

International Health Data Reference Guide

From the CENTERS FOR DISEASE CONTROL AND PREVENTION/National Center for Health Statistics

2001



U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
Centers for Disease Control and Prevention
National Center for Health Statistics



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Preface

This 10th edition of the *International Health Data Reference Guide* provides information collected in 2001 on the availability of selected national vital, hospital, health personnel resources, and population-based health survey statistics. Information for the 42 nations included in this guide was obtained from the government and official agencies that are listed in the guide for further reference.

The main purpose of the guide is to provide information not readily available in published form. It is not designed to provide information on the availability of measures considered universally documented, such as crude birth and death rates or life expectancy at birth. A secondary purpose is to support the World Health Organization's goal of developing a common basis for international data comparison.

The reader should carefully note the listed qualifications in the footnotes concerning the availability of data in several countries.

The user of this guide is encouraged to contact the listed government and official agencies to obtain specific data.

Acknowledgments

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Vital Statistics



Natality data by country, selected variables, and most recent year available: 2001

Country	Birth rates by maternal age	Births by maternal age and birth order	Births by maternal age and marital duration	Births by birth- weight	Births by crown-heel length	Births by length of gestation	Births by marital status
Argentina	1995			1997		1997	1997
Australia	2000	2000	2000	2000		2000	2000
Austria	2000	2000	2000	2000	2000	2000	1998
Belgium	2000	2000	---	2000	---	2000	---
Bulgaria, Republic of	1998	1998	1998	1998	1998	1998	---
Canada	1999	1999	---	1999	---	1999	1999
Chile	1999	1999	---	1999	---	1999	1999
China, People's Republic of	1992	1992	1992	1992	---	1992	1992
Czech Republic	2000	2000	2000	2000	2000	2000	2000
Denmark	2000	1996	1989	1996	1996	1996	2000
Estonia	2000	2000	2000	2000	2000	2000	2000
Finland	2000	2000	2000	2000	2000	2000	2000
France	1997	1997	1997	---	---	1997	1997
Germany	2000	2000	2000	2000	2000	---	2000
Greece	1997	1997	1997	1997	---	1997	1997
Hong Kong SAR, China	2000	2000	2000	2000	---	---	2000
Hungary	2000	2000	2000	2000	2000	2000	2000
Iceland	2000	2000	2000	2000	2000	2000	2000
Ireland	2000	2000	2000	2000	---	2000	2000
Israel	2000	2000	1998	2000	---	1998	1998
Italy	1996	1996	1996	1996	---	1996	1996
Japan	1999	2000	2000	2000	2000	2000	2000
Korea, Republic of	1997	1997	¹ 1997	1997	---	¹ 1997	¹ 1997
Latvia	2000	2000	2000	² 2000	---	---	2000
Lithuania	2000	2000	---	2000	---	2000	2000
Luxembourg	1998	1998	1998	³ 2000	³ 2000	³ 2000	1998
Netherlands	2000	2000	2000	1998-00	1998-00	---	2000
New Zealand	2000	2000	2000	2000	---	2000	2000
Norway	2000	2000	2000	1998	1998	1998	2000
Poland	2000	2000	2000	2000	2000	2000	2000
Portugal	2000	2000	2000	2000	---	2000	2000

Natality data by country, selected variables, and most recent year available: 2001—Continued

Country	Birth rates by maternal age	Births by maternal age and birth order	Births by maternal age and marital duration	Births by birth- weight	Births by crown-heel length	Births by length of gestation	Births by marital status
Russian Federation	2000	2000		2000	2000	2000	2000
Singapore		2000		2000		2000	
Spain	1997	1999	1999	1999	---	1999	1999
Sweden	2000	2000	2000	2000	2000	2000	2000
Switzerland	1999	⁴ 1999	⁴ 1999	1999	1999	---	1999
Ukraine	¹ 1996	¹ 1992	---	¹ 1996	---	¹ 1996	¹ 1996
United Kingdom:							
England	1998	1998	1998	1998	---	---	1998
Wales	1998	1998	1998	1998	---	---	1998
Northern Ireland	2000	2000	2000	---	---	---	2000
Scotland	2000	2000	2000	2000	2000	2000	2000
United States	2000	2000	---	2000	---	2000	2000

--- Data not available.

¹Not published, but available upon request.

²Data from Health Statistics Department.

³Not published.

⁴Legitimate live births only.

Mortality data by country, selected variables, and most recent year available: 2001—Continued

Country	Death rates by cause, age, and sex	Deaths by age, sex, and marital status	Life expectancy by age and sex	Legally induced abortions by age of women	Late fetal deaths	Perinatal deaths by cause	Infant deaths by age, cause, and sex	Infant deaths by birth- weight
Argentina	1997		1990–92		1997	1997	1995	
Australia	2000	2000	2000		2000	1997	2000	2000
Austria	2000	2000	2000	---	2000	¹ 2000	2000	2000
Belgium	---	---	---	---	2000	2000	2000	2000
Bulgaria, Republic of	1998	1998	1998	1997	---	1998	1998	---
Canada	1999	1999	1999	1999	1999	1999	1999	1998
Chile	1999	1999	1995–2000	---	1999	1999	1999	1999
China, People's Republic of	1998	1998	1998	---	---	---	1998	---
Czech Republic	2000	2000	2000	2000	2000	2000	2000	2000
Denmark	1998	1998	1999–2000	1999	1994	1994	1994	1994
Estonia	1998	1998	1998	1998	1998	1998	1998	1998
Finland	1999	2000	2000	2000	2000	1999	2000	2000
France	1997	1997	1997	1996	1997	---	1997	---
Germany	1998	1998	1998	1998	1998	(²)	1998	1998
Greece	1999	1999	1998	1999	1999	(³)	1997	---
Hong Kong SAR, China	1999	1999	1999	---	1999	¹ 1999	1999	---
Hungary	2000	2000	2000	2000	2000	2000	2000	2000
Iceland	1997	2000	1999–2000	1999	2000	1997	⁴ 1998	2000
Ireland	2000	2000	1991	---	1998	1998	2000	---
Israel	1997	1999	1999	2000	1998	1998	1997	1996
Italy	1999	1999	1999	1999	1998	1999	1999	1998
Japan	1999	2000	2000	2000	2000	2000	2000	⁵ 2000
Korea, Republic of	1997	1997	1997	---	---	---	1997	---
Latvia	2000	⁶ 2000	2000	⁷ 2000	2000	2000	2000	2000
Lithuania	2000	2000	2000	2000	2000	2000	2000	2000
Luxembourg	2000	⁸ 2000	1995–97	---	2000	2000	2000	---
Netherlands	1999	2000	2000	2000	1999	1999	1999	---
New Zealand	1998	2000	1998–00	2000	2000	1997	1998	1998
Norway	1999	2001	2001	2000	1999	1999	1999	1999
Poland	2000	2000	2000	⁹ 2000	2000	2000	2000	2000
Portugal	2000	2000	2000	---	2000	2000	2000	---

Mortality data by country, selected variables, and most recent year available: 2001—Continued

Country	Death rates by cause, age, and sex	Deaths by age, sex, and marital status	Life expectancy by age and sex	Legally induced abortions by age of women	Late fetal deaths	Perinatal deaths by cause	Infant deaths by age, cause, and sex	Infant deaths by birth- weight
Russian Federation	2000	2000	2000	2000	2000	2000	2000	2000
Singapore	2000	2000			2000	2000	2000	
Spain	1995	1999	1994–95	---	1999	1995	1996	1999
Sweden	1996	1998	1998	1998	1998	1996	1996	1996
Switzerland	1999	1999	1999	---	1998	1999	1999	¹⁰ 1999
Ukraine	¹⁰ 1996	---	¹⁰ 1996	¹⁰ 1996	---	¹⁰ 1996	¹⁰ 1996	¹¹ 1996
United Kingdom:								
England	2001	2001	2001	2001	2001	2001	2001	2001
Wales	2001	2001	2001	2001	2001	2001	2001	2001
Northern Ireland	2000	2000	2000	---	2000	2000	2000	---
Scotland	2000	2000	2000	2000	2000	2000	2000	2000
United States	1999	1999	1999	1995	1999	---	1999	1999

--- Data not available.

¹Early infant deaths by cause only.

²Available for the former German Democratic Republic for 1988.

³Data available through 1993 upon request.

⁴Data available for cause, 1995 only.

⁵Infant deaths caused by disease only.

⁶No deaths by marital status.

⁷Data from Health Statistics Department.

⁸Not published.

⁹Only total number of abortions.

¹⁰Not published, but available upon request.

¹¹Data selective.

Marriage and divorce data by country, selected variables, and most recent year available: 2001

Country	Crude marriage rates	Marriages by age of bride and groom	Crude divorce rates	Country	Crude marriage rates	Marriages by age of bride and groom	Crude divorce rates
Argentina	1997	1996	¹ 1989	Korea, Republic of	1997	1997	1997
Australia	2000	2000	2000	Latvia	2000	2000	2000
Austria	2000	2000	2000	Lithuania	2000	2000	2000
Belgium	---	---	---	Luxembourg	1998	1998	1998
Bulgaria, Republic of	1998	1998	1998	Netherlands	2000	2000	2000
Canada	1998	1998	1998	New Zealand	1998	1998	1998
Chili	2000	2000	---	Norway	2000	2000	2000
China, People's Republic of	1998	---	1998	Poland	2000	2000	2000
Czech Republic	2000	2000	2000	Portugal	2000	2000	2000
Denmark	2000	2000	2000	Russian Federation	2000	2000	2000
Estonia	2000	2000	2000	Singapore	1998	1998	1998
Finland	2000	2000	2000	Spain	1999	1999	1993
France	1997	1997	1997	Sweden	2000	2000	2000
Germany	2000	2000	2000	Switzerland	2001	2001	2001
Greece	1997	1997	1997	Ukraine	² 1996	² 1996	² 1996
Hong Kong SAR, China	2000	2000	2000	United Kingdom:			
Hungary	2000	2000	2000	England	1997	1997	1997
Iceland	2000	2000	2000	Wales	1997	1997	1997
Ireland	2000	1996	2000	Northern Ireland	2000	2000	2000
Israel	1999	1999	1999	Scotland	2000	2000	2000
Italy	2000	1998	2000	United States	³ 2000	⁴ 1990	³ 2000
Japan	1999	2000	1999				

--- Data not available.

¹Legal separation or divorce.

²Not published, but available upon request.

³Provisional data.

⁴Includes District of Columbia and 47 of the 50 States.

Hospital Statistics



Facility statistics by country, selected variables, and most recent year available: 2001—Continued

Country	Hospital coverage	Data tabulated					Most recently published data
		Beds and inpatient utilization	Facilities and services	Outpatient visits	Personnel	Financial data	
Argentina	All hospitals	¹ Yes	No	¹ Yes	No	No	1997
Australia	Public hospitals	Yes	Yes	Yes	Yes	Yes	1999–2000
	Private hospitals	Yes	Yes	Yes	Yes	Yes	1999–2000
Austria	All hospitals	Yes	Yes	No	Yes	² Yes	1999
Belgium	All hospitals	Yes	Yes	No	No	Yes	1997
Bulgaria, Republic of	All hospitals	Yes	No	Yes	Yes	No	1997
Canada	All hospitals	Yes	Yes	Yes	Yes	Yes	1997–98
Chile	All hospitals	Yes	¹ Yes	¹ Yes	¹ Yes	---	1997
China, People's Republic of	All hospitals	Yes	Yes	Yes	Yes	Yes	2000
Czech Republic	All hospitals	Yes	Yes	Yes	Yes	³ Yes	2000
Denmark	All hospitals	Yes	Yes	Yes	Yes	Yes	1999
Estonia	All hospitals	Yes	Yes	Yes	Yes	No	1998
Finland	General and psychiatric hospitals	Yes	Yes	Yes	Yes	No	2001
France	Public hospitals	Yes	Yes	Yes	Yes	Yes	1995
	Private hospitals	Yes	Yes	No	Yes	Yes	1995
	Mental hospitals	Yes	Yes	Yes	Yes	Yes	1995
Germany	All hospitals	Yes	Yes	No	Yes	Yes	2000
Greece	All hospitals	Yes	Yes	No	Yes	⁴ Yes	1999
Hong Kong SAR, China	Public hospitals	Yes	Yes	Yes	Yes	Yes	1998–99
	Private hospitals	Yes	Yes	Yes	No	No	2000
Hungary	All hospitals	Yes	⁵ Yes	Yes	Yes	⁵ Yes	2000
Iceland	All hospitals	Yes	No	Yes	Yes	Yes	1994–00
Ireland	All public hospitals	Yes	Yes	Yes	Yes	Yes	1999
	All psychiatric hospitals	Yes	Yes	Yes	Yes	Yes	1996
Israel	All hospitals	Yes	Yes	⁶ Yes	⁶ Yes	⁷ Yes	1998
Italy	All hospitals	Yes	Yes	No	Yes	Yes	1999
Japan	All hospitals, general clinics, and dental clinics	Yes	Yes	⁸ Yes	⁸ Yes	No	2000
Korea, Republic of	All hospitals	Yes	Yes	Yes	Yes	No	1997
Latvia	All hospitals	Yes	Yes	Yes	Yes	Yes	2000
Lithuania	All hospitals	Yes	Yes	Yes	Yes	No	2000
Luxembourg	All hospitals	Yes	Yes	No	Yes	Yes	⁹ 1999
Netherlands	General and specialized hospitals	Yes	Yes	Yes	Yes	Yes	2000
	Psychiatric hospitals ¹⁰	Yes	Yes	No	No	Yes	1999

Facility statistics by country, selected variables, and most recent year available: 2001—Continued

Country	Hospital coverage	Data tabulated					Most recently published data
		Beds and inpatient utilization	Facilities and services	Outpatient visits	Personnel	Financial data	
New Zealand	Public hospitals	Yes	Yes	No	Yes	Yes	1998–99
	Private hospitals	Yes	Yes	No	Yes	Yes	1995
	Psychiatric (inpatients only)	Yes	Yes	No	Yes	Yes	1994
Norway	All hospitals	Yes	No	Yes	Yes	Yes	2000
Poland	General and mental hospitals	Yes	No	No	No	No	2000
Portugal	Public hospitals	Yes	Yes	Yes	Yes	Yes	1995
	Private hospitals	Yes	Yes	Yes	Yes	Yes	1995
Russian Federation	All hospitals	Yes	Yes	Yes	Yes	Yes	2000
Singapore	Public hospitals	Yes	Yes	Yes	Yes	Yes	2000
	Private hospitals	Yes	Yes	No	No	No	2000
Spain	All hospitals	Yes	Yes	Yes	Yes	Yes	1996
Sweden	All hospitals	Yes	Yes	Yes	¹¹ Yes	¹¹ Yes	2000
Switzerland	All hospitals	Yes	Yes	No	Yes	Yes	1999
Ukraine	All hospitals	Yes	Yes	Yes	Yes	Yes	¹² 1996
United Kingdom:							
England	National Health Service hospitals	Yes	Yes	Yes	Yes	Yes	1995–96
Wales	National Health Service hospitals	Yes	Yes	Yes	Yes	Yes	2000–01
	Private hospitals	Yes	No	No	¹³ Yes	No	2000
Northern Ireland	National Health Service hospitals	Yes	Yes	Yes	Yes	Yes	2000–01
Scotland	Scottish Health Service hospitals	Yes	Yes	Yes	Yes	Yes	2001
United States	Hospitals with six beds or more	Yes	Yes	Yes	Yes	Yes	2000

--- Data not available

¹Exclusive to the public sector.

²Data available for 50 percent of hospitals.

³Not published, but data available on hospitals administered by Ministry of Health.

⁴No national statistics available for individual hospitals.

⁵Data available from the National Health Insurance Fund Administration.

⁶Data available on government hospitals.

⁷On national level, estimates only up to 1996.

⁸Hospitals only.

⁹New series for 1998 and 1999.

¹⁰From 1997 onward, these statistics cover the entire mental health care, including outpatient mental health care and sheltered housing.

¹¹Data not available per individual hospital.

¹²Not published, but available upon request.

¹³Nursing staff only.

Discharge statistics by country, selected variables, and most recent year available: 2001

Country	Hospital coverage	Data tabulated				Most recently published data
		Age and sex	Length of stay	Diagnosis	Surgical procedures	
Argentina	Sub-sector officials	Yes	Yes	Yes	No	1997
Australia	Public hospitals	Yes	Yes	Yes	Yes	1999–2000
	Private hospitals	Yes	Yes	Yes	Yes	1999–2000
Austria	All hospitals	Yes	Yes	Yes	Yes	1999
Belgium	All hospitals	Yes	Yes	Yes	No	1997
Bulgaria, Republic of	All hospitals	Yes	Yes	Yes	Yes	1997
Canada	General and specialized hospitals, including psychiatric units	Yes	Yes	Yes	Yes	1996–97
	Mental and psychiatric hospitals	Yes	Yes	Yes	No	1995–96
Chile	All hospitals	Yes	Yes	Yes	Yes	1996
China, People's Republic of	No national statistics					
Czech Republic	All hospitals	Yes	Yes	Yes	Yes	2000
Denmark	All hospitals	Yes	Yes	Yes	Yes	1999
Estonia	All hospitals	Yes	Yes	Yes	Yes	1998
Finland	All hospitals	Yes	Yes	Yes	Yes	2001
France	Public hospitals (sample survey)	Yes	Yes	Yes	Yes	1993
	Private hospitals	Yes	Yes	Yes	Yes	1993
	Mental hospitals	No	Yes	No	No	1995
Germany	All hospitals	Yes	Yes	Yes	¹ No	2000
Greece	All hospitals	Yes	Yes	Yes	Yes	1995
Hong Kong SAR, China	Public hospitals	Yes	Yes	Yes	² Yes	1997
	Private hospitals	No	No	Yes	No	1999
Hungary	All hospitals	³ Yes	Yes	³ Yes	³ Yes	2000
Iceland	All hospitals	Yes	Yes	Yes	Yes	1998
Ireland	Public hospitals (all acute)	Yes	Yes	Yes	Yes	1999
Israel	Short-stay hospitals	Yes	Yes	Yes	Yes	⁴ 1997
	Long-term hospitals	Yes	Yes	No	No	⁴ 1997
	Mental hospitals	Yes	Yes	Yes	Yes	⁵ 1997
Italy	All hospitals	Yes	Yes	Yes	Yes	2000
Japan	Hospitals and general clinics (sample survey)	Yes	Yes	Yes	Yes	1999
Korea, Republic of	All hospitals	No	Yes	Yes	Yes	1996
Latvia	All hospitals	Yes	Yes	Yes	Yes	2000
Lithuania	All hospitals	⁶ Yes	Yes	Yes	Yes	1996
Luxembourg	All hospitals	No	Yes	⁷ Yes	No	1999

Discharge statistics by country, selected variables, and most recent year available: 2001—Continued

Country	Hospital coverage	Data tabulated				Most recently published data
		Age and sex	Length of stay	Diagnosis	Surgical procedures	
Netherlands.....	General and most specialized hospitals, excluding psychiatric hospitals (98.8 percent of discharges)	Yes	Yes	Yes	Yes	2000
New Zealand	Psychiatric hospitals	Yes	Yes	Yes	No	1993
	Public hospitals	Yes	Yes	Yes	Yes	1998–99
	Private hospitals	Yes	Yes	Yes	Yes	1995
	Psychiatric hospitals (inpatients only)	Yes	Yes	Yes	No	1994
Norway	General and specialized somatic hospitals	Yes	Yes	Yes	Yes	2000
Poland.....	General (10 percent sample) and mental hospitals	Yes	Yes	Yes	No	1997
Portugal.....	All hospitals	⁸ Yes	⁹ Yes	No	⁹ Yes	1999
Russian Federation	All hospitals	No	Yes	Yes	Yes	2000
Singapore	All hospitals	Yes	Yes	Yes	Yes	2000
Spain.....	All hospitals	Yes	Yes	Yes	No	1996
Sweden.....	General and specialized hospitals (all discharges)	Yes	Yes	Yes	Yes	2000
Switzerland	All hospitals	Yes	Yes	Yes	Yes	⁵ 2000
Ukraine	All hospitals	No	Yes	Yes	Yes	⁵ 1996
United Kingdom:						
England.....	National Health Service hospitals	Yes	Yes	Yes	Yes	1997–98
Wales	National Health Service hospitals	Yes	Yes	Yes	Yes	1997–98
Northern Ireland	National Health Service hospitals	Yes	Yes	Yes	Yes	1997–98
Scotland	Scottish Health Service hospitals (excluding maternity patients and those from psychiatric hospitals and units ¹⁰)	Yes	Yes	Yes	Yes	2001
United States	Non-Federal short-stay general and specialized hospitals (sample of discharges), excluding Federal ¹¹ and institutional hospitals, and hospitals with less than six beds	Yes	Yes	Yes	Yes	2000

¹Only whether or not surgery is completed; no data on form of surgery.

²Major acute hospitals only.

³Data available from Ministry of Health.

⁴Not published, but available upon request for 751 hospitalizations.

⁵Not published, but available upon request.

⁶Selected age groups.

⁷Broad categories (chapters of ICD–10; 3 digits for most frequent diagnoses).

⁸For sent out patients.

⁹For all patients by speciality.

¹⁰Psychiatric units from general hospitals are excluded.

¹¹Separate statistics are available for these categories of discharges.

Health Personnel Statistics



Health personnel statistics by country, type of profession, and most recent year data published: 2001

Country	Data tabulated						Most recently published data
	Physicians	Dentists	Professional nurses	Assistant nurses	Pharmacists	Midwives	
Argentina	Yes	Yes	Yes	Yes	Yes	No	1980
Australia	Yes	¹ Yes	Yes	Yes	Yes	Yes	1998
Austria	Yes	Yes	² Yes	² Yes	Yes	Yes	1999
Belgium	Yes	Yes	Yes	Yes	Yes	Yes	1995
Bulgaria, Republic of	Yes	Yes	Yes	No	Yes	Yes	1997
Canada	³ Yes	Yes	³ Yes	Yes	Yes	No	2000
Chile	Yes	Yes	Yes	Yes	Yes	Yes	1997
China, People's Republic of	Yes	Yes	Yes	Yes	Yes	Yes	2000
Czech Republic	Yes	Yes	Yes	Yes	Yes	Yes	2000
Denmark	Yes	Yes	Yes	Yes	Yes	Yes	1995
Estonia	Yes	Yes	Yes	Yes	Yes	Yes	1998
Finland	Yes	Yes	Yes	Yes	Yes	Yes	2001
France	⁴ Yes	Yes	Yes	Yes	Yes	Yes	1997
Germany	Yes	Yes	³ Yes	³ Yes	Yes	No	2000
Greece	Yes	Yes	² Yes	² Yes	² Yes	² Yes	1998
Hong Kong SAR, China	Yes	Yes	Yes	No	Yes	Yes	2000
Hungary	Yes	Yes	Yes	Yes	Yes	Yes	2000
Iceland	Yes	Yes	Yes	Yes	Yes	Yes	1999–2000
Ireland	Yes	Yes	Yes	Yes	Yes	Yes	⁵ 1993
Israel	Yes	Yes	Yes	Yes	Yes	Yes	1998
Italy	² Yes	⁶ Yes	² Yes	² Yes	Yes	Yes	1999
Japan	Yes	Yes	⁷ Yes	⁷ Yes	Yes	⁷ Yes	1999
Korea, Republic of	Yes	Yes	Yes	Yes	Yes	Yes	1997
Latvia	Yes	Yes	Yes	No	Yes	Yes	2000
Lithuania	Yes	Yes	Yes	No	Yes	Yes	2000
Luxembourg	Yes	Yes	Yes	Yes	Yes	Yes	2000
Netherlands	Yes	Yes	Yes	No	⁸ Yes	Yes	1998
New Zealand	Yes	⁹ Yes	Yes	No	No	Yes	2000
Norway	Yes	Yes	Yes	Yes	No	Yes	¹⁰ 2000
Poland	Yes	Yes	Yes	Yes	Yes	Yes	2000
Portugal	Yes	Yes	¹¹ Yes	No	Yes	No	2000
Russian Federation	Yes	Yes	Yes	Yes	Yes	Yes	2000

Health personnel statistics by country, type of profession, and most recent year data published: 2001—Continued

Country	Data tabulated						Most recently published data
	Physicians	Dentists	Professional nurses	Assistant nurses	Pharmacists	Midwives	
Singapore	Yes	Yes	Yes	Yes	Yes	Yes	2000
Spain	Yes	Yes	Yes	No	Yes	Yes	1996
Sweden	Yes	Yes	Yes	Yes	Yes	No	2000
Switzerland	Yes	Yes	¹² Yes	¹² Yes	Yes	¹² Yes	2000
Ukraine	Yes	Yes	Yes	Yes	Yes	Yes	1996
United Kingdom:							
England	Yes	Yes	Yes	Yes	Yes	Yes	1998
Wales	Yes	Yes	Yes	Yes	Yes	Yes	2000
Northern Ireland	Yes	Yes	Yes	Yes	Yes	Yes	1998
Scotland	Yes	Yes	Yes	Yes	Yes	Yes	2001
United States	Yes	Yes	Yes	Yes	Yes	Yes	2000

¹Most recent data for dentists available for 1995.

²Only in hospitals.

³Most recent data available for 1998.

⁴Most recent data available for 1994.

⁵Published data refer to public sector employees only.

⁶Included in physicians.

⁷Only employed personnel.

⁸Data available include pharmacists working in pharmacies and hospitals, exclude those working in laboratories, industry, and universities.

⁹Published on Web site only.

¹⁰Includes both economically active and not economically active personnel.

¹¹Including all nurses registered in the Guild of Nurses.

¹²Most recently tabulated data available for 1990.

National Population-Based Surveys



National population-based surveys, by year and frequency, sample size, and type of survey

Country	Title	Frequency	Sample size ¹	Type of survey
Australia	Australian Health Survey	1977–78, 1983	18,000 dwellings	Health interview
	Children's Immunization and Health Screening Survey	1983, 1995	30,000 dwellings	Health interview
	National Health Survey	1989–90, 1995	22,000 dwellings (55,000 persons)	Health interview
	Survey of Disability, Aging, and Carers	1988, 1993 (Previously conducted in 1981 as the Survey of Handicapped Persons)	16,000 dwellings (42,000 persons); 600 institutions (6,000 persons)	Disability
	Time Use Survey	1992, 1997	3,000 dwellings (7,000 persons, 14,000 person-days)	Multipurpose with lifestyle information
	National Aboriginal and Torres Strait Islander Survey	1994	5,000 dwellings (17,500 persons)	Multipurpose with health core
	National Nutrition Survey	1995	13,800 persons	Nutrition
	Survey of Mental Health and Well-being	1997	10,000 persons	Mental health
Austria	Special Sport, Home, and Leisure Accident Survey	1970, 1980, 1989, 1997	29,000 households (67,000 persons)	Multipurpose with health core
	Special Smoking Habits Survey	1972, 1979, 1986, 1997	29,000 households (67,000 persons)	Smoking habits
	Special Health Survey	1973, 1983, 1991, 1999	29,000 households (67,000 persons)	Multipurpose with health core
	Special Impairment, Disability, and Handicap Survey	1976, 1986, 1995	29,000 households (67,000 persons)	Disability
Canada	Canada Health Survey	1978–79	Interview component—12,000 dwellings (40,000 persons 15 years of age and over) Clinical examination component—3,450 dwellings (8,486 persons 2 years of age and over)	Health interview
	Canada Fitness Survey (follow-up—Campbell Survey on Well-being in Canada 1988)	1981	13,500 households (31,000 persons 7–69 years of age)	Fitness
	Canada Health and Disability Surveys	1983–84	65,800 households (15,854 persons)	Disability

National population-based surveys, by year and frequency, sample size, and type of survey—Continued

Country	Title	Frequency	Sample size ¹	Type of survey
Canada (Continued)	Participation & Activity Limitation Survey, 2001	Unknown, but planned to follow quinquennial census	Noninstitutionalized adults with disabilities	Disability
	Canadian Tobacco Monitoring Survey (CTUMS)	Ongoing since 1999, two cycles per year	43,000 households (22,000 persons)	Smoking habits
	Canadian Community Health Survey	Biannual beginning 1994–95, 2000–01	131,535 persons	Health interview
	Aboriginal Peoples Survey	1991	20,000 persons	Health interview
	National Population Health Survey	1994–95, 1996–97, 1998–99	17,244 persons	Health interview
	Supplement—Health Promotion	1994–95	13,400 persons 12 years of age and over	Health interview
	Supplement—Asthma	1996–97	2,000 persons	Health interview
China, People's Republic of	National Sample Survey on the Situation of Children	1987, 1992	40,000 households	Multipurpose
	Health Services Household Interview Survey of China	1993, 1998	50,000 households	Health interview
Czech Republic	Survey of Treated Morbidity	1986	131,097 persons of all ages	Health interview
	Reproductive Health Survey	1993	4,500 women 15–44 years of age	Family planning
	Health Interview Survey, Czech Republic, 1996 (HIS CR 96)	1993, 1996, 1999	3,400 persons 15 years of age and over	Health interview
Denmark	The Danish Health and Morbidity Survey	1986–87, 1994, 2000	23,000 persons	Health interview and health behavior
	Population Survey on Prevention of Musculoskeletal Disorders	1990–92	6,000 persons 16 years of age and over	Health promotion and behavior
Estonia	Living Conditions Survey	1994, 1999	5,000 persons 18–74 years of age	Level of living
	National Health Interview Survey	1996	5,000 persons 16 years of age and over	Health interview

National population-based surveys, by year and frequency, sample size, and type of survey—Continued

Country	Title	Frequency	Sample size ¹	Type of survey
Finland	The Finnish National Health Survey	1964, 1968, 1976, 1987, 1995	6,000 households representing the entire population	Health and security
	Mini-Finland Health Survey	1977–81	8,000 persons 30 years of age and over	Multipurpose
	Finrisk—97 Senior Survey	1997	750 persons 65–74 years of age	Health interview
	The Health 2000 Examination Survey	2000–01	8,028 persons aged 30 or over	Health examination
France	French Health Survey	1960, 1970, 1980, 1991–92	8,000 households (21,000 persons)	Health interview
	National Inpatients Survey	1981, 1991–92	5,000 persons	Health interview
	Health and Social Protection Survey	Annually, between 1988 and 1997; biannual since 1998	20,000 persons since 1998	Health interview
Germany	Questions on Health— Microcensus Supplementary Surveys	Irregular intervals from 1963 to 1986; triennial from 1986 to 1995; every 4 years since 1995	Sampling fraction of households (0.5 percent)	Multipurpose with health core
	National Health Examination and Interview Survey	1997–1999; every 6–8 years	7,124 persons 18–79 years of age	Health interview and examination
Hungary	Health Interview Survey	1984	16,000 households (37,500 persons)	Health interview
	Health Behavior Survey	1994	5,476 persons 15–64 years of age	Health interview
	National Health Interview Survey	2000	7,000 persons 18 years of age and older	Health interview
Iceland	Survey of Living Conditions in Iceland, 1988	1988	2,000 persons 16–75 years of age	Level of living
	Multipurpose Survey (surveys on health promotion)	1994, 1996	1,500 persons 18–75 years of age	Multipurpose
	Health and Living Conditions in Iceland	1998, 1999	1,924 persons 18–75 years of age	Level of living
Ireland	The National Health and Lifestyle Surveys	1998	6,539 adults 18 years of age and over, 8,497 children 9–17 years of age from 187 schools	Level of living

National population-based surveys, by year and frequency, sample size, and type of survey—Continued

Country	Title	Frequency	Sample size ¹	Type of survey
Israel	Health Services Survey	1977, 1981, 1993, 1996–1997, 1999–2000	9,000 households (30,000 persons)	Health service usage and health interview, disability
	Survey of the Elderly	1982, 1985, 1997–1998	3,500 households (5,000 persons 60 years of age and over)	Level of living
Italy	Survey of Health Conditions of the Population and the Use of Health Services	1980–83, 1986, 1990–91, 1994, 1999–2000	60,000 households (140,000 persons)	Multipurpose
Japan	Comprehensive Survey of Living Conditions of People on Health and Welfare	Triennial since 1986	280,000 households (780,000 persons)	Multipurpose
Korea, Republic of	Patients Survey	Biannual between 1988 and 1995 Triennial since 1996	4,845 hospitals, clinics, and health centers	Health interview
	National Nutrition Survey	Annual between 1969 and 1997 Triennial since 1998	4,000 households (12,000 persons)	Health and nutrition interview
	Social Statistics Survey	Annual since 1977–1996 (Semiannual only 1997)	30,000 households	Multipurpose
	National Health Interview Survey	Triennial since 1983	6,605 households	Health service usage and health interview
Latvia	Epidemiologic Research on Most Common Noninfectious Diseases	1991	18,040 persons selected (data on 5,449 persons)	Multipurpose
	Living Conditions Survey	1994, 1999	3,500 persons	Living conditions
	Survey of Population about the Health Care System in Latvia	1998, 1999	Of 4,000 permanent inhabitants, 2,759 persons 30–65 years of age	Multipurpose
	Health Behavior Among Latvian Adult Population	1998, 2000	Of 3,000 permanent inhabitants, 2,400 persons 15–64 years of age	Multipurpose

National population-based surveys, by year and frequency, sample size, and type of survey—Continued

Country	Title	Frequency	Sample size ¹	Type of survey
Netherlands	Permanent Survey of Living Conditions—This survey incorporates the former surveys:	Continuous since 1997	40,000 persons	Multipurpose
	Quality of Life Survey	Triennial 1974–86 Continuous 1989–1996	3,500 persons 18 years of age and over	Multipurpose
	National Health Interview Survey	Continuous 1981–1996	3,000 households (9,000 persons)	Health interview
	National Health Interview Survey of Turkish Inhabitants in the Netherlands	1989–90	5,306 persons	Health interview
New Zealand	New Zealand Health Survey	1992–93, 1996–97	7,000–8,000 persons	Health interview
	National Nutrition Survey	1996–97	5,000 persons 15 years of age and over	Dietary intake and nutritional status
Norway	Level of Living Multipurpose	1973, 1980, 1983, 1987, 1991, 1995, 2002	5,100 persons 16 years of age and over	Level of living
	Working Environment	1989, 1993, 1996, 2000	4,359 persons 16–66 years of age	Working environment
	Health Conditions	1968, 1975, 1985, 1995, 1998	7,500 persons 16 years of age and over	Health interview
Poland	Social Status of Household Survey	1985, 1986, 1989, 1990	120,000 households (380,000 persons)	Level of living with health component
	Family Health Survey	1987	21,351 households (68,000 persons)	Health interview
	Sociodemographic and Health Determinants of Infant Mortality Survey	1991	6,400 children under 1 year of age	Infant mortality
	Health Care in Households	1994, 1998, 2000	5,700 households (17,500 persons)	Health expenditures, use of health care services
	Disabled on the Labor Market Survey	1995, 2000	6,700 persons 15 years of age and over	Disability, interview
	Health Interview Survey (POLHIS 96)	1996	19,202 households (47,924 adults and 14,813 children)	Health interview
Portugal	National Health Survey	1987, 1989, 1990, 1991, 1993, 1995–96, 1998–99	22,000 households	Health interview

National population-based surveys, by year and frequency, sample size, and type of survey—Continued

Country	Title	Frequency	Sample size ¹	Type of survey
Singapore	National Health Survey	1992, 1998	4,723 persons 18–69 years of age	Health interview and examination
	Survey of Primary Medical Care in Singapore	2001	27,000 patients	Medical consultation
	National Health Surveillance System	2001	6,236 Singapore residents 18 years of age and over	Health interview
	Survey on Cigarette Smoking Among Singaporeans	1983, 1995	5,000 persons 18–64 years of age	Smoking habits
	National Survey of Senior Citizens	1995, every 10 years	6,000 persons 55 years of age and over	Health interview
Spain	Survey on Disabilities, Impairments, and State of Health	1999	79,000 households (220,000 persons)	Disability
	National Health Survey	1987, 1993, 1997, 2001	26,000 persons	Health interview
Sweden	Survey of Living Conditions	Annual since 1975	7,000 persons 16–84 years of age	Level of living
Switzerland	Trend Survey on Health Behavior and Alcohol Consumption in Switzerland	1975, 1981, 1987	Between 1,500 and 3,000 persons 15 years of age and over	Health behavior
	Swiss Health Survey (SOMIPOPS)	1981–82	5,860 persons 20 years of age and over	Health interview
	Health Behavior of School-Age Children in Switzerland	1986, 1990, 1994	16,000 children 11–16 years of age	Health behavior
	Swiss Health Promotion Survey	1989	2,111 persons 20–74 years of age	Health interview
	Swiss Health Survey	1992, 1997, 2002	16,000 persons 15 years of age and over	Health interview
Ukraine	National Health Survey	Annual since 1986	850,000 persons	Health examination

National population-based surveys, by year and frequency, sample size, and type of survey—Continued

Country	Title	Frequency	Sample size ¹	Type of survey
United Kingdom	General Household Survey	Continuous since 1971	8,000 households (15,000 adults)	Multipurpose
	Health Survey for England	Continuous since 1991	11,000 households (20,000 persons)	Health interview, examination, and blood sample measurements
	Scottish Health Survey	Triennial since 1995	7,932 adults 16–64 years of age living in private households (1995). Children aged 2–15 and adults 65–74 included in 1998 survey.	Health interview
United States	National Health Interview Survey (NHIS)	Continuous since 1957	40,000 households (100,000 persons)	Health interview
	National Health and Nutrition Examination Survey (NHANES)	I - 1971–74 IA - 1974–75 II - 1976–80 III - 1988–94 IV - Beginning in 1999, annual sample continuous survey	32,000 persons 7,000 persons 28,000 persons 30,000 persons 5,000 persons annually	Health interview and examination
	National Hispanic Health and Nutrition Examination Survey (HHANES)	1982–84	16,000 persons aged 6 months to 74 years	Health interview and examination
	National Survey of Family Growth (NSFG)	1973, 1976, 1982, 1988, 1995	10,847 women 15–44 years of age	In-person interview
	National Health and Nutrition Examination Survey I—Epidemiologic Follow-up Study (NHEFS)	1982–84, 1986, 1987, 1992	Periodic follow-up to 14,407 adults in NHANES I	Health interview
	Longitudinal Studies of Aging (LSOA)			
	LSOA I	1984, 1986, 1988, 1990	7,527 persons 70 years of age and over in the 1984 NHIS	Health interview
	LSOA II	1994–95, 1997–1998, 1999–2000	9,447 persons 70 years of age and over in the 1994 NHIS	Health interview

¹Sample size shown is for the latest survey conducted unless otherwise stated.

Profile of National Populations-Based Surveys



Australia

Title	Australian Health Survey
Responsible agency or ministry	Australian Bureau of Statistics
Objective	To provide information about the health of Australians and their use and need of various health services and facilities.
Scope	Sample of 18,000 private and nonprivate dwellings selected throughout Australia covering about one-third of 1 percent of the population. All persons 15 years of age and over were interviewed (mother was usual respondent for children less than 15 years of age).
Collection method	Interviewer-administered questionnaire.
Data content	Health-related actions, acute illness conditions, hospitalizations, reduced activity, consultations with health professionals, medications taken, and demographic and socioeconomic characteristics.
Frequency	Conducted in 1977–78 and 1983 (replaced by National Health Survey Series).
Availability of data	Sample data file and statistical reports of survey findings (charges apply).
Contact	Ron Casey Director, Population & Social Statistics Australian Bureau of Statistics GPO Box 9817 Brisbane, Queensland 4001 Australia FAX: (61) (6) 253 1404 E-mail: ron.casey@abs.gov.au

Australia

Title	Children's Immunization and Health Screening Survey
Responsible agency or ministry	Australian Bureau of Statistics
Objective	To provide information on 1) immunization coverage of children 6 years of age or under against vaccine preventable diseases, and 2) health screening practices: dental consultations, sight and hearing checks, visits to baby health clinics.
Scope	The survey was conducted as part of the regular ABS monthly population survey on a national sample of approximately 30,000 private dwellings, covering about one-half of 1 percent of the population. Only dwellings that had children 15 years of age or under were included in the survey. Where possible, information was obtained from the child's mother or female guardian.
Collection method	Interviewer-administered questionnaire.
Data content	Immunization status (full, partial, not immunized) against individual conditions covered in the Children's Immunization Schedule, and against the conditions in total. Other vaccinations (not on Schedule), visits to baby health clinics, sight and hearing tests, dental consultations, childcare, and demographic and socioeconomic characteristics.
Frequency	Conducted irregularly; 1983 and 1995. Topic also included in the 1989–90 National Health Survey.
Availability of data	Statistical reports of survey findings (charges apply).
Contact	Ron Casey Director, Population & Social Statistics Australian Bureau of Statistics GPO Box 9817 Brisbane, Queensland 4001 Australia FAX: (61) (6) 253 1404 E-mail: ron.casey@abs.gov.au

Australia

Title	National Health Survey
Responsible agency or ministry	Australian Bureau of Statistics
Objective	To provide baseline and trend data on a broad range of health status indicators and health-related behaviors of Australians.
Scope	Sample of approximately 22,000 private and nonprivate dwellings selected throughout Australia covering about 55,000 persons. All persons aged 18 years and over in selected households were interviewed. Children aged 15–17 years were interviewed with the consent of the parents or guardians. Parents or guardians were asked to provide data for children under 15 years of age.
Collection method	Interviewer-administered questionnaire and self-administered questionnaires for some topics.
Data content	Recent illness, long-term illness, general health and well-being, specific women's health issues, hospital episodes, medical consultations, use of medications, short-term disability, smoking, alcohol consumption, self-reported height and weight, accidents, exercise, breastfeeding, sun protection, and demographic and labor force characteristics.
Frequency	Conducted in 1989–90 and 1995. Planned every 5 years.
Availability of data	Public-use data files and statistical reports on survey findings (charges apply). Ron Casey Director, Population & Social Statistics Australian Bureau of Statistics GPO Box 9817 Brisbane, Queensland 4001 Australia FAX: (61) (6) 253 1404 E-mail: ron.casey@abs.gov.au

Australia

Title	Survey of Disability, Aging, and Carers
Responsible agency or ministry	Australian Bureau of Statistics
Objective	To provide national data on persons with one or more long-term health conditions and on older persons living in households and health establishments.
Scope	Multistage sample of 42,000 persons in 16,000 residential dwellings and 6,000 patients or residents from approximately 600 randomly selected establishments. All persons in selected dwellings aged 18 years and over are interviewed.
Collection method	Household component—interviewer administered questionnaire. Persons identified as having one or more long-term health conditions, aged 60 years or over, or the principal carers of these two populations are interviewed. Any responsible adult in the household may provide data for persons without a health condition, for persons not at home, and for children under 17 years of age with a condition. Health establishment component—questionnaire completed by administrator of establishment. Carer component—self-enumeration form completed by persons identified as principal carers by recipient of care or who self-identify as providing a comparable level of care to a recipient in another household.
Data content	Household component—chronic conditions, difficulties and help required for personal care, communications and mobility, amount of help required for specific tasks, types of aids to perform everyday tasks, carers, and demographic and socioeconomic characteristics. Health establishment component—same as above in less detail, excluding socioeconomic data.
Frequency	Previously irregular. Similar surveys conducted in 1981 and 1988. Beginning in 1993, conducted at 5-year intervals.
Availability of data	Statistical reports of survey findings, public-use files, special-purpose tabulations, and statistical analysis will be available (charges apply).
Contact	Ron Casey Director, Population & Social Statistics Australian Bureau of Statistics GPO Box 9817 Brisbane, Queensland 4001 Australia FAX: (61) (6) 253 1404 E-mail: ron.casey@abs.gov.au

Australia

Title	Time Use Survey
Responsible agency or ministry	Australian Bureau of Statistics
Objective	To provide national data on the patterns of time use of persons 15 years of age and over, living in households.
Scope	Multistage sample of 7,000 persons in 3,000 residential dwellings, providing 14,000 person-day records. All persons aged 15 years and over in households are interviewed.
Collection method	Household component—Responsible adult answers interviewer-administered questionnaire. Personal questionnaire—Responsible adult answers interviewer-administered questionnaire for all persons in scope. Personal diary—Left to be completed by each person in scope, then collected by interviewer.
Data content	Identification of persons with disability and with severe handicap, identification of principal care givers for the latter, type of activity, start and finish time of activity episode for whom activity was done, location of activity episode, mode of travel, social context of activity episode, simultaneous activities, and demographic and socioeconomic characteristics. Also collected is information about the purchase of time-saving services and the presence of items in the household which impact on the way that people spend their time.
Frequency	Pilot survey conducted in 1987. Full survey conducted in 1992; planned for 5-year intervals.
Availability of data	Statistical reports of survey findings, public-use files and special tabulations are available (charges apply).
Contact	Ron Casey Director, Population & Social Statistics Australian Bureau of Statistics GPO Box 9817 Brisbane, Queensland 4001 Australia FAX: (61) (6) 253 1404 E-mail: ron.casey@abs.gov.au

Australia

Title	National Aboriginal and Torres Strait Islander Survey
Responsible agency or ministry	Australian Bureau of Statistics
Objective	To provide comparable information across Australia about Aboriginal and Torres Strait Islander people.
Scope	A sample of approximately 5,000 dwellings or 17,500 Aboriginal and Torres Strait Islander people. Households were selected at random using a multistage sample design stratified by the 35 Aboriginal and Torres Strait Islander Commission regions and the Torres Strait Area.
Collection method	Interviewer-administered questionnaire.
Data content	Family and culture, housing, education and training, employment and income, law and justice, and health data including health actions, attitudes to health, health status, illness conditions, health-risk factors, disability, and access and attitudes to health services and facilities.
Frequency	Irregular. First conducted in 1994.
Availability of data	Standard publications and consultancy service (charges apply).
Contact	Ron Casey Director, Population & Social Statistics Australian Bureau of Statistics GPO Box 9817 Brisbane, Queensland 4001 Australia FAX: (61) (6) 253 1404 E-mail: ron.casey@abs.gov.au

Australia

Title	National Nutrition Survey
Responsible agency or ministry	Australian Bureau of Statistics
Objective	To provide baseline data on food and nutrient intakes of Australians and their physical measurements.
Scope	Sample of approximately 13,800 persons 2 years of age and over, selected from respondents to the National Health Survey. Two or three persons per household were selected.
Collection method	Qualified nutritionists were employed as interviewers. Interviewer-administered individual Food Intake Questionnaire for all persons 2 years of age and over. Signed consent was requested for physical measurements including height, weight, waist and hip circumference. Blood pressure readings were taken of persons 16 years of age and over. Consent was given by parent or guardians for children under 18 years of age living at home. Mail-back Food Frequency Questionnaire was provided for selected persons 12 years of age and over.
Data content	Detailed food intake during previous 24 hours, physical measurements (blood pressure, height, weight, waist, and hip), dietary habits and attitudes, and average frequency of intake of foods over previous 12 months.
Frequency	Conducted in 1995; no proposal for next survey.
Availability of data	Demographic and health data available in public-use tapes and statistical reports of survey findings (charges apply).
Contact	Ron Casey Director, Population & Social Statistics Australian Bureau of Statistics GPO Box 9817 Brisbane, Queensland 4001 Australia FAX: (61) (6) 253 1404 E-mail: ron.casey@abs.gov.au

Australia

Title	Survey of Mental Health and Well-being
Responsible agency or ministry	Australian Bureau of Statistics
Objective	To provide information on how many Australians have specific mental disorders, what disablement is associated with these disorders, and what use is made of health and human services.
Scope	Sample of approximately 10,000 persons 18 years of age and over from private dwellings and selected special dwellings. One person per household was selected.
Collection method	Interviewer-administered questionnaire.
Data content	Disability, specific mental disorders, health service utilization and perceived health need, and general health status.
Frequency	Conducted in 1997.
Availability of data	Demographic and mental health and well-being data will be available in public-use tapes and a statistical report (charges apply).
Contact	Ron Casey Director, Population & Social Statistics Australian Bureau of Statistics GPO Box 9817 Brisbane, Queensland 4001 Australia FAX: (61) (6) 253 1404 E-mail: ron.casey@abs.gov.au

Austria

Title	Special Sport, Home, and Leisure Accident Survey
Responsible agency or ministry	Statistics AUSTRIA
Objective	To provide national data on the sport, home, and leisure accidents of the civilian noninstitutionalized population of Austria.
Scope	Sample of about 29,000 households covering about 67,000 persons per microcensus program. Generally, all persons in selected dwellings are interviewed. Adult family member may provide data for persons not at home and for children.
Collection method	Interviewer-administered questionnaire.
Data content	Incidence of accidents by causes and places, kind and severity of injuries, primary medical providings and health consequences, and demographic and socioeconomic characteristics.
Frequency	Planned every 10 years. Conducted in 1970, 1980, 1989, and 1997.
Availability of data	Statistical reports.
Contact	Mag. Jeannette Klimont Statistics AUSTRIA DIRECTORATE Population Statistics Hintere Zollamtsstrasse 2b A-1033 Vienna, Austria Phone: (43) (1) 711 28 7262 FAX: (43) (1) 711 28 8139 E-mail: jeannette.klimont@statistik.gv.at

Austria

Title	Special Smoking Habits Survey
Responsible agency or ministry	Statistics AUSTRIA
Objective	To provide national data on smoking habits of the civilian noninstitutionalized population of Austria.
Scope	Sample of about 29,000 households covering about 67,000 persons per microcensus program. All persons aged 16 years or over in selected dwellings are interviewed. Adult family member may provide data for persons not at home.
Collection method	Interviewer-administered questionnaire.
Data content	Prevalence of smokers, ex-smokers, and true nonsmokers; type and amount of tobacco consumption; health and withdrawal consequences of smoking; and demographic and socioeconomic characteristics.
Frequency	Planned every 7 years. Conducted in 1972, 1979, 1986, and 1997.
Availability of data	Statistical reports.
Contact	Mag. Jeannette Klimont Statistics AUSTRIA DIRECTORATE Population Statistics Hintere Zollamtsstrasse 2b A-1033 Vienna, Austria Phone: (43) (1) 711 28 7262 FAX: (43) (1) 711 28 8139 E-mail: jeannette.klimont@statistik.gv.at

Austria

Title	Special Health Survey
Responsible agency or ministry	Statistics AUSTRIA
Objective	To provide national data on the health status of the civilian noninstitutionalized population of Austria.
Scope	Sample of about 29,000 households covering about 67,000 persons per microcensus program. Generally, all persons living in the selected dwellings are interviewed. Adult family member may provide data for persons not at home and for children.
Collection method	Interviewer-administered questionnaire.
Data content	Incidence of acute illness and prevalence of selected chronic diseases and complaints, medications used, physician visits and hospital episodes, participation in health prevention and vaccination programs, health behavior, and demographic and socioeconomic characteristics.
Frequency	Planned every 10 years. Conducted in 1973, 1983, 1991, and 1999.
Availability of data	Statistical reports.
Contact	Mag. Jeannette Klimont Statistics AUSTRIA DIRECTORATE Population Statistics Hintere Zollamtsstrasse 2b A-1033 Vienna, Austria Phone: (43) (1) 711 28 7262 FAX: (43) (1) 711 28 8139 E-mail: jeannette.klimont@statistik.gv.at

Austria

Title	Special Impairment, Disability, and Handicap Survey
Responsible agency or ministry	Statistics AUSTRIA
Objective	To provide national data on the impairment, disability, and handicap status of the civilian noninstitutionalized population of Austria.
Scope	Sample of about 29,000 households covering about 67,000 persons per microcensus program. Generally, all persons in selected dwellings are interviewed. Adult family member may provide data for persons not at home and for children.
Collection method	Interviewer-administered questionnaire.
Data content	Prevalence of impairments, disabilities, and handicaps; cause, severity, and duration of disabilities; care, remedies, and rehabilitation facilities for disabled people; and demographic and socioeconomic characteristics.
Frequency	Planned every 10 years. Conducted in 1976, 1986, and 1995.
Availability of data	Statistical reports.
Contact	Mag. Jeannette Klimont Statistics AUSTRIA DIRECTORATE Population Statistics Hintere Zollamtsstrasse 2b A-1033 Vienna, Austria Phone: (43) (1) 711 28 7262 FAX: (43) (1) 711 28 8139 E-mail: jeannette.klimont@statistik.gv.at

Canada

Title	Canada Health Survey
Responsible agency or ministry	Statistics Canada
Objective	To gather data on the prevalence and nature of acute and chronic, mental, and physical illnesses, to permit an assessment of the health status and needs of Canadians, and to measure changes in status and needs.
Scope	Noninstitutionalized population of persons 15 years of age and over, excluding residents of the Northwest Territories, Indian reserves, and remote areas as defined by the Canadian Labour Force Survey. Exclusions account for about 3 percent of the entire population. Approximately 12,000 households (40,000 persons) interviewed. Medical examinations were administered to a subsample of one-third of these households.
Collection method	Interviewer-administered questionnaire, self-administered questionnaire, and physical measurement.
Data content	Activity limitations, short-term conditions, accidents and injuries, chronic conditions, impairments, hearing, vision and dental status, utilization of resources and medicines, disability days, alcohol and tobacco use, physical activity, seatbelt use, family disease history, physical measurement of blood pressure, cardiorespiratory fitness, height, weight and skinfold, and demographic and socioeconomic characteristics.
Frequency	Conducted in 1978–79.
Availability of data	Data tapes and statistical reports.
Contact	Statistics Canada Special Surveys Division Client Services and Dissemination Phone: 1–888–297–7355 Web site: www.statcan.ca/health_surveys

Canada

Title	Canada Fitness Survey
Responsible agency or ministry	Canadian Fitness and Lifestyle Research Institute
Objective	To provide data on physical activity patterns and lifestyle habits of Canadians, as well as the values, motives, and obstacles affecting physical activity.
Scope	Sample of approximately 13,500 households with 31,000 persons 7–69 years of age.
Collection method	Self-administered questionnaire and clinical examination of physical measurements.
Data content	Standardized Test of Fitness used to test cardiovascular fitness, flexibility, muscular endurance, and strength. Anthropometric measures on standing stretch stature; weight; triceps, biceps, subscapular, suprailiac, and calf skinfolds; chest, abdomen, hip, thigh, calf, and upper arm girth; diameters of the knee and elbow; and demographic and socioeconomic characteristics.
Frequency	Conducted in 1981.
Availability of data	Data tapes and statistical reports.
Contact	Canadian Fitness and Lifestyle Research Institute 185 Somerset Street–West, Suite 201 Ottawa, K2P 0J2 Canada Phone: (613) 233–5528 FAX: (613) 233–5536

Canada

Title	Canadian Health and Disability Survey
Responsible agency or ministry	Statistics Canada
Objective	To gather data on the prevalence of disability according to the functional definitions of disability and handicap accepted by the World Health Organization.
Scope	As a supplement to the Labour Force Survey (LFS), a sample of disabled persons 15 years of age and over was identified by a screening questionnaire that was administered to five-sixths of the LFS. Of the 126,686 persons surveyed in 65,800 households, 15,854 were identified as having some form of disability and were then interviewed.
Collection method	Interviewer-administered questionnaire.
Data content	Nature and prevalence of disability or handicap, special aids used or required, education, transportation and employment status and needs of the disabled, and demographic and socioeconomic status.
Frequency	Conducted in 1983–84.
Availability of data	Data tapes and statistical reports (charges apply).
Contact	Statistics Canada Client Services and Dissemination Phone: 1–888–297–7355 Web site: www.statcan.ca/health_surveys

Canada

Title	Participation and Activity Limitation Survey, 2001
Responsible agency or ministry	Statistics Canada
Objective	Create a national database on persons with disabilities (defined as an activity limitation or participation restriction associated with long-term health, physical or mental conditions) to support social policy development and health-related research.
Scope	Noninstitutionalized adults (15 years old and above) and children (under 15 years of age) living in all provinces; northern territories and Indian reserves are excluded. The population is identified through the Census of Population long form.
Collection method	Mostly telephone interviewers; in situations where the activity limitation precludes this method, personal interviews are conducted. Proxy interviews are permitted as a last resort to obtain information.
Data content	Nature and severity of disability; needs and unmet needs for disability supports (personal and technical); impacts on everyday activities, education, employment, social participation; sociodemographic information collected by the census is added to the data file to supplement the survey data.
Frequency	Unknown, but planned as a survey to follow the quinquennial census.
Availability of data	Public-use microdata files, internet tables, statistical reports, and custom tabulations.
Contact	Statistics Canada Housing, Family and Social Statistics Division Client Services and Dissemination Phone: (613) 951-5979 FAX: (613) 951-0387 Web site: www.statcan.ca/health_surveys

Canada

Title	Canadian Tobacco Monitoring Survey (CTUMS)
Responsible agency or ministry	Statistics Canada
Objective	Gather data on smoking behavior and opinions about smoking.
Scope	Noninstitutionalized population aged 15 and over, excluding Indian reserves and the population residing in the Yukon, Nunavut, and Northwest Territories. Random digit-dialing telephone sample. Data collected from about 43,000 households and interviews with approximately 22,000 persons per year.
Collection method	Telephone interviews.
Data content	Household level: household size, age of household members, household income range, smoking at home, smoking restrictions. Person level: sociodemographic characteristics, current smoking behavior, cigarette quitting experiences, sources of cigarettes, opinions about health effects of smoking.
Frequency	Ongoing since 1999, two cycles per year (half-year data each; can be combined for full-year data).
Availability of data	Public use microdata file (charges apply). Fact sheets on Health Canada Web site (free of charge).
Contact	Statistics Canada Special Surveys Division Client Services and Dissemination Phone: (613) 951-7355 or (888) 297-7355 Web site: www.statcan.ca/health_surveys

Canada

Title	Canadian Community Health Survey
Responsible agency or ministry	Statistics Canada
Objective	The CCHS has two major objectives: 1) Provide timely and reliable cross-sectional estimates of population health for subprovincial levels of geography, and 2) Provide in-depth data for topics identified as key data gaps in the understanding of issues relating to population health.
Scope	Noninstitutionalized population aged 12 and over, excluding Indian reserves, armed forces personnel, persons living on crown lands and some remote regions. Cycle 1.1 has a total sample of 130,000 respondents with approximately 85 percent drawn from the Labour Force Survey Frame and 15 percent through Random-Digit Dialing (RDD).
Collection method	Computer Assisted Personal Interviews for respondents selected through the Labour Force Survey Area Frame and Computer Assisted Telephone Interviews for the RDD frame.
Data content	Health status, health determinants, and health system utilization.
Frequency	Two-year cycle: first year 130,000 subregional survey; second year 30,000 focus content survey. Repeats every 2 years. Every 2 years beginning 1994–95.
Availability of data	Tabular statistics via internet, custom tabulations (May 8, 2002), master file access through Statistics Canada Research Data Centers, public use microdata file. Public use of microdata files, statistical reports (charges apply).
Contact	Mario Bédard Phone: (613) 951–8933 Web site: www.statcan.ca/health_surveys

Canada

Title	Aboriginal Peoples Survey
Responsible agency or ministry	Statistics Canada
Objective	To provide a comprehensive data source about Canada's Aboriginal Peoples, to enable an assessment of their socioeconomic conditions, and to provide information required to develop programs and services for Aboriginal Peoples in Canada.
Scope	Noninstitutionalized population (all ages) of Canada who indicated in the 1991 census that they have Aboriginal origins or that they are a registered Indian under the Indian Act of Canada and further indicated that they <i>identify</i> with an Aboriginal group (i.e., North American Indian, Metis, Inuit, or other Aboriginal group such as "Cree" or "Inuvialuit"), and are registered under the Indian Act of Canada. Excluded are 78 Indian reserves and settlements incompletely enumerated in the 1991 census (approximately 38,000 persons) and an additional 181 reserves and settlements incompletely enumerated during the Aboriginal Peoples Survey (approximately 20,000 persons).
Collection method	Interviewer-administered adult questionnaire and children questionnaire.
Data content	Identity, ancestry, registered Indian status, language and tradition, disability, health, lifestyles and social issues, mobility, schooling, work and related activities, income and expenditures, housing, and sociodemographic characteristics from the census.
Frequency	Conducted in 1991.
Availability of data	Microdata file, statistical reports, and custom tabulations.
Contact	Statistics Canada Housing, Family and Social Statistics Division Client Services and Dissemination Phone: 1-888-297-7355 Web site: www.statcan.ca/health_surveys

Canada

Title	National Population Health Survey
Responsible agency or ministry	Statistics Canada
Objective	To aid in the development of public policies designed to improve health, to provide data for analysis of the determinants of health, to collect data on the correlates of health, to increase understanding about health status in relation to services, to provide panel data and periodic cross-sectional estimates, to provide data users with the capacity to supplement sample or content in a health survey, and to allow linkage to other health data sources.
Scope	Noninstitutionalized population, 10 provinces and 2 territories (all ages), excluding natives on reserves. Exclusions account for approximately 3 percent of total population. Approximately 22,000 households were sampled. One person in each household was randomly selected to participate in the longitudinal portion of the survey.
Collection method	Computer-assisted personal interview.
Data content	Health care utilization, injuries, restriction of activities, chronic conditions, preventive health practices, health status, smoking, alcohol, drug use, stress (ongoing, childhood, adult, recent life events, and work), mastery, social support, self-esteem, mental health, physical activities, height and weight, pets and safety, income, and sociodemographic characteristics.
Frequency	Conducted in 1994–95, 1996–97, 1998–1999, and 2000–01.
Availability of data	Microdata file and statistical reports.
Contact	Statistics Canada Special Surveys Division Client Services and Dissemination Phone: 1–888–297–7353 Web site: www.statcan.ca/health_surveys

China, People's Republic of

Title	National Sample Survey on the Situation of Children
Responsible agency or ministry	State Statistical Bureau Organization of Rural Social and Economic Surveys Organization of Urban Social and Economic Surveys
Objective	To provide information about the health and living conditions of children in China.
Scope	Stratified two-stage cluster sample of approximately 40,000 households in 30 provinces, autonomous regions, and cities.
Collection method	Interviewer-administered questionnaire.
Data content	Health conditions, disabilities, health care, hospitalizations, environmental living conditions, and demographic and socioeconomic characteristics.
Frequency	Conducted in 1987 and 1992.
Availability of data	Statistical reports.
Contact	Jianwu Wen International Statistical Information Center State Statistical Bureau 38 Yuetan Nanjie Sanlihe Beijing People's Republic of China Phone: (86) (10) 6326-6600 FAX: (86) (10) 6340-1410

China, People's Republic of

Title	Health Services Household Interview Survey of China
Responsible agency or ministry	Center for Health Statistics Information, Ministry of Health
Objective	To collect information about health needs and utilization of health services by Chinese residents.
Scope	Multistage stratified cluster sample of more than 50,000 households in 30 provinces, autonomous regions, and municipalities.
Collection method	Interviewer-administered questionnaire.
Data content	Living condition and income of household, health conditions, disabilities, health care, clinic visit, hospitalization, health insurance, and demographic and socioeconomic characteristics.
Frequency	Conducted in 1993 and 1998.
Availability of data	Published book and database.
Contact	Mr. Jun Gao Center for Health Statistics Information Ministry of Health 1 Nanlu Xizhimenwai 100044 Beijing People's Republic of China Phone: (86) (10) 6879-2487 FAX: (86) (10) 6879-2478 E-mail: jxg0@chsi.moh.gov.cn

Czech Republic

Title	Survey of Treated Morbidity
Responsible agency or ministry	Institute of Health Information and Statistics
Objective	To determine the distribution of incidence of chronic diseases, congenital anomalies, permanent sequelae of diseases and injuries, and incidence of acute diseases and injuries.
Scope	Sample (born on seventh day of an odd month) yielded 131,097 inhabitants (1.64 percent of the total population of the Czech Republic).
Collection method	Questionnaire filled in by all general practitioners.
Data content	Prevalence of chronic diseases, congenital anomalies, permanent sequelae of diseases, incidence of acute illness and injuries, disability, hospitalizations, medications taken, and demographic and socioeconomic characteristics.
Frequency	Conducted in 1986.
Availability of data	Published statistical reports presenting the survey findings in Czech only (translation, charges apply).
Contact	Vlasta Mazánková Institute of Health Information and Statistics of the Czech Republic Palackého nám. 4 -P.O. Box 60 12800 Praha 2, Czech Republic Phone: (420) (2) 2497 2243 FAX: (420) (2) 2491 5982 E-mail: mazankova@uzis.cz

Czech Republic

Title	Reproductive Health Survey
Responsible agency or ministry	Czech Statistical Office Ministry of Health
Objective	To gather data on a wide range of topics related to reproductive health in the Czech Republic. Most issues are examined for women with specific geographic, social, demographic, and economic characteristics. This makes it possible to identify the portions of the population with specific health needs or problems.
Scope	Of the 12,747 households selected, 4,870 were found to include at least 1 woman of reproductive age. Of this number, approximately 4,497 were successfully interviewed.
Collection method	Female interviewer-administered questionnaire.
Data content	Childbearing, knowledge and use of contraceptive methods, use of maternal and child health services, sexuality and contraception among young adults, women's health habits, knowledge and attitudes about reproductive topics, knowledge about HIV/AIDS, and demographic and socioeconomic characteristics.
Frequency	Conducted in 1993.
Availability of data	Final report published 1995.
Contact	Czech Statistical Office Sokolovská 142 18604 Praha 8-Karlin, Czech Republic Phone: (420) (2) 7405 2270 FAX: (420) (2) 6631 0429

Czech Republic

Title	Health Interview Survey, Czech Republic, 1999 (HIS CR 99)
Responsible agency or ministry	Institute of Health Information and Statistics of the Czech Republic
Objective	To acquire basic characteristics of the population's health for monitoring the World Health Organization project "Health for All by the Year 2000" and to determine the frequency in which a disease, symptom, phenomenon, or health complaint actually occurs among the population or its subgroups.
Scope	Multistage random stratified sample of 3,400 persons 15 years of age and over from the Central Register of Inhabitants of the Czech Republic.
Collection method	Interviewer-administered questionnaire.
Data content	Perceived physical, mental, and social health; prevalence of chronic diseases; disability; leisure-time activities; alcohol and smoking habits; dietary habits; health insurance; and demographic and socioeconomic characteristics.
Frequency	Conducted in 1993, 1996, and 1999.
Availability of data	HIS CR 93, HIS CR 96, HIS CR 99 (Czech or English data version).
Contact	Vlasta Mazánková Institute of Health Information and Statistics of the Czech Republic Palackého nám. 4 -P.O. Box 60 12800 Praha 2, Czech Republic Phone: (420) (2) 2497 2243 FAX: (420) (2) 2491 5982 E-mail: mazankova@uzis.cz

Denmark

Title	The Danish Health and Morbidity Survey
Responsible agency or ministry	Danish Institute for Clinical Epidemiology Center for Studies in Health and Health Services
Objective	To provide national data on the health, illness, illness behavior, and health behavior of the adult population of Denmark.
Scope	Simple probability sample of 6,000 persons every 6 years. The sample is drawn from all of the population 16 years of age and over from the central population register. In 2000 the sample has been enlarged with extra county samples and re-interview of the 1994 sample. Approximately 23,000 persons in the 2000 sample.
Collection method	Interviewer-administered questionnaire supplemented with self-administered questionnaire.
Data content	Core component—chronic illnesses, 2-week prevalence of symptoms, complaints and injuries (acute illnesses), long- and short-term disabilities, perceived health, use of health services, illness behavior, health promotion behavior (dietary habits, exercise, etc.), health-risk behavior, and demographic and socioeconomic status. Supplementary component—every second survey focuses on particular general topics. Each survey also includes additional specific topics.
Frequency	Every 6 years. Conducted in 1986–87, 1994, and 2000.
Availability of data	Statistical reports and data files according to specific agreement.
Contact	Niels Kr. Rasmussen and Mette Kjøller National Institute of Public Health 25, Svanemøllevej 2100 Copenhagen Ø, Denmark Phone: (45) (39) 20 77 77 FAX: (45) (39) 20 80 10 E-mail: mk@niph.dk Web site: www.niph.dk

Denmark

Title	Population Survey on Prevention of Musculoskeletal Disorders
Responsible agency or ministry	Danish Institute for Clinical Epidemiology Center for Studies in Health and Health Services
Objective	To provide data from the adult population on health promotion behavior and illness behavior in relation to musculoskeletal disorders and to describe the prevalence and health consequences of discomfort, symptoms, and diseases in muscles and skeletal system.
Scope	Simple probability sample of 6,000 persons 16 years of age and over. The sample is drawn from the central population register.
Collection method	Interviewer-administered questionnaire.
Data content	Health promotion behavior regarding low-back pain (knowledge and handling of risk factors, actual behavior, and attitude toward prevention of low-back pain), self-assessed health status and quality of life, illness behavior, use of health services, activity limitations, and demographic and socioeconomic characteristics.
Frequency	Conducted in 1990–92. The survey forms part of the Danish Institute for Clinical Epidemiology's regular health and morbidity survey program, alternately as general health and morbidity surveys, and as health surveys on specific topics.
Availability of data	Statistical reports in Danish and data files according to specific agreement.
Contact	Mette Kjøller National Institute of Public Health 25, Svanemøllevej 2100 Copenhagen Ø, Denmark Phone: (45) (39) 20 77 77 FAX: (45) (39) 20 80 10 E-mail: mk@niph.dk Web site: www.niph.dk

Estonia

Title	Living Conditions Survey
Responsible agency or ministry	Statistical Office of Estonia Ministry of Social Affairs
Objective	To provide national data on the living conditions, health, social contacts, composition of households, sense of security, workplace conditions, economic situation, and migration.
Scope	Multistage probability sample of 5,000 individuals 18–74 years of age.
Collection method	Interviewer-administered questionnaire.
Data content	Fixed core data component—composition of household, work, nutrition, chronic illness, physician visits, hospital episodes, medical insurance, alcohol consumption, smoking habits, physical activities, lifestyle, and demographic and socioeconomic characteristics. Supplementary component—varies from year to year.
Frequency	Conducted in 1994 and 1999.
Availability of data	Public-use data files and statistical reports presenting the survey findings.
Contact	Mr. Gleb Denissov Statistical Office of Estonia 15 Endla Street 15 174 Tallin, Estonia Phone: (372) 45 39 224 FAX: (372) 62 59 370 E-mail: gleb.denissov@stat.ee

Estonia

Title	National Health Interview Survey
Responsible agency or ministry	Statistical Office of Estonia Institute of Experimental and Clinical Medicine
Objective	To provide national data on health, illnesses, nutrition, social contacts, consumption of alcohol, smoking habits, psychological well-being, and health habits.
Scope	Probability sample of 5,000 individuals 16 years of age and over.
Collection method	Interviewer-administered questionnaire.
Data content	Fixed core data component — composition of household, nutrition, chronic illness, physician visits, medical insurance, consumption of alcohol, smoking habits, physical activities, lifestyle, disability, psychological well-being, health habits, and demographic and socioeconomic characteristics.
Frequency	Every 8 years beginning in 1996.
Availability of data	Public-use data files and statistical reports presenting the survey findings.
Contact	Mr. Gleb Denissov Statistical Office of Estonia 15 Endla Street 15 174 Tallin, Estonia Phone: (372) 45 39 224 FAX: (372) 62 59 370 E-mail: gleb.denissov@stat.ee

Finland

Title	The Finnish National Health Survey
Responsible agency or ministry	National Public Health Institute (KTL)
Objective	To evaluate the health needs of the population and the extent to which they are being met, as well as the effects of the health care/health insurance changes implemented in the early 1990s.
Scope	6,000 households representing the entire population.
Collection method	Interviewer-administered questionnaire.
Data content	Health care utilization, family medical expenses, levels of morbidity, prevalence of chronic conditions, incidence of acute illnesses, extent of disabilities, doctor and dental visits, and demographic and socioeconomic status.
Frequency	Conducted in 1964, 1968, 1976, 1987, and 1995.
Availability of data	Statistical reports.
Contact	Arpo Aromaa National Public Health Institute (KTL) Mannerheimintie 166 FIN-00300 Helsinki, Finland Phone: (358) (9) 4744 8770 FAX: (358) (9) 4744 8760 E-mail: Arpo.Aromaa@ktl.fi

Finland

Title	Mini-Finland Health Survey
Responsible agency or ministry	National Public Health Institute (KTL)
Objective	To produce information that serves to promote, monitor, and project the health status and the functional and work capacity of the general population.
Scope	The original Mini-Finland Health Survey was a two-stage stratified cluster sample of the population 30 years of age and over, approximately 8,000 persons. Follow-up studies have had varying size samples.
Collection method	Interviewer-administered questionnaire, health examination, and a comprehensive clinical examination of the whole sample of 8,000 persons.
Data content	Interview phase—perceived morbidity, chronic conditions, functional ability, limitations, disability, utilization of health services, use of drugs, dental health, health behavior, and demographic characteristics. Health examination phase—medical history; chest x ray; physical examination; ECG; blood and urine tests; tests for muscle strength; locomotor system tests; tests to assess mental health, psychological and psychomotor performance; and dental examination.
Frequency	Conducted in 1977–81.
Availability of data	Statistical reports and main results in several publications.
Contact	Arpo Aromaa National Public Health Institute (KTL) Mannerheimintie 166 FIN-00330 Helsinki, Finland Phone: (358) (9) 4744 8770 FAX: (358) (9) 4744 8760 E-mail: Arpo.Aromaa@ktl.fi

Finland

Title	Finrisk—97 Senior Survey
Responsible agency or ministry	National Public Health Institute (KTL)
Objective	To assess health and functional ability as well as use and need of care of people aged 65–74 and to evaluate trends of health status in this age group.
Scope	Random samples of 750 individuals in two regions were interviewed and examined. Home visits were paid to persons who did not come to the health examination.
Collection method	Interviewer-administered questionnaire, health examination, and a comprehensive clinical examination.
Data content	<p>Interview and questionnaires—perceived morbidity, known diseases, functional ability and limitations, use and need of health services, health behavior, social and demographic characteristics.</p> <p>Clinical examination and measurements—medical history, physical examination, anthropometric measures, blood pressure, electrocardiogram (ECG), PEF, vision, hearing, muscle strength, walking speed and other locomotor system tests, and tests to assess mental performance.</p> <p>Home visits—part of the same interviews and measurements as in the health examination.</p>
Frequency	Conducted in 1997. Planned every 5 years.
Availability of data	Statistical reports and main results published 2000.
Contact	<p>Arpo Aromaa National Public Health Institute (KTL) Mannerheimintie 166 FIN-00330 Helsinki, Finland Phone: (358) (9) 4744 8770 FAX: (358) (9) 4744 8760 E-mail: Arpo.Aromaa@ktl.fi</p>

Finland

Title	The Health 2000 Examination Survey
Responsible agency or ministry	National Public Health Institute (KTL)
Objective	To measure assessment of health of the national population of Finland. To obtain data on health and functional capacity.
Scope	8,028 persons aged 30 or over, 88 percent were interviewed, 80 percent attended a comprehensive health examination, and 5 percent attended a condensed examination at home.
Collection method	Health examination and condensed at-home examination.
Data content	Health assessment of illness, disease, mental health, weight, smoking, and alcohol consumption.
Frequency	Conducted in 2000–2001.
Availability of data	Publications.
Contact	Arpo Aromaa National Public Health Institute (KTL) Mannerheimintie 166 FIN-00330 Helsinki, Finland Phone: (358) (9) 4744 8770 FAX: (358) (9) 4744 8760 E-mail: Arpo.Aromaa@ktl.fi

France

Title	French Health Survey
Responsible agency or ministry	Institut National de la Statistique et des Études Économiques (INSEE)
Objective	To provide national data on health status and health care utilization of the noninstitutionalized population of France.
Scope	Sample of 8,000 households covering about 21,000 persons. Subsample of 8,000 persons (1 per household) for special data processing.
Collection method	Interviewer-administered questionnaire and 12 weeks health care consumption diary filled out by patients.
Data content	Physician visits, medical consumption, pharmaceuticals, hospitalization, health status, and demographic and socioeconomic characteristics.
Frequency	Decennial. Conducted in 1960, 1970, 1980, and 1991–92.
Availability of data	Statistical reports presenting the survey findings.
Contact	Institut National de la Statistique et des Études Économiques (INSEE) 18 BLD Adolphe Pinard 75675 Paris Cedex 14, France Phone: (33) (1) 41 17 50 50 FAX: (33) (1) 41 17 62 79

France

Title	National Inpatients Survey
Responsible agency or ministry	Centre de Recherche, d'Étude et de Documentation en Économie de la Santé (CREDES)
Objective	To provide national data on the health care utilization of the hospitalized population of France.
Scope	Sample of 5,000 persons.
Collection method	Hospital-based doctor-administered questionnaire.
Data content	Medical consumption, pharmaceuticals, hospitalization, health status, and demographic and socioeconomic characteristics.
Frequency	Conducted in 1981 and 1991–92.
Availability of data	Statistical reports presenting the survey findings.
Contact	<p>Dominique Polton CREDES 1 rue Paul-Cézanne 75008 Paris, France Phone: (33) (1) 53 93 43 10 FAX: (33) (1) 53 93 43 50 E-mail: polton@credes.fr</p>

France

Title	Health and Social Protection Survey
Responsible agency or ministry	Centre de Recherche, d'Étude et de Documentation en Économie de la Santé (CREDES)
Objective	To provide national data on health status and health care utilization of the noninstitutionalized population of France.
Scope	Sample of 20,000 persons since 1998.
Collection method	Interviewer-administered questionnaire and 4 weeks health care consumption diary filled out by patients.
Data content	Medical consumption, pharmaceuticals, hospitalization, health status, and demographic and socioeconomic characteristics.
Frequency	Annual between 1988 and 1997; biannual since 1998.
Availability of data	Statistical reports presenting the survey findings.
Contact	<p>Dominique Polton CREDES 1 rue Paul-Cézanne 75008 Paris, France Phone: (33) (1) 53 93 43 10 FAX: (33) (1) 53 93 43 50 E-mail: polton@credes.fr</p>

Germany

Title	Questions on Health—Microcensus Supplementary Survey
Responsible agency or ministry	Federal Statistical Office
Objective	To provide national data on illness and accidental injury rates of the population.
Scope	Representative sample survey of the population of the entire country. The yearly microcensus basic program is a 1 percent sample survey (households included institutionalized population) with a compulsory response. The supplementary program titled <i>Questions on Health</i> is a 0.5 percent sample survey with voluntary response. The microcensus basic program is composed of a large number of sociodemographic and socioeconomic variables as well as regional characteristics.
Collection method	Interviewer-administered questionnaire.
Data content	Since 1986 a “core data” component includes duration of illness or accidental injury, kind of accident, kind and duration of treatment, and duration of incapacity for work. Varying issues component includes health precautions and health risks. In 1989, 1992, and 1995, these questions concerned smoking habits and the use of iodized salt.
Frequency	Irregular intervals up to 1963. Triennial from 1986 to 1995. Every 4 years since 1995.
Availability of data	Public-use publications (papers, special editions) and special analyses on request (charges apply).
Contact	Federal Statistical Office Section Health Statistics D-65180 Wiesbaden, Germany Phone: (49) (611) 75 23 55 FAX: (49) (611) 75 39 63

Germany

Title	National Health Examination and Interview Survey
Responsible agency or ministry	Robert Koch Institute
Objective	To provide national data on the prevalence of specific diseases, risk factors, and ailments, on health relevant living conditions and lifestyle, as well as data on health care and the utilization of medical services.
Scope	Multistage probability sample of 7,124 individuals of the noninstitutionalized population, 18–79 years of age were interviewed and examined.
Collection method	Self-administered questionnaire, medical interview (CAPI), diagnostics of blood and urine, physical measurements.
Data content	Demographic and socioeconomic characteristics, health status, chronic conditions, drug utilization, disability, risk factors, more than 40 blood and urine parameters, blood pressure, pulse, height, weight, waist and hip circumference, health behavior, nutrition, lifestyle, health care, and utilization of medical services.
Frequency	October 1997–March 1999. Planned every 6–8 years.
Availability of data	Public-use data file, reports presenting the survey findings.
Contact	Dr. Bärbel-Maria Kurth Department of Epidemiology and Health Monitoring Robert Koch Institute Nordufer 20 D–13353 Berlin, Germany Phone: (49) (30) 4547 3103 FAX: (49) (30) 4547 3181 E-mail: Kurthb@rik.de

Hungary

Title	Health Interview Survey
Responsible agency or ministry	Central Statistical Office
Objective	To provide data on the population's state of health and the influencing and determining factors relating to chronic illnesses and sicknesses.
Scope	Stratified multistaged sample of 16,000 addresses covering about 37,500 persons. Noninstitutionalized population of persons aged 15 years and over were interviewed.
Collection method	Interviewer-administered questionnaire.
Data content	Health complaints, utilization of health services, nutrition, smoking habits, medicine consumption, practicing sports, working conditions, occupational hazards, and demographic and socioeconomic characteristics.
Frequency	Conducted in 1984.
Availability of data	Statistical reports.
Contact	Dr. Péter Józán Hungarian Central Statistical Office Population, Health and Social Statistics Department 5-7 Keleti Károly Street P.O. Box 51 H-1525 Budapest, Hungary Phone: (36) (1) 345 6890 FAX: (36) (1) 345 6678

Hungary

Title	Health Behavior Survey
Responsible agency or ministry	Central Statistical Office
Objective	To provide information on the frequency of risk factors relating to chronic illnesses and sicknesses.
Scope	Stratified multistaged sample of 5,476 persons 15–64 years of age.
Collection method	Interviewer-administered questionnaire.
Data content	Chronic conditions, nutrition, smoking habits, alcohol consumption, physical activity, and demographic and socioeconomic characteristics.
Frequency	Conducted in 1994.
Availability of data	Statistical reports.
Contact	Dr. Péter Józán Hungarian Central Statistical Office Population, Health and Social Statistics Department 5–7 Keleti Károly Street P.O. Box 51 H–1525 Budapest, Hungary Phone: (36) (1) 345 6890 FAX: (36) (1) 345 6678

Hungary

Title	National Health Interview Survey
Responsible agency or ministry	Health Promotion Research Institute (from 2001 October: "Johan Bela" National Center for Epidemiology)
Objective	To provide data on the population's state of health and the influencing and determining factors relating to health status, health behavior, and burden of diseases.
Scope	Stratified multistaged sample of 7,000 persons. Noninstitutionalized population of persons aged 18 years and over were interviewed.
Collection method	Interviewer-administered questionnaire and self-administered questionnaire.
Data content	Health status (functionality, perceived health, quality of life, chronic conditions, mental health), health behavior (nutrition, smoking habits, alcohol consumption, physical activity, sexual behavior, multiple lifestyle risks), health care utilization, health care expenditures, medicine consumption, and demographic and socioeconomic characteristics.
Frequency	Conducted in 2000.
Availability of data	Statistical reports (www.antsz.hu/oek).
Contact	Dr. József Vitrai "Johan Bela" National Center for Epidemiology Department of Health Monitoring and Epidemiology of Non-Communicable Diseases 1097 Budapest Gyali ut 2–6, Hungary Phone: (36) (1) 476 1100/2225 FAX: (36) (1) 476 1100/2225 E-mail: vitrai.oek@antsz.hu Web site: www.antsz.hu/oek

Iceland

Title	Survey of Living Conditions in Iceland
Responsible agency or ministry	Statistics Iceland
Objective	To provide information on the living conditions of the nation, how people live, their housing, employment, working conditions, income, leisure and spare time, education, social relations, and health.
Scope	Random sample from the National Register of 2,000 persons 16–75 years of age.
Collection method	Interviewer-administered questionnaire.
Data content	Health factors—prevalence of chronic diseases and impairments, disability, and demographic and socioeconomic characteristics.
Frequency	Conducted in 1988.
Availability of data	Statistical reports presenting the survey findings.
Contact	Ms. Sigríður Vilhjámsdóttir Statistics Iceland Skuggasund 3 IS-150 Reykjavík, Iceland Phone: (354) 560 9800 FAX: (354) 562 8865

Iceland

Title	Multipurpose Survey (surveys on health promotion)
Responsible agency or ministry	Directorate of Health/ Ministry of Health and Social Security
Objective	To provide national data on lifestyles, risk factors of chronic diseases and accidents, living conditions, employment, working conditions, and health.
Scope	Random sample of 1,500 persons 18–75 years of age.
Collection method	Telephone interviewer-administered questionnaire.
Data content	Lifestyle, risk factors, family status, income, political views, smoking habits, and demographic and socioeconomic characteristics.
Frequency	Conducted in 1994 and 1996.
Availability of data	Statistical reports presenting the survey findings.
Contact	Ms. Anna Bjrg Aradóttir The Icelandic Health Promotion Project Ministry of Health and Social Security Laugavegur 116 IS-150 Reykjavík, Iceland Phone: (354) 562 7555 FAX: (354) 562 3716

Iceland

Title	Health and Living Conditions in Iceland (Heibrigdi og lifskjör Íslendinga)
Responsible agency or ministry	University of Iceland
Objective	To study the social distribution of life stress and lifestyle factors and their relationship with mental and physical health. To study the utilization of health services and the extent to which group differences in services use reflect variations in need for services or underutilization by certain population groups.
Scope	The survey data includes 1,924 Icelanders, age 18–75, randomly selected from the National Register. Eligible participants were Icelandic citizens or long-term residents of Iceland, who were not institutionalized in long-term facilities at the start of the survey.
Collection method	Postal survey based on a simple random sample from the National Register. Administration of the survey follows the Total Design Method (TDM) for postal surveys.
Data content	Perceived health status, functional disability, physical symptoms, chronic diseases/conditions, psychological symptoms (distress), personal attitudes/beliefs, use of formal and alternative health services including preventive services, illness behavior, life events, chronic (ongoing) difficulties, perceived stress, perceived role functioning, perceived importance of roles, health-related behavior, social interaction and social support, as well as demographic and socioeconomic characteristics.
Frequency	Panel study 1998 and 1999 (1999 used a reduced version of the questionnaire).
Availability of data	Data analysis upon request (charges apply).
Contact	Runar Vilhjálmsson, Ph.D. University of Iceland Department of Nursing Eirbergi, Eiríksgötu 34 IS-101 Reykjavík, Iceland Phone: (354) 525 4960 FAX: (354) 525 4963 E-mail: runarv@hi.is

Ireland

Title	The National Health and Lifestyle Surveys
Responsible agency or ministry	Information Management Unit, Department of Health and Children
Objective	To provide reliable baseline data for a representative cross section of the Irish population which will inform the Department of Health and Children's future policy and program planning. To establish a survey protocol which will enable lifestyle factors to be remeasured so that trends can be identified and changes monitored to assist national and regional setting of priorities in health promotion activities.
Scope	Two surveys were carried out. The first, entitled Survey of Lifestyle, Attitudes and Nutrition (SLÁN), was a multistage sample of 6,539 adults 18 years of age and over drawn from the elector register. The second survey, Health Behaviour in School-Aged Children (HBSC), was a cluster sample of 8,497 school-going children aged 9–17 from 187 schools based on the protocols set by the World Health Organization-HBSC collaborative study in which 29 individual countries participated.
Collection method	SLÁN—Postal questionnaire HBSC—Interviewer-administered questionnaire.
Data content	Seven key health and lifestyle indicators were measured in both surveys: general health, smoking, alcohol, food and nutrition, exercise, cholesterol, and accidents.
Frequency	First survey carried out during 1998 and to be repeated every 3 years.
Availability of data	Report published February 1999.
Contact	Tim McCarthy Information Management Unit Department of Health and Children Hawkins House Dublin 2, Republic of Ireland Phone: (353) (1) 635–4299 FAX: (353) (1) 635–4378 E-mail: Tim_McCarthy@health.irlgov.ie

Israel

Title	Health Services Survey
Responsible agency or ministry	Central Bureau of Statistics
Objective	To provide national data on the use and users of ambulatory health services of the civilian noninstitutionalized population, as well as health status.
Scope	Approximately 9,000 households covering about 30,000 persons of all ages were included in the survey. The survey includes all households sampled in the Labor Force Survey; excluded were soldiers in the regular army service, persons residing in institutions, and Bedouins residing outside permanent settlements.
Collection method	Interviewer-administered questionnaire.
Data content	Visits to general physicians and specialists in ambulatory clinics, length of wait for hospital admission, hospitalization, use of preventive health services, health insurance, chronic illness, health conditions, disability, and demographic and socioeconomic characteristics.
Frequency	Variable. Conducted in 1977, 1981, 1993, 1996–1997, and 1999–2000.
Availability of data	Public-use tapes, statistical reports presenting the survey findings.
Contact	Ms. Naama Rotem Prime Minister's Office Central Bureau of Statistics 66 Kanfei Nesharim, Corner Bachi St. Jerusalem 95464, Israel Phone: (972) (2) 659 2543 FAX: (972) (2) 659 2503

Israel

Title	Survey of the Elderly
Responsible agency or ministry	Central Bureau of Statistics
Objective	To supply various institutions with data that will help them in the evaluation and planning of services and allocation of resources in various fields of health, welfare, housing, work, and social aspects, and will serve as a basis for the planning of follow-up surveys.
Scope	The target population included 5,000 persons aged 60 years and over, who resided permanently in Israel in urban localities only, and who lived permanently in regular households, sheltered housing for the elderly, households within institutions, hotels, and boarding houses. A sample frame was drawn from the 1995 Census of Populations. Approximately 3,500 households were included.
Collection method	Interviewer-administered questionnaire.
Data content	Housing conditions, health condition, physical condition, disability, smoking and nutrition habits, utilization of health services, patterns and ability in instrumental activities of daily living, leisure and voluntary activity, demographic and socioeconomic characteristics, and exposure to the Nazi Regime.
Frequency	Conducted in 1982, 1985, 1997, and 1998.
Availability of data	Public-use tapes, statistical reports presenting the survey findings.
Contact	Ms. Susana Zaritzky Central Bureau of Statistics 66 Kanfey Nesharim, Corner Bachi St. P.O.B. 34525 Jerusalem 91342, Israel Phone: (972) (2) 659 2411 FAX: (972) (2) 659 2470 E-mail: susana@census.cbs.gov.il

Italy

Title	Survey of Health Conditions of the Population and the Use of Health Services
Responsible agency or ministry	The National Institute of Statistics
Objective	To gather information about the health status and medical consumption of the population of Italy.
Scope	Two-stage sampling design with municipalities being the primary sampling units; for 1999–2000, 60,000 households covering 140,000 persons.
Collection method	Interviewer-administered questionnaire.
Data content	Acute and chronic sickness symptoms, medical examinations, doctor consultations, hospital stays, medicines, smoking, drinking, physical activity, and demographic and socioeconomic characteristics.
Frequency	Conducted in 1980, 1983, 1986, 1990–91, 1994, and 1999–2000.
Availability of data	Public-use tapes and statistical reports presenting survey findings.
Contact	Antonella Ciccarese ISTAT (Istituto Nazionale Di Statistica) Servizio Sanità e Mortalità per causa Viale Liegi, 13 00198 Roma, Italy Phone: (39) (6) 8522 7402 FAX: (39) (6) 8535 4401

Japan

Title	Comprehensive Survey of Living Conditions of People on Health and Welfare
Responsible agency or ministry	Ministry of Health, Labour and Welfare
Objective	To provide data on living conditions, health status, pensions, welfare, and incomes of the Japanese population. This data will be used for policy planning and to manage health and welfare administration.
Scope	Stratified random sample of all households and household members in 5,240 districts. Approximately 280,000 households and 780,000 household members are surveyed.
Collection method	Interviewer-administered questionnaire on household and income; self-administered questionnaire on health and savings.
Data content	Health status, chronic diseases, acute illnesses, bed days, quality of life, and demographic and socioeconomic characteristics.
Frequency	Triennial, beginning in 1986.
Availability of data	Public-use summary data files and statistical reports.
Contact	Yoko Kanegae Statistics and Information Department Minister's Secretariat Ministry of Health, Labour and Welfare 1-2-2 Kasumigaseki Chiyoda-ku Tokyo 100-8916, Japan Phone: (81) (3) 5253-1111, ext. 7377 FAX: (81) (3) 3595-1607 E-mail: kanegae-yoko@mhlw.go.jp

Korea, Republic of

Title	Patients Survey
Responsible agency or ministry	Ministry of Health and Welfare
Objective	To provide national data on disease conditions of the population and use of medical institutions.
Scope	Census of 842 general hospitals, health centers, etc. Sample of 4,845 clinics, health subcenters, etc. Survey includes patients who use these institutions during the survey period.
Collection method	Interviewer-administered questionnaire.
Data content	Hospital data—name, number of beds, medical personnel. Patient data—diagnosis, medical treatment period and results, doctor's fee, age, and sex.
Frequency	Biennial from 1988 to 1996. Triennial since 1996.
Availability of data	Statistical reports (Korean language only).
Contact	Information Planning Division Ministry of Health and Welfare 1, Jungang-dong, Kwachon-shi Kyounggi-do, 427-760 Republic of Korea Phone: (82) (2) 503-7526 FAX: (82) (2) 503-7568

Korea, Republic of

Title	National Nutrition Survey
Responsible agency or ministry	Ministry of Health and Welfare
Objective	To provide national data on health and nutrition conditions of the population.
Scope	Probability sample of 4,000 households covering about 12,000 persons.
Collection method	Observational.
Data content	Nutrient intake, food intake, physical standard condition, hemoglobin level, blood pressure, living environment, and demographic and socioeconomic characteristics.
Frequency	Annual 1969 to 1998. Triennial beginning 1998.
Availability of data	Statistical reports (Korean language only).
Contact	Health Policy Division Ministry of Health and Welfare 1, Jungang-dong, Kwachon-shi Kyounggi-do, 427-760 Republic of Korea Phone: (82) (2) 503-7538 FAX: (82) (2) 504-1394

Korea, Republic of

Title	Social Statistics Survey
Responsible agency or ministry	National Statistical Office
Objective	To obtain supplementary data and information for replenishing social indicators. The particular emphasis of this survey is to collect as much experimental and subjective information as possible.
Scope	Sample of 30,000 households selected from 1,219 enumeration districts that were selected from 22,029 enumeration districts of the 1995 population census.
Collection method	Standardized interview.
Data content	<p>Health—self-assessment of blood pressure, health and obesity, alcohol consumption, smoking habits, medical service satisfaction, medical consultations and treatments, bed days, and demographic and socioeconomic characteristics.</p> <p>Housing and environment—methods of purchasing housing and residential quarters, frequency of moves, desired types of housing, levels of satisfaction and reasons for dissatisfaction with housing and residential quarters, commuting time and means of commute to and from work and school, evaluation of environmental pollution, endeavor for environmental protection, drinking water, and attitudes towards safety of agricultural products.</p>
Frequency	Annual 1977–1996. (Semiannual only 1997.)
Availability of data	Statistical reports (Korean and English).
Contact	<p>Mr. Bong-Ho Choi National Statistical Office Government Complex III 920, Dunsan-dong, Seo-gu Taejeon 302-701 Republic of Korea Phone: (82) (42) 472-2615 FAX: (82) (42) 481-2465</p>

Korea, Republic of

Title	National Health Interview Survey
Responsible agency or ministry	Korean Institution for Health and Social Affairs
Objective	To provide national data on kinds of morbidity, morbidity level, and utilization of medical service by region and social stratum, and health services utilization and satisfaction.
Scope	Survey of 6,605 households.
Collection method	Interviewer-administered questionnaire.
Data content	Prevalence of chronic diseases, incidence of acute illnesses, bed days, hospitalizations, utilization of health services, health expenditures, and demographic and socioeconomic characteristics.
Frequency	Triennial since 1983.
Availability of data	Statistical reports (Korean language only).
Contact	Health Research Department Korean Institution for Health and Social Affairs 42-14, Pulgwang-dong, Unp'yong-gu Seoul, 122-040 Republic of Korea Phone: (82) (2) 355-8003 FAX: (82) (2) 382-4581

Latvia

Title	Epidemiologic Research on Most Common Noninfectious Diseases
Responsible agency or ministry	Latvian Academy of Medicine; Latvian Institute of Cardiology; Health Department of the Ministry of Welfare of Latvia
Objective	To assess prevalence of most common noninfectious diseases and their risk factors in Latvia.
Scope	Multistage random sample of 18,040 permanent inhabitants of Latvia 25 years of age and over (5-year sex/age groups). Data were obtained on 5,449 persons.
Collection method	Interviewer-administered questionnaire and objective measurements.
Data content	Seventeen groups of questions, sociodemographic data, risk factors, questions related to diseases and syndromes (169 questions and 94 subquestions). Blood sample (total cholesterol, triglycerides, glucose before and 90 minutes after 75.0 glucose load); AT; electrocardiogram (ECG); height; and weight.
Frequency	Conducted in 1991.
Availability of data	Published reports in 1993. Ongoing data analysis.
Contact	G. Brigis Department of Public Health and Epidemiology Latvian Academy of Medicine 16, Dzirciema street Rīga LV—1007, Latvia Phone: (371) 733 8310 FAX: (371) 782 8155

Latvia

Title	Living Conditions Survey
Responsible agency or ministry	Central Statistical Bureau of Latvia The Norwegian Institute for Applied Social Science
Objective	To contribute necessary and reliable information on the real conditions of life in Latvia.
Scope	Sample size of 3,500 respondents who are permanent inhabitants of Latvia, 18 years of age and over.
Collection method	Interviewer-administered questionnaire.
Data content	Housing, education, employment, labor conditions, health status, health care utilization, security, crime and violence, migration, social life and activity, public opinion, and demographic and socioeconomic characteristics.
Frequency	Conducted in 1994 and 1999.
Availability of data	Preliminary report published in 1994; final report published in late 1995 (in Latvian and English). Final report about 1999 published in 2001 (in Latvian and English).
Contact	Inta Vasaraudze Department of Social Statistics Central Statistical Bureau of Latvia Lacplesa street 1 Rīga LV—1301, Latvia Phone: (371) 366 847 FAX: (371) 783 0137 or Anita Švarckofa Department of Social Statistics Central Statistical Bureau of Latvia Lacplesa street 1 Rīga LV—1301, Latvia Phone: (371) 366 847 E-mail: csb@csb.lv

Latvia

Title	Survey of Population About the Health Care System in Latvia
Responsible agency or ministry	Health Statistics and Medical Technology Agency
Objective	Determine the relation between morbidity, medical care accessibility, and health insurance. Clarify opinion of population about health care system.
Scope	Sample size of 4,000 permanent inhabitants of Latvia. Working-capable population 30–65 years of age (in 5-year age intervals). Included 2,759 in the study analysis.
Collection method	Cross-sectional study of population standard cluster summarizing retrospective data and information obtained from postal questionnaire.
Data content	There are 21 questions in the questionnaire divided into blocks. The socioeconomic block included place of residence, age, sex, civil status, number of children, education, profession, income, and type of health insurance (voluntary, employers). The medical care service use block included choice of family doctor and visits to the physician. The medical care accessibility block included distance to the medical institution, time used, shortage of money for patients' payment and treatment expenses, medicine acquisition, worry about medical personnel knowledge and experience, deficiency of specialists, queues, and rare consultation hours.
Frequency	Conducted in 1998 and 1999.
Availability of data	Published reports in 2000 (in Latvian). Short report is also available in English.
Contact	Jautrite Karashkevica Deputy Director in Health Statistics and Medical Technology Agency Duntes street 12/22 Rīga LV—1005, Latvia FAX: (371) 75 01 591 E-mail: jautrite@vsmta.lv

Latvia

Title	Health Behavior Among Latvian Adult Population
Responsible agency or ministry	Health Promotion Centre, Latvia; National Public Health Institute, Helsinki, Finland.
Objective	To collect information about individual health behaviors and to evaluate actual and potential public health problems associated with health behaviors.
Scope	Sample size of 3,000 permanent inhabitants of Latvia, 15–64 years of age; 2,400 completed surveys were returned.
Collection method	Postal questionnaire.
Data content	Demographic characteristics (gender, age, nationality, place of residence, marital status, education, occupation, and income), health-related behaviors (smoking, nutrition, physical activity, and alcohol consumption), behavioral change, participation in health promotional activities, issues related to health services and health policy, health status, self-assessment of health, and knowledge about various health aspects.
Frequency	Conducted in 1998 and 2000.
Availability of data	Published in 1999, 2001 (in Latvian and English).
Contact	Iveta Pudule Health Promotion Centre Skolas street 3 Rīga LV—1010, Latvia FAX: (371) 724 0446

Netherlands

Title	Permanent Survey on Living Conditions (Permanent Onderzoek LeefSituatie: POLS)
Responsible agency or ministry	Statistics Netherlands
Objective	To describe the distribution of and relations between socioeconomic characteristics, employment, working conditions, housing conditions, environment, time use and leisure, social participation, justice and security, accidents, and health and well-being. The data will serve as background for policy and planning purposes.
Scope	Random sample of households covering approximately 36,000 persons per year (one person per household). Excludes persons living in homes for the elderly, nursing homes, convents, prisons, shelters, and those belonging to the sailing population or not having a fixed abode.
Collection method	Interviewer-administered questionnaire; a small part of the questionnaire is self-administered.
Data content	Household composition, employment and working conditions, housing conditions, leisure activities, security, participation in society, health status, medical consumption, lifestyle and risk factors, accidents, social interaction, and demographic and socioeconomic characteristics.
Frequency	Continuous from January 1997 onward.
Availability of data	Statistical reports presenting survey findings.
Contact	Mrs. J.J.M. Geurts Statistics Netherlands Division of Sociocultural Statistics Department of Sociocultural Household Surveys P.O. Box 4481 6401 CZ Heerlen, The Netherlands Phone: (31) (45) 570 7201 FAX: (31) (45) 570 6274 E-mail: JGTS@cbs.nl Web site: www.cbs.nl

Netherlands

Title	Quality of Life Survey (part of Permanent Survey of Living Conditions)
Responsible agency or ministry	Statistics Netherlands
Objective	To describe the distribution of socioeconomic characteristics, working and housing conditions, leisure activities, environmental factors, social participation, and health and well-being. The data serve as background for policy and planning purposes.
Scope	Random sample of households, covering approximately 3,500 persons per year (one person per household) of residents 18 years of age and over; from 1997 onwards the sample is of individuals. Sample excludes persons in homes for the elderly, nursing homes, convents, prisons, shelters, and those belonging to the population not having a fixed abode.
Collection method	Interviewer-administered questionnaire.
Data content	Household composition, socioeconomic characteristics, quality of employment, housing conditions, leisure activities, environmental behavior and perception, participation in society, health status, medical consumption, lifestyle and risk factors, and social interaction.
Frequency	Conducted every third year, 1974–86. Continuous since 1989.
Availability of data	Statistical reports presenting survey findings, mainly in the database.
Contact	Dr. F. Otten Statistics Netherlands Division of Sociocultural Statistics Department of Sociocultural Household Surveys P.O. Box 4481 6401 CZ Heerlen, The Netherlands Phone: (31) (45) 570 7275 FAX: (31) (45) 570 6274 Web site: www.cbs.nl

Netherlands

Title	National Health Interview Survey (part of Permanent Survey of Living Conditions)
Responsible agency or ministry	Statistics Netherlands
Objective	To supply basic information on how people experience their own state of health, the factors that influence this, social and economic consequences of being ill, and how health care facilities are used by the overall population. The data serve as background for policy and planning purposes.
Scope	Random sample of 3,000 private (noninstitutionalized) households covering approximately 9,000 persons per year. All persons (maximum of four) in the selected households were interviewed; from 1997 onward the sample is of individuals. Samples exclude persons in nursing homes, convents, homes for the elderly, prisons, shelters, and those belonging to the population not having a fixed abode.
Collection method	Interviewer-administered questionnaire and self-administered questionnaire.
Data content	Core data component—acute sickness, long-term disabilities, symptoms, activities of daily living, doctor consultations, dentist consultations, hospital stays, medicines, absence from work, insurance, and demographic and socioeconomic characteristics. Supplementary component—varies from year to year.
Frequency	Continuous since 1981.
Availability of data	Statistical reports presenting survey findings, mainly in the base.
Contact	Dr. F. Otten Statistics Netherlands Division of Sociocultural Statistics Department of Sociocultural Household Surveys P.O. Box 4481 6401 CZ Heerlen, The Netherlands Phone: (31) (45) 5707275 FAX: (31) (45) 5706274 Web site: www.cbs.nl

Netherlands

Title	National Health Interview Survey of Turkish Inhabitants in the Netherlands
Responsible agency or ministry	Statistics Netherlands
Objective	To supply basic information on the Turkish population in the Netherlands and how people experience their own state of health, the factors that influence this, consequences of being ill, and how health care facilities are used by the overall population. The data serve as background for policy and planning purposes.
Scope	Random sample covering 5,306 Turkish residents in the Netherlands (noninstitutionalized population); excludes persons in nursing homes, convents, homes for the elderly, prisons, shelters, and those belonging to the population not having a fixed abode.
Collection method	Interviewer-administered questionnaire.
Data content	Acute sickness, long-term disabilities, symptoms, activities of daily living, doctor consultations, dentist consultations, hospital stays, medicines, absence from work, insurance, and demographic and socioeconomic characteristics.
Frequency	Conducted in 1989–90.
Availability of data	Statistical reports presenting survey findings.
Contact	Mrs. J.J.M. Geurts Statistics Netherlands Division of Sociocultural Statistics Department of Sociocultural Household Surveys P.O. Box 4481 6401 CZ Heerlen, The Netherlands Phone: (31) (45) 570 7201 FAX: (31) (45) 570 6274 E-mail: JGTS@cbs.nl Web site: www.cbs.nl

New Zealand

Title	New Zealand Health Survey
Responsible agency or ministry	Ministry of Health
Objective	To measure health service use not currently recorded in the national statistics and the factors that influence level of use; to obtain data on health services use according to sociodemographic variables; to measure individual satisfaction and perceptions of their health services; to measure individual health status and unmet need for health services; and to provide information on selected health behavior not nationally available at present.
Scope	Stratified random sample of 12,000 persons. Civilian population (including institutionalized) of all ages residing in private households. One respondent per household was interviewed. Over sampling of Maori, Pacific People, and Asians.
Collection method	Interviewer-administered questionnaire and self-administered questionnaire.
Data content	Use of primary care services, use of hospital services, health-related behavior, exercise, smoking and alcohol consumption, long-term illness and disability, and demographic and socioeconomic characteristics.
Frequency	Conducted in 1992–93 and 1996–97.
Availability of data	Statistical reports (charges apply).
Contact	Public Health Intelligence Ministry of Health P.O. Box 5013 Wellington, New Zealand Phone: (64) (4) 496 2000 FAX: (64) (4) 495 4401

New Zealand

Title	National Nutrition Survey
Responsible agency or ministry	Ministry of Health
Objective	To determine the food and nutrient intake, food security, barriers to dietary change, key food habits, organochlorine exposure, dietary supplement intake, and physical and biochemical status of the New Zealand adult population.
Scope	Stratified random sample of 5,000 people. Civilian noninstitutionalized population 15 years of age and over residing in private households. One respondent per household will be interviewed.
Collection method	Interviewer-administered questionnaire and self-administered questionnaire.
Data content	Nutrient and food data for multiple pass 24-hour dietary recall, usual food intake from qualitative food frequency questionnaire, food security, key food habits, barriers to dietary change, organochlorine exposure, dietary supplement intake, height, weight, subscapular and triceps skin folds, mid-upper arm, waist and hip circumference, elbow width, blood pressure, blood samples, and demographic and socioeconomic characteristics.
Frequency	Conducted in 1996–97. Planned frequency of every 5–10 years.
Availability of data	Anonymous data set and statistical reports (charges apply). Confidential, request must be signed.
Contact	Public Health Intelligence Ministry of Health P.O. Box 5013 Wellington, New Zealand Phone: (64) (4) 496 2000 FAX: (64) (4) 495 4401

Norway

Title	Level of Living: Multipurpose Survey on Living Conditions (Rotating themes from year to year: working environment study; time use study; health interview survey)
Responsible agency or ministry	Statistics Norway
Objective	To obtain knowledge of distribution of the level of living in the Norwegian population, including some health conditions.
Scope	Two-stage sample covering 5,100 persons and approximately the same number of households. All persons 16 years of age and over were interviewed. (Some questions were asked about the children in the household.)
Collection method	Interviewer-administered questionnaire.
Data content	Chronic illness, mental health and long-term disability, working conditions, care and housework, housing conditions, social relations, and demographic and socioeconomic characteristics.
Frequency	Conducted annually beginning in 1996.
Availability of data	Data published 2000 and available on Web site.
Contact	Berit Otnes/Arne Andersen Statistics Norway Division of Social Welfare Statistics P.O. Box 8131 Dep. N-0033 Oslo, Norway Phone: (47) (21) 09 00 00 FAX: (47) (21) 09 44 04 E-mail: asa@ssb.no Web site: www.ssb.no/emner

Norway

Title	Level of Living: Working Environment (Multipurpose survey on living conditions)
Responsible agency or ministry	Statistics Norway
Objective	To shed light on the main features of the working conditions and working environments as experienced by different groups of employees.
Scope	Based on the Companies Register and Employees Register for the second quarter of 1989, the sample was drawn in two stages: first, a sample of business establishments was drawn; then a sample of employees was drawn from among those establishments. Some 4,359 employees in 1,050 establishments were surveyed. From 1996, based on a two-stage sample of persons 16–66 years of age.
Collection method	Interviewer-administered questionnaire (CATi, CAPI).
Data content	Health and symptoms, mental health, absence due to illness, physical and organizational working conditions, and demographic and socioeconomic characteristics.
Frequency	Conducted in 1989, 1993, 1996, and 2000.
Availability of data	Statistical reports presenting survey findings and available on Web site.
Contact	Berit Otnes/Arne Andersen Statistics Norway Division of Social Welfare Statistics P.O. Box 8131 Dep. N-0033 Oslo, Norway Phone: (47) (21) 09 00 00 FAX: (47) (21) 09 44 04 E-mail: asa@ssb.no Web site: www.ssb.no/emner/06/02

Norway

Title	Level of Living: Health Conditions (Multipurpose survey on living conditions)
Responsible agency or ministry	Statistics Norway
Objective	To obtain knowledge of health problems in the Norwegian population as a whole and to reveal inequalities regarding health conditions between different groups in the population. Also to trace the use of health services.
Scope	Two-stage, stratified probability sample of 75,000 persons 16 years of age and over. (Children will be included in some study years, ad hoc.)
Collection method	Interviewer-administered questionnaire (CATi, CAPI) and self-administered questionnaire.
Data content	Prevalence of chronic diseases, reduced activity, occurrence of acute illness in the last 14 days, contact with the health service, lifestyle, and demographic and socioeconomic characteristics.
Frequency	Conducted in 1968, 1975, 1985, 1995, 1998, and 2002.
Availability of data	Statistical reports published 2000 and available on Web site.
Contact	Ann Lisbeth Brathaug/Jorun Ramm Statistics Norway Division of Social Welfare Statistics P.O. Box 8131 Dep. N-0033 Oslo, Norway Phone: (47) (21) 09 00 00 FAX: (47) (21) 09 44 04 E-mail: jrm@ssb.no Web site: www.ssb.no/emner/03/01/helsforhold

Poland

Title	Social Status of Household Survey
Responsible agency or ministry	Central Statistical Office
Objective	To provide information on the social status of households and some aspects of the health status of the population.
Scope	Sample of 120,000 households covering about 380,000 persons.
Collection method	Interviewer-administered questionnaire.
Data content	Hospital stays and duration, impairments and disabilities, smoking habits, limitations of activities, curing effectiveness, access to chosen doctor, attitude of doctor to patient, and demographic characteristics.
Frequency	Conducted in 1985, 1986, 1989, and 1990. Survey includes a health component every fourth or fifth year.
Availability of data	Statistical tables and statistical reports published.
Contact	Mrs. Maria Daszyńska Central Statistical Office Living Conditions Statistics Division Al. Niepodległości 208 Warsaw 00-925, Poland Phone: (48) (22) 608 3202 FAX: (48) (22) 608 3871

Poland

Title	Family Health Survey
Responsible agency or ministry	Central Statistical Office, Institute of Cardiology
Objective	To provide information on some aspects of the health status of the population.
Scope	Sample of 21,451 households covering about 68,000 persons.
Collection method	Interviewer-administered questionnaire.
Data content	Self-assessed health status, hospital stays and duration, impairments and disabilities, limitations of activities, chronic diseases, smoking habits, sports training, and demographic characteristics.
Frequency	Conducted in 1987.
Availability of data	Statistical reports.
Contact	Central Statistical Office Al. Niepodległości 208 Warsaw 00-925, Poland Phone: (48) (22) 251 802 FAX: (48) (22) 253 435 Mr. Janusz Bejnarowicz Institute of Cardiology Phone: (48) (22) 153 011, ext. 282

Poland

Title	Sociodemographic and Health Determinants of Infant Mortality Survey
Responsible agency or ministry	Central Statistical Office Institute of Mother and Child
Objective	To provide information for the Government to create and implement a program aimed at reducing infant mortality and improving the health status of the mother, child, and family.
Scope	Sample includes 20 percent of those families who, during 1990, experienced the death of an infant, a stillbirth, or the birth of an infant unable to survive. As background for analysis, a control sample of 2 percent of live births was chosen proportionally in the same areas as the base group. A total of about 6,400 children under 1 year of age were selected.
Collection method	Interviewer-administered (mainly nurses) questionnaire.
Data content	Sociodemographic characteristics of the parents, pregnancy information, mother's opinion about delivery and medical assistance, condition of infant at birth, cause of death, history of illness, type and quality of medical assistance, ecological and living conditions of family, and parents' health and lifestyle.
Frequency	Conducted in 1991.
Availability of data	Data tapes, statistical tables, report, and publication.
Contact	Mrs. Lucyna Nowak Central Statistical Office Demographic Statistics Division Al. Niepodległości 208 Warsaw 00-925, Poland Phone: (48) (22) 608 3121 FAX: (48) (22) 608 3181 E-mail: lnowak@stat.gov.pl

Poland

Title	Health Care in Household
Responsible agency or ministry	Central Statistical Office
Objective	To provide data on household use of medical services and expenditures for main health care.
Scope	Sample of 5,600 households covering 17,500 persons.
Collection method	Interviewer-administered questionnaire.
Data content	Frequency of the utilization of main health services, expenditures for the services, and demographic and socioeconomic characteristics.
Frequency	Conducted in 1994, 1998, and 2000.
Availability of data	Report in Polish first quarter of 1999 and September 2001.
Contact	Mrs. Aline Barsu Central Statistical Office Living Conditions Statistics Division Al. Niepodległości 208 Warsaw 00-925, Poland Phone: (48) (22) 608 3278 FAX: (48) (22) 608 3182

Poland

Title	Disabled on the Labor Market in Poland
Responsible agency or ministry	Central Statistical Office
Objective	To provide data on the disabled persons' position on the labor market.
Scope	Sample of 6,700 persons 15 years of age and over who are included in the legal disabled groups.
Collection method	Interviewer-administered questionnaire.
Data content	Disability, economic activity, standard of living, and demographic and socioeconomic data with special attention to health status parameters.
Frequency	Conducted in 1995 and 2000.
Availability of data	Statistical and analytical reports in Polish.
Contact	<p>Mrs. Grazyna Marciniak Central Statistical Office Social Statistics Division Al. Niepodległości 208 Warsaw 00-925, Poland Phone: (48) (22) 608 3354 FAX: (48) (22) 608 3872 E-mail: G.Marciniak@stat.gov.pl</p>

Poland

Title	Health Interview Survey (POLHIS 96)
Responsible agency or ministry	Central Statistical Office
Objective	To provide data on population's perceived state of health, disability, medical consumption, and some aspects of lifestyle.
Scope	Random sample of 19,202 households covering 47,924 adults and 14,813 children.
Collection method	Interviewer-administered and self-administered questionnaires.
Data content	Perceived health, long-term disability, temporary disability, health complaints, chronic conditions, doctor and dentist consultations, hospital stays, medicine consumption, birth control methods, leisure time activities, smoking, consumption of alcohol, rehabilitation and life conditions of disabled persons, and demographic and socioeconomic characteristics.
Frequency	Conducted in 1996.
Availability of data	Data files and data tables. Statistical reports presenting survey findings in Polish.
Contact	Mrs. Alicja Zajenkowska-Kozłowska Central Statistical Office Demographic Statistics Division Al. Niepodległości 208 Warsaw 00-925, Poland Phone: (48) (22) 608 3207 FAX: (48) (22) 608 3181 E-mail: A.Zajenkowska@stat.gov.pl

Portugal

Title	National Health Survey
Responsible agency or ministry	Instituto Nacional de Saúde Ministry of Health
Objective	To provide information on a number of major health problems.
Scope	Multistage probability sample of 22,000 households covering noninstitutionalized persons living in the mainland of Portugal.
Collection method	Interviewer-administered questionnaire.
Data content	Fixed “core data” component—perceived general health, prevalence of some chronic conditions, disability, general health care, doctor visits, health expenses and income, physical activity, tobacco consumption, alcoholic beverage consumption, child health, and demographic and socioeconomic characteristics. Supplementary component— varies with needs of information.
Frequency	Entire country, 1987, 1995–96 and 1998–99. Conducted in the Lisbon area in 1989; North area, 1990; Alentejo area, 1991; Algarve area, 1993; and mainland, 1998–99.
Availability of data	Data files and main data tables presented in publication.
Contact	Maria de Jesus Graça Instituto Nacional de Saúde Dr. Ricardo Jorge Av. Padre Cruz, 1699 1699 Lisboa Codex, Portugal Phone: (351) (1) 751 0536 FAX: (351) (1) 757 3671

Singapore

Title	National Health Survey
Responsible agency or ministry	Epidemiology and Disease Control Division Ministry of Health
Objective	To determine the epidemiology of major noncommunicable diseases and their risk factors in the Singapore population because these are the leading causes of sickness and death in the country.
Scope	Multistage sample of 4,723 Singapore residents 18–69 years of age.
Collection method	Interviewer-administered questionnaire, physical examination, biochemical measurements and electrocardiography.
Data content	Prevalence of diabetes mellitus, hypertension, and high blood cholesterol; blood chemistry; women's pap smear and breast examination; cigarette-smoking habits; physical activity; alcohol consumption; behavior of diabetics and hypertensives; and demographic and socioeconomic characteristics.
Frequency	Conducted in 1992 and 1998.
Availability of data	Survey report (upon request).
Contact	Dr. Chew Suok Kai Epidemiology and Disease Control Division Ministry of Health College of Medicine Building 16 College Road Singapore 169854 FAX: (65) 224 1677

Singapore

Title	Survey of Primary Medical Care in Singapore
Responsible agency or ministry	Health Information Management Branch, Biostatistics and Research Branch, Ministry of Health.
Objective	To provide information on the diseases treated at the outpatient level in both the private and public sectors to maximize the role of the public and private sectors in primary health care provision. Also to gather data on the patient-load of the public sector versus the private sector in primary health care provision in order to provide enhanced care for the leading diseases.
Scope	All 1,480 private general practitioners and all doctors working in the government primary health care clinics. A total of 27,000 patients were covered during the survey.
Collection method	Doctor- and nurse-administered questionnaire.
Data content	Diagnosis or medical complaints, employment status, type of housing, residential status, and other demographic characteristics. Profile of GP Practices.
Frequency	Triennial beginning in 2001.
Availability of data	Statistical report on survey findings.
Contact	Dr. Chew Suok Kai Epidemiology and Disease Control Division Ministry of Health College of Medicine Building 16 College Road Singapore 169854 FAX: (65) 224 1677 Mr. Khoo Chow Huat Health-Information Management Branch InfoComm Division Ministry of Health College of Medicine Building 16, College Road Singapore 169854 FAX: (65) 224 1677

Singapore

Title	National Health Surveillance System
Responsible agency or ministry	Epidemiology and Disease Control Division Ministry of Health
Objective	This survey is part of a comprehensive national surveillance system to monitor lifestyle risk factor levels related to the noncommunicable diseases that are the current diseases of importance.
Scope	Multistage sample of 6,000 Singapore residents aged 18 and above.
Collection method	Interviewer-administered questionnaire.
Data content	Core questionnaire—smoking habits, alcohol consumption, self-reported height and weight, weight control, dietary practices, and demographic and socioeconomic characteristics. Supplementary questionnaire—utilization of primary health care facilities.
Frequency	Conducted in 2001.
Availability of data	Statistical tabulations and highlights of survey findings (on request).
Contact	Dr. Chew Suok Kai Epidemiology and Disease Control Division Ministry of Health College of Medicine Building 16 College Road Singapore 169854 FAX: (65) 224 1677

Singapore

Title	Survey on Cigarette Smoking Among Singaporeans
Responsible agency or ministry	Epidemiology and Disease Control Division Ministry of Health
Objective	As smoking is an important risk factor to the current diseases of importance and in view of the rising trend in smoking, this in-depth survey on smoking is carried out to determine the smoking prevalence and attitude and behavior of smokers in the Singapore population.
Scope	Multistage sample of 5,000 Singapore residents 18–64 years of age.
Collection method	Interviewer-administered questionnaire.
Data content	Frequency, duration, age at onset of smoking, reasons for picking up the smoking habit, whether any intention to quit smoking, nonsmoker's impression of a smoker, harmful effects of smoking, and other demographic and socioeconomic characteristics.
Frequency	Conducted in 1995.
Availability of data	Survey highlights and tabulations (upon request).
Contact	Dr. Chew Suok Kai Epidemiology and Disease Control Division Ministry of Health College of Medicine Building 16 College Road Singapore 169854 FAX: (65) 224 1677

Singapore

Title	National Survey of Senior Citizens
Responsible agency or ministry	Jointly conducted by Ministry of Health, Ministry of Community Development, and Department of Statistics
Objective	To provide updated national data on the problems and needs of the aged to assist in drawing up appropriate social and community services and health care programs for the elderly in Singapore. This is to cope with the rapid aging of the population that Singapore will face by the turn of the century.
Scope	Multistage sample of 6,000 persons aged 55 years and over living in households.
Collection method	Interviewer-administered questionnaire.
Data content	Biographic data, particulars of spouse and children, household characteristics, employment/retirement, finance, support systems, use of community services, personal care and daily needs, health status, elderly cognitive assessment, and principal career.
Frequency	Conducted in 1983 and 1995.
Availability of data	Survey highlights and tabulations (upon request).
Contact	Mr. Khoo Chow Huat Health Information Management Branch InfoComm Division Ministry of Health College of Medicine Building 16 College Road Singapore 169854 FAX: (65) 224 1677

Spain

Title	Survey on Disabilities, Impairments, and State of Health
Responsible agency or ministry	National Institute of Statistics
Objective	To estimate the total number of people suffering from any disability, and to know the nature of the impairment that originated the disability.
Scope	Sample survey of 79,000 households covering about 220,000 persons of the noninstitutionalized population of Spain.
Collection method	Interviewer-administered questionnaires.
Data content	Disabilities; severity, evolutionary prognosis, and date of onset of disabilities; technical aids and personal assistance requested (received and not); impairments; cause of duration of impairments; rehabilitation received; use of health and social services and frequency of use; monetary subsidies and/or fiscal benefits; body changes as a result of suffering from a disability; changes in employment; occupation; search for employment; level of education (completed or in progress); and educational integration.
Frequency	Conducted in 1999.
Availability of data	Data files, statistical tables, and publications of survey findings.
Contact	Benita Aybar López Instituto Nacional de Estadística Subdirección de Estadística Paseo de la Castellana, 183 28071, Madrid Spain Phone: (34) (91) 583 9100 FAX: (34) (91) 583 9158 E-mail: info@ine.es

Spain

Title	National Health Survey
Responsible agency or ministry	Ministry of Health and Consumption
Objective	Summary data about the characteristics and distribution of perceived morbidity, certain habits of life in relation to health, and utilization of the health care services of the noninstitutionalized population of Spain.
Scope	Sample survey of 76,000 persons of the noninstitutionalized population who were 1 year of age and over.
Collection method	Interviewer-administered questionnaire.
Data content	Self-perceived health status, incidence of acute illness, prevalence of chronic diseases, limitation of activities for acute and chronic diseases, disorders of the sense organs, consultation with health professionals, hospitalizations, medications, immunizations, tobacco and alcohol consumption, physical exercise, and demographic and socioeconomic characteristics.
Frequency	Conducted in 1987, 1993, 1997, and 2001.
Availability of data	Data files and statistical report.
Contact	Margarita García Instituto Nacional de Estadística Subdirección General de Difusion Estadística Paseo de la Castellana 18328071 Madrid Spain Phone: (34) (91) 583 9100 FAX: (34) (91) 583 9158 E-mail: info@ine.es

Sweden

Title	Survey of Living Conditions
Responsible agency or ministry	Statistics Sweden
Objective	To provide national data on living conditions of the population of Sweden 16–84 years of age.
Scope	Random sample of 7,000 persons per year 16–84 years of age, drawn from the Register of the Total Swedish Population.
Collection method	Interviewer-administered questionnaire.
Data content	<p>The survey covers several welfare components with fixed core data—health and consumption of medical services, care and need for assistance, education, housing and residential environment, employment and working conditions, working environment, economic resources, social relations, recreational activities, civic activities, security, transportation and communication, and demographic characteristics.</p> <p>Health component—long-term illnesses and their consequences, functional disorders, outpatient care, state of health and medical care, use of pharmaceutical products, dental condition and dental care.</p> <p>Supplementary component—every second year in an 8-year cycle; one, two, or three main components are expanded.</p>
Frequency	Annual since 1975.
Availability of data	<p>Statistical reports presenting analyses based on the survey findings.</p> <p>Statistical services on commission.</p>
Contact	<p>Uno Davidsson Statistics Sweden BV/SU S-115 81 Stockholm, Sweden Phone: (46) (8) 783 4000 FAX: (46) (8) 783 4005 E-mail: uno.davidsson@scb.se</p>

Switzerland

Title	Trend Survey on Health Behavior and Alcohol Consumption in Switzerland
Responsible agency or ministry	Swiss Institute for the Prevention of Alcohol and Other Drug Problems
Objective	To provide national data on health behavior, especially on the consumption of alcohol, tobacco, medication, and illegal drugs of the civilian noninstitutionalized population of Switzerland.
Scope	Multistage probability or quota sample of between 1,500 and 3,000 persons 15 years of age and over, representative for Switzerland, with oversampling of the two smaller language regions.
Collection method	Interviewer-administered questionnaire.
Data content	Fixed core data component—consumption questions and some key health behavior. Supplementary component—varies from survey to survey.
Frequency	Conducted in 1975, 1981, and 1987.
Availability of data	Reports and data files upon request (charges may apply).
Contact	Dr. Gerhard Gmel Swiss Institute for the Prevention of Alcohol and Other Drug Problems Research Division Case Postale 870 CH 1001 Lausanne, Switzerland Phone: (41) (21) 321 2911 FAX: (41) (21) 321 2940

Switzerland

Title	Swiss Health Survey (SOMIPOPS)
Responsible agency or ministry	Institute for Social and Preventive Medicine
Objective	To gain representative data on health status (perceived morbidity) and use of health services, analyze demand for health care, and develop reliable health and use indicators.
Scope	Two-stage random sample of Swiss citizens drawn from population registers in the municipalities. Foreign residents were drawn as a single random sample from the national register. Approximately 5,860 persons 20 years and over were interviewed.
Collection method	Interviewer-administered questionnaire and self-administered questionnaire.
Data content	Acute and chronic sickness, activities of daily living, doctor and dental consultations, hospital stays, diet, drinking and smoking habits, insurance coverage, demographic and socioeconomic characteristics.
Frequency	Conducted in 1981–82.
Availability of data	Tabulated data upon request.
Contact	Professor F. Gutzwiller, Ph.D. Institute for Social and Preventive Medicine Sumatarstr. 30 CH 8006 Zurich, Switzerland Phone: (41) (1) 634 4617 FAX: (41) (1) 634 4986

Switzerland

Title	Health Behavior of School-Age Children in Switzerland
Responsible agency or ministry	Swiss Institute for the Prevention of Alcohol and Other Drug Problems
Objective	To provide national data on health behaviors of school-age children (11–16 years of age). This project is part of an international project sponsored by WHO Europe (Copenhagen).
Scope	Multistage probability sample of the classes by cantons of Switzerland, with over sampling in certain cantons; overall about 16,000 pupils between 11 and 16 years of age were interviewed in 1994.
Collection method	Questionnaire distributed during class.
Data content	Fixed core data component—decided by the international study group on health-relevant behavior, risk factor perception and knowledge, and lifestyle. Supplementary component—varies from survey to survey. Last survey included special questions on AIDS.
Frequency	Every 4 years between 1986 and 1994.
Availability of data	Reports upon request (the WHO international study group will be consulted). The core questions of all international surveys may be available from the WHO international study group.
Contact	Dr. Yann Le Gauffey Swiss Institute for the Prevention of Alcohol and Other Drug Problems Research Division Case Postale 870 CH 1001 Lausanne, Switzerland Phone: (41) (21) 321 2911 FAX: (41) (21) 321 2940

Switzerland

Title	Swiss Health Promotion Survey
Responsible agency or ministry	Swiss Federal Statistical Office
Objective	To provide information on the most appropriate ways in which to carry out health promotion, disease prevention, treatment, and provision of care and support to the sick and infirm. Also to evaluate the feasibility of conducting a survey that combines a telephone interview with a mail-out questionnaire.
Scope	Multistage probability sample of 5 cantons of Switzerland. The sample included 2,111 persons aged 20–74 years, with an oversampling of persons 65–74 years of age.
Collection method	Telephone interview and written questionnaire.
Data content	Health status, chronic conditions, mental health and psychological well-being, dietary habits, physical exercise, knowledge of health and disease, tranquilizer consumption, social interaction, and demographic and socioeconomic characteristics.
Frequency	Conducted in 1989.
Availability of data	Statistical reports presenting the survey findings (in French only). Tabulated data upon request.
Contact	Swiss Federal Statistical Office Division of Population and Employment Health Section Espace de l'Europe 10 CH-2010 Neuenburg, Switzerland Phone: (41) (32) 713 6564 FAX: (41) (32) 713 6382

Switzerland

Title	Swiss Health Survey
Responsible agency or ministry	Swiss Federal Statistical Office
Objective	To collect data to research and observe trends of health conditions and their determining factors, handicaps and other consequences of diseases or accidents, and the utilization of the health services, as well as the insurance system for the population of Switzerland. Also to assess the effect of preventive health measures.
Scope	Resident population of 16,000 households of persons 15 years of age and over.
Collection method	Telephone interview and written questionnaire and interviewer-administered questionnaire to persons 75 years of age and over.
Data content	Health-relevant behavior, health habits, risk factor perception and knowledge, chronic illnesses, physical activity, leisure activities, dietary habits, medical consumption, immunizations, and demographic and socioeconomic characteristics.
Frequency	Conducted in 1992, 1997, and 2002.
Availability of data	Statistical reports (1992 and 1997), tabulated data upon request.
Contact	Dr. Roland Calmonte Swiss Federal Statistical Office Division of Population and Employment Health Section Espace de l'Europe 10 CH-2010 Neuenburg, Switzerland Phone: (41) (32) 713 65 64 FAX: (41) (32) 713 63 82 E-mail: gesundheit@bfs.admin.ch

Ukraine

Title	National Health Survey
Responsible agency or ministry	National Institute of Health Ministry of Health of Ukraine
Objective	To provide national data on the health, illness, and disability status of the civilian peoples in selected regions of Ukraine.
Scope	Sample included 850,000 persons (adults and children).
Collection method	In-depth comprehensive medical examination.
Data content	Incidence of acute illness and accidental injuries, prevalence of chronic diseases and impairments, disability, physician visits, hospital episodes, and demographic characteristics.
Frequency	Annual since 1986.
Availability of data	Statistical and scientific reports.
Contact	Mrs. A. Nagornaya National Institute of Health 18 Chigorina Street Kiev 252042, Ukraine Phone: (7) (44) 294 91 38 FAX: (7) (44) 261 47 73

United Kingdom

Title	General Household Survey	
Responsible agency or ministry	Office for National Statistics (ONS)	
Objective	To examine relationships between the main variables with which social policy is concerned, and to monitor changes in these associations over time.	
Scope	Sample of approximately 8,000 households covering about 15,000 persons per year. General population resident in private (noninstitutional) households in England, Scotland, and Wales 16 years of age and over, either in person or occasionally by proxy. Health information is obtained for children under 16 years of age from the person responsible for them, usually the mother.	
Collection method	Computer-assisted personal interviewing (CAPI).	
Data content	Survey covers five main areas—population, housing, employment, education, and health. The fixed core data in the health component include data on health measures (covering the prevalence of chronic and acute problems, utilization of health care services, doctor visits, and hospitalizations, physical activity, leisure time activity, daily living activity), demographic, and socioeconomic characteristics.	
Frequency	Continuous 1971–96. Survey suspended for 1997 and 1999. Reinstated 1998. Annual since 2000.	
Availability of data	Data tapes and an annual report. Unpublished data is also available.	
Contact	<u>Published and unpublished data</u> Alison Walker Office of National Statistics (ONS) GHS Unit, D1/19 1 Drummond Gate London SW1V 2QQ, United Kingdom Phone: (44) (171) 533 5303 FAX: (44) (171) 533 5300 E-mail: alison.walker@ons.gov.uk	<u>Data tapes</u> ESRC Data Archive University of Essex Wivenhoe Park, Colchester Essex CO4 3SQ, United Kingdom Phone: (44) (1206) 87 2001 FAX: (44) (1206) 87 2003 E-mail: archive@essex.ac.uk

United Kingdom

Title	Health Survey for England	
Responsible agency or ministry	Department of Health	
Objective	To provide annual data about health, to estimate the proportion of people with health conditions, and to examine relationships between the main variables with which health is associated. To monitor changes over time.	
Scope	Sample of approximately 11,000 households covering about 20,000 people per year covering the general population living in private households in England 2 years of age and over. Children aged 13–15 years were interviewed in person with the consent of the child's parent or guardian. In the case of children aged 2–12 years the parent or guardian answered on behalf of the child.	
Collection method	Computer-assisted personal interviewing (CAMPI).	
Data content	Health conditions, risk factors associated with those conditions such as smoking, drinking, blood samples, height and weight, blood pressure measurements, and demographic and socioeconomic characteristics. The main focus varies from year to year and has covered cardiovascular disease, respiratory and other conditions, accidents, disability, special measures of general health, children, and physical activity.	
Frequency	Continuous since 1991.	
Availability of data	Annual report and archived data.	
Contact	<u>Published and unpublished data</u> Mr. Patrick Tucker Department of Health Statistics Division 3S Skipton House 80 London Road London SE1 6LH, United Kingdom Phone: (44) (0) 20 7972 5718 FAX: (44) (0) 20 7972 5662 E-mail: patrick.tucker@doh.gsi.gov.uk	<u>Archived data</u> ESRC Data Archive University of Essex Wivenhoe Park, Colchester Essex CO4 3SQ, United Kingdom Phone: (44) (1206) 87 2001 FAX: (44) (1206) 87 2003 E-mail: essex.archive@mailbox.ac.uk

United Kingdom

Title	Scottish Health Survey	
Responsible agency or ministry	Scottish Executive Health Department	
Objective	To provide national data on the health of the Scottish population.	
Scope	Approximately 13,000 people in the 2–74 age group living in private households in Scotland in the 1998 survey.	
Collection method	Interviewer-administered questionnaire followed by a nurse visit.	
Data content	<p>Interviewers phase—general health topics, long-standing illness and acute illness, cardiovascular diseases (CVD) and related conditions (history, diagnosis, and treatment), family history of CVD, use of health services (particularly in relation to CVD), physical activity and exercise, body measurements (height and weight), eating habits, smoking and drinking, recent accidents, dental health, psychosocial factors, respiratory diseases, incontinence, and demographic and socioeconomic characteristics.</p> <p>Nurses visit—collected information about prescribed medicines and recent experience of food poisoning and gastroenteritis. They measured blood pressure, lung function, and waist and hip circumferences, and also requested a small blood sample.</p>	
Frequency	Triennial since 1995.	
Availability of data	Report presenting the survey findings (charges apply)—also available on the Internet. Summary document of key findings available (free of charge). Archived data.	
Contact	<u>Published data</u> Ms. Anne Corbett Scottish Executive Health Department St. Andrew's House Edinburgh Scotland EH1 3DG, United Kingdom Phone: (44) (131) 244 2603 FAX: (44) (131) 244 2051 E-mail: anne.corbett@scotland.gsi.gov.uk	<u>Archived data</u> ESRC Data Archive University of Essex Wivenhoe Park, Colchester Essex CO4 3SQ, United Kingdom Phone: (44) (1206) 87 2001 FAX: (44) (1206) 87 2003 E-mail: archive@essex.ac.uk

United States

Title	National Health Interview Survey (NHIS)
Responsible agency or ministry	National Center for Health Statistics Centers for Disease Control and Prevention U.S. Department of Health and Human Services
Objective	To provide national data on the health, illness, and disability status of the civilian noninstitutionalized population of the United States.
Scope	Multistage probability sample of 40,000 households covering about 100,000 persons per year. Civilian noninstitutionalized population of all persons aged 17 years and over in selected dwellings are interviewed. Adult family member aged 19 years or over may provide data for persons not home and for children under 17 years of age.
Collection method	Interviewer-administered questionnaire.
Data content	Fixed core data component—incidence of acute illness and accidental injuries, prevalence of chronic diseases and impairments, disability, physician visits, hospital episodes, work loss, exercise, and demographic and socioeconomic characteristics. Supplementary component—varies from year to year.
Frequency	Continuous since 1957.
Availability of data	Public-use data files, CD-ROMS, and statistical reports presenting the survey findings (charges apply).
Contact	Jane Gentleman, Ph.D. Division of Health Interview Statistics National Center for Health Statistics 3311 Toledo Road, Room 2218 Hyattsville, Maryland 20782 Phone: 1-301-458-4257 FAX: 1-301-438-4035 E-mail: BZG5@cdc.gov

United States

Title	National Health and Nutrition Examination Survey (NHANES)
Responsible agency or ministry	National Center for Health Statistics Centers for Disease Control and Prevention U.S. Department of Health and Human Services
Objective	To collect data on the prevalence of specific diseases and conditions and to establish normative health-related and nutrition measures for the U.S. population.
Scope	Multistage probability sample of persons in the civilian noninstitutionalized population. (Sample size: 5,000 persons per year)
Collection method	Interviewer-administered questionnaire, physician examination, and laboratory tests.
Data content	Medical history, mental health and cognitive functioning, blood and urine tests, dental and medical examinations. The diseases, medical conditions, and health indicators studied include cardiovascular disease, diabetes and lower extremity disease, environmental exposures, equilibrium, hearing loss, infectious diseases and immunization, kidney disease, nutrition, obesity, osteoporosis, physical fitness and functioning, reproductive history and sexual behavior, respiratory disease, sexually transmitted diseases, skin diseases, and vision.
Frequency	Conducted in 1971–74, 1974–75, 1976–80, and 1988–94. Beginning in 1999, annual sample and continuous survey.
Availability of data	Public-use data files and statistical reports presenting the survey findings (charges apply).
Contact	Clifford L. Johnson Division of Health Examination Surveys National Center for Health Statistics 3311 Toledo Road, Room 4205 Hyattsville, Maryland 20782 Phone: 1–301–458–4292 FAX: 1–301–458–4028 E-mail: CLJ1@cdc.gov

United States

Title	National Hispanic Health and Nutrition Examination Survey (HHANES)
Responsible agency or ministry	National Center for Health Statistics Centers for Disease Control and Prevention U.S. Department of Health and Human Services
Objective	To collect data on the prevalence of specific diseases and conditions and to establish normative health-related and nutrition measures for the three major subgroups of the Hispanic population: Mexican Americans, Cuban Americans, and Puerto Ricans.
Scope	Nationwide probability sample of defined population of 16,000 persons, aged 6 months–74 years. Civilian noninstitutionalized population.
Collection method	Interviewer-administered questionnaire, physician examination, and laboratory tests.
Data content	Medical history, cognitive and neurological test, blood and urine tests, hearing and vision examination, allergy skin test, spirometry, electrocardiogram (ECG), x rays, ultrasound examinations of the gallbladder, and measurements of bone density.
Frequency	Conducted in 1982–84.
Availability of data	Public-use data files and statistical reports presenting the findings (charges apply).
Contact	Clifford L. Johnson Division of Health Examination Surveys National Center for Health Statistics 3311 Toledo Road, Room 4205 Hyattsville, Maryland 20782 Phone: 1–301–458–4292 FAX: 1–301–458–4028 E-mail: CLJ1@cdc.gov

United States

Title	National Survey of Family Growth (NSFG)
Responsible agency or ministry	National Center for Health Statistics Centers for Disease Control and Prevention U.S. Department of Health and Human Services
Objective	To provide data on factors influencing trends in the birth rate, including contraception and sterilization, infertility, and aspects of maternal and infant health that are most directly related to childbearing.
Scope	Probability sample of households covering women of childbearing age (15–44 years) in the selected sample; 10,847 women were in the 1995 survey. The 2002 survey (Cycle 6) will include both men and women aged 15–44 years.
Collection method	All Cycles of the NSFG have used in-person interviews with female interviewers. Recent Cycles have included a self-administered portion for the most sensitive questionnaire items. Beginning in Cycle 5 (1995), the survey has been conducted using laptop computers and computer-assisted personal interviewing (CAPI) software. The self-administered portion has been conducted using Audio Computer-Assisted Self-Interviewing (ACASI).
Data content	Live births and births expected, low birthweight, miscarriages and stillbirths, adoption, contraception and sterilization, infertility, prenatal care, breastfeeding, teenage sexual activity and pregnancy, unmarried cohabitation, marriage, divorce, and use of family planning services.
Frequency	Conducted in 1973, 1976, 1982, 1988, 1995, and 2002.
Availability of data	Public-use data files and statistical reports presenting survey findings (charges apply).
Contact	William Mosher, Ph.D. Reproductive Statistics Branch Division of Vital Statistics National Center for Health Statistics 3311 Toledo Road, Room 7421 Hyattsville, Maryland 20782 Phone: 1–301–458–4385 FAX: 1–301–458–4033 E-mail: WDM1@cdc.gov

United States

Title	National Health and Nutrition Examination Survey I — Epidemiologic Follow-up Study (NHEFS)
Responsible agency or ministry	National Center for Health Statistics Centers for Disease Control and Prevention U.S. Department of Health and Human Services
Objective	To investigate the association between clinical, nutritional, and behavioral factors assessed in the first National Health and Nutrition Examination Survey (NHANES I) and subsequent morbidity, mortality, hospital utilization, changes in risk factors, functional limitation, and institutionalization.
Scope	The NHEFS is a series of follow-up surveys to all adult persons 25–74 years of age who completed a medical examination at the first NHANES I in 1971–75 (n=14,407). The first follow-up survey from 1982–84 included all 14,407 persons. The second wave in 1986 was restricted to persons who were 55 years of age and over at the time of the first NHANES I examination (n=3,980). The third wave in 1987 included 11,750 persons, and the fourth wave in 1992 included 11,195 persons.
Collection method	The first wave of data collection traced the cohort; conducted personal interviews with subjects or their proxies; measured pulse rate, weight, and blood pressure of participants; collected hospital and nursing home records of overnight stays; and collected death certificates of decedents. Subsequent waves used a 30-minute computer-assisted telephone interview (CATI) and did not collect physical measurements.
Data content	Medical conditions, hospitalization and institutionalization, functional status, vision and hearing problems, smoking and drinking habits, physical activity, physical measurements of pulse, blood pressure, and weight (in 1982–84 only), cause of death information for decedents, and demographic and socioeconomic characteristics.
Frequency	Conducted in 1982–84, 1986, 1987, and 1992.
Availability of data	Public-use data files and statistical reports presenting the study findings (charges apply).
Contact	Ms. Christine Cox Office of Analysis, Epidemiology, and Health Promotion National Center for Health Statistics 3311 Toledo Road, Room 6425 Hyattsville, Maryland 20782 Phone: 1–301–458–4164 FAX: 1–301–458–4036 E-mail: CSC3@cdc.gov

United States

Title	The Longitudinal Studies of Aging: The Longitudinal Study of Aging (LSOA) and The Second Longitudinal Study of Aging (LSOA II)
Responsible agency or ministry	National Center for Health Statistics Centers for Disease Control and Prevention U.S. Department of Health and Human Services
Objective	The Longitudinal Studies of Aging is a multicohort study designed to measure changes in health status, health-related behaviors and health care, and the causes and consequences of these changes within and across two cohorts of elderly Americans. A second objective of the study is to provide a mechanism for monitoring how the health status of the elderly and their patterns of health care utilization are affected by proposed changes in Medicare and Medicaid and the accelerating shift toward managed care.
Scope	Sampling frames developed from persons who were 70 years of age and over when they participated in the National Health Interview Survey. The sample included 7,527 persons at baseline in 1984 in LSOA, 9,447 persons at baseline in 1994 in LSOA II.
Collection method	Personal interviews at baseline. Computer-assisted telephone interview (CATI) and mail questionnaires at follow-up interviews.
Data content	Living arrangements and change, physical limitations and change, conditions and risk factors, use of medical care, hospitalizations, insurance coverage, social interactions, and demographic and socioeconomic characteristics. Records of survey participants are matched against computerized files of information on hospitalization and death. This information was added to that of the interviews.
Frequency	LSOA—conducted in 1984, 1986, 1988, and 1990. LSOA II—conducted in 1994–95, 1997–98, and 1999–2000.
Availability of data	Public-use data files and statistical reports presenting the survey findings (charges apply).
Contact	Julie Dawson Weeks Office of Analysis, Epidemiology, and Health Promotion National Center for Health Statistics 3311 Toledo Road, Room 6416 Hyattsville, Maryland 20782 Phone: 1–301–458–4562 FAX: 1–301–458–4038 E-mail: jad3@cdc.gov

General Topics Covered in Health Surveys by Country



Topic	AUSTRALIA							
	Australian Health Survey	Children's Immunization and Health Screening Survey	National Health Survey	Survey of Disability, Aging, and Carers	Time Use Survey	National Aboriginal and Torres Strait Islander Survey	National Nutrition Survey	Survey of Mental Health and Well-being
Demographic and socioeconomic characteristics								
Age	X	X	X	X	X	X	X	X
Date of birth								X
Sex	X	X	X	X	X	X	X	X
Race			X			X	X	
Ethnicity							X	
Nationality or country of birth	X	X	X	X	X	X	X	X
Marital status	X		X	X	X	X	X	X
Household composition	X	X	X	X	X	X	X	X
Education	X		X	X	X	X	X	X
Employment status	X	X	X	X	X	X	X	X
Occupation or industry	X		X	X	X		X	X
Environmental work conditions								
Income	X	X	X	X	X	X	X	
Military status								
Health status								
Chronic conditions	X			X		X	X	X
Disability				X	X	X		X
Handicaps or impairments	X			X	X	X		
Limitation of activities			X	X	X	X	X	X
Acute conditions	X		X				X	X
Accidents or injuries	X		X				X	X
Bed-days	X		X				X	
Work or school loss	X		X	X			X	X
Restricted activity	X		X	X			X	X
Mental health or well-being	X		X	X			X	X
Body measurements (height and weight)			X			X	X	
Health status (self-assessed)			X			X	X	X

Topic	AUSTRALIA							
	Australian Health Survey	Children's Immunization and Health Screening Survey	National Health Survey	Survey of Disability, Aging, and Carers	Time Use Survey	National Aboriginal and Torres Strait Islander Survey	National Nutrition Survey	Survey of Mental Health and Well-being
Health care utilization								
Hospitalizations	X		X			X	X	X
Medical consultations	X		X			X	X	X
Dental consultations	X	X	X				X	
Outpatient or clinic visits	X		X			X	X	
Physical examinations or checkups	X	X						
Immunizations	X	X						
Maternal and child health care	X							
Medicine consumption	X		X				X	X
Transportation or distance to health care						X		
Lifestyle, risk factors								
Alcohol consumption			X			X	X	X
Smoking habits			X			X	X	X
Drug or narcotic usage								X
Dietary behavior					X	X	X	
Health habits					X			
Physical activity			X	X	X		X	
Leisure time activity					X			
Family planning			X				X	
AIDS knowledge, attitudes, and behavior								
Activities of daily living (ADL)				X	X			
Instrumental activities of daily living (IADL)				X	X			
Social interaction				X	X			
Environmental living conditions				X	X		X	
Health expenses								
Health expenditures								
Health insurance coverage	X		X				X	
Mortality								
Infant mortality								

Topic	AUSTRIA			
	Special Sport, Home, and Leisure Accident Survey	Special Smoking Habits Survey	Special Health Survey	Special Impairment, Disability, and Handicap Survey
Demographic and socioeconomic characteristics				
Age	X	X	X	X
Date of birth	X	X	X	X
Sex	X	X	X	X
Race				
Ethnicity				
Nationality or country of birth	X	X	X	X
Marital status	X	X	X	X
Household composition	X	X	X	X
Education	X	X	X	X
Employment status	X	X	X	X
Occupation or industry	X	X	X	X
Environmental work conditions		X		
Income				
Military status				
Health status				
Chronic conditions		X	X	X
Disability			X	X
Handicaps or impairments			X	X
Limitation of activities				X
Acute conditions			X	
Accidents or injuries	X			X
Bed-days				
Work or school loss	X			
Restricted activity	X		X	X
Mental health or well-being				
Body measurements (height and weight)			X	
Health status (self-assessed)			X	

Topic	AUSTRIA			
	Special Sport, Home, and Leisure Accident Survey	Special Smoking Habits Survey	Special Health Survey	Special Impairment, Disability, and Handicap Survey
Health care utilization				
Hospitalizations	X		X	
Medical consultations	X		X	
Dental consultations			X	
Outpatient or clinic visits	X		X	
Physical examinations or checkups			X	
Immunizations			X	
Maternal and child health care				
Medicine consumption			X	
Transportation or distance to health care				
Lifestyle, risk factors				
Alcohol consumption				
Smoking habits		X	X	
Drug or narcotic usage				
Dietary behavior				
Health habits			X	
Physical activity	X		X	
Leisure time activity	X			
Family planning				
AIDS knowledge, attitudes, and behavior				
Activities of daily living (ADL)			X	X
Instrumental activities of daily living (IADL)				
Social interaction				
Environmental living conditions				X
Health expenses				
Health expenditures				
Health insurance coverage				
Mortality				
Infant mortality				

Topic	CANADA							
	Canada Health Survey	Canada Fitness Survey	Canadian Health and Disability Survey	Participation and Activity Limitation Survey, 2001	Canadian Tobacco Monitoring Survey (CTUMS)	Canadian Community Health Survey	Aboriginal Peoples Survey	National Population Health Survey
Demographic and socioeconomic characteristics								
Age	X	X	X	X	X	X	X	X
Date of birth	X			X	X	X	X	X
Sex	X	X	X	X	X	X	X	X
Race	X				X	X		
Ethnicity					X	X	X	X
Nationality or country of birth	X				X	X	X	X
Marital status	X	X	X			X	X	X
Household composition	X		X	X				X
Education	X	X	X	X		X	X	X
Employment status	X	X	X	X		X	X	X
Occupation or industry	X	X	X	X		X	X	X
Environmental work conditions								
Income	X	X	X	X	X	X	X	X
Military status								
Health status								
Chronic conditions	X		X	X		X	X	X
Disability	X		X	X			X	X
Handicaps or impairments	X	X	X	X			X	
Limitation of activities	X	X	X	X		X	X	X
Acute conditions	X						X	
Accidents or injuries	X					X		X
Bed-days	X							X
Work or school loss	X					X		
Restricted activity	X					X		X
Mental health or well-being	X	X				X	X	X
Body measurements (height and weight)	X	X				X	X	X
Health status (self-assessed)	X	X				X	X	X

Topic	CANADA							
	Canada Health Survey	Canada Fitness Survey	Canadian Health and Disability Survey	Participation and Activity Limitation Survey, 2001	Canadian Tobacco Monitoring Survey (CTUMS)	Canadian Community Health Survey	Aboriginal Peoples Survey	National Population Health Survey
Health care utilization								
Hospitalizations	X							X
Medical consultations	X						X	X
Dental consultations	X					X	X	X
Outpatient or clinic visits								X
Physical examinations or checkups						X	X	X
Immunizations	X							X
Maternal and child health care								
Medicine consumption	X			X				X
Transportation or distance to health care								X
Lifestyle, risk factors								
Alcohol consumption	X	X		X		X	X	X
Smoking habits	X	X		X	X	X	X	X
Drug or narcotic usage						X		
Dietary behavior			X	X		X	X	X
Health habits								X
Physical activity	X	X		X		X	X	X
Leisure time activity	X	X		X		X	X	X
Family planning								
AIDS knowledge, attitudes, and behavior								
Activities of daily living (ADL)			X	X			X	X
Instrumental activities of daily living (IADL)				X				X
Social interaction							X	X
Environmental living conditions							X	
Health expenses								
Health expenditures				X				
Health insurance coverage						X	X	X
Mortality								
Infant mortality								

Topic	CHINA, People's Republic of		CZECH REPUBLIC		
	National Sample Survey on the Situation of Children	Health Services Household Interview Survey of China	Survey of Treated Morbidity	Reproductive Health Survey	Health Interview Survey
Demographic and socioeconomic characteristics					
Age	X		X	X	X
Date of birth	X	X		X	
Sex	X	X	X	X	X
Race					
Ethnicity				X	
Nationality or country of birth	X			X	X
Marital status	X	X		X	X
Household composition	X				
Education	X	X		X	X
Employment status	X	X	X		X
Occupation or industry	X	X	X		X
Environmental work conditions					
Income		X		X	X
Military status					
Health status					
Chronic conditions		X	X		X
Disability		X	X		X
Handicaps or impairments		X	X		X
Limitation of activities		X	X		X
Acute conditions		X	X		X
Accidents or injuries			X		
Bed-days		X			X
Work or school loss		X	X		
Restricted activity		X	X		X
Mental health or well-being					
Body measurements (height and weight)	X				X
Health status (self-assessed)	X				X

Topic	CHINA, People's Republic of		CZECH REPUBLIC		
	National Sample Survey on the Situation of Children	Health Services Household Interview Survey of China	Survey of Treated Morbidity	Reproductive Health Survey	Health Interview Survey
Health care utilization					
Hospitalizations	X	X	X	X	
Medical consultations			X	X	
Dental consultations					
Outpatient or clinic visits		X		X	
Physical examinations or checkups					
Immunizations		X			
Maternal and child health care	X	X		X	
Medicine consumption		X	X		
Transportation or distance to health care		X			
Lifestyle, risk factors					
Alcohol consumption		X		X	X
Smoking habits		X		X	X
Drug or narcotic usage				X	
Dietary behavior				X	X
Health habits				X	
Physical activity		X			X
Leisure time activity					X
Family planning				X	
AIDS knowledge, attitudes, and behavior				X	
Activities of daily living (ADL)					
Instrumental activities of daily living (IADL)					
Social interaction					X
Environmental living conditions	X				X
Health expenses					
Health expenditures		X			X
Health insurance coverage		X			X
Mortality					
Infant mortality	X				

Topic	DENMARK		ESTONIA		FINLAND			
	The Danish Health and Morbidity Survey	Population Survey on Prevention of Musculoskeletal Disorders	Living Conditions Survey	National Health Interview Survey	The Finnish National Health Survey	Mini-Finland Health Survey	Finrisk-97 Senior Survey	The Health 2000 Examination Survey
Demographic and socioeconomic characteristics								
Age	X	X	X	X	X			X
Date of birth	X	X			X			X
Sex	X	X	X	X	X	X	X	X
Race								
Ethnicity								
Nationality or country of birth	X	X	X					
Marital status	X	X	X	X	X	X	X	
Household composition	X		X	X	X			
Education	X	X	X	X	X	X	X	
Employment status	X	X	X		X	X	X	
Occupation or industry	X	X	X	X	X	X	X	
Environmental work conditions	X	X	X			X		
Income	X	X	X	X	X	X	X	
Military status					X			
Health status								
Chronic conditions	X	X	X	X	X	X	X	
Disability	X	X	X	X	X	X	X	
Handicaps or impairments	X	X			X	X	X	
Limitation of activities	X	X	X	X	X	X	X	
Acute conditions	X	X						X
Accidents or injuries	X	X		X		X		
Bed-days			X	X	X			
Work or school loss	X		X	X	X	X	X	
Restricted activity	X	X	X	X		X		
Mental health or well-being	X		X	X		X		X
Body measurements (height and weight)	X			X	X	X	X	X
Health status (self-assessed)	X	X		X		X		X

Topic	DENMARK		ESTONIA		FINLAND			
	The Danish Health and Morbidity Survey	Population Survey on Prevention of Musculoskeletal Disorders	Living Conditions Survey	National Health Interview Survey	The Finnish National Health Survey	Mini-Finland Health Survey	Finrisk-97 Senior Survey	The Health 2000 Examination Survey
Health care utilization								
Hospitalizations	X	X		X	X	X	X	
Medical consultations	X	X	X	X	X	X	X	
Dental consultations	X		X	X	X	X	X	
Outpatient or clinic visits	X	X	X	X	X	X	X	
Physical examinations or checkups	X				X	X	X	
Immunizations								
Maternal and child health care								
Medicine consumption	X	X		X	X	X	X	
Transportation or distance to health care						X		
Lifestyle, risk factors								
Alcohol consumption	X		X	X		X		X
Smoking habits	X		X	X	X	X	X	X
Drug or narcotic usage	X		X					
Dietary behavior	X			X		X		
Health habits	X	X		X				
Physical activity	X	X		X		X		
Leisure time activity						X		
Family planning				X		X		
AIDS knowledge, attitudes, and behavior				X				
Activities of daily living (ADL)	X				X	X	X	
Instrumental activities of daily living (IADL)					X	X	X	
Social interaction	X	X	X	X				
Environmental living conditions	X		X					
Health expenses								
Health expenditures					X			
Health insurance coverage			X	X	X			
Mortality								
Infant mortality								

Topic	FRANCE			GERMANY		HUNGARY		
	French Health Survey	National Inpatients Survey	Health and Social Protection Survey	Questions on Health—Microcensus Supplementary Survey	National Health Examination and Interview Survey	Health Interview Survey	Health Behavior Survey	National Health Interview Survey
Demographic and socioeconomic characteristics								
Age	X	X	X	X	X	X	X	X
Date of birth	X	X	X	X	X		X	X
Sex	X	X	X	X	X	X	X	X
Race								
Ethnicity								X
Nationality or country of birth	X	X	X	X	X			
Marital status	X	X	X	X	X	X	X	X
Household composition	X		X	X	X	X		X
Education	X	X	X	X	X	X	X	X
Employment status	X	X	X	X	X	X	X	X
Occupation or industry	X			X	X	X		X
Environmental work conditions	X		X			X		
Income	X		X	X	X			X
Military status								
Health status								
Chronic conditions	X	X	X	X	X	X	X	X
Disability	X	X	X	X	X	X		X
Handicaps or impairments	X	X	X		X	X	X	X
Limitation of activities	X	X	X		X	X		X
Acute conditions	X	X	X	X				
Accidents or injuries		X		X	X	X		X
Bed-days	X	X	X				X	X
Work or school loss	X	X			X			X
Restricted activity	X	X	X		X			X
Mental health or well-being		X	X					X
Body measurements (height and weight)	X		X	X	X	X	X	X
Health status (self-assessed)	X		X		X	X	X	X

Topic	FRANCE			GERMANY		HUNGARY		
	French Health Survey	National Inpatients Survey	Health and Social Protection Survey	Questions on Health—Microcensus Supplementary Survey	National Health Examination and Interview Survey	Health Interview Survey	Health Behavior Survey	National Health Interview Survey
Health care utilization								
Hospitalizations	X	X	X	X	X	X	X	X
Medical consultations	X	X	X	X	X	X	X	X
Dental consultations	X	X	X		X	X	X	X
Outpatient or clinic visits	X	X	X	X		X		
Physical examinations or checkups	X	X	X		X		X	X
Immunizations				X	X			
Maternal and child health care	X	X	X					
Medicine consumption	X	X	X		X	X		X
Transportation or distance to health care	X	X	X					
Lifestyle, risk factors								
Alcohol consumption	X	X			X		X	X
Smoking habits	X	X	X	X	X	X	X	X
Drug or narcotic usage					X			
Dietary behavior	X	X	X		X	X	X	X
Health habits					X			X
Physical activity		X			X	X	X	X
Leisure time activity								
Family planning			X					X
AIDS knowledge, attitudes, and behavior								
Activities of daily living (ADL)			X			X		
Instrumental activities of daily living (IADL)			X			X		
Social interaction								X
Environmental living conditions					X	X		X
Health expenses								
Health expenditures	X	X	X					X
Health insurance coverage	X	X	X	X	X			
Mortality								
Infant mortality								

Topic	ICELAND			IRELAND	ISRAEL		ITALY
	Survey of Living Conditions in Iceland	Multi-Purpose Survey	Health and Living Conditions	National Health and Lifestyle Surveys	Health Services Survey	Survey of the Elderly	Survey of Health Conditions of the Population and the Use of Health Services
Demographic and socioeconomic characteristics							
Age	X	X	X	X	X	X	X
Date of birth	X		X		X	X	X
Sex	X	X			X	X	X
Race							
Ethnicity					X	X	
Nationality or country of birth					X	X	X
Marital status	X		X		X	X	X
Household composition	X	X	X		X	X	X
Education	X	X	X		X	X	X
Employment status	X	X	X		X	X	X
Occupation or industry	X		X		X	X	X
Environmental work conditions	X		X				
Income	X	X	X			X	X
Military status					X		
Health status							
Chronic conditions	X		X		X	X	X
Disability	X		X		X	X	X
Handicaps or impairments	X		X			X	X
Limitation of activities	X		X		X	X	X
Acute conditions			X				X
Accidents or injuries	X	X	X				X
Bed-days			X				X
Work or school loss			X		X		X
Restricted activity	X		X			X	X
Mental health or well-being		X	X				
Body measurements (height and weight)			X				X
Health status (self-assessed)			X			X	X

Topic	ICELAND			IRELAND	ISRAEL		ITALY
	Survey of Living Conditions in Iceland	Multi-Purpose Survey	Health and Living Conditions	National Health and Lifestyle Surveys	Health Services Survey	Survey of the Elderly	Survey of Health Conditions of the Population and the Use of Health Services
Health care utilization							
Hospitalizations			X		X	X	X
Medical consultations			X		X	X	X
Dental consultations			X		X	X	X
Outpatient or clinic visits			X		X	X	X
Physical examinations or checkups			X				X
Immunizations							
Maternal and child health care							
Medicine consumption	X		X			X	X
Transportation or distance to health care			X				
Lifestyle, risk factors							
Alcohol consumption		X	X	X		X	
Smoking habits		X	X	X	X	X	X
Drug or narcotic usage							X
Dietary behavior		X	X	X			
Health habits		X	X	X			
Physical activity		X	X	X		X	X
Leisure time activity	X					X	
Family planning		X					
AIDS knowledge, attitudes, and behavior							
Activities of daily living (ADL)			X		X	X	X
Instrumental activities of daily living (IADL)						X	
Social interaction	X		X			X	
Environmental living conditions						X	
Health expenses							
Health expenditures			X		X		
Health insurance coverage					X		X
Mortality							
Infant mortality							

Topic	JAPAN	KOREA, Republic of			
	Comprehensive Survey of Living Conditions of People on Health and Welfare	Patients Survey	National Nutrition Survey	Social Statistics Survey	National Health Interview Survey
Demographic and socioeconomic characteristics					
Age	X	X	X	X	X
Date of birth	X				
Sex	X	X	X	X	X
Race					
Ethnicity					
Nationality or country of birth					
Marital status	X		X		X
Household composition	X				
Education		X	X		X
Employment status	X	X	X		
Occupation or industry		X	X		
Environmental work conditions					
Income	X	X			
Military status					
Health status					
Chronic conditions	X	X	X	X	X
Disability					
Handicaps or impairments			X		
Limitation of activities	X				
Acute conditions	X	X			X
Accidents or injuries	X	X	X	X	
Bed-days	X	X	X	X	
Work or school loss					
Restricted activity	X				X
Mental health or well-being	X				
Body measurements (height and weight)		X			
Health status (self-assessed)	X		X		X

Topic	JAPAN	KOREA, Republic of			
	Comprehensive Survey of Living Conditions of People on Health and Welfare	Patients Survey	National Nutrition Survey	Social Statistics Survey	National Health Interview Survey
Health care utilization					
Hospitalizations	X	X	X	X	X
Medical consultations	X	X		X	X
Dental consultations	X			X	X
Outpatient or clinic visits	X	X		X	
Physical examinations or checkups	X				
Immunizations					
Maternal and child health care					
Medicine consumption					
Transportation or distance to health care					X
Lifestyle, risk factors					
Alcohol consumption			X		
Smoking habits			X		
Drug or narcotic usage					
Dietary behavior		X			
Health habits	X		X		
Physical activity		X			
Leisure time activity			X		
Family planning					
AIDS knowledge, attitudes, and behavior					
Activities of daily living (ADL)	X	X			
Instrumental activities of daily living (IADL)					
Social interaction					
Environmental living conditions					
Health expenses					
Health expenditures					X
Health insurance coverage	X				X
Mortality					
Infant mortality					

Topic	LATVIA			
	Epidemiologic Research on Most Common Noninfectious Diseases	Living Conditions Survey	Survey of Population About Health Care System	Health Behavior Among Latvian Adult Population
Demographic and socioeconomic characteristics				
Age	X	X	X	X
Date of birth	X	X		
Sex	X	X	X	X
Race				
Ethnicity				
Nationality or country of birth	X	X		
Marital status	X	X		X
Household composition		X		
Education	X	X	X	X
Employment status	X	X		X
Occupation or industry	X	X	X	
Environmental work conditions		X		
Income			X	X
Military status				
Health status				
Chronic conditions	X			
Disability	X			
Handicaps or impairments		X		
Limitation of activities		X		
Acute conditions		X		
Accidents or injuries				
Bed-days				
Work or school loss	X			
Restricted activity				
Mental health or well-being				
Body measurements (height and weight)	X			
Health status (self-assessed)	X			X

Topic	LATVIA			
	Epidemiologic Research on Most Common Noninfectious Diseases	Living Conditions Survey	Survey of Population About Health Care System	Health Behavior Among Latvian Adult Population
Health care utilization				
Hospitalizations		X		
Medical consultations		X		
Dental consultations		X		
Outpatient or clinic visits		X		
Physical examinations or checkups			X	
Immunizations				
Maternal and child health care				
Medicine consumption				
Transportation or distance to health care		X	X	
Lifestyle, risk factors				
Alcohol consumption	X	X	X	X
Smoking habits	X	X	X	X
Drug or narcotic usage		X		
Dietary behavior	X		X	X
Health habits				
Physical activity	X	X	X	X
Leisure time activity				
Family planning				
AIDS knowledge, attitudes, and behavior				
Activities of daily living (ADL)				
Instrumental activities of daily living (IADL)				
Social interaction				
Environmental living conditions		X		
Health expenses				
Health expenditures			X	
Health insurance coverage			X	
Mortality				
Infant mortality				

Topic	NETHERLANDS				NEW ZEALAND		NORWAY		
	Permanent Survey on Living Conditions	Quality of Life Survey	National Health Interview Survey	National Health Interview Survey of Turkish Inhabitants in the Netherlands	National Nutrition Survey	New Zealand Health Survey	Level of Living: Health Conditions	Level of Living: Multi-purpose	Level of Living: Working Environment
Demographic and socioeconomic characteristics									
Age	X	X	X	X	X	X	X	X	X
Date of birth	X		X				X	X	X
Sex	X	X	X	X	X	X	X	X	X
Race						X			
Ethnicity	X		X	X	X	X			
Nationality or country of birth	X		X	X		X	X	X	X
Marital status	X	X	X	X	X	X	X	X	X
Household composition	X	X	X	X	X	X	X	X	X
Education	X	X	X	X	X	X	X	X	X
Employment status	X	X	X	X	X	X	X	X	X
Occupation or industry	X	X	X	X	X	X	X	X	X
Environmental work conditions	X	X						X	X
Income	X	X	X	X	X	X	X	X	X
Military status									
Health status									
Chronic conditions	X	X	X	X		X	X	X	
Disability	X	X	X	X		X	X	X	
Handicaps or impairments	X	X	X				X	X	
Limitation of activities	X		X	X		X	X	X	
Acute conditions	X		X	X			X		
Accidents or injuries	X		X			X	X		X
Bed-days	X		X	X			X		
Work or school loss							X		
Restricted activity	X	X	X	X		X	X		
Mental health or well-being	X	X	X	X		X	X	X	X
Body measurements (height and weight)	X		X	X	X	X	X		
Health status (self-assessed)	X	X	X	X		X	X		

Topic	NETHERLANDS				NEW ZEALAND		NORWAY		
	Permanent Survey on Living Conditions	Quality of Life Survey	National Health Interview Survey	National Health Interview Survey of Turkish Inhabitants in the Netherlands	National Nutrition Survey	New Zealand Health Survey	Level of Living: Health Conditions	Level of Living: Multi-purpose	Level of Living: Working Environment
Health care utilization									
Hospitalizations	X	X	X	X		X	X		
Medical consultations	X	X	X	X		X	X		X
Dental consultations	X	X	X	X		X			
Outpatient or clinic visits	X	X	X	X		X	X		
Physical examinations or checkups	X		X			X	X		
Immunizations	X		X						
Maternal and child health care	X		X	X		X	X		
Medicine consumption	X	X	X	X		X	X		
Transportation or distance to health care				X					
Lifestyle, risk factors									
Alcohol consumption	X	X	X	X	X	X	X	X	
Smoking habits	X	X	X	X		X	X		
Drug or narcotic usage	X								
Dietary behavior					X				
Health habits					X				
Physical activity	X	X	X			X	X	X	
Leisure time activity	X	X				X		X	
Family planning	X		X	X					
AIDS knowledge, attitudes, and behavior									
Activities of daily living (ADL)	X	X	X				X	X	
Instrumental activities of daily living (IADL)	X	X	X				X	X	
Social interaction	X	X					X	X	X
Environmental living conditions	X	X							
Health expenses									
Health expenditures									
Health insurance coverage	X	X	X	X		X			
Mortality									
Infant mortality									

Topic	POLAND						PORTUGAL
	Social Status of Households Survey	Family Health Survey	Sociodemographic and Health Determinants of Infant Mortality Survey	Health Care in Households Survey	Disabled on the Labor Market Survey	Health Interview Survey (POLHIS 96)	National Health Survey
Demographic and socioeconomic characteristics							
Age	X	X	X	X	X	X	X
Date of birth		X	X		X	X	X
Sex	X	X	X	X	X	X	X
Race							
Ethnicity							
Nationality or country of birth							
Marital status			X	X	X	X	X
Household composition	X		X	X	X	X	
Education	X	X	X	X	X	X	X
Employment status	X	X	X	X	X	X	X
Occupation or industry		X	X		X	X	X
Environmental work conditions							
Income				X		X	X
Military status							
Health status							
Chronic conditions	X	X	X	X		X	X
Disability	X	X		X	X	X	X
Handicaps or impairments		X			X	X	
Limitation of activities		X		X	X	X	X
Acute conditions							X
Accidents or injuries		X			X		
Bed-days						X	X
Work or school loss						X	
Restricted activity					X	X	X
Mental health or well-being						X	
Body measurements (height and weight)			X			X	X
Health status (self-assessed)	X	X	X	X	X	X	X

Topic	POLAND						PORTUGAL
	Social Status of Households Survey	Family Health Survey	Sociodemographic and Health Determinants of Infant Mortality Survey	Health Care in Households Survey	Disabled on the Labor Market Survey	Health Interview Survey (POLHIS 96)	National Health Survey
Health care utilization							
Hospitalizations		X	X	X		X	
Medical consultations			X	X		X	X
Dental consultations				X		X	X
Outpatient or clinic visits				X		X	X
Physical examinations or checkups							
Immunizations							
Maternal and child health care							X
Medicine consumption						X	
Transportation or distance to health care							
Lifestyle, risk factors							
Alcohol consumption			X			X	X
Smoking habits		X	X			X	X
Drug or narcotic usage							
Dietary behavior							
Health habits							
Physical activity	X	X	X				X
Leisure time activity						X	X
Family planning			X			X	
AIDS knowledge, attitudes, and behavior							
Activities of daily living (ADL)							X
Instrumental activities of daily living (IADL)							
Social interaction							
Environmental living conditions			X		X		
Health expenses							
Health expenditures				X			X
Health insurance coverage				X		X	
Mortality							
Infant mortality			X				

Topic	SINGAPORE					SPAIN	
	National Health Survey	Survey of Primary Medical Care in Singapore	National Health Surveillance System	Survey on Cigarette Smoking Among Singaporeans	National Survey of Senior Citizens	Survey on Disabilities, Impairments, and State of Health	National Health Survey
Demographic and socioeconomic characteristics							
Age		X	X	X		X	X
Date of birth	X				X		
Sex	X	X	X	X	X	X	X
Race	X	X	X	X	X		
Ethnicity	X	X	X	X	X		
Nationality or country of birth							
Marital status	X		X	X	X	X	X
Household composition		X	X	X	X	X	X
Education	X		X	X	X	X	X
Employment status	X	X	X		X	X	X
Occupation or industry	X	X	X		X	X	X
Environmental work conditions							
Income			X		X	X	X
Military status							
Health status							
Chronic conditions	X	X			X	X	X
Disability					X	X	
Handicaps or impairments					X	X	X
Limitation of activities					X	X	X
Acute conditions		X				X	X
Accidents or injuries							X
Bed-days						X	X
Work or school loss							
Restricted activity					X	X	X
Mental health or well-being					X	X	
Body measurements (height and weight)	X		X				X
Health status (self-assessed)			X		X	X	X

Topic	SINGAPORE					SPAIN	
	National Health Survey	Survey of Primary Medical Care in Singapore	National Health Surveillance System	Survey on Cigarette Smoking Among Singaporeans	National Survey of Senior Citizens	Survey on Disabilities, Impairments, and State of Health	National Health Survey
Health care utilization							
Hospitalizations					X	X	X
Medical consultations		X	X		X	X	X
Dental consultations						X	X
Outpatient or clinic visits		X	X		X	X	X
Physical examinations or checkups	X	X					
Immunizations		X					X
Maternal and child health care		X					
Medicine consumption	X				X	X	X
Transportation or distance to health care					X		X
Lifestyle, risk factors							
Alcohol consumption	X		X			X	X
Smoking habits	X		X	X		X	X
Drug or narcotic usage						X	
Dietary behavior	X		X			X	X
Health habits	X					X	X
Physical activity	X		X			X	X
Leisure time activity			X				
Family planning							
AIDS knowledge, attitudes, and behavior							
Activities of daily living (ADL)					X	X	
Instrumental activities of daily living (IADL)					X	X	
Social interaction					X		
Environmental living conditions							
Health expenses							
Health expenditures					X		
Health insurance coverage			X		X		
Mortality							
Infant mortality							

Topic	SWEDEN	SWITZERLAND				
	Survey of Living Conditions	Trend Survey on Health Behavior and Alcohol Consumption	Swiss Health Survey (SOMIPOPS)	Health Behavior of School-age Children in Switzerland	Swiss Health Promotion Survey	Swiss Health Survey
Demographic and socioeconomic characteristics						
Age	X	X	X	X	X	X
Date of birth	X	X	X	X	X	X
Sex	X	X	X	X	X	X
Race						
Ethnicity	X					
Nationality or country of birth	X	X	X	X	X	X
Marital status	X	X	X		X	X
Household composition	X		X	X	X	X
Education	X	X	X	X	X	X
Employment status	X	X	X	X	X	X
Occupation or industry	X	X	X	X	X	X
Environmental work conditions	X	X	X	X	X	X
Income	X	X	X			X
Military status						
Health status						
Chronic conditions	X	X	X	X	X	X
Disability	X		X		X	X
Handicaps or impairments	X			X	X	X
Limitation of activities	X		X		X	X
Acute conditions			X		X	X
Accidents or injuries		X	X	X		X
Bed-days		X	X	X	X	X
Work or school loss	X		X	X	X	X
Restricted activity	X		X		X	X
Mental health or well-being		X	X	X	X	X
Body measurements (height and weight)	X		X	X	X	X
Health status (self-assessed)	X	X	X	X	X	X

Topic	SWEDEN	SWITZERLAND				
	Survey of Living Conditions	Trend Survey on Health Behavior and Alcohol Consumption	Swiss Health Survey (SOMIPOPS)	Health Behavior of School-age Children in Switzerland	Swiss Health Promotion Survey	Swiss Health Survey
Health care utilization						
Hospitalizations	X		X	X	X	X
Medical consultations	X	X	X	X	X	X
Dental consultations	X		X	X		X
Outpatient or clinic visits	X		X	X		X
Physical examinations or checkups	X		X		X	X
Immunizations					X	X
Maternal and child health care						
Medicine consumption	X	X	X	X	X	X
Transportation or distance to health care	X		X			
Lifestyle, risk factors						
Alcohol consumption	X	X	X	X	X	X
Smoking habits	X	X	X	X	X	X
Drug or narcotic usage		X		X		X
Dietary behavior		X		X	X	X
Health habits		X		X	X	X
Physical activity	X	X		X	X	X
Leisure time activity	X	X	X	X	X	X
Family planning					X	X
AIDS knowledge, attitudes, and behavior				X	X	
Activities of daily living (ADL)	X		X	X		X
Instrumental activities of daily living (IADL)	X		X			X
Social interaction	X		X		X	X
Environmental living conditions	X	X	X		X	X
Health expenses						
Health expenditures				X		
Health insurance coverage			X			X
Mortality						
Infant mortality						

Topic	UKRAINE	UNITED KINGDOM		
	National Health Survey	General Household Survey	Health Survey for England	Scottish Health Survey
Demographic and socioeconomic characteristics				
Age	X	X	X	X
Date of birth		X	X	X
Sex	X	X	X	X
Race		X	X	X
Ethnicity		X	X	X
Nationality or country of birth	X	X	X	X
Marital status		X	X	X
Household composition		X	X	X
Education	X	X	X	X
Employment status	X	X	X	X
Occupation or industry	X	X	X	X
Environmental work conditions				
Income		X	X	X
Military status				
Health status				
Chronic conditions	X	X	X	X
Disability	X	X	X	
Handicaps or impairments	X	X	X	
Limitation of activities		X	X	X
Acute conditions	X	X	X	X
Accidents or injuries	X		X	X
Bed-days	X			
Work or school loss				
Restricted activity		X	X	
Mental health or well-being	X		X	X
Body measurements (height and weight)	X		X	X
Health status (self-assessed)		X	X	X

Topic	UKRAINE	UNITED KINGDOM		
	National Health Survey	General Household Survey	Health Survey for England	Scottish Health Survey
Health care utilization				
Hospitalizations	X	X	X	X
Medical consultations	X	X	X	X
Dental consultations				X
Outpatient or clinic visits	X	X	X	X
Physical examinations or checkups	X		X	
Immunizations	X			
Maternal and child health care				
Medicine consumption			X	X
Transportation or distance to health care				
Lifestyle, risk factors				
Alcohol consumption		X	X	X
Smoking habits		X	X	X
Drug or narcotic usage				
Dietary behavior			X	X
Health habits				
Physical activity			X	X
Leisure time activity			X	X
Family planning		X	X	
AIDS knowledge, attitudes, and behavior				
Activities of daily living (ADL)			X	
Instrumental activities of daily living (IADL)				
Social interaction				
Environmental living conditions				
Health expenses				
Health expenditures	X			
Health insurance coverage		X		
Mortality				
Infant mortality	X			

Topic	UNITED STATES					
	National Health Interview Survey (NHIS)	National Health and Nutrition Examination Survey (NHANES)	National Hispanic Health and Nutrition Examination Survey (HHANES)	National Survey of Family Growth (NSFG)	National Health and Nutrition Examination Survey I—Epidemiologic Follow-up Study (NHEFS)	Longitudinal Studies of Aging (LSOA and LSOA II)
Demographic and socioeconomic characteristics						
Age	X	X	X	X	X	X
Date of birth	X	X	X	X	X	X
Sex	X	X	X	X	X	X
Race	X	X	X	X	X	X
Ethnicity	X	X	X	X	X	X
Nationality or country of birth	X			X	X	X
Marital status	X	X	X	X	X	X
Household composition	X	X	X		X	X
Education	X	X	X	X		X
Employment status	X	X	X	X	X	X
Occupation or industry	X	X	X	X	X	X
Environmental work conditions						
Income	X	X	X	X	X	X
Military status	X					X
Health status						
Chronic conditions	X	X	X	X	X	X
Disability	X	X	X		X	X
Handicaps or impairments	X	X	X		X	X
Limitation of activities	X	X	X		X	X
Acute conditions	X	X	X	X	X	
Accidents or injuries	X	X				X
Bed-days	X	X				
Work or school loss	X	X				
Restricted activity	X	X				X
Mental health or well-being	X	X	X			X
Body measurements (height and weight)	X	X	X		X	X
Health status (self-assessed)	X	X	X		X	X

Topic	UNITED STATES					
	National Health Interview Survey (NHIS)	National Health and Nutrition Examination Survey (NHANES)	National Hispanic Health and Nutrition Examination Survey (HHANES)	National Survey of Family Growth (NSFG)	National Health and Nutrition Examination Survey I—Epidemiologic Follow-up Study (NHEFS)	Longitudinal Studies of Aging (LSOA and LSOA II)
Health care utilization						
Hospitalizations	X		X	X	X	X
Medical consultations	X		X	X	X	X
Dental consultations	X	X	X		X	
Outpatient or clinic visits	X		X	X		X
Physical examinations or checkups	X		X	X	X	X
Immunizations	X	X	X			X
Maternal and child health care	X	X		X		
Medicine consumption		X	X			
Transportation or distance to health care						
Lifestyle, risk factors						
Alcohol consumption	X	X	X		X	X
Smoking habits	X	X	X	X	X	X
Drug or narcotic usage	X	X	X			
Dietary behavior	X	X	X		X	X
Health habits	X				X	X
Physical activity	X	X			X	X
Leisure time activity						X
Family planning			X	X		
AIDS knowledge, attitudes, and behavior	X			X		
Activities of daily living (ADL)	X	X			X	X
Instrumental activities of daily living (IADL)	X	X				X
Social interaction	X	X			X	X
Environmental living conditions	X		X			
Health expenses						
Health expenditures						X
Health insurance coverage	X	X	X	X	X	X
Mortality						
Infant mortality				X		

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NOTE: Agencies and contact persons for survey statistics are listed under each specific survey in the “Profile” section of this publication.

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