medicines for coughing, flu, throat, bronchi
- Medicines for pain
- Medicines for reducing fever
- Medicines such as vitamins, minerals, stimulants
- Laxatives
- Antibiotics
- Tranquilizers, sedatives, sleeping pills
- Medicines for asthma (only in the minor questionnaire)
- Medicines for allergies
- Medicines for diarrhoea
- Medicines for vomiting (only in the minor questionnaire)
- Medicines for rheumatism (only in the adult questionnaire)
- Medicines for heart problems (only in the adult questionnaire)
- Medicines for blood pressure (only in the adult questionnaire)
- Medicines for the stomach and/or digestive alterations (only in the adult questionnaire)

- Antidepressants, stimulants (only in the adult questionnaire)
- Contraceptive pills (only for women) (only in the adult questionnaire)
- Hormones for menopause (only for women) (only in the adult questionnaire)
- Medicines for losing weight (only in the adult questionnaire)
- Medicines for reducing cholesterol (only in the adult questionnaire)
- Medicines for diabetes
- Other medicines

Research is likewise conducted as to whether the person has taken the following in the last two weeks:

- Homoeopathic products
- Herbal products

### *Definitions*

*Medicine:* Only pharmaceutical specialities, patent medicine, preparations or officinal formulas and manufactured medicines are considered to be medicines.

Personal hygiene products are excluded, as are bandages and other dressings, food products, cosmetics, sweets, chewing gum, etc.

- *Pharmaceutical specialism.* Medicine whose composition and information are defined, pharmaceutically and with the established dosage, prepared for immediate medicinal use, set up to be dispensed to the public, with uniform name, packaging and labelling, to which the State Authorities grant health authorisation and record it in the Pharmaceutical specialism register.

- *Patent medicine:* Medicine intended for a specific patient, prepared by a pharmacist or according to his or her instructions, in order to expressly fulfil a doctor's prescription detailing the medicinal substances it contains in accordance with the technical and scientific standards of pharmaceuticals, dispensed in her/his pharmacy or pharmaceutical service.

- *Preparation or officinal formula.* Medication composed and guaranteed by a pharmacist or following his or her instructions, dispensed at his or her pharmacy office or pharmaceutical service, listed and described by the National Form, intended for handing out to patients supplied by the aforementioned pharmacy or pharmaceutical service.

- *Manufactured medicine.* Medicine which does not coincide with the definition of pharmaceutical specialism and which is marketed in the form of a pharmaceutical which can be used without the need for industrial processing and to which the State Authorities issue health authorisation and record in in the corresponding Register.

- *Personal hygiene product.* Product which, when applied directly to the skin or healthy mucous, is meant to fight the growth of microorganisms, as well as prevent or eliminate ectoparasites from the human body or eliminate the

health risks deriving from the use of therapeutic prostheses applied to the human body.

- *Homoeopathic product.* Small doses of medicinal substances used to activate the defenses of our own organism, and gradually reach the improvement or healing of illnesses. In Spain, as in the rest of the European Union, homoeopathic products are regulated medications, prescribed by doctors and dispensed by pharmacists.

- *Herbal product.* Treatment based on the administering of plant-based medicines, in other words, whose medicinal substance is of plant-origin.

- *Prescribed medicines:* This must consider those that the person has taken in the last two weeks, and which were prescribed by a doctor.

## **Preventative practices**

### **General preventative practices**

This studies the coverage of the anti-flu vaccination, specifying who recommended it and the reason for it, as well as whether the person has done a blood pressure reading at some point in time, and the frequency of such readings, if s/he has taken cholesterol level readings at some point in time, and the frequency of such readings, and whether or not s/he has had a faecal occult blood test, the frequency thereof and reasons to do it.

### *Anti-flu vaccination in the last campaign*

S/he is asked whether s/he has been vaccinated, who prescribed or recommended the vaccination and the reason for doing so.

- A health professional, due to her/his age
- A health professional, due to her/his illnesses
- A health professional, due to other reasons
- S/he is vaccinated at the workplace/centre of study
- The person requested vaccination out of choice
- Other

### *Definitions*

*Last campaign:* Bearing in mind the date on which the interview is conducted, the last anti-flu vaccination campaign might correspond to the last quarter of 2010 or the last quarter of 2011.

### *Blood pressure, cholesterol and faecal occult blood test*

Questions are asked regarding how long the person has been controlling her/his blood pressure

- The last 12 months
- Longer than 1 year, but no longer than 2 years
- Longer than 2 years, but no longer than 5 years
- Longer than 5 years

Questions are asked regarding how long the person has been measuring her/his cholesterol

- The last 12 months
- Longer than 1 year, but no longer than 5 years
- Longer than 5 years

Questions are asked regarding how long it has been since s/he has had a faecal occult blood test

- The last 12 months
- Longer than 1 year, but no longer than 2 years
- Longer than 2 years, but no longer than 3 years
- Longer than 3 years

Questions are asked regarding the reason why they had their last faecal occult blood test

- Due to some problem, symptom or illness
- Due to the advice of their primary care doctor or specialist, though they had no problem
- Due to a letter, call or advice received from the health care centre of wanting to have this test done
- Other reasons

### *Definitions*

*Blood pressure check-up:* Periodic measurement of systolic and diastolic arterial pressure, carried out by a health professional. This does not include blood pressure check-ups in pharmacies.

*Cholesterol check-up:* Periodic determining of total blood cholesterol figures.

*Faecal occult blood test:* Laboratory test that detects the presence of blood in a sample of faeces, used for the early detection of colorectal cancer.

### **Female preventative practices**

Research is conducted as to whether the person, at some point in time, went to the gynaecologist, frequency, reason, performance of mammograms, frequency and reasons.

*The last time she had a gynaecological appointment for reasons other than pregnancy or childbirth*

- Less than 6 months ago
- Between 6 months and 1 year ago
- Between 1 and 3 years ago
- Longer than 3 years ago
- Never been

### *Reason for the last doctor's appointment*

- Some gynaecological problem
- Family planning/orientation
- Periodical check-up
- Other reasons

### *Performance of the mammogram*

Questions are asked regarding the last time she had a mammogram

- In the last 12 months
- Between 1 and 2 years ago
- More than 2 years ago, but no more than 3 years ago
- Longer than 3 years ago

### *Reasons for having the last mammogram carried out*

- Due to some problem, symptom or illness
- Due to the advice of their primary care doctor or specialist, though they had no problem
- Due to a letter, call or advice received from the health care centre of wanting to have this test done
- Other reasons

### *Performance of the pap smear*

Questions are asked regarding the time since the last pap smear

- 3 years ago or less
- Longer than 3 years, but no longer than 5 years ago
- Longer than 5 years ago

### *Reasons for having the last pap smear carried out*

- Due to some problem, symptom or illness
- Due to the advice of their primary care doctor or specialist, though they had no problem
- Due to a letter, call or advice received from the health care centre of wanting to have this test done
- Other reasons

### *Definitions*

**Mammogram:** Test used for the early detection of breast cancer. It consists of an x-ray of one or both breasts. It does not include breast ultrasounds.

**Pap smear:** Test used for the early detection of cervical and vaginal cancer and of certain infections. It also allows us to study female hormonal activity.

This procedure consists of collecting a sample of cells that are subsequently analysed in a laboratory.

### III. Module on health determinants

In this module, given basic physical characteristics of the person interviewed are studied, such as weight and height, and life habits that are considered to be a health risk, such as tobacco and alcohol consumption. Likewise, eating habits, dental hygiene, rest and physical exercise are also studied. This also researches environmental determinants, such as exposure to tobacco smoke, affection and personal support, reproductive work and, in the household questionnaire, characteristics of the dwelling.

#### Physical characteristics

This involves obtaining data on the self-perceived weight and height, and the relationship between the two.

##### Definitions

*Body Mass Index (BMI):* this is the relation between the weight of the individual (expressed in kilogrammes) and the square of the height (expressed in metres)

In the population aged 18 year old and over, this is as follows:

- Underweight if  $BMI < 18.5 \text{ kg/m}^2$
- Normal weight if  $18.5 \text{ kg/m}^2 @ BMI < 25 \text{ kg/m}^2$ .
- Overweight if  $25 \text{ kg/m}^2 @ BMI < 30 \text{ kg/m}^2$ .
- Obese if  $BMI @ 30 \text{ kg/m}^2$ .

In the population 2 to 17 years of age, overweight and obesity are defined by the cut-off points established by *Cole et al.*<sup>12</sup>

#### Tobacco use

This intends to study the prevalence of tobacco use by persons aged 15 years old and over, type of smoker (daily, non-daily or ex-smoker), type of tobacco, frequency of use, age at beginning smoking, evolution of use, intention of smokers to quit smoking, reasons of ex-smokers to have quit smoking, treatment and professional help received to quit smoking.

##### Definitions

*Smoker:* Person who currently smokes cigarettes, cigars and/or pipes.

##### Type of smoker

Two subcategories can be identified:

- Smokes daily.
- Smokes, but not daily.

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<sup>12</sup> Cole TJ, Bellizzi MC, Flegal KM, Dietz WH. Establishing a standard definition for child overweight and obesity worldwide: international survey. *Br Med J* 2000;320:1240-3.

- Does not currently smoke, but was a smoker
- Does not smoke, and never smoked regularly

*Type of tobacco*

(For persons who smoke daily, and for persons who do not currently smoke, but who have smoked before)

- Cigarettes
- Pipe tobacco
- Cigars

*Number of daily units of each type of tobacco.*

(For persons who smoke daily, and for persons who do not currently smoke, but who have smoked before)

*Age at which they began smoking*

(For persons who smoke daily, and for persons who do not currently smoke, but who have smoked before)

*Evolution of use*

(For persons who smoke daily)

- More than two years ago
- Less than two years ago
- The same as two years ago

*Intention to quit smoking*

(For persons who smoke daily)

- Yes, within a month
- In the next six months

*Tries to quit smoking*

(For persons who smoke daily)

*Time since they quit smoking*

(For persons who do not currently smoke, but who have smoked before)

- Number of months and years

*Reasons for quitting smoking*

(For persons who do not currently smoke, but who have smoked before)

- Recommended by a doctor
- Suffered discomfort as a result of the tobacco
- Became increasingly concerned about the harmful effects of tobacco (health risks)

- Pregnancy
- Noticed that their psychological and/or physical performance had dropped in general
- Other reasons (Specify)

*Professional help for quitting smoking*

(For persons who do not currently smoke, but who have smoked before)

- Yes, in primary care, health centre (family doctor, general doctor, nursing staff, etc.)
- Yes, a specialist (pulmonary specialist, cardiologist, internist, etc.)
- Yes, a doctor from my company medical centre
- Yes, other health professionals
- No, no health professional helped me to quit smoking

*Professional help for quitting smoking*

(For persons who do not currently smoke, but who have smoked before)

- Nicotine gum or nicotine-releasing patches
- Doctor-prescribed medicines (bupropion, varenicline, anti-anxiety medicines, etc.)
- Psychological therapy
- Acupuncture, homoeopathy, hypnosis
- Other
- I did not use any treatment

**Exposure to tobacco smoke**

Research is also conducted as to exposure to tobacco smoke, in both adults and minors. This studies the number of passive smokers, and the time that they usual spend in areas filled with tobacco smoke, in their own home, in means of transport and in closed public spaces and closed spaces in their workplace.

*The time that the person usually spends in the different areas filled with tobacco smoke (in their own home, in means of transport and in closed public spaces and closed spaces in their workplace)*

- Never or almost never
- Less than one hour a day
- One to five hours a day
- More than 5 hours a day

**Consumption of alcohol**

This studies whether persons aged 15 years old or over have consumed alcoholic drinks at some point in time, in the last year and in the last two weeks. They are asked for the age when they started drinking alcohol, the consumption frequency and for those who have consumed alcohol in the last 12 months, the type of drinks consumed, the frequency and the amount. This also studies the frequency with which they do heavy drinking.

#### *Consumption frequency*

(for persons who have consumed alcohol during the last twelve months)

- Every day
- 3 to 6 times a week
- 1 to 2 times a week
- 2 to 3 times a month
- Once a month or less

*Quantity/consumption frequency. Number of drinks of each type of alcoholic beverage each day in a typical week*

#### *Types of alcoholic beverages*

- Beer with alcohol
- Wine, cava
- Vermouth, fino wine, sherry and other aperitifs with alcohol
- Liqueur, anis, sloe brandy
- Whisky, cognac, mixed beverages, rum, gin, vodka, pomace liqueur, cubatas and other distilled beverages, alone or combined
- Local beverages, hard cider, liqueur coffee

*Age at which he or she began regularly consuming alcohol*

#### *Frequency of heavy drinking*

- Never
- Less than once a month
- Monthly
- Weekly
- Daily or almost daily

#### *Definitions*

*Heavy drinking that implies a health risk:* Consumption, on a single occasion, of 6 standard beverages or more (for men), 5 standard beverages or more (for women). A single occasion is understood to be the consumption in the same situation, within a period of approximately 4-6 hours. For the purpose of the interviewee being clear on the concept of "standard beverage", a card is provided with the most current examples of beverages that correspond to one or two standard beverages.

The equivalence (in grams of pure alcohol) used is:

» Beer with alcohol	10 g per beverage unit
» Wine or cava	10 g per beverage unit
» Aperitifs with alcohol (vermouth, fine wine, sherry)	20 g per beverage unit
» Liqueur, anis, sloe brandy	20 g per beverage unit
» Whisky, cognac, mixed beverages, etc.	20 g per beverage unit
» Local beverages (hard cider, liqueur coffee, etc.)	10 g per beverage unit

### **Rest and physical exercise**

Questions are asked regarding the number of hours the person sleeps. Information is collected regarding physical exercise at work and during free time. Likewise, data is collected regarding the time and frequency with which intense and moderate are carried out, and the time dedicated to walking.

#### *Rest*

*No. of hours' sleep*

#### *Definitions*

*Rest:* Total number of hours usually slept per day, regardless of whether this is over a period of time or at stages during the day, and therefore daytime rest times should be included.

#### *Physical exercise*

This involves ascertaining the type of physical activity normally carried out.

#### *Definitions*

*Physical activity:* This is defined as any bodily movement made by the skeletal muscles resulting in burning calories. It should therefore be characterised by specific intensity, duration and frequency features.

The intensity should at least be moderate, understanding as such that which increases the breathing rate more than normal, and includes, for example, lifting light loads, riding a bicycle at a normal cadence, etc.

*Type of physical activity in the workplace, place of study etc.*

- Sitting most of the working day
- Standing up most of the working day, without travelling distances or significant exertion
- Walking, carrying some weight, frequent journeys
- Carrying out tasks which require a significant physical effort

*Type of physical activity during free time*

- I do not exercise. I spend my free time almost solely sedentary (reading, watching television, going to the cinema, etc.)
- I do some occasional physical or sports activity (walking or riding a bicycle, gardening, gym, recreational activities requiring a slight effort, etc.)
- I do physical activity several times a month (sports, gym, running, swimming, cycling, team sports, etc.)
- I do sports or physical training several times a week

*Time spent watching TV, videogames or the Internet (only children aged 1-14 years old)*

*Time the child regularly spends watching television every day*

*Time the child regularly spends playing videogames or online every day*

Distinction is made between weekdays and the weekend:

*Physical activity in the last 7 days a (only for adult persons aged 15 to 69 years old)*

The goal is to obtain data regarding the time that the interviewee spent on physical activities in the last 7 days, including both those carried out at work and those done during free time. This only considers those performed for at least 10 minutes in a row.

Questions are asked regarding the number of days a week, and the time per day, that the interviewee spent on intense activities, moderate activities and walking. They are also asked about the time that the person spent sitting on a normal day during the last week.

*Intense physical activity:* intense physical activities are those requiring a great deal of physical effort and result in the person breathing more heavily than usual. For example, intense activities at work are: carrying heavy loads, digging, etc., intense activities in the home are: digging in the garden, carrying heavy loads, cutting wood, etc., and intense activities during leisure time are: doing aerobics, running, swimming fast, riding a bicycle fast, playing football, etc.

*Moderate physical activity:* moderate physical activities are those requiring a moderate physical effort and result in the person breathing somewhat faster than usual. Examples of moderate activities: carrying light loads, riding a bicycle at a normal speed, mopping the house or cleaning the garden.

*Light physical activity:* walking for at least 10 minutes straight.

### **Food (only for those aged 1 year old or over)**

Questions are asked regarding the place for breakfast, and in case the person has breakfast, the type of breakfast. Questions are also asked about the consumption frequency of given foods, and whether they follow a special diet and the reason to do so.

*Type of breakfast*

- Coffee, milk, tea, chocolate, cocoa, yoghurt, etc.

- Bread, toast, biscuits, cereal, pastries, etc.
- Fruit and/or juice.
- Eggs, cheese, ham, etc.
- Other types of food
- Nothing, s/he does not usually have breakfast

### *Definitions*

**Breakfast:** Breakfast is deemed to be food eaten in the morning after getting up and before beginning the main activity. Persons carrying out night work must regard, as breakfast, the food that they eat before the main meal.

### *Frequency of food consumption*

<u>Food</u>	<u>Frequency</u>
- Fresh fruit (excluding juice)	- Daily
- Meat (poultry, beef, pork, lamb, etc.)	- Three or more times a week, but not daily
- Eggs	- Once or twice a week
- Fish	- Less than once a week
- Pasta, rice, potatoes	- Never or almost never
- Bread, grains	
- Vegetables and salad	
- Pulses	
- Cold meats and sausages	
- Dairy products (milk, cheese, yoghurt)	
- Sweets (biscuits, pastries, jam, sweetened cereals, sweets, etc.)	
- Soft drinks with sugar	
- Fast food (fried chicken, sandwiches, pizza, hamburgers)	
- Appetizers or savoury food to snack on (crisps, cheese puffs, crackers)	
- Fresh fruit or vegetable juice	

### *Special diet or regime*

Questions are asked as to whether the person follows a special diet or regime, whether it is on their own initiative or due to the advice of a health professional, and the main reason.

- To lose weight

- To maintain current weight
- To live more healthfully
- Due to an illness or health problem
- Other reasons

### *Definitions*

*Diet:* This term refers to the foods (or combination of foods) that, in certain amounts, are ingested habitually, generally daily, and it represents the model or pattern of eating that an individual follows.

A person is considered to be keeping to a special diet if it modifies her/his eating habits, either by medical prescription or on their own initiative, whatever the reason.

### **Lactation period (children under 5 years of age)**

#### **Type of lactation during the first weeks and months of life.**

*Time the child was breastfed*

*Time the child was only breastfed*

*Age at which artificial lactation started*

### **Dental hygiene (only for those aged 3 years old and over)**

The frequency with which one usually brushes one's teeth is measured, as well as the time of day when they do so.

### **Affection and personal support**

This involves measuring the perception of the interviewee regarding the different affection and personal support situations which normally arise in everyday life.

Social support is considered a good predictor of health and wellbeing. In order to measure it, the Duke-UNC functional social support questionnaire is used. This measures the qualitative and functional aspects of social support, more than the support network. In particular, it measures two dimensions of emotional support: confidential support and affectionate support.

The questionnaire uses a scale of 11 items. Each item admits 5 possible responses on a Likert scale.

- I receive visits from my friends and family
- I receive help in issues relating to my house
- I receive praise and recognition when I do my work well
- I have persons who are concerned about what happens to me
- I receive love and affection
- I have the possibility of speaking with someone about my problems at work or at home

- I have the possibility of speaking with someone about my personal and family problems
- I have the possibility of speaking with someone about my financial problems
- I receive invitations for recreation and to go out with other persons
- I receive useful advice when an important event occurs in my life
- I receive help when bed-ridden

Categories for response:

- Much less than I would like
- Less than I would like
- Neither too much nor too little
- Almost as much as I would like
- As much as I would like

### **Reproductive work**

It endeavours to gauge the work carried out by the person interviewed in caring for other persons in the household (those with disabilities and those under 15 years of age) who are not able to look after themselves and in carrying out household chores.

It studies whether there is any person residing in the household who cannot care for themselves, the person who is responsible for caring for them, and if this is the selected person, how many hours they spend on this and how long they have been doing so.

Definitions:

*Reproductive work: This is unpaid work, characterised by the carrying out of tasks relating to maintaining the well-being of and looking after the family, mainly carried out in the household.*

*In the first place, this identifies, from among the list of persons in the household, those persons who, due to some limitation or disability, are not able to care for themselves and need another person to care for them, not including children among them, unless those children have a disability.*

*If there were, then the following question is asked: Who spends the most time caring for these persons, for the most part?*

- The person interviewed
- The person interviewed, sharing the interview with another person (indicating which person from the list of persons from the household)
- Another person from the household (indicating which person from the list of persons from the household)
- A person not residing in the household and paid for this
- Social services

- Another situation

And of the person interviewed totally or partially takes care of the care, s/he is also asked about the time s/he has spent doing so, and the hours this care takes every day.

If there is a person under 15 years of age without disabilities residing in the household, questions are also asked as to who mainly takes charge of their care, with the same response categories indicated above.

Finally, questions are asked as to the person who takes care of the housework, with the same response categories.

*In your home, who mainly takes care of the housework, such as doing the washing up, cooking, ironing, etc.?*

### **Characteristics of the dwelling and the environment**

- *Number of bedrooms available to the household*

Where there is more than one household in the dwelling, the number or bedrooms used by the interviewed household is researched.

- *m<sup>2</sup> of living area of the household*

Where there is more than one household in the dwelling, the number of m<sup>2</sup> of areas shared with other households is included.

- *Problems they have with the environment of the dwelling*

This question includes new sub-questions, each with three possible responses:

- Bothering noise from outside the dwelling
- Odours from outside
- Poor quality water for consumption
- Dirty streets
- Air pollution from nearby industry
- Air pollution due to other causes
- Lack of green areas
- Presence of animals causing a significance nuisance
- Crime, violence or vandalism in the home or neighbourhood.

The three categories considered for this response are:

- A great deal
- Somewhat
- None

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## **8. Processing the information**

As the information is collected through CAPI, a first filtering of the data is performed using errors implemented in the laptop, which enables the detection of inconsistencies, and provides notifications of strange values when the responses are being introduced. In this way, the correction/confirmation of the information is carried out in the household, at that time of the interview.

The centralised processing of the information consists of the following phases:

- *Coverage phase:* This detects duplicates, collates the number of questionnaires that are theoretically collected (according to the computer application for monitoring the fieldwork) and actually collected for each household.
- *Quality control phase:* This verifies that the information collected does not contain serious inconsistencies or errors implanted in the questionnaire.
- *Filtering and imputation phase:* This consists of detecting inconsistencies that have not been included in the electronic questionnaire, as well as obtaining marginal tables, variable analysis tables, etc. The correction of possibly non-coinciding or lost values is carried out automatically, and manually only as an exception.
- *Calculation of elevation factors and estimators:* In order to estimate the characteristics of the sample, ratio estimators are used, to which balancing techniques will be applied. The auxiliary information used will depend on the characteristic that is the target of study.
- *Calculation of sampling errors:* For the main study variables and breakdowns, this will then calculate the variation coefficients. These tables are published, together with the methodology for replicating their calculation and be able to apply it to any other variable.
- *Analysis of non-response:* In order to analyse non-response, information is collected regarding the basic characteristics of the units that do not collaborate in the survey.

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## 9. Dissemination of the results

The results of the Survey are published on the websites of the Ministry of Health, Social Services and Equality ([www.msssi.es](http://www.msssi.es)) and the National Statistics Institute ([www.ine.es](http://www.ine.es)).

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

1.- These provide the main statistical tables covering the researched variables classified by socio-demographic characteristics on a national and Autonomous Community level. The tables are presented, grouped according to the Survey modules, both for estimates in absolute values, and for estimates in relative values.

The data used in the tables has been weighted as described in section 5 of this document.

In the estimates in relative values, the "No data recorded" category is not included, and therefore, the percentages are calculated over those that have signalled one or more of the categories of the tabulated question. This corresponds to a distribution of those who have not answered the question (Does not know or Does not answer) in the same proportion of those who did indicate one or more of them.

The following conventional symbols have been used in the tables:

- The '.' symbol shall be deemed as data which cannot be given due to an insufficient sample.

- The '..' symbol shall be deemed as data which is not collected for that classification of the table.

- The '...' symbol shall be interpreted as an error of division by zero

2.- The sampling error tables are published for the main variables, as well as a report on the analysis of non-response.

3.- The microdata files are provided, in addition to their corresponding questionnaires and register designs. Three files are provided:

- Household File: this contains the information from the Household Questionnaire. Each record corresponds to a person in the household, with their socio-demographic characteristics collected in said questionnaire. The characteristics of the household itself, and which are common to all members thereof, appear in each record (for example, characteristics of the dwelling and income). Each record contains an elevation factor for the household.

- Adult File: this contains the information provided in the Adult Questionnaire for each adult selected. Each record corresponds to one selected adult. This can be crossed with the information from the Household Questionnaire, through the common household identifier. Each record contains an elevation factor for the individual.

- Minor File: this contains the information provided in the Minor Questionnaire for each minor selected in the household. The information can be crossed with that from the Household Questionnaire, through the common household identifier. Each record contains an elevation factor for the minor.

4.- More complete reports and analyses based on the results of the SNHS are subsequently published on both the MSSSI and INE websites.

## **ANNEXES**

**ANNEX I. Classification of the educational level variable according to NCED-2000**

**ANNEX II. Social class. Listing of occupations from NCO-2011, included in each category, and correspondence with SCO-1994**

## ANNEX I.- CLASSIFICATION OF THE EDUCATIONAL LEVEL VARIABLE

The Educational Level variable has been encoded into nine categories, according to the highest educational level attained. The correspondence between the different studies considered in the National Classification of Education (NCED-2000) and the levels considered in the variable is as follows:

Code <sup>(*)</sup>	Description	Code <sup>(*)</sup>	Description
2	Illiterate	6	Secondary (LOGSE) - qualification -
3	Incomplete primary education - Person who can read and write, and has gone to school for less than five years -	6	Upper-secondary non-higher education
4	Complete LOGSE/LOE primary education, without having received schooling after turning 16 -	6	Seminars, five academic years of Humanities, plus three academic years of Philosophy
4	LOGSE/LOE Primary education: five complete academic years	7	Vocational Training Trade Schools (VT) - with first-stage secondary studies (more than 300 hours) -
4	GBE, five academic years of GBE passed	7	Official Language School
4	Complete primary education - Persons who have gone to school for more than five years, and cannot be classified elsewhere -	7	Vocational Training Workshop Schools (VT) - with first-stage secondary studies (more than 300 hours) -
5	Workshops	7	Occupational Vocational Training (OVT) - with first-stage secondary studies (more than 300 hours) -
5	Vocational Training Trade Schools (VT) - with primary studies (more than 300 hours) -	7	Social Guarantee, Social Guarantee Programmes, lasting longer than 1 year
5	Vocational Training Trade Schools (VT) - without a minimum education requirement (more than 300 hours) -	7	Training and labour market insertion programs (TIP) - with first-stage secondary studies (more than 300 hours) -
5	Vocational Training Workshop Schools (VT) - with primary studies (more than 300 hours) -	7	Vocational Training Employment Workshops (VT) - with first-stage secondary studies (more than 300 hours) -
5	Vocational Training Workshop Schools (VT) - without a minimum education requirement (more than 300 hours) -	7	Military Training, troop formation
5	Occupational Vocational Training (OVT) - with primary studies (more than 300 hours) -	7	Applied Arts and Artistic Trades - passed three common academic years
5	Occupational Vocational Training (OVT) - without a minimum education requirement (more than 300 hours) -	7	Commercial Assistants - business assistant and mercantile office interpretation assistant
5	Social Guarantee, Social Guarantee Programmes, lasting less than 1 year	7	Agricultural Foreman - equivalent to intermediate vocational training -
5	Training and labour market insertion programs (TIP) - with primary education (more than 300 hours) -	7	Data encoder - qualification from the computer institute dependent on the Ministry of Education and Culture -
5	Training and labour market insertion programs (TIP) - without a minimum education requirement (more than 300 hours) -	7	Draughtsman (industrial or construction), with a qualification equivalent to VT I
5	Training programmes for the transition to adult life	7	Nautical Training - fishing, first-degree
5	Seminars, five academic years passed of Humanities	7	Civil Guard and corporals, professional qualifications
5	Vocational Training Employment Workshops (VT) - with primary studies (more than 300 hours) -	7	VT II Modules - qualification equivalent to VT I -
5	Vocational Training Employment Workshops (VT) - without a minimum educational requirement (more than 300 hours) -	7	Industrial Professional Training
5	Education Certificate - from any period -	7	Experts, court reporters, stenographers - qualification with this denomination -
5	Obligatory Secondary Education, without reaching Secondary Education Graduate	7	First Level Intermediate Command - qualification of the Ministry of Education and Culture -
5	Complete GBE, without the School Graduate qualification	7	Assistant Technician - VT I Qualification -
5	Persons who attended all academic years of elementary upper-secondary education without passing the last academic year	7	Plastic Arts and Design
5	Elementary Post-Secondary Education (general, labour or technical) - qualification -	7	Technical-sports education technician

Code <sup>(*)</sup>	Description	Code <sup>(*)</sup>	Description
5	Primary studies certificate (qualification prior to the 1975-76 academic year)	7	Technicians - Specific Intermediate Vocational Training Qualification (LOGSE) -
5	Secondary Education Graduate	7	Music conservatory, intermediate qualification
5	School Graduate	7	Dance, Intermediate Professional qualification
6	Upper-Secondary Education - BUP Qualification -	7	Music, Intermediate Professional qualification
6	REM or experimental Upper-Secondary Education - qualification	8	Vocational Training Trade Schools (VT) - with second-stage secondary studies (more than 300 hours) -
6	Advanced Upper-Secondary Education - qualification -	8	Vocational Training Workshop Schools (VT) - with second-stage secondary studies (more than 300 hours) -
8	Vocational Training Trade Schools (VT) - with second-stage secondary studies (more than 300 hours) -	9	Diploma in ceramics - equivalent to a university diploma
8	Vocational Training Workshop Schools (VT) - with second-stage secondary studies (more than 300 hours) -	9	University diploma - any specialisation -
8	Occupational Vocational Training (OVT) - with second-stage secondary studies (more than 300 hours) -	9	Military Training, Commissioned Officer Scale of the Armed Forces
8	Onboard mechanic	9	Ecclesiastical Sciences equivalent to a diploma degree
8	Flight navigator	9	Advanced Design Studies – university diploma
8	Training and labour market insertion programs (TIP) - with second-stage secondary studies (more than 300 hours)	9	Graduate in Applied Arts - university diploma -
8	Second Level of Intermediate Commands – MEC qualification -	9	University student, with a university qualification not from graduate studies lasting longer than two years
8	Vocational Training Employment Workshops (VT) - with second-stage secondary studies (more than 300 hours) -	9	Civil Guard, Officer Scale
8	University Qualifications that are not from graduate studies, lasting less than two years and more than 300 hours	9	Technical Engineering - any specialisation -
8	Cabin crew member	9	Commercial airline pilot
8	Draughtsman (industrial or construction), recognised as VT II for interested parties	9	Commercial Profesor
8	Military Training, Uncommissioned Officer Scale of the Armed Forces	9	Tourist Company and Activity Technician - diploma-holder in tourist activities -
8	Nautical Training - fishing, second-degree	9	Occupational Therapist
8	Graduate in Applied Arts and Artistic Professions	9	University diploma-holder
8	Civil Guard, Sub-officer Scale	9	Insurance actuary
8	Industrial Master's Degree	9	Architect
8	VT III Module - qualificaion equivalent to VT II -	9	Voice, Advanced Degree - university studies -
8	Operator - Computer Institute of the Ministry of Education and Culture -	9	Music Conservatory, advanced degree qualification
8	Mercantile Expert - equivalent to Technical Engineer -	9	Dance, advanced degree qualification
8	Commercial airplane or helicopter pilot	9	Military Training, Higher Officer Scale of the Armed Forces
8	Specialised technician - VT II Qualification -	9	Ecclesiastical Sciences equivalent to a university degree
8	Advanced Technician - Advanced degree qualification for the Plastic Arts and Design training cycles -	9	Civil Guard, Higher Officer Scale
8	Advanced Technician - LOGSE Advanced Level Vocational Training Qualification -	9	Advanced engineer - any specialisation -
8	Qualifications corresponding to programmes that require a baccalaureate qualification (2 years or more)	9	Trading Management
8	Vocational Training Trade Schools (VT) - with Advanced Vocational Training (more than 300 hours) -	9	University degree-holder - any specialisation -
8	Vocational Training Workshop Schools (VT) - with Advanced Vocational Training (more than 300 hours) -	9	Music, advanced degree qualification
8	Occupational Vocational Training (OVT) - with Advanced Vocational Training (more than 300	9	Advanced Technician in Dramatic Arts - qualification equivalent to a university degree-

Code <sup>(*)</sup>	Description	Code <sup>(*)</sup>	Description
	hours) -		holder -
8	Training and labour market insertion programs (TIP) - with advanced vocational training (more than 300 hours) -	9	University degree-holder
8	Vocational Training Employment Workshops (VT) - with advanced vocational training (more than 300 hours) -	9	BIR - Biology specialisation programmes
9	Surveyor	9	FIR - Pharmaceutical specialisation programmes
9	Technical Architect	9	MIR - Medical specialisation programmes
9	Mining Protocol - equivalent to a Technical Engineer -	9	PIR - Psychologist specialisation programmes
9	Conservation and Repair of Cultural Goods - equivalent to a university diploma-holder -	9	QIR - Chemist specialisation programmes
		9	University doctorate
		9	University doctorate-holder

<sup>(\*)</sup> Code 1 is directly assigned to those persons under 10 years of age, and who therefore, have not been able to complete any current stage of schooling.

## ANNEX II SOCIAL CLASS

### LISTING OF OCCUPATIONS ON A THREE-DIGIT LEVEL FO THE NATIONAL CLASSIFICAITON OF OCCUPATIONS (nco-2011) INCLUDED IN EACH SOCIAL CLASS CATEGORY. <sup>13</sup>

The social class categories have been obtained from the proposal made by the Determinants Working Group of the Spanish Epidemiology Society - ESS<sup>14</sup>, where social class is assigned according to the occupation <sup>15</sup>. The following shows the different classes and codes, according to National Classification of Occupations 2011 (NCO-2011), considered in the survey according to the ESS proposal:

#### **CLASS I - Directors and managers of establishments with 10 or more wage earners and professionals traditionally associated with university graduate degrees**

##### **1. Directors and managers of establishments with 10 or more wage earners and professionals traditionally associated with university graduate degrees.**

111	Members of the of the executive power and of legislative bodies; General Government social interest organisation executives
112	General directors and executive presidents
121	Directors of administrative departments
122	Commercial, advertising, public relations and R&D directors
131	Production directors of agricultural and livestock operations, forestry and fishing operations, and of manufacturing industries, mining, construction and distribution
132	Directors of information and communications technologies services (ICT) and of business services companies
211	Doctors
213	Veterinarians
214	Pharmacists
215	Other health professionals
221	Teachers from universities and other higher education (except Vocational Training)
223	Secondary education teachers (except specific vocational training subjects)
241	Physicists, chemists, mathematicians, and the like
242	Professionals working in natural sciences
243	Engineers (except agricultural, forestry, electrical, electronic and ICT engineers)
244	Electrical, electronic and telecommunications engineers
245	Architects, urban developers and geographical engineers
251	Judges, magistrates, lawyers and attorneys
259	Other law professionals
261	Specialists in finance
262	Organisation and administration specialists
265	Other professionals in sales, trade, advertising and public relations
271	Software and multimedia analysts and designers
281	Economists

<sup>13</sup> The 8 categories from the SCO-2012 comprehensive classification of the ESs have been grouped into 6 classes, for the purpose of enabling the comparability of the data with the previous classification of the ESS (SCO-1995), used in the previous SNHSs.

<sup>14</sup>The "not classifiable" occupation group (Codes 001, 002 and 283) have been assigned to the class categories as in the previous editions of the SNHS, in order to enable the comparison of the series.

<sup>15</sup>For codes 111, 112, 121, 122, 131, 132, 141, 142, 143 and 150, the ESS proposal assigns the social class according to the number of wage earners in the work centre. Nonetheless, the same proposal mentions that, in the event of not having this information (the case of the SNHS), the following considerations are applied:

- In the case of not having the information on the number of wage earners, occupations 111 to 132 are assigned to social class I, and occupations 141 to 150 to social class II.

- In the case of having information on the number of wage earners, occupations 111 to 150 are assigned to social class I when they are establishments with 10 wage earners or more, and to social class II when they are establishments with fewer than 10 wage earners.

282	Sociologists, historians, psychologists and other professionals in social sciences
291	Archivists, librarians, curators and the like
292	Writers, journalists and linguists
283	Priests of different religions

**CLASS II - Directors and managers of establishments with fewer than 10 wage earners, professionals traditionally associated with university degrees and other technical support professionals. Sportspersons and artists**

**2. Directors and managers of establishments with fewer than 10 wage earners, professionals traditionally associated with university degrees and other technical support professionals. Sportspersons and artists.**

141	Directors and managers of accommodation companies
142	Directors and managers of catering companies
143	Directors and managers of wholesale and retail trade companies
150	Directors and managers of services companies not classified under other headings
212	Professionals in nursing and midwifery
222	Teachers in vocational training (specific subjects)
224	Primary education teachers
225	Infants education teachers and educators
231	Special education teachers and technicians
232	Other teachers and education professionals
246	Technical engineers (except agricultural, forestry, electrical, electronic and ICT)
247	Technical engineers specialising in electricity, electronics and telecommunications
263	Tourist company and activity technicians
264	Technical and medical sales professionals (except for ICT)
248	Technical architects, topographers and designers
272	Specialists in databases and computer networks
293	Creative and interpretative artists
311	Draughtsmen and technical designers
315	Maritime and aeronautical navigation professionals
316	Quality control technicians in the physical and chemical sciences and in engineering
333	Professionals in alternative therapies
362	Agents in customs, taxes and the like who work in Public Administration tasks
372	Sportspersons, trainers, instructors in sporting activities; recreational activity counsellors
373	Support technicians and professionals for cultural, artistic and culinary activities
001	Commissioned and uncommissioned armed forces officers

**CLASS III - Intermediate occupations and self-employed workers****3. Intermediate occupations: administrative-type wage earners and support professionals for administrative management and other services.**

331	Laboratory, diagnostic test and prosthesis health technicians
332	Other health technicians
340	Support professionals in finance and mathematics
351	Trade agents and representatives
352	Other commercial agents
353	Real estate agents and other agents
361	Administrative and specialised assistants
363	Security force technicians
371	Legal and social services support professionals
381	Technicians in information technology and user support operations
382	Computer programmers
383	Technicians in audiovisual recording, radio broadcasting and telecommunications
411	Accounting and financial employees
412	Employees dedicated to recording goods, production and transport support services
421	Library and archive employees
422	Employees in postal services, encoders, correctors and personnel services
430	Other administrative employees who do not deal with the public
441	Employees in user information and receptionists (except for hotels)
442	Employees in travel agencies, hotel receptionists and telephone operators
443	Survey agents
444	Employees at banks and postal service windows and the like (except tellers)
450	Administrative employees who deal with the public not classified under other headings
582	Workers who deal with travellers, tourguides and the like
591	Civil guards
592	Police
593	Fire brigade
002	Professional armed forces
<b>4. Self-employed workers</b>	
500	Owner waiters and cooks
530	Traders owning shops
584	Workers who own small accommodation

**CLASS IV - Supervisors and workers in skilled technical occupations****5. Supervisors and workers in skilled technical occupations.**

312	Technicians in physical, chemical and environmental sciences and in engineering
313	Technicians in process and installation control
314	Natural sciences technicians and similar auxiliary professionals
320	Supervisors in manufacturing industries, construction and mine engineering
521	Shop and department store section managers
581	Hairdressers and specialists in aesthetics and well-being treatments and the like
713	Carpenters (except cabinetmakers and metal structure fitters)
719	Other workers at structural construction sites
721	Plasterers and paste and mortar platers
722	Plumbers and pipe fitters
723	Painters, wall-paperers and the like
725	Air conditioning and heating mechanics-installers
731	Moulders, welders, auto body workers, metal structure fitters and the like
732	Blacksmiths and workers in the manufacture of tools and the like
740	Mechanics and machinery adjusters
751	Electricians in construction and the like
752	Other electrical equipment installers and repair-persons
753	Electronics and telecommunications installers and repair-persons
761	Precision mechanics in metals, ceramists, glassblowers and craftspersons
782	Cabinetmakers and similar workers
783	Workers in textiles, tailoring, furs, leather and footwear
789	Sealers, scuba divers, product testers and other different operators and craftspersons
831	Train drivers and the like

**CLASS V - Skilled primary sector workers and other semi-skilled workers****6. Skilled primary sector workers and other semi-skilled workers**

511	Wage-earning cooks
512	Wage-earning waiters
522	Salespersons in shops and stores
541	Salespersons in kiosks or markets
543	Petrol station attendants
549	Other salespersons
550	Cashiers and tellers (except in banks)
561	Nurses' aids
562	Assistants in pharmacies, health emergencies and other workers in personal care in health services
571	Workers in home personal care (except carers for children)
572	Carers for children
589	Other personal services workers
594	Private security personnel
599	Other protection and security services workers
611	Skilled agricultural workers (except in kitchen gardens, greenhouses, nurseries and gardens)
612	Skilled workers in kitchen gardens, greenhouses, nurseries and gardens
620	Skilled livestock workers (including poultry, beekeeping and the like)
630	Skilled mixed livestock and farming workers

641	Skilled forestry and nature workers
642	Skilled fishing and aquaculture workers
643	Skilled hunting workers
711	Concrete workers, rough cast workers, iron workers and the like
712	Bricklayers, stonemasons, stone cutters, splitters and carvers
724	Tile fixers, parquet layers and the like
729	Other workers in construction finishing, installations (except electricians) and the like
762	Graphic arts trade workers
770	Food, beverage and tobacco industry workers
781	Woodworkers and the like
811	Ore extraction and exploitation facility operators
812	Operators in metal treatment facilities
813	Installation and machinery operators for chemical, pharmaceutical and photosensitive products
814	Operators in installations for wood treatment and transformation and the manufacture of paper, paper and rubber products or plastic materials
815	Machine operators for the manufacture of textiles and fur and leather items
816	Operators of machines for producing foodstuffs, beverages and tobacco
817	Operators of laundry and dry cleaning machines
819	Other installation and fixed machinery operators
820	Fitters and assemblers in factories
832	Operators of portable agricultural and forestry machinery
833	Operators of other portable machines
841	Motor car, taxi and van drivers
842	Bus and tram drivers
843	Lorry drivers

## CLASS VI

### 7. Non-skilled workers

542	Telemarketing operators
583	Building maintenance and cleaning supervisors, concierges and butlers
834	Bridge seamen, machine seamen and the like
844	Motorcycle and moped drivers
910	Domestic employees
921	Cleaning personnel at offices, hotels and other similar establishments
922	Vehicle and window washers and hand-cleaning personnel
931	Kitchen staff
932	Fast food cooks
941	Street vendors
942	Advertisement distributors, shoe shiners and other street trade workers
943	Mailroom staff, porters, delivery persons on foot and the like
944	Waste collectors, waste classifiers, street sweepers and the like
949	Other elementary occupations
951	Agricultural labourers
952	Livestock labourers
953	Agricultural and livestock labourers
954	Labourers in fishing and fish farming, aquaculture, forestry and hunting
960	Construction and mining industries labourers
970	Manufacturing labourers
981	Transport labourers, freight handlers and the like
982	Stockers

The correspondence between the occupational social classes of the abbreviated SCO-1994 and the occupational social classes of the grouped SCO-2012 is as following:

SCO-1994		SCO-2012	
I	<b>Public Administration Directors and Directors of companies with 10 or more wage earners. Professions associated with 2nd and 3rd cycle university qualifications</b>	CLASS I	<b>Directors and managers of establishments with 10 or more wage earners and professionals traditionally associated with university graduate degrees</b>
II	<b>Executives of the Public Administration and of companies with fewer than 10 wage earners. Professions associated with a 1st cycle university qualification. Advanced Technicians Artists and sportspersons</b>	CLASS II	<b>Directors and managers of establishments with fewer than 10 wage earners, professionals traditionally associated with university degrees and other technical support professionals. Sportspersons and artists</b>
III	<b>Administrative-type employees and administrative and finance support professionals. Workers in personal and security services. Self-employed workers. Supervisors of manual workers</b>	CLASS III	<b>Intermediate occupations and self-employed workers</b>
IVa	<b>Skilled manual workers</b>	CLASS IV	<b>Supervisors and workers in skilled technical occupations</b>
IVb	<b>Semi-skilled manual workers</b>	CLASS V	<b>Skilled primary sector workers and other semi-skilled workers</b>
V	<b>Non-skilled workers</b>	CLASS VI	<b>Non-skilled workers</b>