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# Welsh Health Survey 2012

## User Guide

Authors: Katharine Sadler, Melanie Doyle and Roger Stafford

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# 1 Background.

The data files contain data from Welsh Health Survey (WHS) 2012, the ninth year of this survey commissioned by the Welsh Government (WG) and carried out by NatCen Social Research (NatCen). The first, second, third, fourth, fifth, sixth, seventh and eighth years of the WHS in its current form were carried out in 2003-04, 2004-05, 2005-06, 2007, 2008, 2009, 2010 and 2011.

The current WHS replaces two studies previously carried out: the former Welsh Health Survey which was conducted in 1995 and 1998, and the Health in Wales Survey which was conducted five times in 1985, 1988, 1990, 1993 and 1996.

The main aims of the survey are to:

- provide national estimates of health and health-related lifestyle
- examine differences between population sub-groups (e.g. age, sex, social class) and local areas (health boards and local authorities)
- provide evidence to inform and monitor targets, indicators and policies for promoting better health, such as the Programme for Government, Our Healthy Future and Together for Health.
- provide local authority level information for development of joint local health, social care and wellbeing strategies.

Fieldwork was issued in twelve monthly waves between January and December 2012.

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## 2 Survey Design.

For the Welsh Health Survey 2012, 14,775 addresses were randomly sampled from the small user version of the Postcode Address File (PAF), stratified by unitary authority (UA). Further details are provided in the technical report.

Where selected addresses were found to contain more than one household, up to three were included in the WHS. If more than three households were found, interviewers were instructed to select three at random for the WHS. In total this process yielded 10,187 productive households.

The survey data were collected through a combination of methods. Household data were collected in a face-to-face interview. Individual level data were collected using paper questionnaires. Each adult aged 16 or over in the household was given a questionnaire to complete on their own behalf. In addition, up to two children aged 0 to 15 were randomly selected from each household to participate in the survey.

Three age-specific questionnaires were used for children selected to participate in the survey. Two questionnaires were given to parents to complete on behalf of selected children aged 0 to 3, and selected children aged 4 to 12; a third questionnaire was given to selected children aged 13 to 15 to complete on their own behalf. In addition, interviewers were asked to take height and weight measurements of selected children aged between 2 and 15 years, if children and parents consented.

The adult self-completion questionnaire was 23 pages long and the questionnaire for children was 11 or 12 pages long, depending on the version. All survey documents were translated into Welsh, and bilingual interviewers were used where required.

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## 3 Documentation.

The documentation has been organised into two sections, besides this user guide:

- Interview (contains the household questionnaire, show cards and self-completion questionnaires, English versions only)
- Data (contains the list of variables and derived variable specification).

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## 4 Using the data

The 2012 data consists of two individual level files – one for adults, and one for children:

Welsh Health 12 ADULT Archiving	15,687 records	contains data for all adults in co-operating households who returned a self-completion booklet. It contains information from the household questionnaire and self-completion.
Welsh Health 12 CHILD Archiving	2,943 records	contains data for all children in co-operating households for whom a self-completion booklet was returned. It contains information from the household questionnaire and self-completion.

### 4.1 Variables on the files

Each of the data files contains questionnaire variables (excluding variables used for administrative purposes) and derived variables. The variables included in the individual file are detailed in the “List of Variables” document in the data section of the documentation. This document is the best place to look at in order to plan your analysis. It includes:

- Major categories of variables (eg Health Service Use, Accidents, Alcohol, Fruit and Vegetables)
- Full list of all variables included in data file (458 in adult file, 213 in child file)
- Source of each variable (eg Household questionnaire, Self-completion, Derived variable)

Once you have decided which variables to include in your analysis, you can look up details of the question wording in the household or self-completion questionnaires, using the interview section documentation, or use the “Derived Variables Specification” document in the data section of the documentation for derived variables.

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## 4.2 Standard classification lists

The variables nssec8, nssec5 and nssec3 are based on the National Statistics Socio-Economic Classification (NS-SEC). Full details of NS-SEC are in the Office for National Statistics guide 'The National Statistics Socio-Economic Classification User Manual'<sup>1</sup>.

If appropriate, cases where an 'other' answer was given to questions on chronic or long-term illnesses, health problems or disabilities were 'backcoded' into the previous pre-coded individual illness questions. This process converted the text at 'other' answers on illnesses into ICD groups and chapters which were then matched into the previous illness questions. This process was carried out for both adults and children.

## 4.3 Weighting variables

Weights were calculated for the WHS data to correct for unequal selection probabilities and also for survey non-response. Respondents in the survey did not have equal chances of selection for two reasons: the probability of selecting an address varied by Unitary Authority and at multiple occupancy addresses containing 4 or more households, 3 were selected at random for inclusion in the survey. Weights were also calculated to correct for differences in non-response between groups.

Non-response weights adjusted for non-response at the household and individual level to account for non-contact and refusals of entire households, and for non-response among individuals within responding households. The final weights arrived at are applied at the individual level separately for adults and children (wt\_adult and wt\_child).

More detailed information on the weighting strategy and how the weights were calculated can be found in the technical report (see references).

## 4.4 Missing values conventions

- 1 Not applicable: Used to signify that a particular variable did not apply to a given respondent usually because of internal routing. For example, men in women only questions.
- 8 Don't know, Can't say.
- 9 No answer/ Refused

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<sup>1</sup> [www.ons.gov.uk](http://www.ons.gov.uk)

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These conventions have also been applied to most of the derived variables. The derived variable specifications should be consulted for details.

## 4.5 Special licence data sets

The sample was drawn using a stratified method based around Unitary Authority. For this reason unitary authority, strata and PSU variables pose a potential risk of disclosiveness and have therefore been removed from these data. However they are planned to be available through special licence from the UK Data Service [<http://ukdataservice.ac.uk/>].



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## 5 WHS 2012 Report

Further information about the Welsh Health Survey 2012 is provided in the Technical Report deposited with this data set, and in the Annual Report on the Welsh Government website:

<http://wales.gov.uk/statistics-and-research/welsh-health-survey/?lang=en>