

SB 24/2016

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Welsh Health Survey 2015: Health status, illnesses, and other conditions

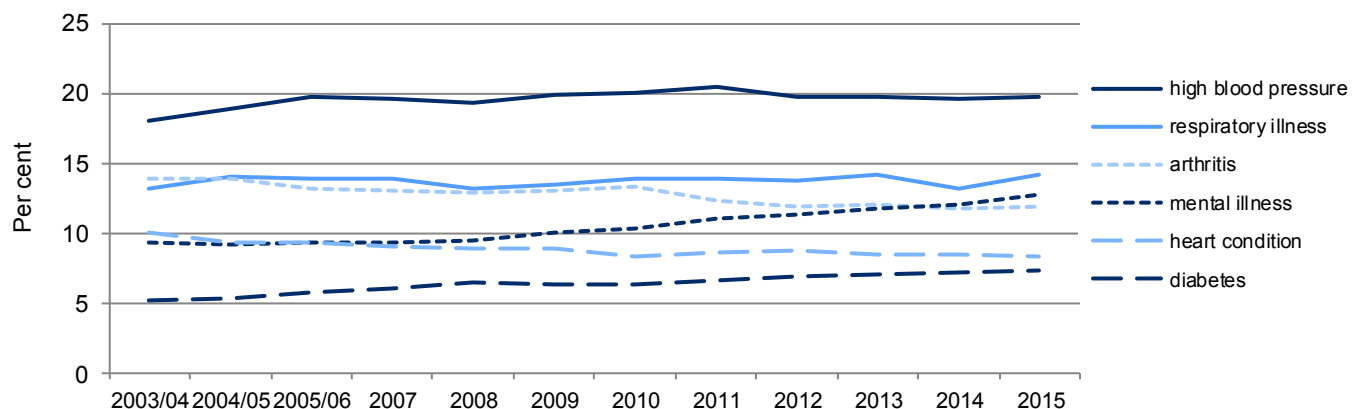
The Welsh Health Survey provides unique information about the health and health-related lifestyles of people living in Wales. It covers a range of health-related issues, including health status, lifestyle and health behaviours, and health service use. Some initial headline results from the survey were published in a statistical release in June 2016. This bulletin presents more detailed results for health status, illnesses, and other conditions from the 2015 survey, relating to data collected between January and December 2015. It also includes Local Authority level results which have been calculated using data from two years of the survey, January 2014 to December 2015.

Broad figures for Wales are provided along with age and gender breakdowns. For a selection of key measures, information is provided by socio-economic group and area deprivation, and by local authority / health board. Some comparisons with earlier years are also shown. Online tables showing further breakdowns are available as are trend data for a selection of key variables.

Key results:

Figure 1: Adults currently being treated for selected illnesses, 2003/04-2015*

*See definitions at section 7.



- Over half (51 per cent) of adults reported that their health in general was excellent or very good, while around a fifth (19 per cent) of adults reported fair or poor general health.
- Overall, physical and mental health status scores (using SF-36) were lower for women than for men, indicating poorer health and well-being among women.
- 20 per cent of adults reported currently being treated for high blood pressure, 14 per cent for a respiratory illness, 13 per cent for a mental illness, 12 per cent for arthritis, 8 per cent for a heart condition (other than high blood pressure) and 7 per cent for diabetes.
- The percentage who reported being treated for specified illnesses generally increased with age, but not for mental illness.

Statistician: Josh Dixon / Cath Roberts

Tel: 029 2082 6710 / 5033

E-mail: stats.healthinfo@wales.gsi.gov.uk

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Cyhoeddwyd gan Y Gwasanaethau Gwybodaeth a Dadansoddi

Llywodraeth Cymru, Parc Cathays, Caerdydd, CF10 3NQ

Ffôn – Swyddfa'r Wasg **029 2089 8099**, Ymholiadau Cyhoeddus **029 2082 5050**

www.llyw.cymru/ystadegau

Issued by Knowledge and Analytical Services

Welsh Government, Cathays Park, Cardiff, CF10 3NQ

Telephone – Press Office **029 2089 8099**, Public Enquiries **029 2082 5050**

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- 33 per cent of adults reported a limitation in their daily activities due to a health problem/ disability, including 15 per cent who reported being limited a lot.
- Levels of ill-health increased with levels of area deprivation. In general, those in the most deprived areas reported the worst health.
- Since the survey started in 2003/04, there has been a slight increase in adults reporting being treated for diabetes and mental illness. Levels of high blood pressure are higher, and heart conditions and arthritis are lower, than in 2003/04, but there has been little change in recent years. There has also been a slight decrease in reporting of fair or poor general health during this time.

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Background

This bulletin provides information on adults' general health status, rates of illnesses and other conditions, and untreated symptoms.

Self-assessed general health is an important indicator of the health of the population, and poor self-rated health is associated with increased risk of mortality^{1,2}. This and previous WHS reports demonstrate that there are clear differences in the levels of health and well-being between more and less deprived areas.

The World Health Organisation recognise non-communicable diseases (such as cancers, cardiovascular diseases, chronic respiratory diseases and diabetes) as one of the major health and development challenges of the 21st century³.

The Welsh Government's *Our Healthy Future*⁴ is a framework which sets the future strategic direction for public health in Wales, to tackle the causes of ill health and promote the factors which contribute to better health and wellbeing. The framework focuses on key priority areas such as health and wellbeing through the life course, improving mental wellbeing and reducing health inequalities.

In 2012, the Welsh Government launched *Together for Health*⁵, a five year strategy for the NHS in Wales, which includes commitments to reduce health inequalities and to address challenges such as the increasing number of people with long term health problems.

¹ Idler et al (1997), Self-rated health and mortality: a review of twenty-seven community studies. *Journal of Health and Social Behaviour*; 38(1):21-37.

² Burstrom et al (2001), Self rated health: Is it as good a predictor of subsequent mortality among adults in lower as well as in higher social classes? *Journal of Epidemiology and Community health*; 55(11):836-40.

³ Global status report on non-communicable diseases 2014

<http://www.who.int/nmh/publications/ncd-status-report-2014/en/>

⁴ Our Healthy Future

<http://gov.wales/topics/health/cmo/healthy/?lang=en>

⁵ Together for Health

<http://gov.wales/topics/health/publications/health/reports/together/?lang=en>

1. Health Status

Health status questions (SF-36)

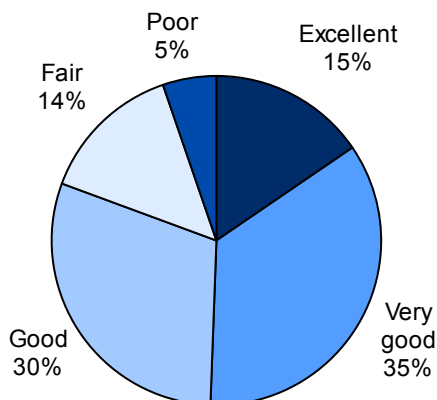
The Welsh Health Survey adult questionnaire included a standard set of 36 health status questions known as SF-36⁶ (version 2). SF-36 questions asked respondents about their own perception of their physical and mental health and the impact it has on their daily lives, including a question asking respondents to rate their own general health on a five-point scale ranging from excellent to poor.

Responses to the SF-36 questions are combined to produce two summary measures of physical and mental health - the Physical Component Summary (PCS) and Mental Component Summary (MCS) scores. Higher scores indicate better health. More information on the SF-36 definitions is given at the end of the bulletin (section 6).

SF-36 General health question

Half (51 per cent) of adults reported that their health in general was excellent or very good, while a fifth (19 per cent) of adults reported fair or poor general health. Poor general health increased with age and deprivation. Levels of adults reporting fair or poor health has shown a slight decrease over the last ten years.

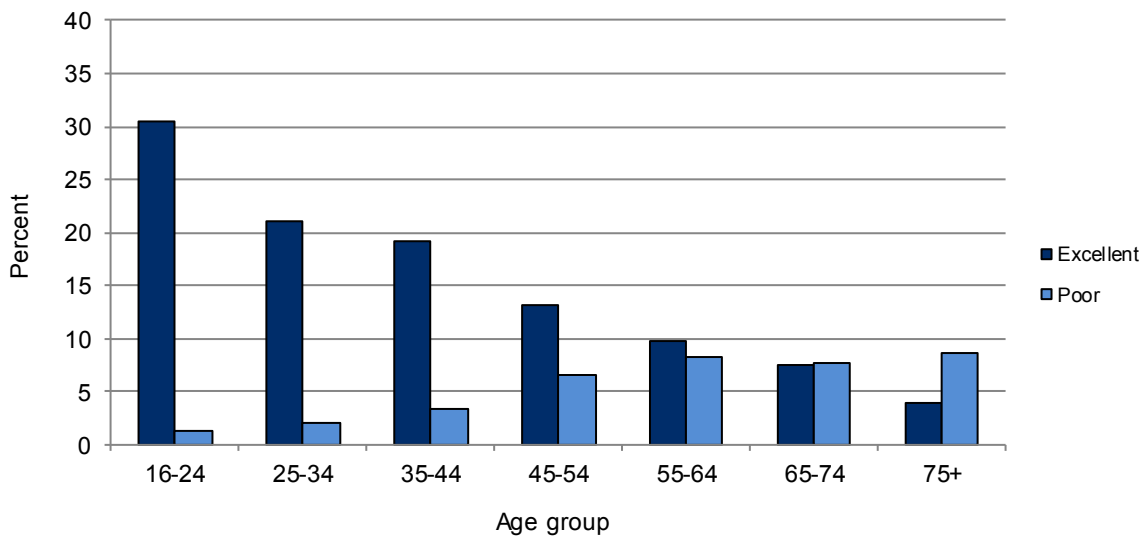
Figure 2: Self-reported general health status of adults



- 15 per cent of adults reported that their health in general was excellent, 35 per cent very good, and 30 per cent good.
- 14 per cent of adults reported that their health in general was fair, and 5 per cent poor.

⁶ SF-36
<http://www.sf-36.org/>

Figure 3: Percentage of adults who reported excellent and poor health, by age



- The percentage who reported excellent health decreased with age, while the percentage who reported poor health increased with age.
- A higher percentage of men than women reported being in excellent health in the younger age-groups.

Deprivation:

- The number of adults who reported fair or poor general health increased with deprivation with 12 per cent of those in the least deprived fifth reporting fair or poor general health compared with 29 per cent in the most deprived (*age-standardised*).

Trend:

- The number of adults reporting their general health as either fair or poor has shown a slight decrease since 2003/04.

Local Authority:

- The number of adults who reported their general health status was fair or poor ranged from 14 per cent in Gwynedd to 28 per cent in Blaenau Gwent (*age-standardised*).

Tables 1, 2, 3, 4, A2 figures 2, 3

SF-36 Mental and physical wellbeing

Overall, women had lower (poorer) physical and mental health and wellbeing scores than men. Physical health scores decreased with age. Both mental and physical wellbeing decreased as deprivation increased. Levels of wellbeing have remained fairly constant.

Figure 4: Mean SF-36 physical component summary score (PCS)*, by age and sex

* Higher scores indicate better health.

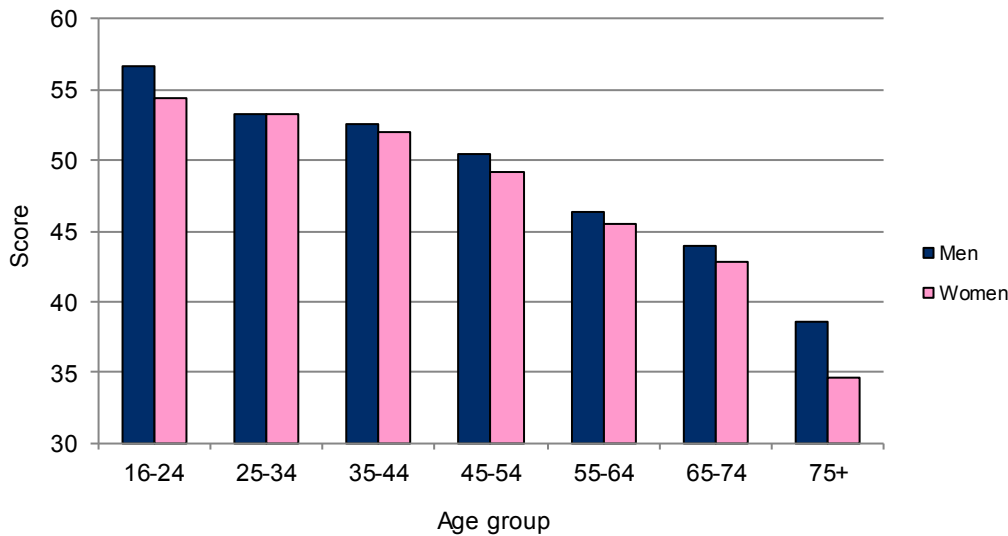
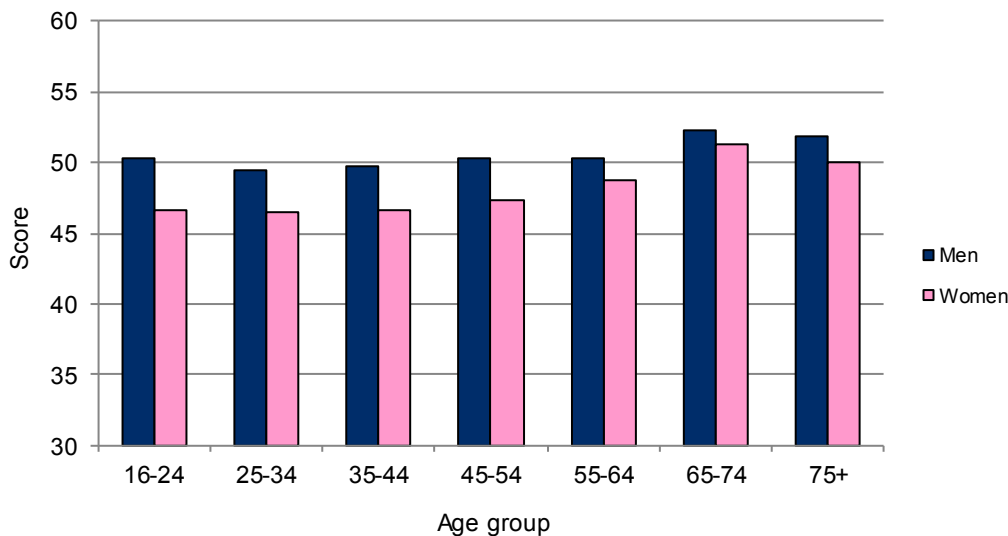


Figure 5: Mean SF-36 mental component summary score (MCS)*, by age and sex



- The overall mean physical and mental component scores for women were generally lower than those for men, indicating poorer health and wellbeing for women.
- The physical component score decreased with age, that is physical health worsened with age. For the mental component score there was no clear pattern with age, although there was some tendency for scores to be higher (better) among older adults.

Deprivation:

- The physical component score decreased as deprivation increased from 50.1 in the least deprived fifth to 46.3 in the most deprived fifth, indicating poorer physical health in more deprived areas. The mental component score showed a similar trend decreasing from 50.9 in the least deprived fifth to 46.2 in the most deprived fifth, again showing poorer mental health in more deprived areas (*age-standardised*).

Trend:

- The SF-36 mental and physical wellbeing scores have shown little variation since 2003/04, although there is some indication of a slight drop (worsening) in scores for mental wellbeing.

Local Authority:

- The physical component score ranged from 47.0 in Blaenau Gwent to 49.9 in Monmouthshire (*age-standardised*).
- Blaenau Gwent scored the lowest value for the mental component score with 47.0, the highest value was found in the Gwynedd with 51.6 (*age-standardised*).

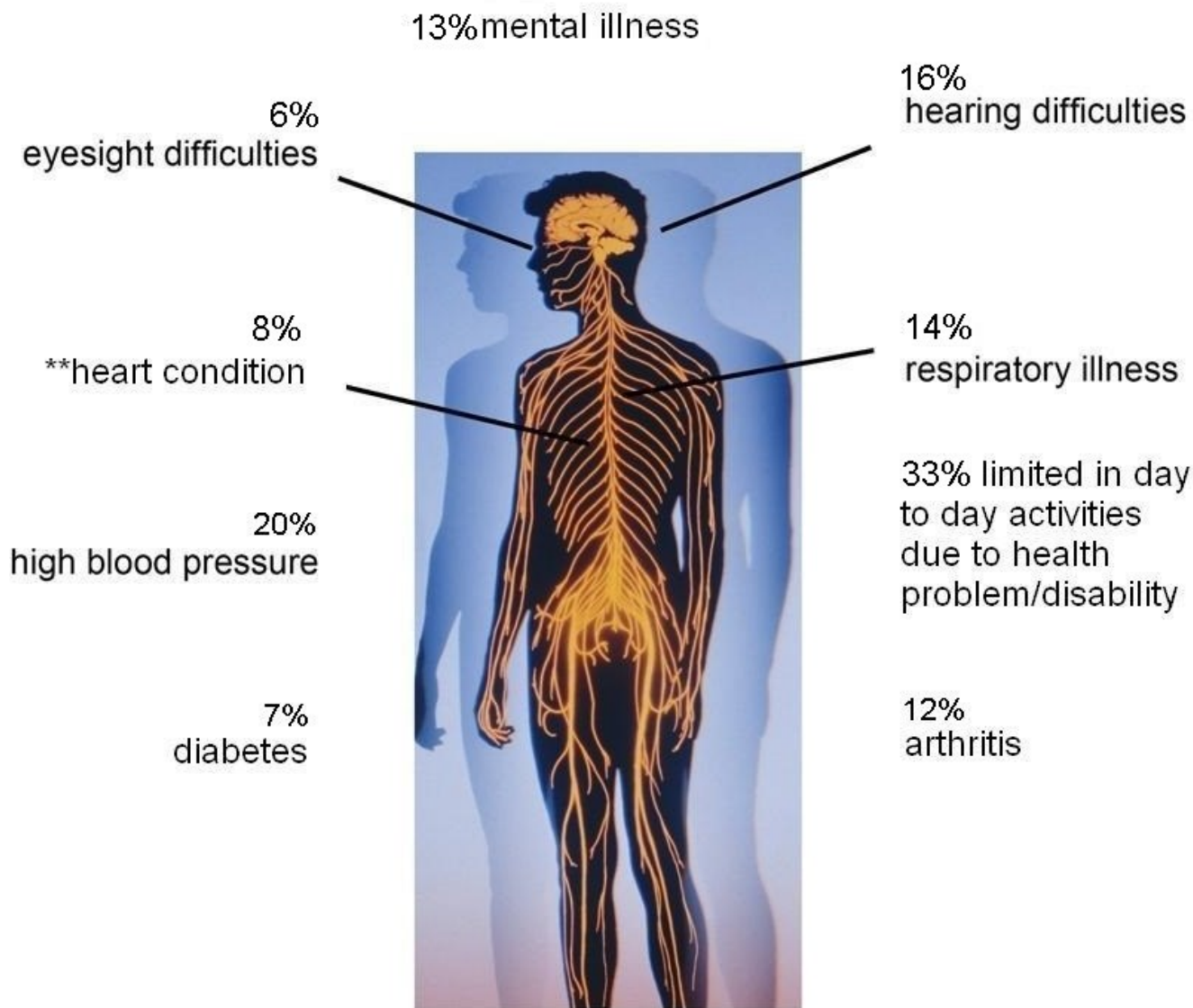
Tables 1, 2, 3, 4, A2 figures 4, 5

2. Illness

The following section provides information for a range of illnesses. Methods and definitions of each illness are provided towards the end of the bulletin (section 6).

Figure 6: Percentage of adults who reported being treated for selected illnesses, or having certain conditions*

* With the exception of eyesight, hearing difficulties and limitation in daily activities, the figures show the percentage of adults who reported currently being treated.

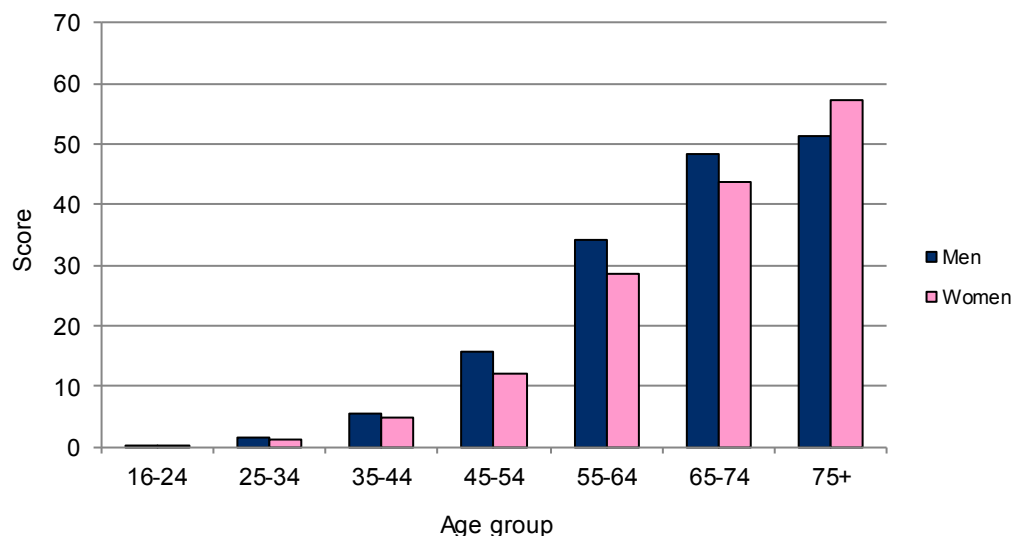


** Excludes high blood pressure

Heart conditions and high blood pressure

8 per cent of adults reported being treated for a heart condition, excluding high blood pressure, and 20 per cent of adults reported being treated for high blood pressure. Heart conditions and high blood pressure increased with age. Heart conditions were more common amongst men for the older age groups. Levels of high blood pressure and heart conditions were higher in more deprived areas. There has been little change in reported levels in the last few years.

Figure 7: Percentage who reported being treated for high blood pressure, by age and sex



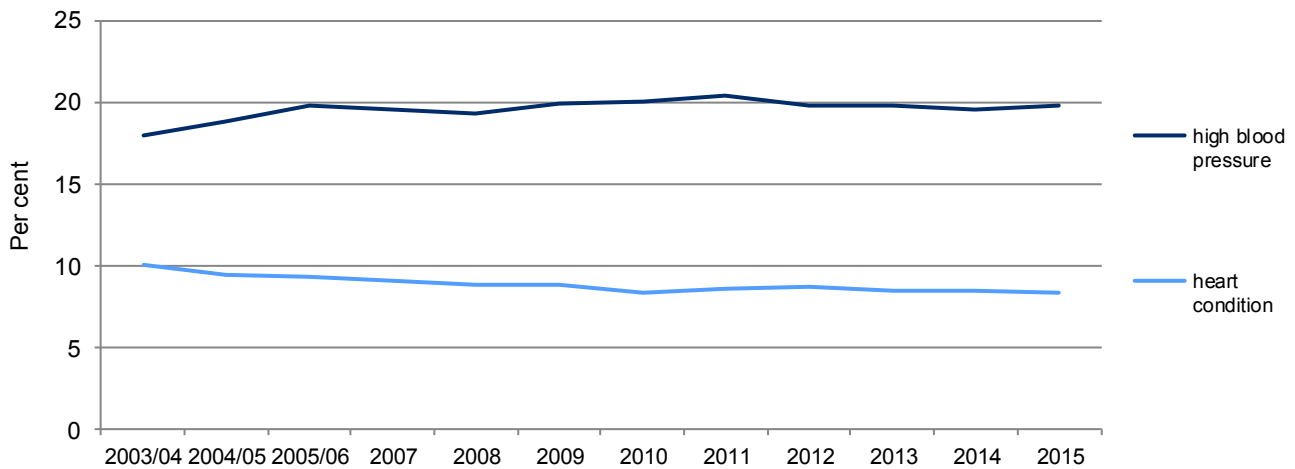
- 20 per cent of adults reported currently being treated for high blood pressure.
- 8 per cent of adults reported being treated for any heart condition, excluding high blood pressure.
- 4 per cent of adults reported ever having been treated for a heart attack.
- 3 per cent of adults reported currently being treated for angina, 1 per cent for heart failure, and 4 per cent for another heart condition.
- The proportion of adults who reported being treated for a heart condition and for high blood pressure rose with age. Half (50 per cent) of those aged 65 and over reported being treated for high blood pressure.
- Overall a slightly higher percentage of men (9 per cent) than women (7 per cent) reported being treated for a heart condition (but not for high blood pressure).

Deprivation:

- The percentage of adults who reported currently being treated for high blood pressure increased with deprivation, from 18 per cent in the least deprived fifth to 24 per cent in the most deprived. The number of adults reporting being currently treated for any heart condition excluding high blood pressure was higher in the more deprived areas, with 7 per cent in the least deprived fifth compared with 12 per cent in the most deprived fifth (*age-standardised*).

Trend:

Figure 8: Percentage of adults who reported currently being treated for high blood pressure or any heart condition, 2003/04-2015



- Levels of high blood pressure are higher and heart conditions are lower than in 2003/04, but there has been little change in recent years.

Local Authority:

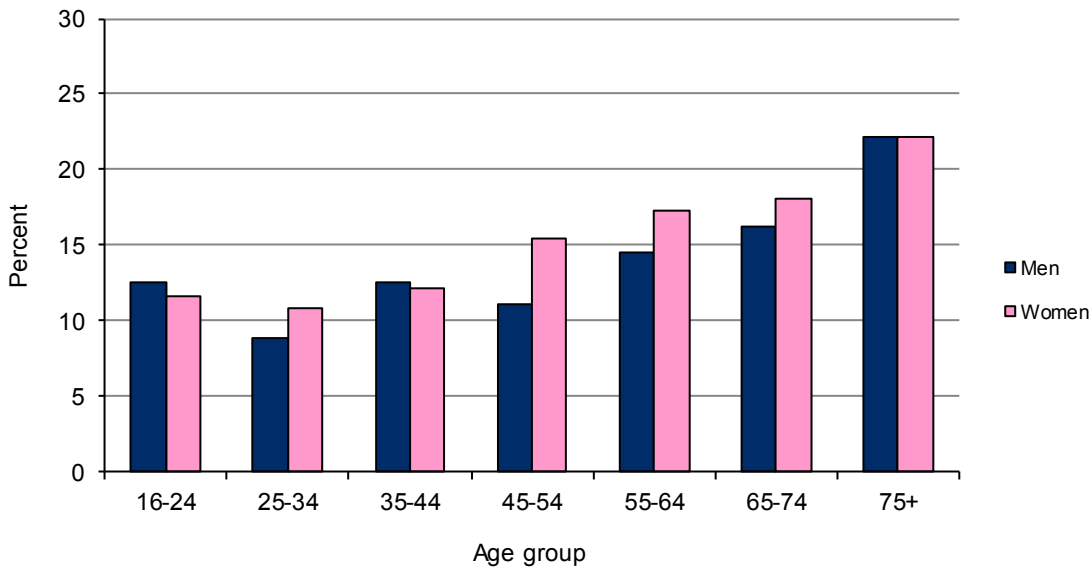
- Across local authorities the percentage of adults reporting being currently treated for high blood pressure ranged from 15 per cent in Powys to 25 per cent in Rhondda Cynon Taf (*age-standardised*).
- For any heart condition excluding high blood pressure the lowest reported levels was in Monmouthshire with 7 per cent, rising to 11 per cent in Blaenau Gwent (*age-standardised*).

Tables 1, 2, 3, 4, A2 figures 7, 8

Respiratory illnesses

14 per cent of adults reported currently being treated for a respiratory illness, most commonly asthma (11 per cent). Respiratory illnesses increased with age. Respiratory illnesses were more common in the more deprived areas. Adults who reported currently being treated for a respiratory illness have shown little change since 2003/04.

Figure 9: Percentage who reported being treated for any respiratory illness, by age and sex



- 14 per cent of adults reported being treated for any respiratory illness.
- 11 per cent of adults reported currently being treated for asthma, 1 per cent of adults reported currently being treated for bronchitis, 1 per cent for emphysema and 4 per cent for another respiratory illness.
- Figure 9 shows that the percentage of adults who reported being treated for a respiratory illness increased with age, with 19 per cent of people aged 65 and over reporting being treated for a respiratory condition.
- Overall, slightly more women (15 per cent) than men (13 per cent) reported being treated for a respiratory illness, this was mainly seen in the middle age groups.

Deprivation:

- Respiratory illness increased with deprivation, from 12 per cent in the least deprived fifth to 18 per cent in the most deprived fifth (*age-standardised*).

Trend:

- Reported levels of adults currently treated for a respiratory illness have shown little change since 2003/04.

Local Authority:

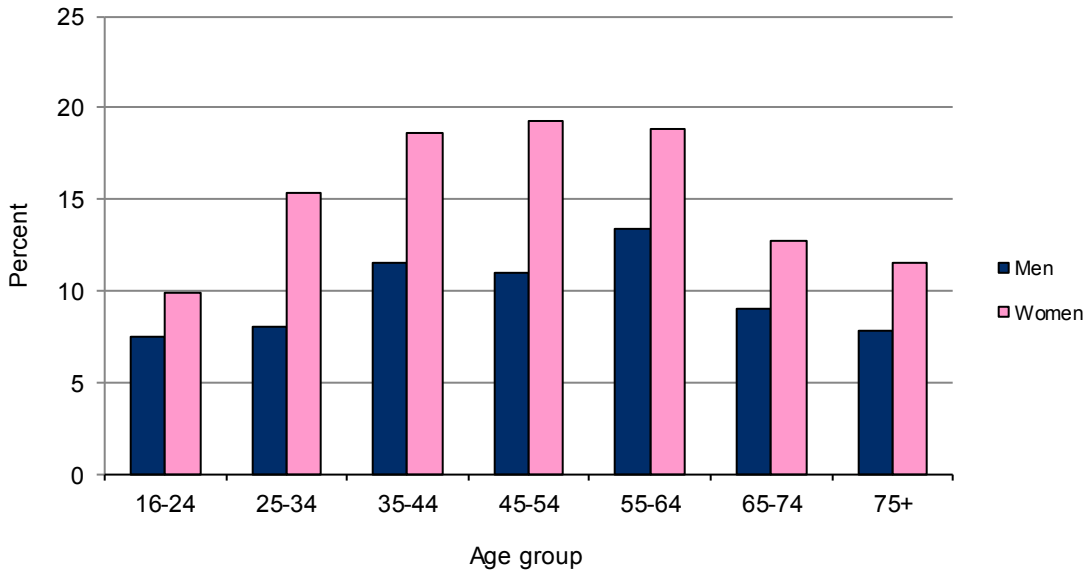
- The percentage of adults who reported currently being treated for any respiratory illness ranged from 12 per cent in Conwy to 18 per cent in Blaenau Gwent (*age-standardised*).

Tables 1, 2, 3, 4, A2 figure 9

Mental illnesses

13 per cent of adults reported being treated for a mental illness. Mental illness was more common amongst middle aged people, and was more common amongst women than men. There was an increase in reported levels of mental illness for the more deprived areas. Since 2003/04 there has been an increase in the number of people reporting being treated for a mental illness.

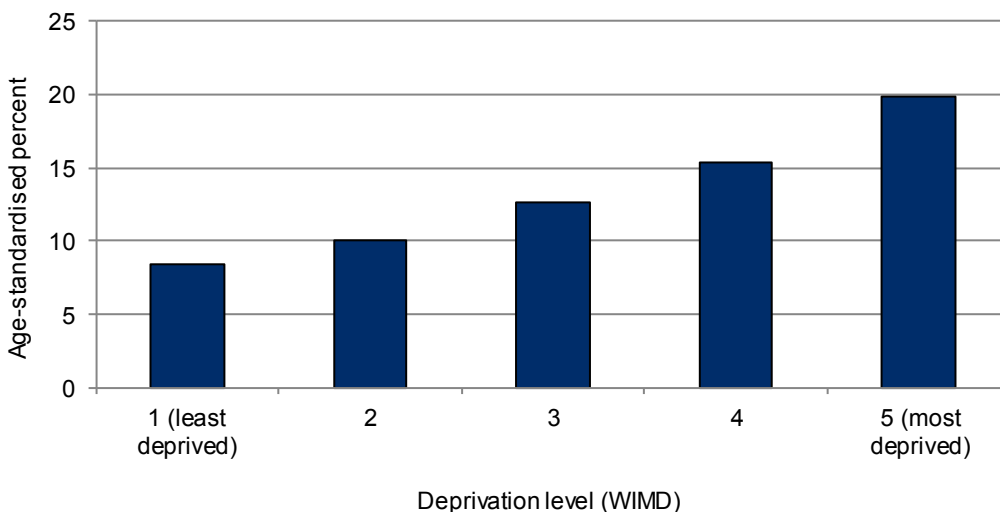
Figure 10: Percentage who reported being treated for any mental illness, by age and sex



- 13 per cent of adults reported currently being treated for any mental illness.
- 10 per cent of adults reported currently being treated for depression, 8 per cent for anxiety, and 2 per cent for another mental illness.
- The percentage of adults who reported being treated for any mental illness increased towards middle age before decreasing in retirement age, as shown in figure 10.
- A higher percentage of women (16 per cent) than men (10 per cent) reported being treated for a mental illness.

Deprivation:

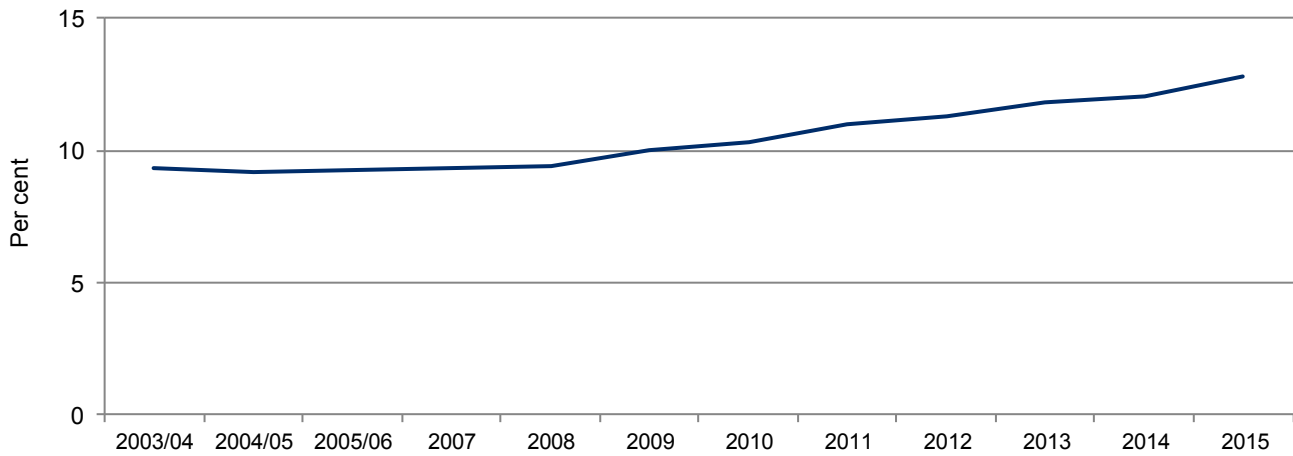
Figure 11: Percentage of adults who reported being treated for any mental illness, by deprivation quintile



- The percentage of adults that reported currently being treated for any mental illness was 8 per cent in the least deprived fifth and rose steadily with deprivation to 20 per cent in the most deprived fifth.

Trend:

Figure 12: Percentage of adults who reported currently being treated for any mental illness, 2003/04-2015



- From 2003/04 to 2008, levels of adults who reported being treated for mental illness showed little variation, but since then the trend has been increasing.

Local Authority:

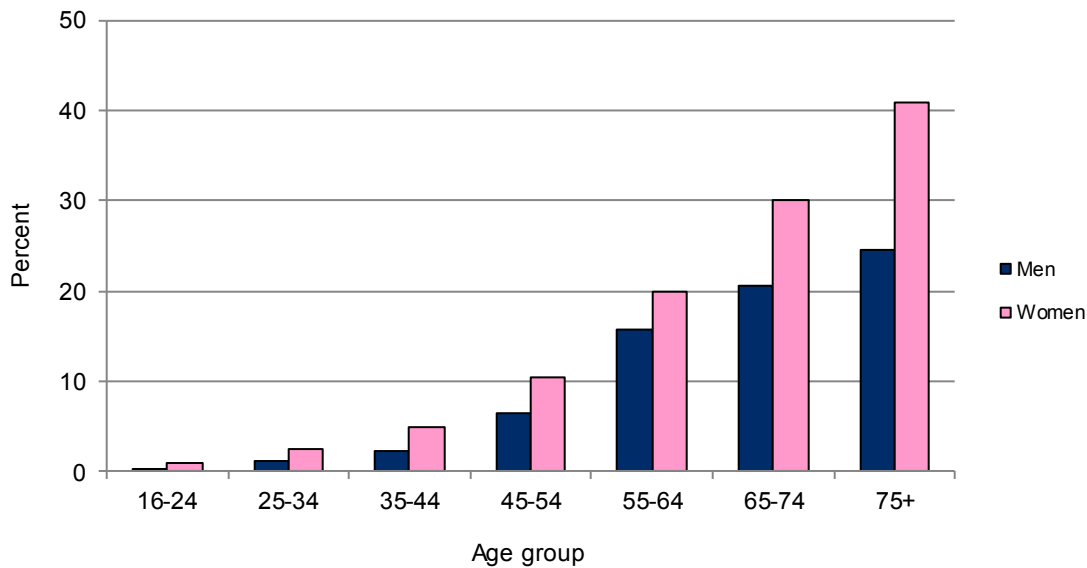
- The percentage of adults who reported currently being treated for a mental illness ranged from 7 per cent in Gwynedd to 18 per cent in Merthyr Tydfil (*age-standardised*).

Tables 1, 2, 3, 4, A2 figure 10, 11, 12

Arthritis

12 per cent of adults reported being treated for arthritis. The proportion increased with age and was more common in women. Arthritis was more common in the most deprived areas. There has been a decrease in reported levels since 2003/04 but little change in the past few years.

Figure 13: Percentage who reported being treated for arthritis, by age and sex



- 12 per cent of adults reported currently being treated for arthritis.
- As shown in figure 13, reported levels of arthritis increased with age.
- Overall more women (15%) than men (9%) reported being treated for arthritis.

Deprivation:

- Levels of arthritis increased with deprivation from 9 per cent in the least deprived fifth to 17 per cent in the most deprived fifth (*age-standardised*).

Trend:

- Reported levels of arthritis are slightly lower than in 2003/04 but there has been little change in recent years.

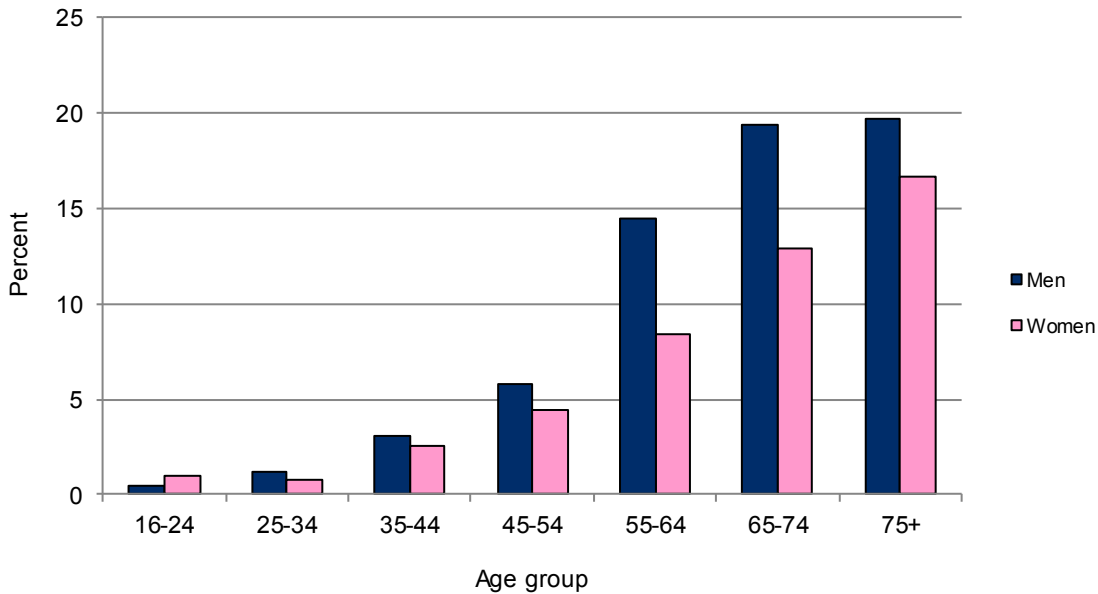
Local Authority:

- The percentage of adults reporting currently being treated for arthritis ranged from 9 per cent in Gwynedd to 18 per cent in Blaenau Gwent (*age-standardised*).

Diabetes

7 per cent of adults reported being treated for diabetes. The proportion increased with age and was more common in men. Diabetes was more common in the most deprived areas. There has been a slight increase in reported levels since 2003/04.

Figure 14: Percentage who reported being treated for diabetes, by age and sex



- 7 per cent of adults reported currently being treated for diabetes. This percentage increased with age and in the older age group a higher proportion of men than women reported being treated for diabetes.

Deprivation:

- Diabetes increased with deprivation from 6 per cent in the least deprived fifth to 9 per cent in the most deprived fifth (*age-standardised*).

Diabetes:

- Diabetes has shown a slight increase from 5 per cent in 2003/04 to 7 per cent in 2015.

Local Authority:

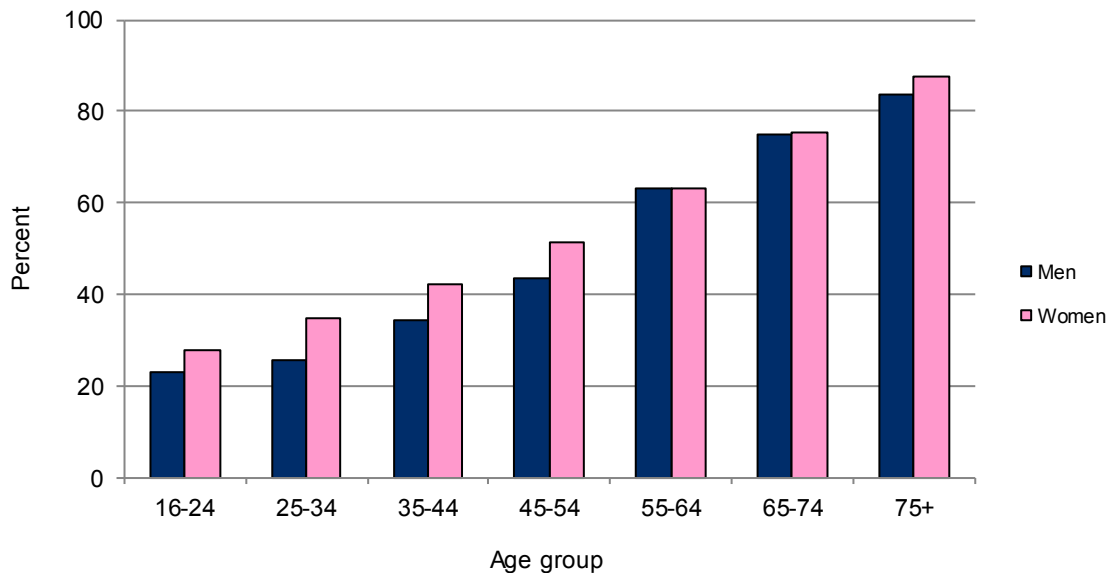
- The percentage of people who reported being treated for diabetes ranged from 6 per cent in Wrexham to 11 per cent in Blaenau Gwent (*age-standardised*).

Tables 1, 2, 3, 4, A2 figures 13, 14

Any Illness

Over a half (51 per cent) of adults reported being treated for one of the illnesses covered by the survey or another chronic illness. Over a quarter (28 per cent) of adults reported having two or more illnesses, becoming more common with age. Overall, women were more likely than men to report being treated for an illness. The number of people reporting being treated for any illness increased with deprivation. Reported levels of being treated for any illness has slowly increased since 2003/04.

Figure 15: Percentage who reported being treated for an illness, by age and sex



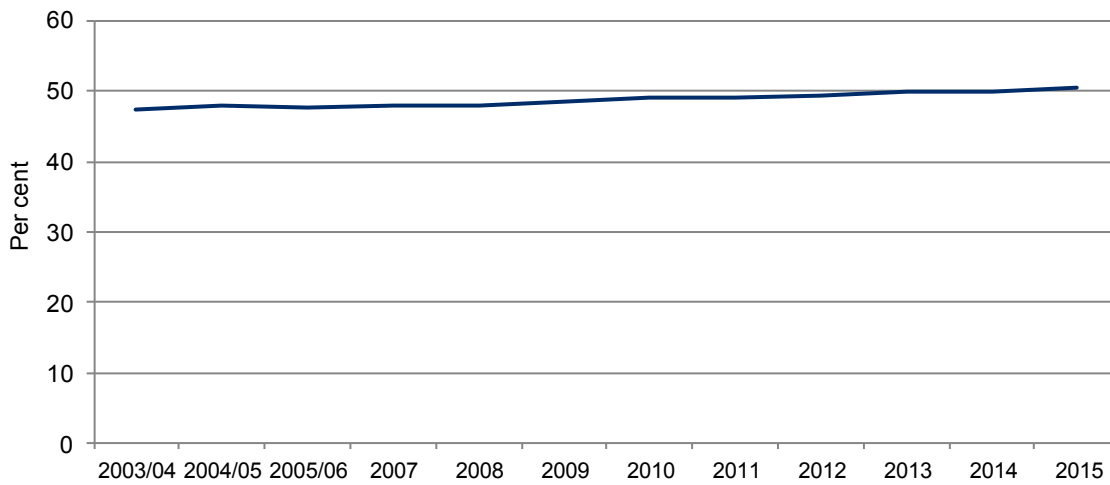
- 51 per cent of adults reported currently being treated for an illness (as defined in section 6).
- Figure 15 shows an increase with age in the percentage who reported being treated for an illness.
- Overall, women (54 per cent) were more likely than men (47 per cent to report being treated for an illness, in particular for younger women).
- In terms of the number of illnesses reported, 23% of adults reported being treated for one illness only, and 28% reported being treated for two or more illnesses.
- The percentage who reported two or more illnesses increased with age.
- Women (31%) were more likely than men (25%) to report being treated for multiple illnesses.

Deprivation:

- The percentage of adults currently being treated for any illness increased with deprivation, from 47 per cent in the least deprived fifth to 57 per cent in the most deprived fifth (*age-standardised*).

Trend:

Figure 16: Percentage of adults who reported currently being treated for any illness, 2003/04-2015



- The number of adults who reported currently being treated for any illness has slowly increased since 2003/04 from 47 per cent to 51 per cent in 2015.

Local Authority:

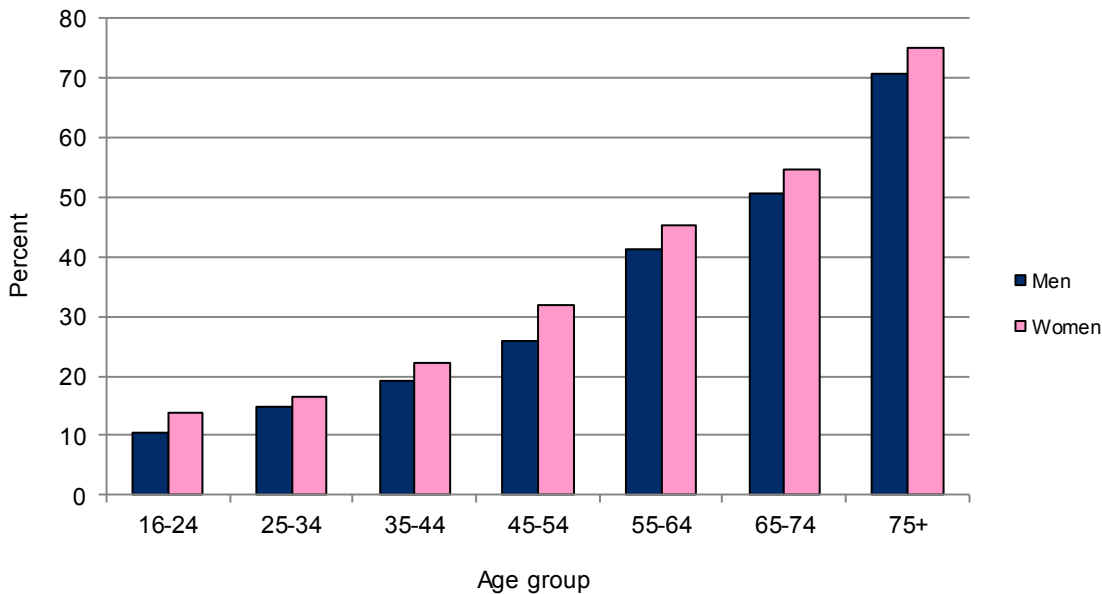
- The percentage of people who reported currently being treated for any illness ranged from 44 per cent in Conwy to 57 per cent in Blaenau Gwent (*age-standardised*).

Tables 1, 2, 3, 4, A2 figures 15, 16

3. Limited by a health problem/disability

33 per cent of adults reported a limitation in their daily activities due to a health problem/disability, including 15 per cent of adults who reported being limited a lot. The percentage of adults who reported being limited / limited a lot by a health problem or disability increased with deprivation.

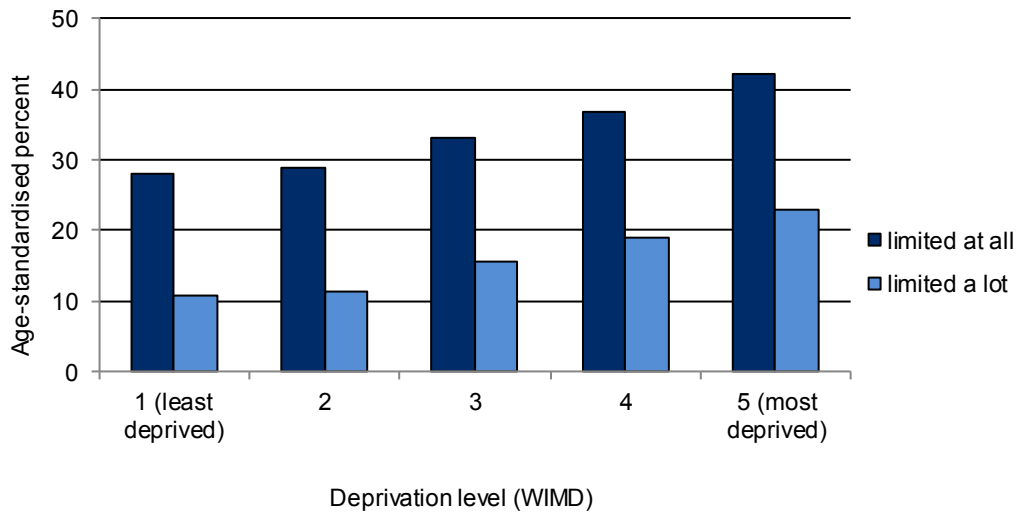
Figure 17: Percentage who reported that their day to day activities were limited because of a health problem/disability, by age and sex



- 33% of adults reported that their day-to-day activities were limited because of a health problem/disability lasting (or expected to last) at least 12 months, including 15% who were limited a lot.
- Figure 17 shows an increase with age in the percentage reporting that their day to day activities were limited due to a health problem/disability.
- Overall, more women (36%) than men (31%) reported a limitation in their daily activities due to a health problem/disability.
- The percentage of adults who reported being limited a lot also increased with age, and was overall slightly more common for women (16%) than men (14%).

Deprivation:

Figure 18: Percentage of adults who reported that their day to day activities were limited / limited a lot by a health problem/disability, by deprivation quintile



- The percentage of people who reported being limited at all by a health problem or disability rose from 28 per cent in the least deprived fifth to 42 per cent in the most deprived fifth, a similar result was seen for those who reported being limited a lot which ranged from 11 per cent in the least deprived fifth to 23 per cent in the most deprived (*age-standardised*).

Trend:

- Questions on being limited by a health problem/disability were introduced in 2011, since then levels have shown little variation.

Local Authority:

- The percentage of adults who reported being limited at all in their day to day activities by a health problem / disability ranged from 29 per cent in Monmouthshire to 40 per cent in Blaenau Gwent (*age-standardised*).
- The percentage of adults who reported being limited a lot by a health problem or disability ranged from 11 per cent in Gwynedd to 22 per cent in Blaenau Gwent (*age-standardised*).

Tables 1, 2, 3, 4, A2 figures 17, 18

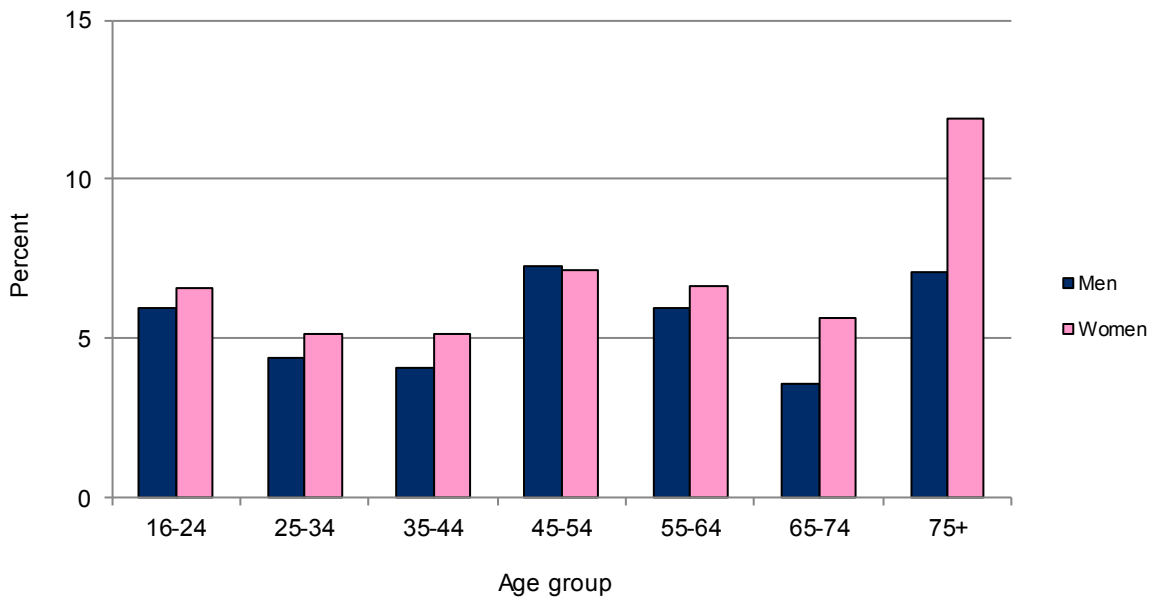
4. Other Conditions

The survey also asked adults about eyesight, hearing, and teeth. Methods and definitions are provided towards the end of the bulletin (section 6).

Eyesight

6 per cent of adults reported having eyesight difficulty. Eyesight problems were highest for those in the oldest age groups.

Figure 19: Percentage who reported having difficulty with their eyesight, by age and sex



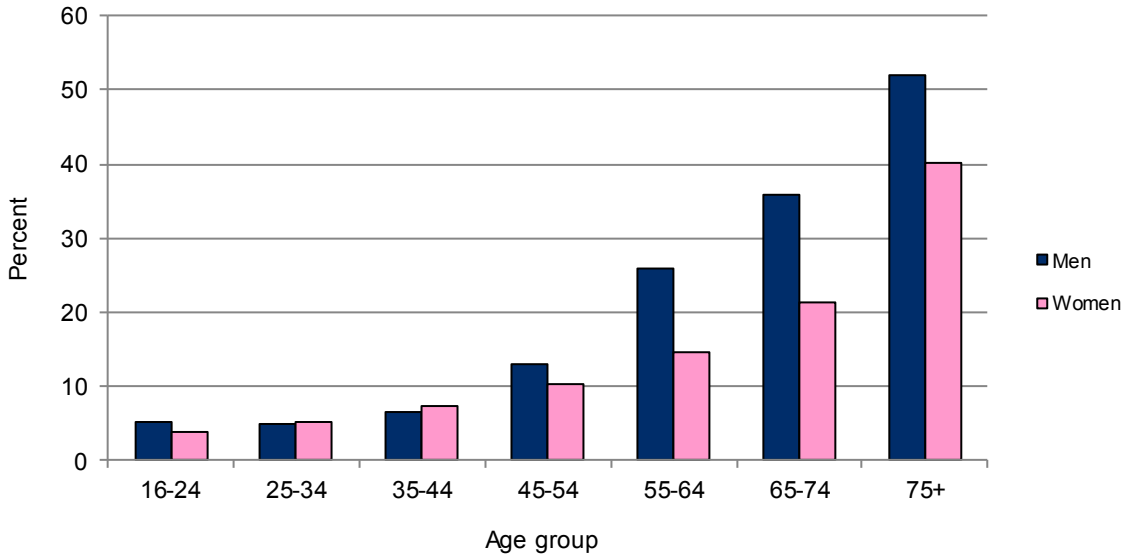
- 6 per cent of adults reported having difficulty with their eyesight.
- Figure 19 shows that for women there was a steep increase in the percentage who reported having difficulty with their eyesight for those aged 75 and over. For men, rates were highest among those aged 45-54 and 75 and over.
- Overall, women were more likely to report difficulty with their eyesight than men.

Table 1 figure 19

Hearing

16 per cent of adults reported having difficulty with their hearing. Hearing difficulty increased with age, and was more common amongst men than women for the older age groups.

Figure 20: Percentage who reported having difficulty with their hearing, by age and sex



- 16 per cent of adults reported having difficulty with their hearing.
- The rate increased with age, and 36 per cent of those aged 65 and over reported a hearing difficulty. Figure 20 indicates that men were more likely than women to report having difficulty with their hearing for the older age groups.

Table 1 figure 20

Teeth

24 per cent of adults reported having fewer than 21 of their own teeth, or having mainly false teeth or dentures, becoming more common with age.

- 24 per cent of adults reported having fewer than 21 of their own teeth, or having mainly false teeth or dentures.
- The percentage who reported having fewer than 21 teeth increased with age.
- There was generally little difference between men and women.

Table 1

5. Tables

Table 1: Adults who reported a range of illnesses and conditions, by broad age, sex (a)(b)

Per cent

	by sex:		by age:			All 16+
	Men 16+	Women 16+	16-44	45-64	65+	
General health status:						
Excellent	17	14	24	12	6	15
Very good	36	35	41	36	24	35
Good	29	31	26	31	36	30
Fair	13	15	7	15	26	14
Poor	5	6	2	7	8	5
Fair or poor	18	21	9	22	34	19
SF-36 Physical component summary score (d)	49.8	48.1	53.7	48.0	40.4	48.9
SF-36 Mental component summary score (d)	50.5	48.0	48.2	49.1	51.4	49.2
Heart disease:						
Heart attack (ever treated)	5	2	0	3	11	4
Angina	3	3	0	2	10	3
Heart Failure	2	1	0	1	4	1
High blood pressure	20	20	2	22	50	20
Another heart condition	5	4	1	3	13	4
Any heart condition excl high blood pressure	9	7	1	6	25	8
Any heart condition inc high blood pressure	24	23	3	25	59	24
Respiratory illnesses:						
Asthma	10	12	11	11	12	11
Emphysema	1	1	0	1	3	1
Pleurisy	0	0	0	0	0	0
Bronchitis	1	2	0	2	4	1
Another respiratory illness	4	4	1	4	9	4
Any respiratory illness	13	15	11	15	19	14
Mental illnesses:						
Depression	8	12	10	13	7	10
Anxiety	6	10	8	10	6	8
Another mental illness	3	2	3	2	2	2
Any mental illness	10	16	12	16	11	13
Other illnesses:						
Stroke (ever treated)	3	2	0	2	8	3
Arthritis	9	15	2	13	29	12
Back Pain	10	14	6	14	20	12
Diabetes	8	6	1	8	17	7
Number of illnesses:						
Any illness	47	54	31	55	80	51
1 illness	22	23	18	25	27	23
2 or more illnesses	25	31	13	30	53	28
Limited by health problem / disability (c)						
Limited a lot	14	16	6	16	32	15
Limited at all	31	36	16	36	62	33
Other conditions						
Eyesight difficulty	5	7	5	7	7	6
Hearing difficulty	18	14	5	16	36	16
Has fewer than 21 teeth	24	24	6	23	60	24
One or more untreated problems or symptoms	50	54	48	57	53	52
<i>Unweighted bases (e)</i>	6,323	7,333	4,850	4,615	4,191	13,656

Welsh Health Survey 2015

- (a) Tables showing more detailed age breakdowns are available at <http://gov.wales/statistics-and-research/welsh-health-survey>.
- (b) See definitions at section 6 of the health status, illnesses, and other conditions statistical bulletin or the 'definitions' sheet at the front of the workbook.
- (c) Day-to-day activities limited because of health problem or disability lasting (or expected to last) at least 12 months.
- (d) Mean score, higher scores indicate better health or well-being.
- (e) Bases vary: those shown are for the whole sample.

Table 2: Adults who reported key illnesses or health status by age and sex (a) (b)

	Currently being treated for:						
	High blood pressure	Any heart condition		Any respiratory illness	Any mental illness	Arthritis	Diabetes
		excluding high blood pressure					
	%	%	%	%	%	%	
Men aged:							
16-24	0	0	13	8	0	0	
25-34	2	2	9	8	1	1	
35-44	6	1	12	12	2	3	
45-54	16	5	11	11	6	6	
55-64	34	11	15	13	16	14	
65-74	49	24	16	9	21	19	
75+	51	39	22	8	24	20	
16-44	2	1	11	9	1	2	
45-64	24	8	13	12	11	10	
65+	50	30	19	9	22	20	
Men aged 16+	20	9	13	10	9	8	
Women aged:							
16-24	0	1	12	10	1	1	
25-34	1	2	11	15	2	1	
35-44	5	3	12	19	5	3	
45-54	12	3	15	19	11	4	
55-64	29	6	17	19	20	8	
65-74	44	13	18	13	30	13	
75+	57	30	22	12	41	17	
16-44	2	2	11	15	3	1	
45-64	20	4	16	19	15	6	
65+	50	21	20	12	35	15	
Women aged 16+	20	7	15	16	15	6	
All aged:							
16-24	0	0	12	9	0	1	
25-34	1	2	10	12	2	1	
35-44	5	2	12	15	4	3	
45-54	14	4	13	15	9	5	
55-64	31	9	16	16	18	11	
65-74	46	18	17	11	25	16	
75+	55	34	22	10	34	18	
16-44	2	1	11	12	2	1	
45-64	22	6	15	16	13	8	
65+	50	25	19	11	29	17	
All aged 16+	20	8	14	13	12	7	

Welsh Health Survey 2015

- (a) Tables showing more detailed illness breakdowns are available at <http://gov.wales/statistics-and-research/welsh-health-survey>.
- (b) See definitions at section 6 of the health status, illnesses, and other conditions statistical bulletin or the 'definitions' sheet at the front of the workbook.
- (c) Day-to-day activities limited because of health problem or disability lasting (or expected to last) at least 12 months.
- (d) Higher scores indicate better health or well-being.
- (e) Bases vary: those shown are for the whole sample.

Table 2: Adults who reported key illnesses or health status by age and sex (a) (b) (continued)

	Limited by health problem / disability (c)			General health status: fair or poor	SF-36 Physical component summary score (d)	SF-36 Mental component summary score (d)	Unweighted base (e)
	Currently being treated for any illness	Limited a lot	Limited at all				
	%	%	%	%	Mean	Mean	
Men aged:							
16-24	23	3	11	5	56.7	50.4	631
25-34	26	6	15	9	53.3	49.4	707
35-44	34	8	19	10	52.6	49.7	893
45-54	43	12	26	17	50.4	50.2	1,027
55-64	63	20	41	26	46.4	50.3	1,105
65-74	75	23	51	29	43.9	52.3	1,161
75+	84	41	71	38	38.6	51.9	799
16-44	28	5	15	8	54.2	49.8	2,231
45-64	53	16	33	22	48.5	50.3	2,132
65+	78	30	59	33	41.8	52.1	1,960
Men aged 16+	47	14	31	18	49.8	50.5	6,323
Women aged:							
16-24	28	5	14	8	54.4	46.6	718
25-34	35	5	16	9	53.2	46.5	891
35-44	42	9	22	14	52.0	46.6	1,010
45-54	51	13	32	20	49.2	47.3	1,225
55-64	63	20	45	26	45.5	48.8	1,258
65-74	75	24	55	28	42.9	51.2	1,258
75+	88	44	75	43	34.6	50.0	973
16-44	35	6	17	10	53.2	46.6	2,619
45-64	57	16	38	23	47.5	48.0	2,483
65+	81	34	64	35	39.1	50.7	2,231
Women aged 16+	54	16	36	21	48.1	48.0	7,333
All aged:							
16-24	25	4	12	7	55.5	48.5	1,349
25-34	30	6	16	9	53.3	48.0	1,598
35-44	38	8	21	12	52.3	48.1	1,903
45-54	47	13	29	19	49.8	48.7	2,252
55-64	63	20	43	26	45.9	49.5	2,363
65-74	75	23	53	29	43.4	51.8	2,419
75+	86	43	73	41	36.3	50.8	1,772
16-44	31	6	16	9	53.7	48.2	4,850
45-64	55	16	36	22	48.0	49.1	4,615
65+	80	32	62	34	40.4	51.4	4,191
All aged 16+	51	15	33	19	48.9	49.2	13,656

Welsh Health Survey 2015

- (a) Tables showing more detailed illness breakdowns are available at <http://gov.wales/statistics-and-research/welsh-health-survey>.
- (b) See definitions at section 6 of the health status, illnesses, and other conditions statistical bulletin or the 'definitions' sheet at the front of the workbook.
- (c) Day-to-day activities limited because of health problem or disability lasting (or expected to last) at least 12 months.
- (d) Higher scores indicate better health or well-being.
- (e) Bases vary: those shown are for the whole sample.

Table 3: Adults who reported key illnesses or health status (age-standardised), by socio-demographic factors (a)

	Currently being treated for:					
	High blood pressure	Any heart condition excluding high blood pressure	Any respiratory illness	Any mental illness	Arthritis	Diabetes
	%	%	%	%	%	%
Socio-economic classification of household reference person (NS-SEC)						
Managerial and professional	19	7	12	9	9	6
Intermediate	19	8	13	12	11	6
Routine and manual	22	10	17	16	15	9
Never worked and long-term unemployed	23	11	20	24	16	6
2014 Welsh Index of Multiple Deprivation quintile						
1 (least deprived)	18	7	12	8	9	6
2	19	8	12	10	9	6
3	19	8	15	13	11	8
4	21	10	15	15	15	8
5 (most deprived)	24	12	18	20	17	9
All aged 16+ (e)	20	9	14	13	12	7

Welsh Health Survey 2015

- (a) See definitions at section 6 for explanations of age-standardisation and socio-demographic factors or the 'definitions' sheet at the front of the workbook.
- (b) Day-to-day activities limited because of health problem or disability lasting (or expected to last) at least 12 months.
- (c) Higher scores indicate better health or well-being.
- (d) Bases vary: those shown are for the whole sample.
- (e) These are age-standardised totals and may differ slightly from the observed totals shown elsewhere in the bulletin and workbook.

Table 3: Adults who reported key illnesses or health status (age-standardised), by socio-demographic factors (a) (continued)

	Limited by health problem/ disability (b)				SF-36 Physical component summary score (c)	SF-36 Mental component summary score (c)	<i>Unweighted base (d)</i>
	Currently being treated for any illness	Limited a lot	Limited at all	General health status: fair or poor	<i>Mean</i>	<i>Mean</i>	
	%	%	%	%			
Socio-economic classification of household reference person (NS-SEC)							
Managerial and professional	47	11	29	13	50.3	50.9	5,045
Intermediate	50	15	33	18	48.9	49.2	2,578
Routine and manual	54	19	37	25	47.0	48.1	5,350
Never worked and long-term unemployed	61	32	50	41	44.6	43.3	340
2014 Welsh Index of Multiple Deprivation quintile							
1 (least deprived)	47	11	28	12	50.1	50.9	2,792
2	46	11	29	16	49.5	50.5	2,927
3	52	16	33	19	48.8	49.2	3,008
4	52	19	37	23	47.4	48.4	2,539
5 (most deprived)	57	23	42	29	46.3	46.2	2,390
All aged 16+ (e)	51	15	33	19	48.6	49.2	13,656

Welsh Health Survey 2015

- (a) See definitions at section 6 for explanations of age-standardisation and socio-demographic factors or the 'definitions' sheet at the front of the workbook.
- (b) Day-to-day activities limited because of health problem or disability lasting (or expected to last) at least 12 months.
- (c) Higher scores indicate better health or well-being.
- (d) Bases vary: those shown are for the whole sample.
- (e) These are age-standardised totals and may differ slightly from the observed totals shown elsewhere in the bulletin and workbook.

Table 4: Adults who reported key illnesses or health status, 2003/04-2015 (a)(b)

	Currently being treated for:					
	High blood pressure	Any heart condition excluding high blood pressure	Any respiratory illness	Any mental illness	Arthritis	Diabetes
	%	%	%	%	%	%
Men aged 16+:						
2003/04	17	11	12	7	11	5
2004/05	17	10	13	7	10	6
2005/06	18	10	13	7	10	7
2007 (c)	19	11	13	7	9	6
2008	18	10	12	7	10	7
2009	20	10	13	7	10	7
2010	20	9	13	8	10	7
2011	20	10	13	8	9	8
2012	20	10	12	8	8	8
2013	20	10	13	9	9	8
2014	20	10	12	9	9	8
2015	20	9	13	10	9	8
Women aged 16+:						
2003/04	19	9	14	11	17	5
2004/05	20	9	14	12	17	4
2005/06	21	8	15	11	16	5
2007 (c)	20	8	15	12	16	6
2008	20	8	14	12	16	6
2009	20	8	14	13	16	6
2010	20	7	15	13	16	6
2011	21	8	15	14	16	6
2012	19	8	15	14	15	6
2013	20	7	15	14	15	6
2014	19	7	14	15	15	6
2015	20	7	15	16	15	6
All aged 16+:						
2003/04	18	10	13	9	14	5
2004/05	19	9	14	9	14	5
2005/06	20	9	14	9	13	6
2007 (c)	20	9	14	9	13	6
2008	19	9	13	9	13	6
2009	20	9	13	10	13	6
2010	20	8	14	10	13	6
2011	20	9	14	11	12	7
2012	20	9	14	11	12	7
2013	20	8	14	12	12	7
2014	20	9	13	12	12	7
2015	20	8	14	13	12	7

Welsh Health Survey 2015

- (a) Tables showing more detailed health status, illnesses, and other conditions are available at <http://gov.wales/statistics-and-research/welsh-health-survey>.
- (b) See definitions at section 6 of the health status, illnesses, and other conditions statistical bulletin or the 'definitions' sheet at the front of the workbook.
- (c) From 2007 the fieldwork runs on a calendar year basis.
- (d) Day-to-day activities limited because of health problem or disability lasting (or expected to last) at least 12 months.
- (e) Higher scores indicate better health or well-being.
- (f) Bases vary: those shown are for the whole sample.

Table 4: Adults who reported key illnesses or health status, 2003/04-2015 (a)(b) (continued)

	Limited by health problem / disability (d)			General health status: fair or poor	SF-36 Physical component summary	SF-36 Mental component summary	<i>Unweighted base (f)</i>
	Currently being treated for any illness	Limited a lot	Limited at all				
	%	%	%	%	<i>Mean</i>	<i>Mean</i>	
Men aged 16+:							
2003/04	44	-	-	20	49.3	51.0	7,486
2004/05	44	-	-	21	49.4	50.8	7,437
2005/06	43	-	-	20	49.6	51.1	6,691
2007 (c)	44	-	-	19	49.5	51.1	6,418
2008	44	-	-	19	49.8	51.1	6,119
2009	45	-	-	20	49.5	50.9	7,412
2010	45	-	-	19	49.4	51.0	7,420
2011	45	15	32	19	49.7	51.1	7,458
2012	46	15	31	19	49.8	51.0	7,309
2013	47	15	30	18	49.8	50.7	6,943
2014	46	14	31	18	49.7	50.8	6,554
2015	47	14	31	18	49.8	50.5	6,323
Women aged 16+:							
2003/04	50	-	-	23	48.3	48.6	8,812
2004/05	51	-	-	23	47.9	48.5	8,598
2005/06	52	-	-	23	48.3	48.5	7,614
2007 (c)	52	-	-	22	48.1	48.9	7,499
2008	52	-	-	22	48.2	48.6	7,194
2009	52	-	-	22	48.1	49.0	8,606
2010	52	-	-	21	48.0	48.8	8,579
2011	53	17	36	22	48.1	48.6	8,600
2012	52	17	36	22	48.2	48.4	8,378
2013	53	17	35	21	48.2	48.4	8,064
2014	53	16	35	21	47.9	48.4	7,616
2015	54	16	36	21	48.1	48.0	7,333
All aged 16+:							
2003/04	47	-	-	22	48.8	49.8	16,298
2004/05	48	-	-	22	48.6	49.6	16,035
2005/06	48	-	-	21	48.9	49.8	14,305
2007 (c)	48	-	-	21	48.8	50.0	13,917
2008	48	-	-	20	48.9	49.8	13,313
2009	48	-	-	21	48.8	49.9	16,018
2010	49	-	-	20	48.7	49.9	15,999
2011	49	16	34	21	48.9	49.8	16,058
2012	49	16	34	20	49.0	49.7	15,687
2013	50	16	33	20	48.9	49.5	15,007
2014	50	15	33	19	48.8	49.6	14,170
2015	51	15	33	19	48.9	49.2	13,656

Welsh Health Survey 2015

- (a) Tables showing more detailed health status, illnesses, and other conditions are available at <http://gov.wales/statistics-and-research/welsh-health-survey>.
- (b) See definitions at section 6 of the health status, illnesses, and other conditions statistical bulletin or the 'definitions' sheet at the front of the workbook.
- (c) From 2007 the fieldwork runs on a calendar year basis.
- (d) Day-to-day activities limited because of health problem or disability lasting (or expected to last) at least 12 months.
- (e) Higher scores indicate better health or well-being.
- (f) Bases vary: those shown are for the whole sample.

Table A1: Adults who reported key health-related lifestyles 2014 & 2015, by Local Authority and Local Health board (observed) (a)(b)

		Currently being treated for:					
		High blood pressure	Any heart condition excluding high blood pressure	Any respiratory illness	Any mental illness	Arthritis	Diabetes
		%	%	%	%	%	%
Local authority:	Code:						
Isle of Anglesey	W06000001	19	8	14	10	10	6
Gwynedd	W06000002	17	8	12	7	9	7
Conwy	W06000003	19	9	12	9	11	7
Denbighshire	W06000004	20	10	16	12	14	7
Flintshire	W06000005	18	7	13	11	10	6
Wrexham	W06000006	19	10	13	13	11	6
Powys	W06000023	17	8	13	10	10	7
Ceredigion	W06000008	17	8	14	9	11	6
Pembrokeshire	W06000009	23	11	13	9	13	9
Carmarthenshire	W06000010	20	9	14	12	12	8
Swansea	W06000011	18	8	12	11	10	7
Neath Port Talbot	W06000012	22	10	14	14	16	9
Bridgend	W06000013	24	10	13	14	14	8
The Vale of Glamorgan	W06000014	19	9	13	11	11	7
Cardiff	W06000015	16	7	13	13	9	6
Rhondda Cynon Taf	W06000016	25	7	15	15	14	8
Merthyr Tydfil	W06000024	24	10	15	18	16	8
Caerphilly	W06000018	20	8	15	16	14	9
Blaenau Gwent	W06000019	23	10	17	17	17	10
Torfaen	W06000020	20	9	18	15	15	8
Monmouthshire	W06000021	20	8	13	12	10	7
Newport	W06000022	20	7	13	13	11	8
Local health board:	Code:						
Betsi Cadwaladr University	W11000023	19	8	13	10	11	6
Hwyel Dda	W11000025	21	9	13	10	12	8
Powys Teaching	W11000024	17	8	13	10	10	7
Abertawe Bro Morgannwg University	W11000026	21	9	13	13	13	8
Cwm Taf	W11000027	24	8	15	16	14	8
Cardiff & Vale University	W11000029	17	7	13	13	9	6
Aneurin Bevan	W11000028	20	8	15	14	13	9
Wales	W92000004	20	8	14	12	12	7

Welsh Health Survey 2014 + 2015

- (a) Data showing more detailed information by LA and LHB are available online at <http://gov.wales/statistics-and-research/welsh-health-survey>.
- (b) See definitions at section 6 of the health status, illnesses, and other conditions statistical bulletin or the 'definitions' sheet at the front of the workbook.
- (c) Day-to-day activities limited because of health problem or disability lasting (or expected to last) at least 12 months.
- (d) Higher scores indicate better health or well-being.
- (e) Bases vary: those shown are for the whole sample.

Table A1: Adults who reported key health-related lifestyles 2014 & 2015, by Local Authority and Local Health board (observed) (a)(b) (continued)

		Limited by health problem / disability (c)				General health status: fair or poor	SF-36 Physical component summary score (d)	SF-36 Mental component summary score (d)	Unweighted base (e)
		Currently being treated for any illness	Limited a lot	Limited at all					
		%	%	%	%	Mean	Mean		
Local authority:	Code:								
Isle of Anglesey	W06000001	49	13	31	15	49.9	51.1	1,127	
Gwynedd	W06000002	45	11	29	14	50.1	51.7	1,223	
Conwy	W06000003	47	14	35	15	48.8	50.4	1,093	
Denbighshire	W06000004	52	17	35	19	48.4	50.1	1,242	
Flintshire	W06000005	48	12	31	16	49.5	50.1	1,319	
Wrexham	W06000006	50	15	33	18	48.8	49.7	1,256	
Powys	W06000023	48	14	35	18	48.8	50.5	1,268	
Ceredigion	W06000008	49	13	33	18	49.0	50.5	1,144	
Pembrokeshire	W06000009	51	16	36	20	48.7	50.4	1,055	
Carmarthenshire	W06000010	51	16	35	21	47.9	49.6	1,282	
Swansea	W06000011	48	14	30	18	49.3	49.0	1,501	
Neath Port Talbot	W06000012	53	20	37	23	47.4	48.3	1,210	
Bridgend	W06000013	53	16	33	21	48.2	49.4	1,143	
The Vale of Glamorgan	W06000014	50	14	33	17	49.2	50.3	1,201	
Cardiff	W06000015	47	13	29	17	50.2	48.5	1,893	
Rhondda Cynon Taf	W06000016	55	19	35	23	48.3	48.4	1,589	
Merthyr Tydfil	W06000024	54	20	38	24	48.3	46.9	1,117	
Caerphilly	W06000018	52	18	35	24	47.9	48.2	1,517	
Blaenau Gwent	W06000019	56	22	39	27	47.9	47.1	1,083	
Torfaen	W06000020	54	18	37	23	47.5	48.7	1,187	
Monmouthshire	W06000021	51	13	31	17	49.5	50.6	1,155	
Newport	W06000022	50	13	32	19	49.3	49.4	1,221	
Local health board:	Code:								
Betsi Cadwaladr University	W11000023	48	14	32	16	49.2	50.4	7,260	
Hywel Dda	W11000025	51	15	35	20	48.4	50.0	3,481	
Powys Teaching	W11000024	48	14	35	18	48.8	50.5	1,268	
Abertawe Bro Morgannwg University	W11000026	50	16	33	20	48.5	48.9	3,854	
Cwm Taf	W11000027	55	19	36	23	48.3	48.1	2,706	
Cardiff & Vale University	W11000029	48	13	30	17	49.9	49.0	3,094	
Aneurin Bevan	W11000028	52	16	35	22	48.5	48.8	6,163	
Wales	W92000004	50	15	33	19	48.9	49.4	27,826	

Welsh Health Survey 2014 + 2015

- (a) Data showing more detailed information by LA and LHB are available online at <http://gov.wales/statistics-and-research/welsh-health-survey>.
- (b) See definitions at section 6 of the health status, illnesses, and other conditions statistical bulletin or the 'definitions' sheet at the front of the workbook.
- (c) Day-to-day activities limited because of health problem or disability lasting (or expected to last) at least 12 months.
- (d) Higher scores indicate better health or well-being.
- (e) Bases vary: those shown are for the whole sample.

Table A2: Adults who reported key health-related lifestyles 2014 & 2015, by Local Authority and Local Health Board (a)(b) (age-standardised)

		Currently being treated for:					
		High blood pressure	Any heart condition excluding high blood pressure	Any respiratory illness	Any mental illness	Arthritis	Diabetes
		%	%	%	%	%	%
Local authority:	Code:						
Isle of Anglesey	W06000001	19	8	14	10	10	6
Gwynedd	W06000002	17	8	12	7	9	6
Conwy	W06000003	17	8	12	10	9	6
Denbighshire	W06000004	18	10	16	12	13	6
Flintshire	W06000005	18	8	13	11	11	6
Wrexham	W06000006	20	10	14	13	12	6
Powys	W06000023	15	8	13	10	9	6
Ceredigion	W06000008	16	8	14	10	10	6
Pembrokeshire	W06000009	19	9	13	9	11	8
Carmarthenshire	W06000010	19	9	14	12	12	8
Swansea	W06000011	20	9	13	11	11	7
Neath Port Talbot	W06000012	22	10	14	14	16	8
Bridgend	W06000013	23	10	13	14	14	8
The Vale of Glamorgan	W06000014	18	8	13	11	10	7
Cardiff	W06000015	20	9	13	14	11	7
Rhondda Cynon Taf	W06000016	25	8	15	15	15	8
Merthyr Tydfil	W06000024	25	11	16	18	16	8
Caerphilly	W06000018	21	10	15	16	16	9
Blaenau Gwent	W06000019	24	11	18	17	18	11
Torfaen	W06000020	19	9	18	15	14	8
Monmouthshire	W06000021	17	7	13	11	9	7
Newport	W06000022	21	9	14	13	12	9
Local health board:	Code:						
Betsi Cadwaladr University	W11000023	18	9	13	10	11	6
Hywel Dda	W11000025	19	9	14	11	11	7
Powys Teaching	W11000024	15	8	13	10	9	6
Abertawe Bro Morgannwg University	W11000026	21	10	13	13	13	8
Cwm Taf	W11000027	25	8	16	16	15	8
Cardiff & Vale University	W11000029	20	9	13	13	11	7
Aneurin Bevan	W11000028	21	9	15	14	14	9
Wales	W92000004	20	9	14	13	12	7

Welsh Health Survey 2014 + 2015

- (a) Data showing more detailed information by LA and LHB are available online at <http://gov.wales/statistics-and-research/welsh-health-survey>.
- (b) See definitions at section 6 of the health status, illnesses, and other conditions statistical bulletin or the 'definitions' sheet at the front of the workbook.
- (c) Day-to-day activities limited because of health problem or disability lasting (or expected to last) at least 12 months.
- (d) Higher scores indicate better health or well-being.
- (e) Bases vary: those shown are for the whole sample.

Table A2: Adults who reported key health-related lifestyles 2014 & 2015, by Local Authority and Local Health Board (a)(b) (age-standardised) (continued)

		Limited by health problem / disability (c)				General	SF-36	SF-36	<i>Unweighted base (e)</i>
		Currently being treated for any illness	Limited a lot	Limited at all	status: fair or poor	health summary score (d)	Physical component summary score (d)	Mental component summary score (d)	
		%	%	%	%	<i>Mean</i>	<i>Mean</i>		
Local authority:	Code:								
Isle of Anglesey	W06000001	48	13	30	15	49.8	51.0	1,127	
Gwynedd	W06000002	45	11	29	14	49.8	51.6	1,223	
Conwy	W06000003	44	13	32	14	49.2	50.4	1,093	
Denbighshire	W06000004	50	16	33	18	48.4	50.0	1,242	
Flintshire	W06000005	48	12	32	16	49.0	50.1	1,319	
Wrexham	W06000006	51	15	34	18	48.3	49.8	1,256	
Powys	W06000023	45	13	32	17	49.3	50.3	1,268	
Ceredigion	W06000008	49	13	32	18	48.8	50.4	1,144	
Pembrokeshire	W06000009	47	13	31	18	49.4	50.2	1,055	
Carmarthenshire	W06000010	50	16	34	20	47.8	49.5	1,282	
Swansea	W06000011	49	14	32	19	48.7	49.1	1,501	
Neath Port Talbot	W06000012	53	19	37	23	47.0	48.2	1,210	
Bridgend	W06000013	52	15	32	21	48.2	49.4	1,143	
The Vale of Glamorgan	W06000014	49	14	32	16	49.4	50.2	1,201	
Cardiff	W06000015	52	15	34	19	48.9	48.8	1,893	
Rhondda Cynon Taf	W06000016	55	20	36	24	47.7	48.4	1,589	
Merthyr Tydfil	W06000024	54	20	39	25	48.0	47.0	1,117	
Caerphilly	W06000018	54	19	37	25	47.1	48.2	1,517	
Blaenau Gwent	W06000019	57	22	40	28	47.0	47.0	1,083	
Torfaen	W06000020	54	18	37	23	47.5	48.7	1,187	
Monmouthshire	W06000021	48	12	29	16	49.9	50.6	1,155	
Newport	W06000022	51	14	33	20	48.6	49.6	1,221	
Local health board:	Code:								
Betsi Cadwaladr University	W11000023	48	13	32	16	49.0	50.4	7,260	
Hywel Dda	W11000025	49	15	33	19	48.5	49.9	3,481	
Powys Teaching	W11000024	45	13	32	17	49.3	50.3	1,268	
Abertawe Bro Morgannwg University	W11000026	51	16	33	21	48.1	48.9	3,854	
Cwm Taf	W11000027	55	20	37	24	47.8	48.2	2,706	
Cardiff & Vale University	W11000029	51	15	33	18	49.0	49.2	3,094	
Aneurin Bevan	W11000028	52	17	35	22	48.0	48.9	6,163	
Wales	W92000004	50	15	33	19	48.5	49.4	27,826	

Welsh Health Survey 2014 + 2015

- (a) Data showing more detailed information by LA and LHB are available online at <http://gov.wales/statistics-and-research/welsh-health-survey>.
- (b) See definitions at section 6 of the health status, illnesses, and other conditions statistical bulletin or the 'definitions' sheet at the front of the workbook.
- (c) Day-to-day activities limited because of health problem or disability lasting (or expected to last) at least 12 months.
- (d) Higher scores indicate better health or well-being.
- (e) Bases vary: those shown are for the whole sample.

6. Definitions

SF-36 Questions

The Welsh Health Survey adult questionnaire included a standard set of 36 health status questions known as SF-36 (version 2). SF-36 questions asked respondents about their own perception of their physical and mental health and the impact it has on their daily lives.

SF-36 general health question

The SF-36 questions include a question asking respondents to rate their own general health on a five-point scale ranging from excellent to poor.

SF-36 component scores

Responses to the SF-36 questions can be combined to produce eight scores for the following aspects of health and well-being:

- physical functioning
- role-physical
- bodily pain
- general health
- vitality
- social functioning
- role-emotional
- mental health.

All scores above or below 50 can be interpreted as above or below the general US 1998 population norm.

SF-36 summary scores

The eight components can be combined to produce two summary measures of physical and mental health - the Physical Component Summary (PCS) and Mental Component Summary (MCS) scores. Higher scores indicate better health.

Illnesses

The survey asked adults aged 16 years and over whether they were currently being treated for a range of illnesses. For heart attack, stroke and cancer they were asked whether they had ever been treated for the condition. Information was also collected on adults reporting limitations in day to day activities due to a health problem or disability.

Any heart condition

Adult respondents were classified as having any heart condition if they reported ever having been treated for a heart attack, or currently being treated for angina, heart failure or 'another heart condition'. Results for high blood pressure (hypertension) are also shown, but are usually shown separately from heart conditions because high blood pressure is a risk factor for heart disease rather than an actual heart condition.

Any respiratory illness

Adult respondents were classified as having any respiratory illness if they reported currently being treated for asthma, pleurisy, bronchitis, or 'another respiratory illness'.

Any mental illness

Adult respondents were classified as having any mental illness if they reported currently being treated for depression, anxiety, or 'another mental illness'.

Diabetes

Adult respondents were asked whether they were currently being treated for diabetes, making no distinction between type 1 and type 2 diabetes. If they responded positively, they were asked how their diabetes was controlled (by injection, tablets or diet).

Another chronic illness

Following questions on specific illnesses in the adult questionnaire, the survey asked if the adult was currently being treated for 'any other chronic or long-term illness', and asked to specify the main illness. Answers were subsequently coded according to a coding frame similar to that used by the General Household Survey and Health Survey for England. The categories into which respondents' answers were coded were collapsed into broad groups approximate to the chapter headings of the International Classification of Diseases (ICD10).

Any illness

Adult respondents were classified as having 'any illness' if they reported currently being treated for any of the illnesses specified in the questionnaire (see Welsh Health Survey webpage⁷), or another chronic illness (see above).

Limited by health problem/disability

The questionnaire asked adults whether their day-to-day activities were limited because of a health problem or disability lasting (or expected to last) at least 12 months. They were able to answer 'yes, limited a lot', 'yes, limited a little' or 'no'. Adults were asked to include problems due to old age. If responding positively, they were asked for the main cause of this limitation. Answers were coded according to the ICD 10 codes (see above). This is the same question as that used in the 2011 Census.

Eyesight

The survey asked adults whether their eyesight was good enough to see the face of someone across a room, with glasses or contact lenses if they usually wore them. They were able to answer 'yes', 'yes, with difficulty' or 'no'. In this report, those answering 'yes, with difficulty' or 'no' are classified as having an eyesight difficulty.

⁷ <http://gov.wales/statistics-and-research/welsh-health-survey/?lang=en>

Hearing

Respondents were asked whether they had any difficulty with their hearing, without a hearing aid if they usually wore one. If they answered yes, they were asked about the use and effectiveness of hearing aids.

Teeth

The survey asked adults how many of their own natural teeth they had, with filled and capped teeth counting as their own, but not false teeth nor dentures. Answers were restricted to '21 or more' of their own teeth, or 'less than 21 or mainly false teeth or dentures'.

Untreated problems or symptoms

The survey asked adults if they had any untreated problems or symptoms in the previous 12 months that they had not been to see a doctor or nurse about them (they could provide more than one answer). They were also asked to include problems they'd had for longer if they had troubled them in the past year. Respondents were then asked about the main reasons for not being to see a doctor or nurse about their symptoms (again they could provide more than one answer).

Socio-demographic factors

Socio-economic group

The socio-economic classification in use in this report is the 3-class version of the National Statistics Socio-Economic Classification (NS-SEC) of the Household Reference Person (HRP).

Area deprivation

Area deprivation is based on the Welsh Index of Multiple Deprivation⁸ 2014 (WIMD). WIMD gives deprivation scores for small areas in Wales. These small areas were split into five groups ("fifths") of deprivation according to overall WIMD scores and each respondent to the Welsh Health Survey was allocated to the relevant fifth.

Age Standardisation

Age standardisation has been used in selected tables in order to enable groups to be compared after adjusting for the effects of any differences in their age distributions. When different sub-groups are compared in respect of a variable on which age has an important influence, any differences in age distributions between these sub-groups are likely to affect the observed differences in the proportions of interest.

Age standardisation was carried out using the direct standardisation method. The standard population to which the age distribution of sub-groups was adjusted was adapted from the 2013 European Standard Population. Calculations were done using Stata. The age-standardised proportion p' was calculated as follows, where p_i is the age specific proportion in age group i and N_i is the standard population size in age group i :

$$p' = \frac{\sum_i N_i p_i}{\sum_i N_i}$$

⁸ Welsh Index of Multiple Deprivation 2014

<http://gov.wales/statistics-and-research/welsh-index-multiple-deprivation/?lang=en>

Therefore p' can be viewed as a weighted mean of p_i using the weights N_i . Age standardisation was carried out using the age groups: 16-24, 25-34, 35-44, 45-54, 55-64, 65-74, 75 and over.

7. Notes

Overview of survey design

WHS was established in 2003 and runs all year round. During the 2015 survey, around 13,700 adults and 2,600 children participated in the survey.

The survey was based on a representative sample of people living in private households in Wales. A random sample of addresses from the Postcode Address File (PAF) was selected. By surveying the general population, WHS is able to measure the health and lifestyle of a cross-section of the population, not just those who are in ill health or have regular contact with health services.

WHS 2015 was carried out by NatCen Social Research on behalf of the Welsh Government. Interviewers conducted a short interview with a responsible adult in the household, covering basic socio-demographic information about the household. Self-completion questionnaires were then left for completion by all adults in the household (aged 16+) for later collection by the interviewer. In households with children, a maximum of two children were randomly selected for inclusion in the survey. For selected children, questionnaires were left for completion (with older children completing their own questionnaires).

Further details of WHS methodology, definitions and questions are given in statistical bulletins and technical reports, available on the Statistics for Wales website⁹.

Differences in methodology and questions mean that, in general, results from WHS are not comparable with health surveys in the other UK countries. More information on comparability of the headline indicators (including obesity, smoking and alcohol consumption) can be found on the following link; <https://gss.civilservice.gov.uk/statistics/presentation-and-dissemination/comparing-official-statistics-across-uk/>

Uses of WHS results

The information collected through WHS meets a range of important needs and is used in many ways, including 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 *Our Healthy Future* and *Together for Health*.
- provide local authority level information for development of joint local health, social care and wellbeing strategies / single integrated plans.

It is used by a wide range of users, including those working in national and local government, NHS organisations, research and academic settings. It is also useful to a wider general audience, particularly those in Wales.

Well-being of Future Generations Act

The Well-being of Future Generations Act 2015 is about improving the social, economic, environmental and cultural well-being of Wales. The Act puts in place seven well-being goals for Wales. These are for a more equal, prosperous, resilient, healthier and globally responsible Wales, with cohesive communities and a vibrant culture and thriving Welsh language. Under section (10)(1) of the Act, the Welsh Ministers must (a) publish indicators (“national indicators”) that must be applied for the purpose of measuring progress towards the achievement of the Well-being goals, and (b) lay a copy of the national indicators before the National Assembly. The 46 national indicators were laid in March 2016. The indicators and associated technical information can be found here: <http://gov.wales/statistics-and-research/how-do->

⁹ <http://gov.wales/statistics-and-research/?lang=en>

[you-measure-nations-progress-national-indicators](#). The WHS bulletin on health-related lifestyle includes the national indicator *percentage of adults who have fewer than two healthy lifestyle behaviours* and 5 contextual indicators, namely not smoking, not drinking above guidelines, eating five fruit or vegetables a day, meeting physical activity guidelines and maintaining a healthy weight, which were referenced in the technical document in the previous link.

As a national indicator under the Act they must be referred to in the analyses of local well-being produced by public services boards when they are analysing the state of economic, social, environmental and cultural well-being in their areas.

Further information on the Act can be found here: - <http://gov.wales/topics/people-and-communities/people/future-generations-act>

The statistics included in this release could also provide supporting narrative to the national indicators and be used by public services boards in relation to their local well-being assessments and local well-being plans.

Key quality information

- a) There are no planned revisions to the statistics in this release, but if revisions were made, they would be in accordance with the Revisions, Errors and Postponements Policy for Statistics for Wales¹⁰.
- b) The small proportion of people not covered by the PAF, including those living in institutions, was not covered by the survey. It should be noted that people in institutions are likely to be, on average, in poorer health than those in private households – this should be kept in mind when considering the results from the survey.
- c) Interpretation of the results should take account of the questionnaire design, as the mode of collection (self-reporting on paper) and the questions themselves affect the information collected. The survey relies on a self-completion questionnaire. The results, therefore, reflect people's own understanding of their health rather than a clinical assessment of their medical condition and their own interpretation of the health services they have used.
- d) Survey results are weighted to take account of unequal selection probabilities, and for differential non-response, i.e. to ensure that the age and sex distribution of the responding sample matches that of the Welsh population.
- e) This release is based on data collected by the WHS between January and December 2015. During this period, a household interview was obtained with 76% of eligible households in the sample. Self-completion questionnaires were obtained for 77% of adults and 73% of selected children in participating households. Local Authority/ Local Health Board information was calculated from data collected between January 2014 and December 2015.
- f) Missing answers occur for several reasons, including refusal or inability to answer a particular question, and cases where the question is not applicable to the informant. Missing answers have been omitted from all tables and analyses.
- g) Base numbers (sample sizes) of respondents replying to individual questions vary slightly. The tables provide an indication of overall base numbers - that is, all those taking part in the survey, although a small number may not have answered particular questions. It should be noted that the design of the survey means that the effective sample sizes will be somewhat smaller than the sample sizes, so these should be interpreted as a guide to precision only.
- h) A confidence interval can be calculated around a survey estimate and gives a range within which the true value is likely to fall. There is a 95% chance that the 95% confidence intervals include the true value. In general, the smaller the sample size the wider the confidence interval. As a rough guide to interpretation, when comparing two years, if the confidence intervals around the estimates overlap, it

¹⁰ <http://gov.wales/statistics-and-research/about/statement-of-compliance/revisions-errors-postponements/>

can be assumed that the estimates are not statistically significantly different – this approach is not as rigorous as doing a formal statistical test, but is straightforward, widely used and reasonably robust. Confidence intervals for a selection of key variables are published in some WHS outputs and NatCen’s technical report.

i) From 2007, fieldwork has run on a calendar year basis (January – December) and includes more detailed data for children than previously. Prior to that, fieldwork covered the twelve month periods October 2003 - September 2004 (2003/04), October 2004 - September 2005 (2004/05) and November 2005 – October 2006 (2005/06).

National Statistics status

The United Kingdom Statistics Authority has designated these statistics as National Statistics, in accordance with the Statistics and Registration Service Act 2007 and signifying compliance with the Code of Practice for Official Statistics.

National Statistics status means that official statistics meet the highest standards of trustworthiness, quality and public value.

All official statistics should comply with all aspects of the Code of Practice for Official Statistics. They are awarded National Statistics status following an assessment by the UK Statistics Authority’s regulatory arm. The Authority considers whether the statistics meet the highest standards of Code compliance, including the value they add to public decisions and debate.

It is Welsh Government’s responsibility to maintain compliance with the standards expected of National Statistics. If we become concerned about whether these statistics are still meeting the appropriate standards, we will discuss any concerns with the Authority promptly. National Statistics status can be removed at any point when the highest standards are not maintained, and reinstated when standards are restored.

Further information

Further information on the Welsh Health Survey can be found on the Welsh Health Survey theme page¹¹ which has links to;

- Additional online tables
- Additional releases and bulletins
- Questionnaires
- Technical report
- Quality report
- All past releases

Availability of unpublished data

Some additional summaries may be produced on request, subject to the availability of resources, data quality and robustness, and provided the confidentiality of respondents is preserved. For further details, contact stats.healthinfo@wales.gsi.gov.uk.

An anonymised version of the main dataset, together with supporting documentation, is deposited with the UK Data Archive each year (some information is removed to ensure confidentiality is preserved). These datasets may be accessed by registered users for specific research projects. Some examples of uses

¹¹ Welsh Health Survey theme page
<http://gov.wales/statistics-and-research/welsh-health-survey>

made of the data by researchers are shown on the website. The UK Data Archive can be accessed via the UK Data Service¹² website.

From time to time, researchers may wish to analyse more detailed data than is available from the Data Archive. Requests for such data will be considered on a case by case basis. For further details, contact stats.healthinfo@wales.gsi.gov.uk.

Future of WHS

It has been decided to replace existing surveys, including WHS, with a new survey of adults starting during 2016-17 which will include health-related questions. WHS ceased in its current form at the end of 2015, the results for 2015 will therefore be the final set of WHS results. Future health-related information will be available from the National Survey for Wales.

Enquiries

We welcome comments from users of our publications on content and presentation. If you have any comments or require further information, please contact:

Josh Dixon / Cath Roberts
Health Statistics and Analysis Unit,
Welsh Government, Cathays Park,
Cardiff CF10 3NQ
Tel: (029) 2082 6710 / 5033
E-mail: stats.healthinfo@wales.gsi.gov.uk

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<http://www.nationalarchives.gov.uk/doc/open-government-licence/version/3/>

¹² UK Data Service
<http://ukdataservice.ac.uk/get-data/key-data.aspx#/tab-uk-surveys>