

NATIONAL HEALTH SURVEY 2006

DETAILED METHODOLOGY

1 Introduction

In view of the health indicators being examined, perception of health, obtained via the impressions of the individual, provides a crucial element in measuring health. The perception of each individual reflects the contribution of different factors, social, environmental and lifestyles that go well beyond the health system.

The framework of health strategies that are carried out in our country, whose objective is to improve the population's health, requires this type of subjective information as another essential element for the planning and adoption of Public Health measures. Moreover, it constitutes a fundamental instrument in the assessment of health policies.

The National Health Survey 2006/2007 (NHS- 06) is a piece of research, two-yearly in nature, regarding health in the broadest sense and its determining factors from the perspective of citizens.

The NHS- 06 is a statistical operation forming part of the National Statistical Plan and which has been carried out by the Ministry of Health and Consumption until the year 2001. In March 2002 a Framework Cooperation Agreement was signed between the Ministry of Health and Consumption and the National Statistics Institute (INE), in which the outline was set out for cooperation and partnership between both bodies in relation to the NHS. The Framework Agreement is carried out via specific agreements in which the commitments of each of the parties, schedules and financial resources are detailed.

The specific Agreement for carrying out the NHS-06 establishes that the Ministry of Health and Consumption undertake to define the objectives, the scope of the research, the variables and the basic plan for using the results. The INE works in partnership with the Ministry in compiling questionnaires, and thereafter undertakes to carry out the technical project, the sample design, training of interviewers and inspectors, collection of data and computer processing through to the final Survey files.

The NHS-06 is characterised by a series of new features in its content. At the end of 2004, the Ministry of Health and Consumption, in response to the need to compile the questionnaires, decided to carry out an in-depth review of the ones used in 2003.

This review had four objectives:

- To reformulate a range of questions in order to commence with adaptation of the format of the survey to the requirements of the European Health Survey Project.
- To incorporate the determining health factors not covered in previous surveys - basically those relating to the physical and social environment of people - as well as improving quality of information, which traditionally was collected on a number of issues.

- To incorporate new dimensions relating to people's health, which are not dealt with in any of the previous surveys and which currently are missing information, as is the case with mental health.
- A priority objective was to enhance the survey as an instrument in the detection and measurement of health inequalities, especially regarding gender and social class.

In order to embark on this review, a group of experts was put together. These experts have, over the years, worked on health surveys, and specifically on the NHS, both from a university background, and from a range of areas of health and territories, as well as experts from the National Statistics Institute.

In view of the transcendence of achieving the correct approach to gender, the Women's Health Observatory was also involved, and likewise the Gender and Health Research Network and the Institute for Women joined the group.

The review of the questionnaires was carried out by means of group work between 4 and 5 April 2005. Subsequently the resulting new questionnaires were sent to all the experts, discrepancies and suggestions were gathered via email and a questionnaire design was compiled.

The main contributions of the Group which reviewed the adult questionnaire was:

1.1 GENDER APPROACH

For epidemiology or research into health and practice phenomena, the incorporation of the category of *gender* is not limited to the use of an extra variable or to the statistical contrasts between the sexes, however important this type of analysis is.

It is necessary to highlight the importance of the gender perspective both in designing the and in analysing the population data obtained via health questionnaires, and to this end a set of variables have been proposed, which must be collected in the NHS-06 in order to become more familiar with the inequality situations regarding health which are occurring for gender reasons:

- Behaviour relating to health and use of health services (availability, accessibility and quality)
- Reproductive work in homes, incorporating, besides household chores and caring for young children, caring for elderly people and people with disabilities.
- Some disorders with a great difference in prevalence between women and men:
 - Anaemia
 - Disorders of the digestive tract
 - Disorders of the prostate
 - Disorders relating to menstruation: menstrual pain
 - Disorders relating to pregnancy or abortion

Chronic obstructive pulmonary disease and bronchiectasis (COPDB)

- Situations of discrimination against persons. The differences in mortality and morbidity between persons or groups of persons are derived not only from biological conditions, but also from the social milieu where there are other factors at play, among which the level of studies, social class, ethnic background or country of origin, sexual preferences and religion are explored.
- Violence.

1.2 DETERMINING HEALTH FACTORS NOT EXPLORED IN PREVIOUS SURVEYS

- Conditions and physical environment of the household: available square metres, number of rooms and general conditions of the neighbourhood in which it is located (air and noise pollution, dirt, etc.)
- Affection and personal support
- Perception of the family function
- Workplace stress

1.3 HEALTH DIMENSIONS NOT DEALT WITH IN PREVIOUS SURVEYS

The pathologies making up Mental Health are among the most prevalent health problems in society, with the greatest use of health resources and most poorly studied on a population level, therefore its inclusion in the NHS could not be postponed.

Another health dimension incorporated in NHS-06 is the Quality of Life of children.

2 Objectives of the NHS-06

2.1 GENERAL OBJECTIVE

The general aim of the NHS-06 is to provide the necessary information on the health of the population in order to be able plan and assess actions on health issues

2.2 SPECIFIC OBJECTIVES

1. To provide information on the evaluation of the general state of physical and mental health, and to identify the main problems experienced by citizens (chronic illnesses, complaints, accidents, limitation with carrying out everyday activities).
2. To ascertain the degree of access and use of the health services and the features of this.

3. To ascertain the determining health factors: features of the environment (physical and social) and life habits, which pose a risk to health.
4. To carry out the health analysis from a gender perspective.
5. To ascertain health inequalities.

3 Dimensions and determining health factors being researched

The NHS-06 provides essential information on reproductive work (only for adults), state of health and chronic illnesses, accidents, restriction of activity, consumption of medicines, mental health, workplace stress (only for adults), access and use of health services, life habits, preventive practices, attacks, discrimination, physical and sensory features, limitations on carrying out everyday activities, affection and personal support (only for adults), and family function (only for adults). The conditions and physical environment of the household are also researched.

In addition, for people under the age of 16 information is obtained on quality of life in relation to health, type of lactation (under 5s) and time spent watching television, using the internet and playing video games.

In order to be able to analyse the social determining factors of health, information is obtained on social and demographic features of the person selected, his or her partner (if living together) and of the household reference person (person contributing most to the household budget).

4 Survey phases

The study has been carried out in two phases, the first is identified with the Household Questionnaire, and the second with the Adult Questionnaire (people aged 16 or over) and the Child Questionnaire (people aged between 0 and 15).

4.1 FIRST PHASE

In the first phase it is attempted to capture all persons living in the household, requesting from all its members information regarding a number of fundamental social and demographic variables.

The adult is selected who is to answer the adult health questionnaire and if there are any children under the age of 16 residing in the household, one of them is selected in order to answer the child questionnaire.

Information is requested for the adult selected, and where appropriate, the child selected, and other details from the partner (if living together), and the reference person for the home (where this person is none of the aforementioned), which are also of a social and demographic nature.

Lastly, details are requested regarding the characteristics of the dwelling and the household.

The variables, which have been researched, are listed in section 7.2 Questionnaires.

4.2 SECOND PHASE

In the second phase, information is collected from a single person aged 16 years old or over, selected at random within the household, via the Adult Questionnaire and from a single child (persons between the ages of 0 and 15 years) from each household where applicable, selected at random within the household via the Child Questionnaire. These persons are passed a set of questions referring to topics relating to section 3.

5 Scope of the Survey

5.1 POPULATION SCOPE

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

5.2 GEOGRAPHICAL SCOPE

The survey is carried out throughout the country.

5.3 TEMPORAL SCOPE

The collection period for information is throughout the year, from June 2006 to June 2007.

6 Sample design

6.1 TYPE OF SAMPLING

The type of sample used is a stratified multi stage sample.

The first-stage units are the census sections. The second-stage units are main family dwellings. One adult (aged 16 year old and over) is selected within each household to fill out the Adults Questionnaire and, should there be any minors (aged 0 through 15), a minor is also selected to fill out the Minors Questionnaire.

The framework used for the first stage sample selection is an area framework formed by the relation of existing census sections used in the 2006 Municipal Register of Inhabitants 2006. For the second stage units the list of main family dwellings in each one of the sections selected for the sample has been used. The third

stage units are selected from the list of persons who can be surveyed in the household at the time the interview is carried out.

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

The following strata are considered:

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

Stratum 1: Provincial capital municipality (except the previous ones).

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

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

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

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

Stratum 6: Municipalities with less than 10,000 inhabitants.

For each Autonomous Community an independent sample is designed from that represented due to one of the survey objectives being to facilitate data with this level of breakdown.

6.2 SIZE OF THE SAMPLE. ALLOCATION

To cover the objectives of the survey to be able to facilitate estimates with a certain degree of reliability on a national and Autonomous Community level, a sample of approximately 31,300 dwellings distributed into 2,236 census sections has been selected.

On determining the sample size, the size of the 2003 sample has been taken, and the volume of incidences occurring on that occasion has been taken into account, as has the fact that in this 2006 survey the use of a 'proxy' for obtaining information on the selected person has been disallowed. Conversely, the initially anticipated sample has been increased, in the Communities of Aragón, Baleares, Cantabria, Galicia, Murcia and Navarra, in order to attain objectives for them of giving estimates with a higher level of geographical breakdown, into regions (NUTS 4) or into health areas.

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

The number of dwellings selected in each census section is 14.

Table I.-Distribution of the sample by Autonomous Community

| Autonomous Community | Number of census sections |
|---------------------------------|----------------------------------|
| Andalucía | 200 |
| Aragón | 200 |
| Asturias (Principado de) | 68 |
| BALEARES (ISLAS) | 132 |
| Canarias | 84 |
| Cantabria | 124 |
| Castilla y León | 100 |
| Castilla-La Mancha | 84 |
| Cataluña | 188 |
| Comunidad Valenciana | 136 |
| Extremadura | 68 |
| Galicia | 252 |
| Madrid (Comunidad de) | 164 |
| Murcia (Región de) | 140 |
| Navarra (Comunidad Foral de) | 116 |
| País Vasco | 88 |
| Rioja (La) | 52 |
| Ceuta y Melilla (Ciudades Aut.) | 40 |
| Total | 2,236 |

6.3 SAMPLE SELECTION

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

In order to determine the selection of the person who should complete the Adults Questionnaire and the person under 16 years old (should there be minors in the dwelling) who should complete the Minors' Questionnaire, a random procedure is used which assigns equal probability to all adults (in the first case) and to all minors (in the second case), in each household.

6.4 DISTRIBUTION IN TIME

The sample has been distributed uniformly over the four quarters that make up the temporal scope of the survey. Within each quarter it has moreover been attempted to distribute the sample also by reference week to make things as homogeneous as possible.

6.5 ESTIMATORS

Ratio estimators will be used to estimate all characteristics considered in the sample, implementing re-weighting techniques, considering auxiliary variables such as age groups and sex of the population of the Autonomous Community.

For this the following steps have been followed:

A. Estimates for households and persons

1.- Estimator based on the design.

$$\hat{Y}_d = \sum_h \sum_{i,j \in h} \frac{1}{K_h \cdot \frac{14}{V_h^{(06)}}} \cdot y_{hij} = \sum_h \sum_{i,j \in h} \frac{V_h^{(06)}}{V_h^t} \cdot y_{hij}$$

where:

h: Stratum

Stratum h is defined as the Autonomous Community-size crossing for the municipality in those Communities without enlargement of the sample and Autonomous Community-domain-size of the municipality in the Communities where there is enlargement of the sample.

i: Section

j: Household

y_{hij} : Value of objective variable Y in household j, from section i, stratum h

K_h : Number of sample sections in stratum h

$V_h^{(06)}$: Number of dwellings from stratum h according to 2006 framework 2006

V_h^t : number of theoretical households from stratum h. It is confirmed that:
 $V_h^t = K_h \cdot 14$.

The factor $K_h \cdot \frac{14}{V_h^{(06)}}$ is the probability of selection of a household from stratum h.

2.- **Correction of non-response.** This aspect is corrected by multiplying the aforementioned raising factor $\frac{V_h^{(06)}}{v_h^t}$ by the inverse of the probability of response, in other words:

$$\hat{Y}_2 = \sum_h \sum_{i,j \in h} \frac{V_h^{(06)}}{v_h^t} \cdot \frac{v_h^t}{v_h^e} y_{hij} = \sum_h \sum_{i,j \in h} \frac{V_h^{(06)}}{v_h^e} \cdot y_{hij}$$

where v_h^e it is the effective sample of households in stratum h.

3.- **Ratio estimator**, using the demographic previews of the population at the time of the survey as the auxiliary variable. Its fundamental aim is to improve the estimator obtained via the previous steps, updating the population employed when selecting the sample to the moment when the survey is performed. It is expressed as:

$$\hat{Y}_3 = \sum_h \frac{\sum_{i,j \in h} \frac{V_h^{(06)}}{v_h^e} \cdot y_{hij}}{\sum_{i,j \in h} \frac{V_h^{(06)}}{v_h^e} \cdot P_{hij}} \cdot P_h = \sum_h \sum_{i,j \in h} \frac{P_h}{p_h^e} \cdot y_{hij}$$

where:

P_h it is the population preview halfway through the period of carrying out the survey (15 February 2007) for stratum h.

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

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

Then:

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

4. **Calibrating techniques.** The previous factor is reweighted to adjust the estimate distribution to external sources. This calibration has been carried out by means of the CALMAR framework of the French National Statistics and Economic Studies Institute (INSEE). The variables used in this adjustment process were:

- Age groups and sex. Males and females distributed in the following age groups: 0-4, 5-9, 10-15, 16-19, 20-24, 25-29, 30-34, 35-39, 40-44, 45-49, 50-54, 55-59, 60-64, 65 and over
- Population totals by province (Autonomous Communities without enlargement) or by estimated domain (Autonomous Communities with enlargement)
- Total population by Spanish or foreign nationality
- Households by size: 1, 2, 3, 4 or more members.

Implementing the previous steps supplies a final raising factor $F_j^{(2)}$ for each household from the effective sample.

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

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

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

The estimators of proportions $P = \frac{X}{Y}$ are of the form $\hat{P} = \frac{\hat{X}}{\hat{Y}}$ where estimates \hat{X} e \hat{Y} are obtained by means of the previous formula.

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

B. Factor for adults and minors selected.

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

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

Factor of adult selected for household j: $F_{jk}^{(3A)} = F_j^{(1)} \frac{1}{A_j}$, where jk represents the

person (adult) k from household j who should fill in the individual adults questionnaire and where A_j is the number of adults from household j.

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

$F_{jk}^{(3M)} = F_j^{(1)} \frac{1}{M_j}$, where sub-index jk represents, in this case, the person (minor) k

from household j who must fill out an individual minors questionnaire and M_j is the number of children in from household j .

2.- Correction of non-response. Due to the lack of partial response from individual questionnaires, there are adults and minors who, although they should fill in the corresponding individual questionnaires, do not do so because they have to correct the previous factors.

The correction is carried out in the following manner:

In the case of the adults:

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

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

In the case of minors:

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

a similar expression to the previous one, having merely exchanged A for M and extended the sums to the set of individual child questionnaires. Sub-index l_m represents child m from household l .

Groups G , which have been considered both in the case of adults as well as minors were by Autonomous Community and groups by sex and five-year age intervals up to 65 years and over.

3.- Calibrating techniques. Lastly, calibrating techniques have been applied to the previous individual questionnaires using CALMAR software.

External sources (demographic previews) used have been, within each Autonomous Community, population by age group and sex: Men and women 0-15, 16-24, 25-34, 35-44, 45-54, 55-64, 65 and over; and population total of Spanish and foreign nationality by Autonomous Community.

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

6.6 SAMPLE ERRORS

For the estimate of sample errors the **Jack-knife method** has been used which facilitates obtaining the estimate of the variance of the estimator of a characteristic X by means of the expression:

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

in which $\hat{Y}_{(lh)}$ is the estimate of characteristic Y obtained by taking away the group of sections i from stratum h, and A_h are the random groups of sections made up in stratum h.

To obtain the estimator and for simplicity, instead of recalculating the elevation factors the stratum factors where the sections have been taken away are multiplied by the factor: $\frac{n_h}{n_h - \#(lh)}$.

As aforesaid:

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

where:

lh is the group of sections from stratum h

n_h is the total sections from stratum h

A_h are the groups of sections from stratum h

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

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

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

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

Sample theory determines that, in the interval between

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

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

7 Collection of the information

7.1 COLLECTION METHOD

The method for collecting information was a personal interview, which could be completed, in exceptional cases, by means of a telephone interview. In each household the necessary visits are made in order to obtain the information required. The fieldwork was organised via the 52 Provincial INE Delegations.

With regard to the adult questionnaire informant, proxy information was not permitted except where the person selected was unable to respond due to problems such as illness, disability or being hospitalised in a health centre and is not due to return home for the duration of the section work.

7.2 BASIC UNITS

Family dwelling

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

–The fixed dwellings: areas which do not respond totally to the definition of family dwelling due to them being semi-permanent (huts or cabins), improvised with

waste material such as cans and boxes (huts or shacks), or not having been conceived in a principle with residential purposes nor reformed to be used for these purposes (stables, mills, garages, stores, caves, natural refuges), but which however constitute the main and normal residence of one or various households.

– Existing family dwellings within collective dwellings, as long as they are destined for management, administrative or service personnel from the group establishment.

Household

Household is defined as the person or group of persons jointly occupying a main family dwelling familiar or part thereof, and consume and/or share food or other goods on a common budget.

In accordance with this definition, the following has to be borne in mind:

a) A household may be formed of a single person (single-person household) or by several people (multi-person household) and the people forming the household may or may not be linked by kinship. b) A household is a group of persons jointly occupying a main family dwelling or part thereof. Thus, the group of persons that reside in a group establishment (hospital, hotel, student residence...) do not compose a household. However, it is important to bear in mind that within the group establishment building there may be a household such as, for example, the case of a prison director who lives inside the prison premises.

c) A household is a group of persons sharing costs, in other words, with a joint budget, with budget being defined as a joint fund enabling the person(s) entrusted with managing the household to defray the joint costs thereof (expenditure on rent, gas, electricity, water, telephone, etc.). Persons who have a partially independent income, if they share the majority of the main costs - dwelling and/or food - with other household members, are not considered to form a different household.

Both those contributing resources to the budget, assisting in defraying joint household expenditure and contributing to this and those not contributing resources depend on the joint budget or income are generally considered to have a joint budget or income.

d) For the purpose of locating the number of households residing in the dwelling, it is considered in this questionnaire that within the same dwelling there reside several households only when these households maintain separate budgets, in other words, each with separate incomes (and therefore independent as far as relevant expenditure is concerned: expenditure on rent, gas, electricity, water, telephone, etc.) and occupy different and delimited areas of the dwelling, even though they are living there on a common basis (for example, households with subtenants, dwellings shared by two or more families with independent incomes, etc.).

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

Members of the household

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

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

- Those habitually residing (residing or believing that they reside during the greater part of the year) with the household in the surveyed dwelling.
- Those residing in a health centre and who intending to return to the household within a year.
- Those habitually residing in another type of collective establishment and intend to return to the surveyed dwelling within a year.
- Persons employed in the household and guests usually residing in the household are also considered to be members of the household.

However, the following persons are not considered to be members of the surveyed household:

- Those normally residing in another family dwelling and intending to return to the surveyed dwelling within a year. For example, students who reside in another dwelling during term-time and return to the surveyed dwelling in the holidays.
- Those normally residing in another family dwelling or collective establishment and intending to return to the surveyed dwelling within a year. For example, elderly persons residing in an old people's home and do not intend to return to the household for at least a year.

As an exceptional case, persons who reside in several households but in none the greater part of the year, are considered members of that household in which they are residents at the time of the Survey (for example, elderly persons who alternate their residency, living with different children or other relatives throughout the year).

7.3 THE BASIC DOCUMENTATION COLLECTED: QUESTIONNAIRES

Questionnaires are fundamental to collecting information as part of the NHS, and form the basic tools used by the interviewer to carry out his or her work. The INE, in partnership with the Ministry of Health and Consumption, analysed their content and adapted them in order to minimise the burden on informants.

The NHS-06 questionnaires included a set of questions, which must be posed to all interviewees in the same way, enabling the taking down of details requiring research and guaranteeing comparable responses to questions.

Household questionnaire

The Household Questionnaire is a tool designed with the aim of capturing all persons living in the household in order to collect information on social and demographic characteristics of its members and of specific aspects relating to the surveyed household (income).

The information collection method for this questionnaire is the personal interview, completed where necessary by means of a telephone interview.

As a general rule, the Household Questionnaire informant must be a sufficiently well-informed person, since he or she must be capable of providing different information on household members.

In this questionnaire, information is requested from all members of the household on fundamental social and demographic variables: age, sex, relatedness to the adult from whom details are to be obtained regarding health, household reference person, and level of training.

The adult who must answer the adult health questionnaire is selected, and where there is a child under the age of 16 residing in the household, a child is selected in order to answer the children's health questionnaire.

Information is requested on the country of birth, nationality, country of nationality, marital status and living together with partner (not from children) with reference to the adult selected and, where appropriate, the child selected.

Details are requested regarding relationship with the activity, unemployment benefit, whether the person has previously worked, contract type and duration, workers in his or her charge, company activity, occupation and professional situation with regard to the adult selected, his or her partner (if living together) and from the household reference person (if he or she does not coincide with any of the aforementioned).

It is also researched, where appropriate, how long the person has been unemployed, shift type, reason for leaving work, referring to the adult selected.

Lastly, questions are asked regarding conditions and physical conditions of the dwelling and regarding household income.

Adults Questionnaire

The Adult Questionnaire is a document designed with the aim of collecting information relating to persons aged 16 years old or over on the health dimensions and determining factors being researched: reproductive work, state of health and chronic illnesses, accidents, restriction on activity, taking of medicine, mental health, workplace stress, access to and use of health services, life habits, preventive practices, attacks, discrimination, physical and sensory characteristics, limitations on carrying out everyday activities, affection and personal support, and family function.

This questionnaire must be completed in all households, with only one person interviewed, selected at random from the persons residing in the household.

The information collection method for this questionnaire is the personal interview, completed where necessary, in exceptional cases, by means of a telephone interview.

The informant for this questionnaire is the person being interviewed, selected among all those persons residing in the household in accordance with the established rules. Only where the person who has been selected is unable to provide the information directly due to problems such as illness, disability or being hospitalised in a health centre and is not going to return home during the time that the only where the person who has been selected is unable to provide the information directly due to problems such as illness, disability or being hospitalised in a health centre and is not going to return home during the time that the section work will last, is obtaining questionnaire information from someone else resident in the household and sufficiently well-informed and in a position to do so permitted.

Minors Questionnaire

The Minors' Questionnaire is a document designed with the aim of collecting information relating to persons aged 0 to 15 on the health dimensions and determining factors being researched for children: state of health and chronic illnesses, accidents, restriction on activity, taking of medicine, mental health, access to and use of health services, life habits, preventive practices, discrimination, quality of life, physical features, limitations on carrying out everyday activities.

This questionnaire must be completed in all households with persons between the ages of 0 and 15, with only one of them interviewed, selected at random from the underage persons residing in the household.

The information collection method for this questionnaire is the personal interview, completed where necessary, in exceptional cases, by means of a telephone interview. A suitable informant for this questionnaire is the person most familiar with aspects referring to the health status and health care of the child, generally the child's mother, father or guardian. If the person who is to provide information was unable to provide the interview data, due to problems such as illness, disability or absence, the information regarding this questionnaire is requested from another adult who is sufficiently informed regarding the requested data and able to do so.

In general, order of completion of questionnaires is: A Household Questionnaire, an Adults Questionnaire and a Minors' Questionnaire (where applicable). However, if at the end of the Household Questionnaire it was not possible to move on to the Adult Questionnaire, due to absence of the selected person or another reason, the Child Questionnaire will be completed next if the suitable informant is present, with the Adult Questionnaire obtained during a subsequent visit.

7.4 PRE-TEST OF QUESTIONNAIRES

Since the NHS-06 incorporates a number of new features in its content, it was essential to carry out a process of evaluation of the initial questionnaires, consisting not only of traditional quantitative field studies, such as a pilot survey, but also of qualitative studies such as those known as "in-depth tests", with both methodolo-

gies finally being used in carrying out the pre-test of questionnaires, since each of them provided different information which was significant to increasing the quality of the questionnaires.

The Pre-test of the NHS-06 incorporates two strategies (pilot survey and in-depth tests) in order to endeavour to obtain the greatest quantity and variety of evidence regarding the anticipated functioning of the compiled questionnaires.

8. Variables and definitions

8.1 FUNDAMENTAL CHARACTERISTICS UNDER STUDY

Reproductive work

It endeavours to gauge the work carried out by the person interviewed in caring for other persons in the household (those aged under 15, over 64 or persons with disabilities) who are not able to look after themselves and in carrying out household chores.

Research is conducted as to: Whether there is any person residing in the household who cannot care for him- or herself, who is responsible for caring for them and, if this is the selected person, how many hours do they spend doing this.

Definitions:

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

Who looks after persons aged under 15 years old, over 64 years old and persons with limitations?

- The person interviewed
- The person interviewed, sharing the work with his or her partner
- The person interviewed, sharing the work with someone else who is not his or her partner
- The partner by him or herself
- Someone else in the household who is not the partner
- A person paid to do this
- A person not residing in the household
- Social services
- No one
- Another situation

Who takes care of household chores, such as sweeping, cooking, ironing, etc.?

- The person interviewed
- The person interviewed sharing it with his or her partner

- The person interviewed sharing it with another person who is not his or her partner
- The partner by him or herself
- Someone else in the household who is not the partner
- A person paid to do this
- A person not residing in the household
- Social services
- No one
- Another Situation

Persons paid to do domestic work

State of health

- General state of health

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

There are 5 levels of self-evaluation of one's health status:

Very good

- Good
- Poor
- Very poor

- Illnesses and health problems

This involves researching what type of illnesses or health problems the population suffers from, which ones they have suffered from in the past twelve months, whether they have been diagnosed by a doctor and whether they are taking medicine for these illnesses.

- Types of illnesses and health problems

Persons 16 years of age and over:

- High blood pressure
- Varicose veins in the legs
- Chronic back pain (neck)
- Chronic back pain (lower back)
- Chronic allergy
- Diabetes
- Stomach or duodenum ulcer
- Urinary incontinence
- High cholesterol
- Cataracts

- Chronic skin problems
- Chronic constipation
- Stroke
- Migraine or frequent headaches
- Haemorrhoids
- Anaemia
- Thyroid problems
- Prostate problems
- Menopause problems
- Other chronic illnesses

Persons aged under 16 years old:

- Chronic allergy
- Asthma
- Diabetes
- Malignant tumours
- Behavioural disorders
- Other chronic illnesses.

Definitions:

Illness: More or less serious alteration to health.

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

Accident rate

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

Research is carried out on the type of accident and the number of times in the past twelve months, the place where the latest accident occurred, whether a health professional was consulted as a result of the latest accident and the effect of or damage caused by the latest accident.

Type of accident

- Falls
- Trips
- Burns
- Poisoning (excluding food-poisoning)
- Traffic accident (driver or passenger)
- Traffic accident (pedestrian)
- Others

Place where the latest accident occurred

- -At home, stairs, foyer, etc.
- -In the street or road and it was a traffic accident
- In the street, but it was not a accident
- -Employment
- In the place of study
- At a sports facility
- In a recreational or leisure area
- Somewhere else

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

- *Effect or damage caused by the latest accident:*
- Fractures or deep wounds
- Poisoning
- Burns and corrosion
- Other effects

Definitions:

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

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

Restriction on activity

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

Research is carried out on whether the person has had to reduce or limit his or her usual activities in the past two weeks, what the symptoms which restricted his or her activity were, and whether those symptoms confined him or her to bed.

Type of pain or symptom

- Pain in the bones, vertebral column or joints
- Nervousness, depression or difficulty sleeping
- Throat, cough, cold or flu problems
- Headaches
- Contusion, injuries or wounds
- Earache, otitis
- Diarrhoea or intestinal problems

- Bites, itching, allergies
- Kidney and urinary complaints
- Stomach problems, with the digestive system, liver or gall bladder
- Fever
- Teeth or gum problems
- Dizziness and dizzy spells
- Pain in throat and chest
- Swollen ankles
- Breathlessness, difficulty in breathing
- Tiredness for no apparent reason
- Other pains or symptoms

Definitions:

Usual activities: Activities carried out both in the workplace and in the home, or attendance at educational or training centres and activities carried out in one's free time and which usually involve socialising with friends and family, practising sports, going to see shows, etc. Limitation on the activity must last at least half of the day.

Symptom: Any type of manifestation of an illness affecting a person.

Pain: Symptom of an illness manifesting itself as an unpleasant sensory perception, generally localised, which the sufferer states he or she feels.

Taking of medicines

Research is carried out on whether the person has taken medicine, which ones he or she has taken and which ones he or she was prescribed.

The medicines researched are as follows:

- Medicines for colds, flu, throat, bronchial tubes
- Medicines for pain
- Medicines to lower fever
- Tonics like vitamins, minerals, stimulants
- Laxatives
- Antibiotics
- Tranquillisers, sedatives, sleeping tablets
- Medicines for allergies
- Medicines for diarrhoea
- Medicines for rheumatism
- Medicines for heart problems
- Medicines for blood pressure
- Medicines for the stomach and/or digestive alterations

- Antidepressants, stimulants
- Contraceptive pills (only for women)
- Hormones for the menopause (only for women)
- Medicines for losing weight
- Medicines for lowering cholesterol levels
- Medicines for diabetes
- Other medicines
- Homoeopathic products
- Whole food products

Regarding the taking of homoeopathic and natural medicines, only ask whether they have been taken.

Definitions:

Medicine: All medicinal substances and their associations or combinations to be used on persons, presented with properties for preventing, diagnosing, treating, relieving or curing illnesses or complaints, or in order to affect bodily functions or mental health.

Only pharmaceutical specialisms, patent medicine, preparations or officinal formulas and manufactured medicines.

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

- *Medicinal substance.* All material, whatever its origin, human, animal, vegetable, chemical or of another type, to which an appropriate activity is attributed in order to constitute a medicine.
- *Pharmaceutical specialism.* Medicine whose composition and information are defined, pharmaceutically and with established dosage, prepared for immediate medicinal use, set up to be dispensed to the public, with uniform name, packaging and labelling, to which the State Authorities grant health authorisation and record in the Pharmaceutical specialism register.
- *Patent medicine:* Medicine intended for a specific patient, prepared by a pharmacist or according to his or her instructions, in order to expressly fulfil a doctor's prescription detailing the medicinal substances it contains in accordance with the technical and scientific standards of pharmaceuticals, dispensed in his or her pharmacy or pharmaceutical service.
- *Preparation or officinal formula.* Medication composed and guaranteed by a pharmacist or following his or her instructions, dispensed at his or her pharmacy office or pharmaceutical service, listed and described by the National Form, intended for handing out to patients supplied by the aforementioned pharmacy or pharmaceutical service.

- *Manufactured medicine.* Medicine which does not coincide with the definition of pharmaceutical specialism and which is marketed in the form of a pharmaceutical which can be used without the need for industrial processing and to which the State Authorities issue health authorisation and record in the corresponding Record.
- *Personal hygiene product.* Product which, when applied directly to the skin or healthy mucus, is meant to fight the growth of micro-organisms, as well as prevent or eliminate ectoparasites from the human body or eliminate the health risks deriving from the use of therapeutic prostheses applied to the human body.
- *Homoeopathic treatment.* A therapeutic method based on the administering of small doses of medicinal substances in order to activate the body's own defences and gradually improve or cure illnesses.

In Spain, as in other European Union countries, homoeopathic products are medicines regulated by the Ministry of Health and Consumption: (Royal Decree 2.208/94, of 16 November 1994, published in the Official State Gazette on 28 November 1994).

Homeopathic medicines, like any other medicine, are prescribed by doctors and dispensed by pharmacists.

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

Prescribed medicines: It is necessary to consider those prescribed to the person by a doctor, and which the person has or should have taken.

In order to regard a medicine as having been prescribed, the time at which they were prescribed, in general terms, must be within the period in which they have been taken, in other words in the two weeks prior to the interview. However, the aforementioned time could be prior to this period, so long as the illness or complaint for which the medicine is being taken lasts more than those two weeks, or else it involves a complaint which has already been diagnosed for which medicine has been prescribed in the past.

Mental health and workplace stress

- Mental Health (Adults)

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

The questions formulated are:

During the past two weeks:

- Have you been able to concentrate properly on what you were doing?
- Have your concerns caused you to waste much time?
- Have you felt that you are carrying out a useful role in life?
- Have you felt able to make decisions?
- Have you noticed that you are constantly stressed and tense?

- Have you felt unable to overcome difficulties?
- Have you been able to enjoy normal, everyday activities?
- Have you been able to deal with your problems properly?
- Have you felt unhappy or depressed?
- Have you lost self-confidence?
- Have you thought that you are not a worthwhile person?
- Do you feel reasonably happy under the circumstances?

There are two types of response category:

Type1. Better than usual

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

Type2.- No, not at all

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

Definitions:

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

- **Mental Health (Minors)**

The Strengths and Difficulties Questionnaire (SDQ) is used; this contains 25 questions. This Module is aimed at children aged 4 to 15 years old.

The 25 SDQ items are divided on 5 scales:

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

The categories considered for this response are:

- Not true
- Partly true
- Completely true

- Workplace stress

Research is conducted on whether work carried out is considered satisfactory, and it is also asked whether he or she considers it stressful.

A scale from 1 to 7 is used.

Use of health services

In this section information is gathered on the type of health services received: consultations, need for medical attention, health cover, stomatology consultations, hospital stays and use of emergency services.

Medical consultations

It involves researching the frequency with which he or she has been for medical consultations, where the check-up was carried out, functional dependency for the doctor, specialism, reason for the check-up, waiting time, carrying out of non-urgent tests, waiting time for tests and consultations with other health professionals.

Definitions:

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

Group medical examinations (work, school, etc.), simply requesting an appointment simple, stomatology, dental or dental hygiene consultations, the carrying out of any diagnostic test (x-rays, analyses, etc.) or therapeutic procedure as instructed by a doctor, or contact with pharmacists or opticians for acquiring medical prescriptions are not considered medical consultations.

The following characteristics of consultations carried out are researched:

Last time you had a medical consultation

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

How many times in the last four weeks

Number of times he or she has had a consultation with a specialist in the last four weeks

Which specialist he or she consulted

- Family Doctor
- Allergology
- Digestive system
- Cardiology
- General and digestive surgery
- Cardiovascular surgery
- Vascular surgery
- Dermatology
- Endocrinology and nutrition
- Geriatrics
- Obstetrics and Gynaecology
- Internal medicine
- Nephrology
- Respiratory medicine
- Neurosurgery
- Neurology
- Ophthalmology

- Oncology
- Ear, nose and throat
- Psychiatry
- Rehabilitation
- Rheumatology
- Traumatology
- Urology
- Other specialisms

Place where the last consultation in the last four weeks took place

- Health/Medical Clinic
 - Outpatient Centre/Specialists centre
- Outpatient hospital visit
- Emergency services of a hospital
- Private doctor surgery

-Private health insurance doctor surgery

- Company or workplace (aged 16 or over)
- School, college (under 16s)
- Household of the interviewee
- Telephone consultation
- Another place

Definitions:

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

Outpatient Centre/Specialist Unit: Centres at which specialist care is provided to those receiving Social Security. In its outpatient modality it comprises all legally recognised medical and surgical specialisms. Patient access is, generally, by instructions from the primary care doctor for outpatient assistance.

Outpatient hospital visit: Consultations made at the actual hospital for those patients requiring diagnostic means, treatment and/or rehabilitation, which cannot be provided at Primary Care level, including the performing of minor surgical procedures. They do not require hospital admission, but are carried out in outpatients.

Emergency service of an outpatient centre: Outpatients service with professionals on hand to provide urgent assistance outside normal hours.

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

Reason for the consultation

- Diagnosis of an illness or health problem
- Accident
- Assault
- Check-up
- To obtain medical prescriptions
- Sick leave documentation
- Definitions

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

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

Assault: The reason for the consultation is as a result of a one-off occurrence due to which a person is intentionally injured.

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

To obtain medical prescriptions: The reason for the consultation is exclusively to merely request medicines for treatment already being received.

Sick leave documentation: When the reason for the consultation is to obtain the consultation to obtain sick leave documentation.

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

Time elapsed between first signs of illness and realising you had a health problem and time elapsed from requesting an appointment to being seen.

Functional dependency of the doctor

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

- Public Health (Social Security)
- Medical Company
- Private clinic
- Contracted doctor, company doctor, etc .

Definitions:

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

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

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

Others: Includes contracted doctor, company doctor, workplace and professional medical insurance companies, motor insurance companies, NGOs, etc.

Conducting non-urgent tests, time taken in carrying them out and consulting other professionals

Definitions

A *non-urgent* diagnostic test is one which has been requested by a doctor in order to complete the examination of an illness, so long as the results are not required there and then.

- **Need for medical assistance**

It entails gauging whether the person has needed medical care and has not received it in the past twelve months. The main reason why care was not received is investigated.

Main reason why medical care was not received

- Could not obtain an appointment
- Could not leave work
 - Too expensive/had no money
- Had no means of transport
- The child was too nervous and scared
- Not covered by the insurance
- Had no insurance
- Had to wait too long
- Unable to due to family commitments
- Another reason

- **Health insurance**

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

Definitions

Social security: It includes persons entitled to be treated at Medical centres, Health centres, Outpatient departments and Social Security or relevant Autonomous Community Health Service Hospitals, as holders or beneficiaries of Social Security affiliation books or cards as workers (freelance or employed by others or employed in the household, active or in receipt of a pension), or persons registered as unemployed, or as persons lacking sufficient economic resources, or foreign nationals under the Foreigners Law, or community citizen resident in Spain. Also included in

this section are persons making contributions and directly affiliated to the Health Service of the Autonomous Community in which they are resident.

This modality of health cover is, exceptionally, compatible with that of *Companies working in partnership with Social Security*, that of *State Societies covered by Social Security* and *State Societies covered by private insurance*.

If a person states that they have the *Social Security* modality and in addition one of the ones exceptionally compatible, the interviewer checks that it not a mistake, in other words, that it is in fact a case of two different types of insurance, and that the conditions for their compatibility are fulfilled. For example, it is possible for civil servant to have MUFACE health cover with health provision by the Social Security, and in turn to work freelance, and therefore, be insured by Social Security: in which case, after checking that this person does in fact have two jobs and makes contributions under different schemes, the options *Social Security* and *State Societies covered by Social Security* are ticked.

However, it is aimed to avoid a civil servant with MUFACE health cover with Social Security health cover erroneously answering the Social Security option. Or else a Telefónica worker with health provision through Institutions in partnership with Social Security marks the Social Security option where this is unjustified.

Companies working in partnership with Social Security: Including persons entitled to be attended to via companies working in partnership with Social Security such as Telefónica, official banking, La Caixa, BBVA, Iberdrola, etc.

This modality of health cover is exceptionally compatible with *Social Security* cover, *State Societies covered by Social Security* cover and with *State Societies covered by private insurance* cover.

State Societies covered by Social Security are ticked. (MUFACE, ISFAS, etc.): It includes national civil servants, as well as military and legal personnel (affiliated to MUFACE, MUGEJU or ISFAS) and their respective beneficiaries, when they have opted to receive health care from Medical centres, Health centres, Outpatient departments and Social Security or relevant Health Service Hospitals of the Autonomous Community in which they are resident.

This modality of health cover is exceptionally compatible with *Social Security* cover, with that of *Companies working in partnership with Social Security* and with *State Societies covered by private insurance* cover.

State Societies covered by private insurance (MUFACE, ISFAS, etc.): It includes national civil servants, as well as military and legal personnel (affiliated to MUFACE, MUGEJU or ISFAS) and their respective beneficiaries, when they have opted to receive health care from private institutions and organisations dedicated to health care (ADESLAS, ASISA, DKV, SANITAS, etc.) and, when required, they can go to clinics and hospitals dependent on the aforementioned organisations. In this section, users affiliated to Civil Servant Societies, and having chosen private insurance companies, through living in a rural setting and by means of special agreements, receiving General Medical and Paediatric care at Social Security Health centres or

those which are part of the Health Service of the Autonomous Community in which they are resident will be included.

This modality of health cover is exceptionally compatible with *Social Security* cover, with that of *State Societies covered by Social Security* and with *Companies working in partnership with Social Security* cover.

Private medical insurance, taken out individually (SANITAS, ASISA, Professional bodies, etc.): It includes persons holding policies taken out with insurance companies in order to receive medical care at Private hospitals and at private consultations with General Practitioners and Paediatricians dependent on insurance companies with which they have taken out the aforementioned policies.

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

Does not have medical insurance, always uses private doctors: It includes those persons not entitled to public health care, whether from centres and services dependent on Social Security, on Autonomous Communities or provided by National civil servant, military and judicial Societies (MUFACE, MUGEJU or ISFAS), or without any kind of insurance taken out individually or by the company with private firms, and when needed are treated by doctors who are paid directly.

This option is incompatible with all others.

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

This situation is incompatible with all others.

- **Stomatology, dental or dental hygiene consultations**

It entails ascertaining the length of time since attending a stomatology consultation, the type of treatment received, the functional dependency of the professional seen and the state of the person's teeth.

Definitions

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

Type of assistance

- Revision or check-up
- Cleaning of the mouth
 - Fillings (plugs), endodontic treatment
 - Extraction of teeth/molars
- Crowns, bridges, other types of prostheses or dentures

- Treatment for gum diseases
- Orthodontic treatment
- Application of fluoride
- Another type of treatment

Definitions:

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

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

Endodontic treatment: Therapy techniques for dental nerve diseases.

Extraction of teeth or molars: Surgical extraction of one or more teeth using forceps and lifting devices for individual removal of fragments.

Bridge: Rehabilitation replacing one or more teeth, supported, set, held or established on remaining adjacent dental structures or on implants or a combination of the two and which cannot be removed by the patient (fixed bridge).

Treatment for gum diseases: Treatment of bleeding gums, loose teeth or exuding of pus or any other gum disease.

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

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

Functional dependence of the professional

- Public Health (Social Security)
- Municipal council
- Medical company
- Private clinic
- Others

Definitions:

Dependence of the stomatology professional, dentist or dental hygienist: institution or system in which the dentist, stomatologist or dental hygienist provides care.

State of teeth and molars

- Has cavities
- Teeth/molars have been extracted
- Has fillings in teeth/molars (plugs)
- Gums bleed when the teeth are brushed or spontaneousl
- Has loose teeth/ molars

- Has caps (crowns), bridges, other types of prostheses or dentures
- Teeth/molars missing which have not been replaced with prostheses
- Has or conserves all their natural teeth/molars

Definitions:

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

- **Hospital stays**

This characteristic aims to examine whether the patient has spent at least one night in hospital during the last twelve months, frequency, reason for admission, whether or not he or she was on the waiting list, type of admission, supplier system, discharge report and admissions to hospital during the day.

Definitions:

Hospitalisation: *This is any admission to hospital to receive medical care or treatment involving at least one overnight stay or having a bed assigned. Stays of less than 24 hours in an accident and emergency service or other service for diagnostic or therapeutic tests to be performed are not regarded as hospitalisation. Nor are persons staying with the patient, even if they occupy a bed and are there more than one day, or healthy newborns occupying a bed for more than a day regarded as hospitalised.*

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

Reason for admission

- Surgical intervention
 - Study for diagnosis
 - Medical treatment without surgical intervention
- Childbirth (including Caesarean)
- -Other purposes

Type of admission

- Accident and emergency admission
- Normal admittance (not through the emergency services)

Definitions:

Through the emergency services: Unscheduled hospital admissions occurring after the patient had been attended to by the emergency service of a hospital association. This includes urgent admissions directly onto the wards as instructed by the doctor.

Normal admittance (not through the emergency services): Hospital admissions scheduled for a date having received instructions from the doctor

Number of months on the waiting list.

Who was responsible for the hospitalisation costs:

- Public Health (Social Security)
- Mutual Insurance Society (MUFACE, ISFAS, etc.)
- Private medical company
- The individual or his or her household
- Other persons, organisations or institutions

Discharge report

This aims to ascertain whether the hospital provided the discharge report.

Outpatients

This aims to ascertain whether he or she has been admitted to outpatients, the reason for the latest admission to outpatients and the number of times he or she has attended outpatients.

Definitions:

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

Reasons for latest admission to outpatients

- Treatment
- Surgical Intervention
- **Accident and emergency services**

It is investigated whether the person has had to use an accident and emergency service due to a problem or illness, frequency, place, time between the person beginning to feel ill and seeking assistance and time between seeking assistance and being attended, type of service and reason.

Definitions:

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

Place attended

- Where they were at the time (place of abode, work, etc.)
- In an ambulance
- At an emergency ward or services

Time between the person beginning to feel ill and seeking assistance

Days, hours or minutes

Time between the person seeking assistance and being attended

Hours or minutes

Type of accident and emergency service

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

Definitions:

Non-hospital Social Security emergency services: Constituted accident and emergency service, taken to mean a service with a team of professionals in place to provide urgent assistance. These services are located in centres dedicated to providing emergency treatment (ongoing attention points) or those operating outside normal primary treatment centre hours.

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

Non-hospital Social Security centre: Primary Care Centres (health centres, specialism centres,..) where the primary care service professionals themselves deal with emergencies during the normal opening hours of the centre.

Reason for visiting an accident and emergency service

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

Life habits

This section deals with investigating specific lifestyle habits deemed to be health risks, such as consumption of tobacco and alcohol. Similarly, nutrition, rest and physical activity habits are investigated.

- Consumption of tobacco

This involves investigating prevalence of the consumption of tobacco among persons aged 16 years old or more, type of smoker (daily, occasional or ex-smoker), type of tobacco, consumption frequency, age at which he or she started and evolution of consumption. Exposure to tobacco smoke is also investigated.

Definitions:

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

Type of smoker

Two subcategories can be identified:

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

Type of tobacco

- Cigarettes
- Cigars
- Pipe tobacco

Number of daily units of each type of tobacco.

(for persons who smoke daily)

Age at which he or she began consuming tobacco

Frequency with which he or she usually smokes

(For persons who smoke daily)

- Number of daily units of each type of tobacco.

(For persons who smoke, but not daily)

- Three or four times a week
- Once or twice a week
- Less frequently

Evolution of consumption

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

Reasons for giving up smoking

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

- Recommended by a doctor
 - Suffered discomfort as a result of the tobacco
- Became increasingly concerned about the harmful effects of tobacco (health risks)
- Pregnancy
 - You noticed that your mental and/or physical performance was in general falling
 - Decided for yourself
- Other reasons

Time between giving up smoking and the age at which you started smoking

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

- Number of months and years.

Exposure to tobacco smoke

The time the person is usually exposed to environments filled with tobacco smoke away from home and work, and whether anyone regularly smokes in the home is investigated.

The person is usually exposed to environments filled with tobacco smoke

- From Monday to Thursday
- From Friday to Sunday

Does anyone regularly smoke in the home?

- N° of persons

- Consumption of alcohol

It is investigated whether persons aged 16 years old or over have consumed alcoholic drinks once in their lives, in the last year and in the last two weeks. They are asked their age when they started consuming alcohol, and for the last 12 months the type of drinks consumed, frequency and quantity.

Consumption frequency

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

- Daily
- Weekly
- Monthly
- At least once a year and less than once a month
 - At least once a year
 - Never

Definitions:

Daily: Consumes an alcoholic drink every day.

Weekly: Consumes an alcoholic drink between 1 and 6 days per week.

Monthly: Consumes an alcoholic drink at least once a month and less than once a week.

Types of alcoholic beverages

- Wine or sparkling wine
 - Beer
- Appetizers with alcohol
- Cider

- Mixed drinks, brandy or liqueurs
- Whisky

Number of times

Definitions:

Number of times: By time is meant each of the different moments during the day when alcoholic drinks are consumed (in the morning, before meals, during meals, in the afternoon, in the evening, etc.).

Number of drinks each time

Consumption of each type, distinguishing between working days and weekends

Age at which he or she began regularly consuming alcohol

- Rest and physical exercise

Questions are asked regarding the number of hours' sleep and problems sleeping, physical activities carried out, frequency and reasons why the desired amount is not achieved.

Rest

No. of hours' sleep

Definitions:

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

Type of sleep problem

- Has had difficulty falling asleep
- Has woken up several times during the night
- Has woken up too early

Frequency of sleep problems

- Never
- Some days
- Several days
- Almost every day
- Every day

Physical exercise

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

Definitions:

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

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

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

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

Reasons for not carrying out all the physical exercise one would like in one's free time

- Due to health problems
- Prefers other types of leisure activity
- Due to not having anywhere to carry out physical exercise
- Due to lack of time
- Due to lack of willpower
- Other reasons

Nº of times the person carries out physical exercise for more than 20 minutes in his or her free time

- Light activity such as walking, gardening, light exercise, etc.
- Moderate activity such as riding a bicycle, gymnastics, aerobics, swimming, etc.
- Intense activity such as football, basketball, cycling, etc.

Food

Questions are asked about the type of breakfast, frequency of consumption of specific types food, whether the person is on a special diet and why.

Type of breakfast

- Coffee, milk, tea, chocolate, cocoa, yoghurt, etc.
- Bread, toast, biscuits, cereals, pastries, etc.
- Fruit and/or juice.
- Eggs, cheese, ham, etc.
- Other types of food
- Nothing, does not usually have breakfast

Definitions:

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

Frequency of food consumption

| <i>Food</i> | <i>Frequency</i> |
|---------------------------|--|
| - Fresh fruit | - Daily |
| -Meat | -Three or more times a week, but not daily |
| - Eggs | - Once or twice a week |
| -Fish | - Less than once a week |
| -Pasta, rice, potatoes | - Never or almost never |
| -Bread cereals | |
| - Vegetables | |
| - Pulses | |
| - Cold meats and sausages | |
| - Dairy products | |
| - Sweets | |
| - Soft drinks with sugar | |

Special diet or regime

The person is asked whether they follow a special diet or regime and the reason for this.

- To lose weight
- To maintain current weight
- To live more healthily
- Due to an illness or health problem
- For other reasons

Definitions:

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

A person is considered to be following a special diet or regime if it modifies his or her eating habits, either by medical prescription or own decision, whatever the reason.

- Dental hygiene

The frequency with which one usually brushes one's teeth is measured.

Definitions:

Brushing teeth: this is a mechanical means of oral-dental hygiene, which enables the removal of plaque caused by bacteria. There are different methods of brushing. Any method used should be accompanied by a toothpaste containing fluoride.

Preventive practices

- General preventive practices

The person is asked whether he or she has been vaccinated against influenza, specifying who recommended it. Whether he or she has had his or her blood pressure taken at any point, whether cholesterol levels were taken, and how often.

Anti-flu vaccination in the last campaign

He or she is asked whether he or she has been vaccinated, and who prescribed or recommended the vaccination

- A health professional, due to his or her age
- A health professional, due to his or her illnesses
- A health professional, due to other reasons
- He or she is vaccinated at the company/school
- He or she requested vaccination out of choice
- Others

Blood pressure and cholesterol

He or she is asked when he or she last had a blood pressure and cholesterol check-up

- Less than three months ago
- Between 3 and 5 months ago
- Between 6 months and 1 year ago
- Between 1 and 3 years ago
- More than 3 years ago

Definitions:

Blood pressure check-up: Periodic measurement of systolic and diastolic arterial pressure, carried out by a health professional.

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

- Female preventive practices

It is investigated whether she has ever had a gynaecological appointment, how often, reason, pap smear and mammogram, year of the first and last ones and reasons.

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

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

Reason for the last doctor's appointment

- A gynaecological problem
- Family planning/guidance
- Periodic check-up
- Year in which the first and last mammograms were carried out

Reasons for having the last mammogram carried out

- Because she noticed a problem in her breast
- Because her doctor noticed a problem in her breast
- Because her gynaecologist recommended her to have it
- Because her gynaecologist noticed a problem in her breast
- Because other women in their family have or have had breast cancer
- Was given an appointment from the Autonomous Community or municipal council for an early breast cancer detection programme
- For other reasons

Frequency with which one has mammograms carried out

- At least once a year
- Every 2 years
- Every 3 years
- Approximately once every 5 years
- Over 5 years
- Never

Year in which the last pap smear was carried out

Reasons for having the last pap smear carried out

- Because she was experiencing discomfort
- Because she was referred by the general practitioner

- Went to see the gynaecologist
- Was given an appointment from the Autonomous Community or municipal council for an early cancer detection programme
- For other medical reasons

Frequency with which one has pap smears carried out

- At least once a year
- Every 2 years
- Every 3 years
- Approximately once every 1 to 5 years
- Over 5 years
- Never

Definitions:

Vaginal cytology: It comprises one of the diagnostic methods for uterine and vaginal cancers and certain infections. It also allows us to learn about female hormonal activity. This procedure consists of collecting a sample of cells that are subsequently analysed in a laboratory.

- Road safety preventive practices

He or she is asked about using a seatbelt and motorcycle and cycle helmet.

Using a seatbelt around town and on the open road while driving a vehicle

- Always
- Almost always
- Almost never
- Never
- Never drives

Using a seatbelt around town and on the open road while travelling in a vehicle as a passenger

- Always
- Almost always
- Almost never
- Never
- Never rides as a passenger

Using a helmet around town and on the open road while riding a motorcycle ...

- Always
- Almost always
- Almost never
- Never

- Not applicable

Using a helmet around town and on the open road while riding a bicycle ...

- Always
- Almost always
- Almost never
- Never
- Not applicable

Definitions:

Road safety measures: Measures aimed at preventing injury due to traffic accidents. Includes promotion of the use of a seatbelt, helmet and child restraint systems.

Assaults

In this section the person is asked whether he or she has suffered an assault, where this took place and who carried out the assault.

Due to the sensitive subject matter contained in this section, permission is requested from the adult selected in order to ask questions and should their answer be yes, this section is self-completed, in other words, the interviewer hands the person selected a card with the questions for the interviewee to supply the response code for each question, identifying them by their number.

Assaults and abuse suffered in the last year

Where did this occur?

- At a place of leisure
- At work or the centre of study
- In the street
- In the home by his or her partner
- In the home by someone other than his or her partner
- In the building where he or she lives
- In a sports area
- Elsewhere

The abuser(s) or assailant(s) was/were:

- A stranger (male)
- A stranger (female)
- His or her partner
- An acquaintance (a woman other than his or her partner)
- An acquaintance (a man other than his or her partner)

Discrimination

He or she is asked whether he or she has felt discriminated against in a series of situations, as well as the cause and frequency thereof. The extended Nancy Krieger measurement is used.

Situations in which he or she has felt discriminated against

- Seeking work
- At work
- At home (by partner)
- At home (by someone who is not his or her partner)
- On receiving health care
- In a public place

Reasons why he or she has felt discriminated against

- By sex
- By ethnicity or country
- By level of studies or social class
- By sexual preferences
- By religion

Frequency with which one felt discriminated against.

- Never
- Sometimes
- Often
- Constantly

Physical and sensory characteristics

- Physical characteristics

This involves obtaining weight, height and relationship between the two.

- Auditory and visual characteristics

The person is asked whether he or she can hear at a volume which others consider normal, and whether the person can hear well enough to make out a person at a distance of 4 metres. He or she is also asked whether he or she recognises another person at a distance of one metre.

In case of using an auditory prosthesis or a hearing aid, this characteristic will be measured in the situations when it is used. If he or she uses glasses or contact lenses, the question is considered as referring to those situations in which he or she has been using these.

- Limitations on carrying out daily activities

The aim is to ascertain whether the person has a limitation carrying out daily activities, the type of problem that caused them, and the degree of severity of the

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

Type of problem caused by the limitation with carrying out everyday activities

- Physical
- Mental
- Both

Definitions:

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

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

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

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

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

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

Degree of severity

- Severely limited
- Limited, but not severely

Limitations carrying out daily activities (over 64 years old)

The ability or inability of persons 65 years old and over to carry out, with or without help, daily activities is the focus of the study.

Current activities

Capability to carry them out

| | |
|--|--|
| <ul style="list-style-type: none"> - Use the telephone (find the number and dial) - Purchase food or clothes, etc. - Take the bus, metro, taxi, etc. - Prepare their own breakfast - Prepare their own food -Take their medicines (remember the quantity and the moment when these must be taken) -Administer their own money (pay receipts, deal with the bank, sign cheques, etc.) -Cut a slice of bread -Washing up - Make the bed -Change the bed sheets -Wash light clothes by hand - Use the clothes washer - Clean the house (mop the floors, sweep) - Crouch to clean a stain on the floor -Eat (cut the food and place it in your mouth) -Get dressed or undressed and select the clothes that should be worn - Comb your hair, shave, etc. - Walks (with or without a stick) -Get out of bed and lay down -Cut their toe nails - Sew a button -Wash their face and body from the waist up - Bathe/Shower - Walk up ten steps -Walk for one hour continuously - Stay alone all night | <p>-Can carry it out without assistance</p> <p>Able to do it without help from someone else</p> <p>Unable to do it in any way whatsoever</p> |
|--|--|

Affection and personal

This involves measuring the perception of the interviewee regarding the different affection and personal situations, which normally arise in everyday life. Information is also requested on the person's perception regarding family function.

- Affection and personal

Social support is considered a good predictor of health and well-being. In order to measure it, the Duke-UNC functional social support questionnaire is used.

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

- I receive visits from my friends and family
- I receive help in issues relating to my house
- I receive praise and recognition when I do my work well
- I have persons who are concerned about me
- I receive love and affection
- I have the possibility of speaking with someone about my problems at work or at home
- I have the possibility of speaking with someone about my personal and family problems
- I have the possibility of speaking with someone about my financial problems
- I receive invitations for recreation and to go out with other persons
- I receive useful advice when an important event occurs in my life
- I receive help when confined to bed

Categories for response:

- Much less than desired
- Less than I would like
- Neither a lot nor a little
- Almost as much as I would like
- As much as I would like

- Family function

This is a useful tool for detecting family dysfunction. The Family APGAR Questionnaire is used. APGAR responds to the five components of the family function, A: adaptability, P: partnership, G: growth, A: affection and R: resolve.

The questionnaire uses a scale of 5 items and each item admits 3 possible responses.

- Are you satisfied with the help you receive from your family when you have a problem?
- Do you discuss household problems amongst yourselves?

- Are important household decisions made jointly?
- Are you satisfied with the time you and your family spend together?
- Do you feel your family loves you?

Categories for response:

- Almost never
- Sometimes
- Almost always

Specific characteristics of the child population

- Type of lactation in the first weeks and months of life.

Time the child was breastfed

Time the child was exclusively breastfed

Age at which artificial lactation started

- Time spent watching television, playing videogames and using the Internet

Time the child spends watching television every day playing videogames or using the Internet

A distinction is made between working days and weekends

- Quality of life related to health.

The "KIDSCREEN" Quality of life for the Child Population questionnaire is used.

It consists of 10 questions, each of which has 5 possible answers. The answer is given by the child questionnaire informant (father, mother, guardian or well-informed person), therefore the answers should reflect the point of view of the child.

- Has the child felt well and in shape in the last seven days?
- Has the child felt full of energy in the last seven days?
- Has the child felt sad in the last seven days?
- Has the child felt alone in the last seven days?
- Has the child had enough time to him or herself in the last seven days?
- Has the child had enough time to him or herself in the last seven days?
- Have the child's parents treated him or her fairly in the last seven days?
- Has the child played with friends in the last seven days?
- Has the child been problem-free at school in the last seven days?
- Has the child been able to pay attention in the last seven days?

Definitions:

Quality of life: The individual's perception of his or her lot in life in the context of the culture and value system in which he or she lives and in relation to his or her goals,

expectations, codes and interests. This involves an extensive concept regarding which physical health, psychological state, level of independence, social relationships and the relationship with the main aspects of one's surroundings have a complex influence.

8.2 IDENTIFICATION VARIABLES

Province

The 50 provinces into which Spain is divided and the autonomous cities of Ceuta and Melilla are considered.

Municipality

The municipality to which the selected dwellings belong is considered.

Section

The censal section to which the selected dwelling belongs is considered.

Order number of the dwelling

The Selection Number which corresponds to each one of the sample dwellings is considered.

Household number within the dwelling

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

Number of the adult selected in the household

Number of the child selected in the household

Data of the questionnaire informant

8.3 CLASSIFICATION VARIABLES

Geographical features

- Autonomous Community of residence

17 Autonomous Communities and the Autonomous Cities of Ceuta and Melilla

- Andalucía
- Aragón
- Asturias (Principado de)
- Balears (Illes)
- Canarias
- Cantabria

- Castilla y León
- Castilla–La Mancha
- Cataluña
- Comunidad Valenciana
- Extremadura
- Galicia
- Madrid (Comunidad de)
- Murcia (Región de)
- Navarra (Comunidad Foral de)
- País Vasco
- Rioja (La)
- Autonomous Cities of Ceuta and Melilla.

Demographic and socio-economic characteristics

- Age

This characteristic is investigated for all household members

- Sex

This characteristic is investigated for all household members

- Nationality

This characteristic is only asked of selected adults and children.

- Spanish
- Foreign

- Country of nationality

This characteristic is only asked of selected adults and children.

- An EU country
- Another European country
- Canada or the U.S.A
- Another American country
- An Asian country
- An African country
- A country in Oceania

- Country of birth

This characteristic is only asked of selected adults and children.

- Marital status

This characteristic is only asked of the selected adult.

This refers specifically to the legal situation, and not to the actual situation.

- Single
 - Married
- Widowed
 - Legally separated
- Divorced

Living together with partner

This characteristic is only asked of the selected adult.

Definitions:

Living as a couple: Being in a de facto relationship, living together continually as a couple in the same household, thus excluding casual relationships.

- Relationship with person

This characteristic is investigated for all household members

- Adult selected
- -Spouse or partner
- Son/Daughter
 - Father or mother
 - Father in law/Mother in law
- Son-in-law/Daughter-in-law
- -Brother/sister
- -Grandchild
 - Grandfather/grandmother
- -Other family members
- Other non-family members.

- Level of studies attained

This characteristic is investigated for all household members.

This refers to the highest level studies attained by persons residing in the household, whereby, should a person have studied to a certain level without managing to finance their studies, he or she is deemed to have attained the previous level.

- Not applicable, he or she is under 10 years old
- Cannot read or write
- Uneducated
- Primary education or equivalent
- First cycle general secondary education
- Intermediate level vocational training
- Second cycle general secondary education

- Higher professional education
- 1st cycle university studies or equivalent
- **2nd cycle university studies or equivalent**

Definitions:

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

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

- Not applicable, he or she is under 10 years old:

All children aged under 10 years old are considered in this situation, since, due to their age, they have still not completed their primary school studies.

- Cannot read or write:

Persons aged 16 years old or over who, taking into account any world language, are unable to read or write, or are only able to read one or more memorised sentences, number or their own name.

- Uneducated:

This includes persons who have attended school less than five years (not considering the pre-school or nursery years) and are not illiterate.

- Primary education or equivalent:

This covers studies which, generally, start aged five or six years old and end aged eleven or twelve years old.

Includes: Attendance for at least five years at a school, Primary certificate, General Culture, GBE (Education between the ages of 6 and 14 years) (Five years passed), GBE (first stage), Primary education (current system), Basic Education in Special Education (all persons receiving education at a Special Centre or in a Special Education Classroom in ordinary teaching centres, or those receiving special support in ordinary teaching centres.), Professional introduction, Industrial Pre-learning, Adult literacy.

- First cycle general secondary education:

This includes studies which expand on primary level teaching. It provides general education to persons normally aged between 11 or 12 years of age and 13 or 14 years old, under the former systems, and 15 or 16 years old under the current system, and is taught over the course of three or four school years.

Old system: Four complete years of Post-Secondary Education of any plan prior to the General Education Law: Elementary Post-Secondary Education (general, labour, technical). GBE (advanced cycle or second stage), School Graduate, Learning of tasks in Special Education.

Current system: Obligatory Secondary Education (O.S.E.), Obligatory Schooling Certificate or any other certificate which, in the future, provides proof of school attendance during the period of obligatory schooling (after passing a minimum number of years). Overall social guarantee (they are established for pupils aged between 16 and 21 years old who fail to meet the objectives of Compulsory Secondary Education), Social Guarantee in Special Education and Learning of tasks in Special Education (all persons receiving education in a special centre or in a special education or in a special education classroom in ordinary teaching centres, or are included under these 2 headings or those receiving special support in ordinary teaching centres, or those receiving special support in ordinary teaching centres).

- Intermediate level vocational training:

Former system: First Degree Vocational Training or equivalent including VT1, Industrial officer or Assistant Technician, Nautical-fishing Professional Training, Other regulated studies equivalent for all purposes to VT1 (providing access to this qualification).

Other first cycle technical-professional education: Agricultural Training, Rural Instructor, Corporate Assistant or commercial office interpreter (former Trade Schools), First level of Intermediate Commands, Studies in Conservatories (basic level), Second corporals and specialist first corporals, Other regulated studies equivalent for employment purposes to VT1.

Current system: Intermediate technical/professional education (training cycle), Module 2 of professional training (included in this code are intermediate training cycles covered by General Law of Spanish Education System (GLSES), both for professional training and for education in plastic arts and design and music and dance), Special or adapted professional training.

Second cycle general secondary education: Post-Secondary Graduate (general, professional or technical) with or without pre-university, General Certificate of Secondary Education (with or without GCE A-level studies), R.I.E. (Reform of Intermediate Education), Post-Secondary Education (GLSES).

- Higher professional education:

Old system: This section includes VT2 studies, their academic or professional equivalent, and other similar ones. Second Degree Vocational Training or academically equivalent including VT2 Industrial Teacher or Specialist Technician, Mercantile expert, Middle management, second level, Operator (studies followed in the IT Institute dependent on the Ministry of Education and Science), Other regulated studies equivalent for all purposes to VT2 (providing access to this qualification).

Intermediate education in Plastic arts, Music and Dance: Intermediate singing: Singing diploma, Intermediate music, Intermediate in Applied Arts, Artistic Professions and Ceramics: Graduate in ceramics at the Madrid School, Expert in artistic ceramics at Manises and Expert in ceramics techniques at Manises.

Other professionally regulated education or similar to VT2: Certificate of aptitude at official language schools, Army non commissioned officer, Home Education Teachers, Dance and Dramatic Art studies: Diploma in dramatic arts, Classical ballet and Spanish dance, Drafts person, Other regulated studies equivalent for professional purposes to VT2.

Current system: Advanced technical/professional education (training cycle), Module 3 of professional training. This includes advanced training cycles covered in the GLSES, both for Vocational Training and for education in plastic arts and design.

- 1st cycle university studies or equivalent:

It includes university studies of only one cycle and the first cycle of two-cycle university studies, the studies of Civil Guard and Armed Forces Officer Academies and Ecclesiastical Sciences equivalent to diploma level.

- 2nd and 3rd cycle university studies or equivalent:

It includes two-cycle university studies and postgraduate studies, the studies of Civil Guard and Armed Forces Officer Academies and Ecclesiastical Sciences equivalent to degree level.

- Relationship with the economic activity

This characteristic is asked of the adult selected, his or her partner (where applicable) and the household reference person.

- Working
- Working having spent three months of more on sickness leave
- Unemployed
- Retired person or pensioner
- A student
- Dedicated mainly to housework (non-economic activity)
- Voluntarily carried out social work or charity activities
- Other situations

Definitions:

Working: Persons are considered to be in this situation when, during the reference week, they have worked at least one hour, in return for a wage, salary or other type of associated remuneration, in cash or in kind, and persons who, during the reference period, have worked at least one hour in exchange for profit or for personal gain or family earnings, in cash or in kind.

Apprentices who have received remuneration in cash or in kind and students who have worked full-time or part-time in exchange for remuneration are considered under this heading.

Entrepreneurs, independent workers, members of cooperatives who work in said cooperatives are considered to work freelance.

Included in this category are persons who, during the reference week, were absent from work on sickness leave or duration expected to be less than three months. Moreover, considered under this heading are persons who, in the reference week, were not working due to being on holiday or leave, carrying out trade union activities and due to temporary suspension of work for reasons such as bad weather, mechanical breakdowns or other similar reasons, so long as they are formally linked to their job.

Persons who, in the reference week, were not working due to work conflict, job and salary disciplinary suspension, study leave, leaves, are considered to work.

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

The following persons will be considered not to work:

- Persons absent from work or suspended and loosely linked to their job.
- Seasonal, occasional or discontinuous workers employed by others in the period of less activity, who did not work during the reference week.
- Persons who carry out unpaid housework, unpaid social services or charitable services and other unpaid persons who perform activities outside the scope of economic activities.
- Seasonal freelance workers and seasonal or occasional family unpaid workers in the season of less activity that have not worked during the reference week.

Working having spent three months of more on sickness leave: Persons are considered to be in this situation when, having worked in their current job, are absent from this during the reference week due to having been on sickness leave for three months or longer. Included in this point are persons who are expected to be on sickness leave longer than three months.

Unemployed: All persons who during the reference week were without work and are available to work in the period of two weeks as of the date of interview and are looking for work; in other words those who have taken specific measures over the last four weeks to find a job working for someone or for themselves, are considered unemployed.

Although the effective search for employment criteria is included in this definition, those persons who in the reference week were without work, available to work and expect to start a new job after the reference week, are also considered unemployed.

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

Retired or pensioner: Persons are considered to be in this situation when they have had a previous economic activity and due to age, disability or other causes they have left it, thereby receiving a pension because of their previous activity. This includes persons who receive a non-contributory old-age / retirement pension, in other words, periodic benefits granted due to age and not derived from a previous economic activity and non-contributory disability pensions.

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

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

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

Persons preparing for competitive examinations are included.

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

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

Voluntarily carried out social work or charity activities: Those persons who, out of altruism and solidarity, freely and without charge carry out an activity in aid of others through a public or private social services organisation are considered in this situation.

Other situations: Included in this category are those persons who receive public or private aid without carrying out any economic activity, and all those not included in any of the previous categories: independently wealthy, person temporarily deprived of their freedom, etc.

- **Receive a contributory pension**

This characteristic is asked of the adult selected, his or her partner (where applicable) and the household reference person.

- Yes, due to his or her own contributions
- Yes, due to someone else's contributions
- Yes, from both kinds of contribution
- No

Definitions:

Contributory pensions: These are those derived from a previous economic activity. These are: retirement pension, contributory disability pension, widow's pension, orphan pension and pension in favour of family members.

Contributory pensions received due to someone else's contributions: widow's pension, orphan pension and pension in favour of family members.

* Widow's pension: The beneficiaries are the surviving partner, those separated, divorced and those whose marriage is annulled by a court ruling where the marriage is annulled, it is a requirement that the prospective beneficiary has not been the partner who has caused this.

* Orphan pension: Also benefiting are children of the person giving rise to this aged under 18 years old or over 18 years old but disabled (with a reduced ability to work assessed as absolute permanent disability or major disability) as of the date of the former's death, whatever their affiliation. Children of the person giving rise to this aged over 18 years old and under 22 years old, rising to 24 years old where neither parent is still alive, as of the date of death of the former, where they do not carry out paid work for others or on a freelance basis, or where they do, any income calculated annually works out at below 75 percent of the amount stipulated at that moment, also calculated annually, as minimum wage. Children of the surviving partner brought into the marriage where, together with the general requirements, the conditions come together of the marriage having taken place two years prior to the death of the person giving rise to this, they would have lived at their expense and moreover have no entitlement to another Social Security pension, nor are there family members obliged and able to feed them, in accordance with civil legislation.

* Pension in favour of family members: Beneficiaries are grandchildren and siblings, orphans without a mother or father, so long as at the date of death they are aged under 18 years old or their ability to work is reduced by a percentage assessed as an absolute permanent disability or major disability. Where the grandchild or sibling of the person giving rise to this does not carry out paid work for others or on a freelance basis, or where they do, any income calculated annually works out below 75 percent of the Interprofessional Minimum Wage stipulated at that moment, also calculated annually, he or she may be a beneficiary of a pension in favour of family members, so long as, when the person giving rise to this dies, he or she is aged under 22 years old.

Widowed, single or married mothers and grandmothers, as well as those whose husband is aged over 60 years old or is disabled for work, are legally separated or divorced. Father and grandfathers aged over 60 years old or who are disabled for

all kinds of work. Pensioners receiving a contributory retirement or permanent disability pension, both in their contributory modality, or of those workers who, when they die, satisfy the requirements for recognition of entitlement to a retirement pension, those aged over 45 years old, are single, widowed, legally separated or divorced, and in addition to the general requirements can demonstrate a long-term duty of care to the person giving rise to this.

- Company activity

This characteristic is asked of the adult selected, his or her partner (where applicable) and the household reference person.

The following activity branch codes are considered:

| Branch of Activity | CNAE 1993 texts |
|---------------------------|--|
| 01 | Crop and animal production, hunting and mining-related services |
| 02 | Forestry, forest industry and mining-related services |
| 05 | Fishing, aquaculture and service activities incidental to these |
| 10 | Extraction and agglomeration of anthracite, coal, lignite and peat |
| 11 | Extraction of crude petroleum and natural gas; activities incidental to oil and gas extraction, excluding surveying |
| 12 | Extraction of uranium and thorium ores |
| 13 | Extraction of metallic ores |
| 14 | Extraction of non-metallic and non-energetic ores |
| 15 | Food and beverage products industry |
| 16 | Tobacco industry |
| 17 | Textile industry |
| 18 | Clothes making and furriery industry |
| 19 | Tanning and dressing of leather; manufacture of leather goods and luggage articles; items of saddlery and trimming, harness and footwear |
| 20 | Wood and cork industry, except furniture; basket making and wickerwork |
| 21 | Paper industry |
| 22 | Publishing, graphic arts and reproduction of recorded media |
| 23 | Manufacture of coke, refinement of petroleum and treatment of nuclear fuels |
| 24 | Chemical industry |
| 25 | Manufacture of rubber and plastic products |
| 26 | Manufacture of other non-metallic mineral products n.e.c. |
| 27 | Metallurgy |
| 28 | Manufacture of metal products, except machinery and equipment |
| 29 | Construction of machinery and mechanical equipment industry |

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| 30 | Manufacture of office machines and IT equipment |
| 31 | Manufacture of electrical machinery and material |
| 32 | Manufacture of electronic material; manufacture of radio, television and communications apparatus |
| 33 | Manufacture of medical-surgical, precision and optical equipment and instruments, and clocks and watches |
| 34 | Manufacture of motor vehicles, trailers and semi-trailers |
| 35 | Manufacture of other transport material |
| 36 | Manufacture of furniture; other manufacturing industries |
| 37 | Recycling |
| 40 | Production and distribution of electrical energy, gas, steam and hot water |
| 41 | Collection, purification and distribution of water |
| 45 | Construction |
| 50 | Sale, maintenance and repair of motor vehicles, motorcycles and mopeds; retail sale of fuel for motor vehicles |
| 51 | Wholesale commerce and commerce intermediaries, except of motor vehicles and motorcycles |
| 52 | Retail trade except trade of motor vehicles, motorcycles and mopeds; repair of personal effects and household equipment |
| 55 | Accommodation |
| 60 | Land transport; transport via pipelines |
| 61 | Maritime, cabotage and in-land waterway transport |
| 62 | Air and space transport |
| 63 | Transport related activities; activities of travel agencies |
| 64 | Post and telecommunications |
| 65 | Financial intermediation, except insurance and pension funds |
| 66 | Insurance and pension plans, except compulsory Social Security |
| 67 | Activities auxiliary to financial intermediation |
| 70 | Real estate activities |
| 71 | Renting of machinery and equipment without operator and of personal and household goods |
| 72 | Computer activities |
| | |
| 73 | Research and development |
| 74 | Other business activities |
| 75 | Public administration and compulsory Social Security |
| 80 | Education |
| 85 | Health and veterinary activities, social services |
| 90 | Public health activities |
| 91 | Activities of membership organizations |
| 92 | Recreational, cultural and sporting activities |
| 93 | Various personal services activities |
| 95 | Households that employ domestic personnel |

Definitions:

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

Occupation

This characteristic is asked of the adult selected, his or her partner (where applicable) and the household reference person.

Definitions:

The occupation level is covered in the framework of the National Classification of Occupations of 1994 (NCO 94), which, defines the *occupation* as a set of jobs whose tasks are very similar. Design of the structure of NCO 94 is based on the concept of the structure of NCO 94, which is studied under two aspects:

- Level of qualification: degree of complexity of tasks carried out.
- Qualification specialisation, conditional upon the areas involved, and used for occupational differences with the same level of qualification.

This qualification in the occupation may be acquired by means of a formal apprenticeship (particularly referring to subgroups of the Large Groups 2 and 3), or by means of non-regulated training or through experience.

The following categories are considered at a Sub-group level:

| Sub gro up | Title |
|------------------|--|
| 001 | Advanced scale |
| 002 | Intermediate scale |
| 003 | Basic scale |
| 101 | Executive and legislative power and General Counsel of Judicial Power |
| 102 | Public Administrations Managerial personnel |
| 103 | Local government |
| 104 | Management of organisations of interest |
| 111 | General management and executive chair |
| 112 | Management of the production department |
| 113 | Management of specialised areas and departments |
| 121 | Management of wholesale trading companies with fewer than 10 employees |
| 122 | Management of wholesale trading companies with fewer than 10 employees |
| 131 | Management of accommodation companies with fewer than 10 employees |

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| 132 | Management of catering companies with fewer than 10 employees |
| 140 | Management of companies with less than 10 employees |
| 151 | Management of wholesale trading companies without employees |
| 152 | Management of retail sale trading companies without employees |
| 161 | Management of hotel and catering companies without employees |
| 162 | Management of hotel and catering companies without employees |
| 170 | Management of other companies without employees |
| 201 | Physicists, chemists and related professionals |
| 202 | Mathematicians, statisticians and the like |
| 203 | Advanced computer professionals |
| 204 | Architects, town planners and engineers in charge of traffic planning |
| 205 | Higher engineers |
| 211 | Professionals working with natural sciences |
| 212 | Doctors and odontologists |
| 213 | Vets |
| 214 | Pharmacists |
| 219 | Other advanced level health professionals |
| 221 | Lecturers and teachers from other higher education centres |
| 222 | Secondary education teachers |
| 223 | Other professionals working in the education field |
| 231 | Lawyers and attorneys |
| 232 | Judges and magistrates |
| 239 | Other law professionals |
| 241 | Professionals working in the field of the organisation and administration of companies |
| 242 | Economists |
| 243 | Sociologists, historians, philosophers, philologists, philologists and the like |
| 251 | Writers and artists of literary creation or interpretation |
| 252 | Archivists, librarians and similar professionals |
| 253 | Different unclassifiable Public Administration professionals from previous sections |
| 261 | Professionals associated with a 1st cycle university degree in natural sciences, chemistry and the like |
| 262 | Professionals associated to a 1st cycle university degree in mathematics, statistics and the like |
| 263 | Intermediate computer professionals |
| 264 | Technical architects |
| 265 | Technical engineers |
| 271 | Professionals associated with a 1st cycle university degree in natural sciences |
| 272 | Nurses |
| 281 | Primary and nursery education teachers |
| 282 | Special education teachers |
| 283 | Vocational training technical teaching body |

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| 291 | Diploma students in accounting and labour officer studies and business studies, and tourist activities technicians |
| 292 | Archive and library assistants and the like |
| 293 | Diploma students in social work |
| 294 | Priests of different religions |
| 295 | Other unclassifiable Public Administration professionals from previous sections |
| 301 | Draughtsmen and technical designers |
| 302 | Technicians of physical sciences, chemistry, and engineering |
| 303 | Professional computer technicians |
| 304 | Operators of optical and electronic equipment |
| 305 | Maritime navigation professionals |
| 306 | Aeronautical navigation professionals |
| 307 | Technicians in construction, work safety and quality control |
| 311 | Natural sciences technicians and similar assistant professionals |
| 312 | Health technicians |
| 313 | Different health technicians not classified under the previous headings |
| 321 | Technicians in child education and special education |
| 322 | Flight instructors, vehicle navigation and driving |
| 331 | Management support personnel, with general administrative tasks |
| 332 | Trade representatives and sales technicians |
| 341 | Management support personnel, with general administrative tasks |
| 342 | Administrative professionals working in customs, taxes and the like who work performing tasks typical of the Public Administration |
| 351 | Consignees and agents for hiring manpower |
| 352 | Security Forces specialist technicians and private detectives |
| 353 | Social welfare support professionals |
| 354 | Professionals in the art, show business and sports world |
| 355 | Secular religious assistants |
| 401 | Accounting and financial assistants |
| 402 | Employees dedicated to recording goods, production and transport support services |
| 410 | Library, mail services and related employees |
| 421 | Stenographers and typists |
| 422 | Data recorders |
| 430 | Assistant clerks without customer service tasks not classified previously |
| 440 | Assistant clerks with customer service tasks not classified previously |
| 451 | Employees in information and reception services in offices |
| 452 | Employees in travel agencies, receptionists in establishments other than offices and telephone operators |
| 460 | Cash register handlers, box office workers and other similar employees with direct public contact |
| 501 | Cooks and other food preparers |

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| 502 | Waiters, barmen and the like |
| 503 | Chefs, waiters and the like |
| 511 | Nurses and the like |
| 512 | employees hired to look after other persons and the like (nursing assistants) |
| 513 | Hairdressers, beautician specialists and similar |
| 514 | Employees who assist travellers and the like |
| 515 | Butlers, clerks and the like |
| 519 | Other personal services employees |
| 521 | Civil guards |
| 522 | Police |
| 523 | Fire brigade |
| 524 | Prison workers |
| 525 | Security guard and private security personnel |
| 529 | Other protection and security service workers |
| 531 | Fashion, art and advertising models |
| 532 | Section manager in a store or the like |
| 533 | Shop assistants and demonstrators in shops, stores, kiosks and street markets |
| 601 | Skilled freelance workers in agricultural activities |
| 602 | Skilled hired workers in agricultural activities |
| 611 | Skilled freelance workers in livestock activities |
| 612 | Skilled hired workers in agricultural activities |
| 621 | Skilled freelance workers in livestock and farming activities |
| 622 | Skilled freelance workers in forestry and other forestry activities |
| 623 | Skilled hired workers in livestock and farming activities |
| 624 | Skilled hired workers in forestry and other forestry activities |
| 631 | Skilled freelance workers at fish farms and other fish farming activities |
| 632 | Skilled hired workers at fish farms and other fish farming activities |
| 701 | Foremen and team managers in structural construction works |
| 702 | Foremen and building finishing managers |
| 703 | Managers of painters, wallpaper fitters and the like |
| 711 | Builders and masonry workers |
| 712 | Reinforced concrete workers, rough cast workers, iron workers and the like |
| 713 | Carpenter (except metal structure carpenters) |
| 714 | Other workers at structural construction works |
| 721 | Plasterers, casters and stuccoists |
| 722 | Plumbers and pipe fitters |
| 723 | Construction electricians and the like |
| 724 | Painters, varnishers, wall paper fitters and similar |
| 725 | Building facade cleaning personnel and chimney sweeps |
| 729 | Other construction finishing and similar employees |
| 731 | Shop bosses and managers of shapers, welders, fitters of metallic and similar structures and the like |
| 732 | Motor vehicle shop bosses |

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| 733 | Agricultural and industrial machine and aeroplane engines shop bosses |
| 734 | Mechanical equipment bosses and electrical and electronic equipment adjusters |
| 741 | Mining foremen |
| 742 | Miners, quarry workers, stone workers |
| 751 | Shapers, welders, car body workers, metal structure fitters and the like workers |
| 752 | Blacksmiths, tool manufacturers and the like |
| 761 | Mechanics and machinery adjusters |
| 762 | Mechanics and adjusters of machinery, electrical and electronic equipment |
| 771 | Metal precision mechanics and workers using similar materials |
| 772 | Graphic arts workers and the like |
| 773 | Ceramists, glaziers and the like |
| 774 | Craftspersons working with wood, textile, leather and similar materials |
| 780 | Food, beverage and tobacco industry workers |
| 791 | Workers working with wood and the like |
| 792 | Cabinetmakers and similar workers |
| 793 | Workers in the textile industry, tailoring and the like |
| 794 | Workers in the leather, fur and footwear industry |
| 801 | Mining facilities managers |
| 802 | Metal processing facilities managers |
| 803 | Glassworks, ceramics and similar materials workshop managers |
| 804 | Wood workshop managers and paper manufacturing team managers |
| 805 | Chemical treatment facilities managers |
| 806 | Managers of energy production facilities and the like |
| 807 | Industrial robot operators team managers |
| 811 | Ore extraction and exploitation facilities operators |
| 812 | Metal obtaining and transformation facilities operators |
| 813 | Glass and pottery obtaining, transformation and handling operators and the like |
| 814 | Operators at facilities for wood working and paper manufacturing |
| 815 | Chemical industry plant operators |
| 816 | Energy production and similar plant operators |
| 817 | Industrial robot operators |
| 821 | Metal working machine operator foreman |
| 822 | Chemical manufacture operators foreman |
| 823 | Rubber and plastic product manufacture operators foreman |
| 824 | Wood product manufacture operators foreman |
| 825 | Shop bosses of printing, binding and manufacture of paper products |
| 826 | Textile and fur/leather manufacture operators foreman |
| 827 | Food, beverage and tobacco manufacturing machines operators foreman |

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| 828 | Fitters foreman |
| 831 | Machine operators for processing metals and other mineral products |
| 832 | Operators of machinery to manufacture chemical products |
| 833 | Machine operators for manufacturing rubber and plastic products |
| 834 | Operators of machinery to manufacture wood products |
| 835 | Machine operators for printing, binding and manufacturing paper and cardboard products |
| 836 | Operators of machines to manufacture textile products and fur and leather items |
| 837 | Machine operators for manufacture of food, beverage and tobacco products |
| 841 | Fitters and assemblers |
| 849 | Other fitters and assemblers |
| 851 | Locomotive machinists and similar |
| 852 | Foreman of operators of machinery for moving land and materials |
| 853 | Operators of mobile agricultural machinery |
| 854 | Operators of other portable machines |
| 855 | On-deck seamen and similar |
| 861 | Taxi drivers and drivers of automobiles and vans |
| 862 | Bus drivers |
| 863 | Lorry drivers |
| 864 | Motorcycle and moped drivers |
| 900 | Travelling sales persons and similar |
| 911 | Domestic staff |
| 912 | Cleaning personnel at offices, hotels and other similar |
| 921 | Concierges, window cleaners and the like |
| 922 | Security guards, guards and the like |
| 931 | Shoe shiners and other street trade workers |
| 932 | Porters |
| 933 | Baggage handlers and the like |
| 934 | Meter readers (water) and coin operated machine money collectors |
| 935 | Rubbish collectors and the like |
| 941 | Agricultural labourers |
| 942 | Labourers |
| 943 | Agricultural and livestock labourers |
| 944 | Forestry labourers |
| 945 | Fishing and fish farming labourers |
| 950 | Mining labourers |
| 960 | Construction labourers |
| 970 | Manufacturing labourers |
| 980 | Transport labourers and freight handlers |

- Professional Situation

This characteristic is asked of the adult selected, his or her partner (where applicable) and the household reference person.

- Employer

- Entrepreneur without employees or independent worker
- Family Assistance
- Permanent employee
- Temporary employee or intern
- Member of a cooperative
- Another Situation

Definitions:

Employer: Person who runs his or her own company or independently carries out an activity, trade, industry or business and hires one or more employees or workers who are paid by salary, day's wage, commission, etc.

Therefore this section includes managers, entrepreneurs and professionals who employ staff. This does not include members of production cooperatives, even if they have employees.

Workers with a company incorporated as a public limited company (not workers' cooperative, limited liability company, etc.) where

- a. Alone or together with other family members or one or more partners, they have a significant share in the company and
- b. they are authorised to act on behalf of the company regarding signing contracts with other companies or organisations and hiring and dismissing company employees are considered company owner-managers and they will be encoded as employers where the company has employees. This encoding will also be maintained where the owner-manager has a contract as an employee in his or her own company.

Company involvement is considered to be significant when the owner-manager has his or her job by virtue of the amount of that involvement.

The members of the Board of Directors of an incorporated company are not considered to be company workers simply due to attending board meetings. In order to be considered company workers, they must be owner-managers, family assistance or company employees, and the appropriate professional situation is encoded.

Business person without employees or independent worker. Person who runs his/her own company or independently carries out an activity, trade, industry or business without having dependent workers.

Also considered under this heading are those running their own business with the assistance exclusively of unpaid family members.

Family Assistance. Persons who work without a specific pay in a company owned by a relative they live with are considered to be in this situation.

Employees. This group includes all persons who work for a public or private company and who receive a wage, salary, commission, benefit or any other form of remuneration, in cash or in kind.

There are two groups within this section:

* *Permanent employee.* They are employees acquiring this condition, whatever the modality of the subsidised permanent contract, whereby the worker undertakes to provide specific services on behalf of the employer, where a time limit is not specified.

* *Temporary employee or intern.* They are employees regardless of the contract modality, defined as:

a. Temporary employee: employees hired with the purpose of dealing with circumstantial market demand, accumulation of tasks or a surplus of orders, even where this entails the company's normal business.

By collective agreement the activities for which these contracts can be carried out and their volume with respect to the total workforce of the company can be determined.

Also included in this category are employees hired for carrying out projects or provision of specific services, acting freely and autonomously within the activity of the company, the carrying out of which, albeit limited in terms of time is in principle of unspecified duration.

b. Substitute employee: employees hired with the purpose of standing in for a worker entitled to reserve his or her position, by virtue of the regulation, or collective or individual agreement, or else to provide temporary cover for a position during a selection process or promotion for it to be permanently filled.

Member of a cooperative. These are all production cooperative members working in one of these. Working members of public worker-owned corporations are not included in this section are regarded as employees. Employees working in cooperatives are not included in this code either. Working members of associated work cooperatives, community land exploitation cooperatives, etc., however, are included.

Another situation. In those cases in which the interviewee cannot be placed in any of the previous sections, he or she is placed in this one.

There is a very marked trend to be taken into account regarding workers in personal services and services provided to companies (particularly agencies, insurance agencies...) and in domestic service as other professional situation, where in the majority of cases they are private sector employees or freelance workers.

Persons teaching in academies, with or without a contract, and in receipt of a consideration, are also employees.

Priests, parish priests, etc., private sector employees.

Code 7 must be reserved for very specific cases:

- Employees hired by foreign embassies (these are public sector employees of another country).
- Persons cooperating in the work of an employer, and who therefore may not be encoded as *family assistance* (since there should therefore be an independent entrepreneur or worker in the family unit of which they would be family assistance). For

example, textile sector workers working in their own homes, in receipt of a salary in return for this and who are helped by other members of the family unit. The latter may not be considered family assistance.

- Time spent unemployed

This characteristic is asked of the adult selected, his or her partner (where applicable) and the household reference person.

- He or she has never worked
- Less than six months
- Between six months and one year
- Between one and two years
- More than two years

- In receipt of unemployment benefit

This characteristic is asked of the adult selected, his or her partner (where applicable) and the household reference person.

Definitions:

Unemployment benefits: This is income received by unemployed persons for a certain amount of time, having paid contributions corresponding to a specific period worked.

Other assistance or unemployment benefits (benefits from employment promotion, benefits for accepting a job in a city different from your place of residence, community employment benefits and other benefits aimed at promoting employment).

- Type of contract or labour relationship

This characteristic is asked of the adult selected, his or her partner (where applicable) and the household reference person.

- Civil Servants
- Indefinite duration
- Works freelance
- Verbal agreement or without a contract
- Temporary
- Another type

Definitions:

Temporary contract (or labour relationship): In general terms, a job can be defined as temporary when the employment relation or the contract is determined by objective conditions, such as the expiry of a certain deadline, the performance of a specific task, the reincorporation of an employee who was temporarily replaced, the performance of work placement or a training period or the replacement of part of the tasks not performed by persons who are partially retired. As regards limited

duration contracts, the conditions for their termination is usually envisaged in the contract.

Indefinite contract (or labour relationship): If there are no objective criteria for the termination of the contract or work relation, it is considered indefinite. Work may be carried out on a permanent basis throughout the year or only at specific times of the year.

- Duration of the contract

This characteristic is asked of the adult selected, his or her partner (where applicable) and the household reference person.

- Less than six months
- Between six months and one year
- Between one and two years
- Two years or longer
- No definite duration

- Workers in his or her charge

This characteristic is asked of the adult selected, his or her partner (where applicable) and the household reference person.

- No
- Yes, between one and four persons
- Yes, between five and ten persons
- Yes, between 11 and 20 persons
- Yes, over 20 persons

- Type of working day

This characteristic is asked of the adult selected, his or her partner (where applicable) and the household reference person.

- Split work day
- Continuous morning working day
- Continuous afternoon working day
- Continuous night working day
- Reduced work day
- Shifts
- Irregular or variable working day depending on the day
- Another type

Definitions:

During the working day: This is the time spent by each worker carrying out the work for which he or she was hired. It is recorded by the number of hours the em-

ployee must spend in order to carry out his or her work activity within the allotted period of time.

Continuous work day: When the working day lasts more than 6 hours and there is a break of more than 15 minutes, which counts as time worked.

When this work is carried out between 10 p.m. and 6 a.m., it is considered night work. It may not exceed a daily average of eight hours, in a reference period of fifteen days.

The employee is considered to be a night worker when he or she normally carries out more than 3 hours of his or her working day at night, or if he or she carries out a third of his or her annual work hours at night.

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

Reduced working day: When the working day is less as a result of the particular physical circumstances under which the work is carried out:

- Work with health hazards
- Work in refrigerators and freezers
- Work down mines
- Construction work and public works
- Other work day reductions (maternity, children's legal guardian,...)

Shifts: All work organised as teamwork, according to which workers successively occupy the same position, following a certain rhythm, ongoing or discontinued, implying the need for the worker to provide services at different times specific period of days or weeks, is considered shift-work.

- Reason for stopping working

This characteristic is asked of the adult selected, his or her partner (where applicable) and the household reference person.

- Reaching the age of retirement
- Health reasons
- Pre-retirement or forced early retirement
- Voluntary early retirement
- Work could not be reconciled with family responsibilities
- Desire to dedicate oneself solely to family
- The person became unemployed after the contract ended
- The person was made redundant
- The person's own free will
- Other reasons

Characteristics of the dwelling and the environment

- Number of bedrooms available to the household

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

- Usable m² available to the household

Where there is more than one household in the dwelling, the number of m² of areas shared with other households is included.

- Problems with the dwelling

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

- Bothersome noise from outside the dwelling
- Odours from outside
- Poor quality water for consumption
- Dirty streets
- Air pollution from nearby industry
- Air pollution due to other causes
- Lack of green areas
- Presence of animals causing a significance nuisance

The three categories considered for this response are:

- A lot
- To some degree
- Not at all

Household income

The main source of household income and the amount of regular monetary income is researched. Income of the resident persons employed in the household or the income of the permanent guests is not included.

Definitions:

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

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

Where there has recently been a substantial change in level of income (change in relation with the economic activity, change of job,...), the monthly pro-rata is carried out regarding income received in the new situation.

This does not include extraordinary social benefits (compensation, assistance with medical bills, such as: invalid vehicles, study assistance other than grants, etc.), or extraordinary transfers (lottery premiums, study grants, monetary inheritance, cash gifts, etc.), or any other type of income considered non-periodic.

- Regular monetary sources. Main source

- Freelance work
- Employed by others
- Contributory pensions
- Non-contributory pensions
- Subsidies and unemployment benefits
- Family benefits for dependent children
- Other subsidies and regular social benefits
- Income from property and capital
- Other regular income

Definitions:

Income from working for yourself: This is income obtained as a freelance worker, entrepreneur through carrying out one's entrepreneurial, professional and artistic activities, irrespective of whether or not this income is for work carried out in previous periods or as advances for future undertakings.

Including: full income by sale of goods and provision of services, operating subsidies, etc.

Income from working for others: This is income received as consideration regular or sporadic activity carried out by other individuals or corporations.

Including: wages, salaries and seniority in the company; overtime, night work on call, etc.; extraordinary payments, supplements, bonuses, productivity and sales commissions, commuting allowances, commissions, tips, attendance bonuses paid to employees and accommodation allowances paid to employees. This also includes income obtained from selling products received as salary in kind.

Not including: allowances, workwear, medical examinations, payments by insurance companies or by employees on sickness leave, maternity leave, on leave due to an accident, disability, dismissal, etc.

Contributory pensions (retirement or withdrawal, disability, widowhood, orphanhood, etc.): This is income received in concept of periodic lifelong or indefinite benefits, although some have a time limit, such as for example orphanhood. Contributory pensions received due to someone else's contributions as part of a previous work activity, freelance or employed by others, which has enabled him or her to fulfil the minimum contribution requirements (retirement, permanent disability, orphanhood, widowhood and in favour of family members).

Non-contributory pensions: This is income received in concept of care pensions not deriving from a work activity or previous contribution (old-age, permanent disability, etc.).

Subsidies and unemployment benefits:

* Unemployment benefits. This is income received by unemployed persons for a certain amount of time, having paid contributions corresponding to a specific period worked.

* Unemployment subsidies. This is income received by unemployed persons having used up all their unemployment benefit, by fulfilment of one of the following sets of circumstances: have used up more than a year's worth of unemployment benefit, be aged over 45 years old and have no family responsibilities; have used up unemployment benefit and have family responsibilities; have been released from jail, having been deprived of freedom for over 6 months; have returned from abroad having been working there for at least 6 months; be aged 52 years old or more, have paid in a minimum of 6 years' unemployment contributions and fulfil all the requirements (except age) in order to obtain a Social Security system pension; have been a temporary agricultural worker and in receipt of a subsidy or have been declared able or partially disabled as a result of a revision of their file due to the improvement of a previous situation of incapacity.

* Assistance or grants for attending courses in occupational professional training.

* Other assistance of unemployment benefits (benefits from employment promotion, benefits for accepting a job in a city different from your place of residence, community employment benefits and other benefits aimed at promoting employment).

Family benefits for dependent children: This is income paid in concept of family allowance per dependent child aged under 18 years old, or older affected by a degree of disability equal to or greater than 65%, in the care of the beneficiary. Beneficiaries may also be the actual disabled persons, so long as they are orphans without a mother or father, as well as children abandoned by their parents, irrespective of whether or not they are in foster care.

Other subsidies and regular social benefits (social insertion salary, family assistance, etc.): This is income paid in concept of subsidies and regular social benefits other than pensions, subsidies and unemployment benefit or per dependent children.

Income from property and capital: This is income paid in concept of interest on current accounts, savings accounts, term deposits and loans granted; interest and dividends from shares, debentures, bonds, public debt, mutual funds, etc.; shares in a company's profits and other revenue from movable capital; income paid by companies to board members; rent of dwellings, land and premises; leasing of goods, businesses, mines; income from intellectual and industrial property rights (where the author is not the person receiving profit, since in this case they are considered income from freelance work) and income from capital and property.

Other regular income: This is income received by the household without measuring returns for services rendered, such as regular transfers, transfers from other

households (family contributions...), remittances from emigrants, and other regular income other than social benefits.

- Regular net monthly household income.

- -Less than 360 Euros
- -From 361 to 600 euros
- -From 601 to 900 Euros
- -From 901 to 1,200 euros
- -From 1,201 to 1,800 euros
- -From 1,801 to 3,600 Euros
- -From 3,601 to 6,000 euros
- -More than 6,000 euros

In order to determine the interval comprising net monthly household income, monthly financial income regularly received by all household members at the present moment will be calculated. Net income will be calculated, and payments made in concept of income tax, Social Security contributions and other similar payments (Welfare System Entities, Compulsory insurance, and Liabilities) must therefore be deducted.

For income for working for others, it is necessary to add the monthly amount the proportion of regular income that is not paid on a monthly basis (extraordinary payments, regular social benefits and other extraordinary income received regularly).

For income for freelance work, it is necessary to deduct from the monthly income all deductible expenses.

The following are considered deductible expenses: personnel expenses (wages and salaries, contributions to social security, compensation and other personnel costs); purchase of materials and raw materials; rentals; insurance premiums; current expenditure; financial expenditure; taxes; independent professional services, etc.

For income from capital income and property, it is necessary to deduct from the monthly income received all deductible expenses pro-rata.

The following are considered deductible expenses: repair expenses, maintenance and insurance connected with the dwelling; community expenses; IBI; Interests on mortgage loans and administrative costs and wealth management.

9 Dissemination of results

The following types of publication are available:

RESULTS PREVIEW

The Results preview corresponds to the first semester of the Survey: It provides statistical tables of the main sections of the individual questionnaires (adult and child questionnaires). This is carried out in electronic format using the usual

software in INE and Ministry of Health and Consumption publications, and is disseminated via the website of both bodies.

DETAILED RESULTS

These provide statistical tables covering the researched variables classified by socio-demographic characteristics on a national and Autonomous Community level.

Sampling error tables are obtained and non-response is analysed. Their dissemination is in electronic publication format via the websites of the INE and the Ministry of Health and Consumption.

MICRODATA FILES

Final micro data files are the basis for dealing with information requests from specific, detailed operations. The contents of these files will be pursuant to the Law on the Public Statistical Services with regard to confidentiality of individual data and their dissemination corresponds to the Ministry of Health and Consumption.