

International Health Data Reference Guide

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

2003



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



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September 2005

DHHS Publication No. (PHS) 2005-1007

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Preface

This 11th edition of the *International Health Data Reference Guide* provides information collected in 2003 on the availability of selected national vital, hospital, health personnel resources, and population-based health survey statistics. Information for the 40 nations included in this guide was obtained from the government and official agencies that are listed in the guide for further reference.

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

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

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

Acknowledgments

The *International Health Data Reference Guide, 2003* was coordinated and prepared in the Office of the Center Director, National Center for Health Statistics (NCHS), Centers for Disease Control and Prevention (CDC), U.S. Department of Health and Human Services, by Elaine Wood with assistance from MaryBeth Snyder.

The guide was produced in the Office of Information Services by the following staff: NOVA contractor Kathy Sedgwick provided editorial review under the direction of NCHS senior editor Demarius V. Miller. Zung T. N. Le typeset the guide, NOVA contractor Erissa Castro produced the graphics, and Patty Wilson of the Management and Analysis Services Office managed the printing.

The continued cooperation and contributions provided by the many individuals of the government and official agencies of the countries represented in this publication are gratefully acknowledged.

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Vital Statistics



Nativity data by country, selected variables, and most recent year available: 2003

Country	Birth rates by maternal age	Births by maternal age and birth order	Births by maternal age and marital duration	Births by birth- weight	Births by crown-heel length	Births by length of gestation	Births by marital status
Australia	2002	2002	2002	2000	---	2002	2002
Austria	2002	2003	2003	2003	2003	2003	2003
Belgium	2000	2000	---	2000	---	2000	---
Bulgaria, Republic of	2002	2002	2002	2002	2002	2002	---
Canada	2002	2002	---	2002	---	2002	2002
Chile	2001	2001	---	2001	---	2001	2001
China, People's Republic of	1992	1992	1992	1992	---	1992	1992
Czech Republic	2000	2000	2000	2000	2000	2000	2000
Denmark	2003	2001	1989	2001	2001	1996	2000
Estonia	2002	2002	2002	2002	2002	2002	2002
Finland	2003	2003	2003	2003	2003	2003	2003
France	2002	2002	2002	---	---	2002	2002
Germany	2002	2002	2002	2002	2002	---	2002
Greece	2002	2002	2002	2002	---	2002	2002
Hong Kong SAR, China	2002	2002	2002	2002	---	---	2002
Hungary	2003	2003	2003	2003	2003	2003	2003
Iceland	2003	2003	2003	2003	2003	2003	2003
Ireland	2002	2002	2002	2002	---	2002	2002
Israel	2000	2000	1998	2000	---	1998	1998
Italy	2001	2000–2001	2000–2001	2000–2001	---	1998	1996
Japan	2002	2002	2002	2002	2002	2002	2002
Korea, Republic of	1997	1997	¹ 1997	1997	---	¹ 1997	¹ 1997
Latvia	2002	2002	2002	² 2002	---	---	2002
Lithuania	2002	2002	---	2002	---	2002	2002
Luxembourg	2002	2002	2002	³ 2002	³ 2002	³ 2002	2002
Netherlands	2000	2000	2000	1998–2000	1998–2000	---	2000
New Zealand	2003	2003	2003	2003	---	2003	2003
Norway	2000	2000	2000	1998	1998	1998	2000
Poland	2002	2002	2002	2002	2002	2002	2002
Portugal	2003	2003	2003	2003	---	2003	2003
Russian Federation	2000	2000	---	2000	2000	2000	2000
Singapore	---	2001	---	2001	---	2001	---
Spain	2001	2001	2001	2001	---	2001	2001
Sweden	2003	2003	2003	⁴ 2000	⁴ 2000	⁴ 2000	2003
Switzerland	2000	⁵ 2000	⁵ 2000	2000	2000	---	2000

Natality data by country, selected variables, and most recent year available: 2003—Continued

Country	Birth rates by maternal age	Births by maternal age and birth order	Births by maternal age and marital duration	Births by birth- weight	Births by crown-heel length	Births by length of gestation	Births by marital status
United Kingdom:							
England	2003	2003	2003	2003	---	---	2003
Wales	2003	2003	2003	2003	---	---	2003
Northern Ireland	2000	2003	2003	---	---	---	2003
Scotland	2003	2003	2003	2003	2003	2003	2003
United States	2003	2003	---	2003	---	2003	2003

--- Data not available.

¹Available upon request.

²Data from Health Statistics Department.

³Not published.

⁴Data from the National Board of Health and Welfare.

⁵Legitimate live births only.

Mortality data by country, selected variables, and most recent year available: 2003

Country	Death rates by cause, age, and sex	Deaths by age, sex, and marital status	Life expectancy by age and sex	Legally induced abortions by age of women	Late fetal deaths	Perinatal deaths by cause	Infant deaths by age, cause, and sex	Infant deaths by birth- weight
Australia	2002	2002	2002	---	2002	2002	2002	2002
Austria	2002	2003	2002	---	2003	¹ 2003	2003	2003
Belgium	---	---	---	---	2000	2000	2000	2000
Bulgaria, Republic of	2002	2002	2000–2002	2002	2002	2002	2002	---
Canada	2001	2001	2001	2001	2002	2001	2001	2001
Chile	2001	2001	2000–05	---	2001	2001	2001	2001
China, People's Republic of	1998	1998	1998	---	---	---	1998	---
Czech Republic	2000	2000	2000	2000	2000	2000	2000	2000
Denmark	1999	2003	2002–03	2002	2001	2001	1999	2001
Estonia	2002	2002	2002	2002	2002	2002	2002	² 2002
Finland	1999	2000	2000	2002	2000	1999	2000	2000
France	2002	2002	2002	2002	2002	---	2002	---
Germany	2002	2002	2002	2003	2002	2002	2002	2002
Greece	2002	2002	2002	1999	2002	⁽³⁾	2002	---
Hong Kong SAR, China	2002	2002	2002	---	2002	¹ 2002	2002	---
Hungary	2003	2003	2003	2003	2003	2003	2003	2003
Iceland	2001	2003	2001–03	1999	2003	2001	2001	2003
Ireland	2002	2002	1998	---	2001	2001	2002	---
Israel	1997	1999	1999	2000	1998	1998	1997	1996
Italy	2001	2001	2001	2001	2001	2001	2001	⁴ 1998
Japan	2002	2002	2002	2002	2002	2002	2002	⁵ 2002
Korea, Republic of	1997	1997	1997	---	---	---	1997	---
Latvia	2002	⁶ 2002	2002	⁷ 2002	2002	2002	2000	2000
Lithuania	2002	2002	2002	2002	2002	2002	2002	2002
Luxembourg	2002	⁸ 2002	2000–2002	---	2002	2002	2000	---
Netherlands	1999	2000	2000	2000	1999	1999	1999	---
New Zealand	1998	2003	2000–2002	2003	2003	1997	1998	1998
Norway	2002	2003	2003	2003	2003	2002	2002	2003
Poland	2002	2002	2002	⁹ 2002	2002	2002	2002	2002
Portugal	2002	2002	2002	---	2002	2002	2002	---
Russian Federation	2000	2000	2000	2000	2000	2000	2000	2000
Singapore	2001	2001	---	---	2001	2001	2001	---
Spain	2001	2001	1998–99	---	2001	2001	2001	2001
Sweden	¹⁰ 1996	2003	2003	¹⁰ 1998	2003	¹⁰ 1996	¹⁰ 1996	¹⁰ 1996
Switzerland	2001	2001	2001	---	2001	2001	2001	¹¹ 2001

Mortality data by country, selected variables, and most recent year available: 2003—Continued

Country	Death rates by cause, age, and sex	Deaths by age, sex, and marital status	Life expectancy by age and sex	Legally induced abortions by age of women	Late fetal deaths	Perinatal deaths by cause	Infant deaths by age, cause, and sex	Infant deaths by birth- weight
United Kingdom:								
England	2003	2003	2003	2003	2003	2003	2003	2003
Wales	2003	2003	2003	2003	2003	2003	2003	2003
Northern Ireland	2003	2003	2003	---	2003	2003	2003	---
Scotland	2003	2003	2003	2003	2003	2003	2003	2003
United States	2002	2002	2002	2002	2002	---	2002	2002

--- Data not available.

¹Early infant deaths by cause only.

²Late fetal and early neonatal deaths.

³Data available through 1993 upon request.

⁴Data referring to infant deaths (within 1 year of age) by weight are not available since 1999 because of a change linked to privacy law.

⁵Infant deaths caused by disease only.

⁶No deaths by marital status.

⁷Data from Health Statistics Department.

⁸Not published.

⁹Only total number of abortions.

¹⁰Data from the National Board of Health and Welfare.

¹¹Available upon request.

Marriage and divorce data by country, selected variables, and most recent year available: 2003

Country	Crude marriage rates	Marriages by age of bride and groom	Crude divorce rates	Country	Crude marriage rates	Marriages by age of bride and groom	Crude divorce rates
Australia	2002	2002	2001	Korea, Republic of	1997	1997	1997
Austria	2002	2003	2002	Latvia	2002	2002	2002
Belgium	---	---	---	Lithuania	2002	2002	2002
Bulgaria, Republic of	2002	2002	2002	Luxembourg	2002	2002	2002
Canada	2001	2001	2002	Netherlands	2000	2000	2000
Chile	2001	2001	---	New Zealand	2003	2003	2003
China, People's Republic of	1998	---	1998	Norway	2002	2002	2002
Czech Republic	2000	2000	2000	Poland	2002	2002	2002
Denmark	2003	2003	2003	Portugal	2002	2002	2002
Estonia	2002	2002	2002	Russian Federation	2000	2000	2000
Finland	2000	2000	2000	Singapore	2002	2002	2002
France	2002	2002	2002	Spain	2001	2001	2002
Germany	2002	2002	2002	Sweden	2003	2003	2003
Greece	2002	2002	2002	Switzerland	2002	2002	2002
Hong Kong SAR, China	2003	2003	2003	United Kingdom:			
Hungary	2003	2003	2003	England	¹ 2002	2002	¹ 2002
Iceland	2003	2003	2003	Wales	¹ 2002	2002	¹ 2002
Ireland	2001	1996	2001	Northern Ireland	2002	2002	2002
Israel	1999	1999	1999	Scotland	2003	2003	2003
Italy	2003	2001	2003	United States	² 2003	³ 1990	⁴ 2003
Japan	2002	2002	2002				

Hospital Statistics



Facility statistics by country, selected variables, and most recent year available: 2003

Country	Hospital coverage	Data tabulated					Most recently published data
		Beds and inpatient utilization	Facilities and services	Outpatient visits	Personnel	Financial data	
Australia	Public hospitals	Yes	Yes	Yes	Yes	Yes	2001–02
	Private hospitals	Yes	Yes	Yes	Yes	Yes	2001–02
Austria	All hospitals	Yes	Yes	No	Yes	¹ Yes	2001
Belgium	All hospitals	Yes	Yes	No	No	Yes	1997
Bulgaria, Republic of	All hospitals	Yes	Yes	No	Yes	No	2002
Canada	All hospitals	Yes	Yes	Yes	Yes	Yes	2001–02
Chile	All hospitals	Yes	² Yes	² Yes	² Yes	---	1997
China, People's Republic of	All hospitals	Yes	Yes	Yes	Yes	Yes	2000
Czech Republic	All hospitals	Yes	Yes	Yes	Yes	³ Yes	2000
Denmark	All hospitals	Yes	Yes	Yes	Yes	Yes	1999
Estonia	All hospitals	Yes	Yes	Yes	Yes	Yes	2002
Finland	General and psychiatric hospitals	Yes	Yes	Yes	Yes	No	2003
France	Public hospitals	Yes	Yes	Yes	Yes	Yes	2002
	Private hospitals	Yes	Yes	No	Yes	Yes	2002
	Mental hospitals	Yes	Yes	Yes	Yes	Yes	2002
Germany	All hospitals	Yes	Yes	No	Yes	Yes	2001
Greece	All hospitals	Yes	Yes	No	Yes	⁴ Yes	2000
Hong Kong SAR, China	Public hospitals	Yes	Yes	Yes	Yes	Yes	1998–99
	Private hospitals	Yes	Yes	Yes	No	No	2003
Hungary	All hospitals	Yes	⁵ Yes	Yes	Yes	⁵ Yes	2003
Iceland	All hospitals	Yes	No	Yes	Yes	Yes	1994–2000
Ireland	All public hospitals	Yes	Yes	Yes	Yes	Yes	2002
	All psychiatric hospitals	Yes	Yes	Yes	Yes	Yes	2001
Israel	All hospitals	Yes	Yes	⁶ Yes	⁶ Yes	⁷ Yes	1998
Italy	All hospitals	Yes	Yes	No	Yes	Yes	2002
Japan	All hospitals, general clinics, and dental clinics	Yes	Yes	⁸ Yes	⁸ Yes	No	2000
Korea, Republic of	All hospitals	Yes	Yes	Yes	Yes	No	1997
Latvia	All hospitals	Yes	Yes	Yes	Yes	Yes	2002
Lithuania	All hospitals	Yes	Yes	Yes	Yes	No	2002
Luxembourg	All hospitals	Yes	Yes	No	Yes	Yes	⁹ 2002
Netherlands	General and specialized hospitals	Yes	Yes	Yes	Yes	Yes	2000
	Psychiatric hospitals ¹⁰	Yes	Yes	No	No	Yes	1999

Facility statistics by country, selected variables, and most recent year available: 2003—Continued

Country	Hospital coverage	Data tabulated					Most recently published data
		Beds and inpatient utilization	Facilities and services	Outpatient visits	Personnel	Financial data	
New Zealand	Public hospitals	Yes	Yes	No	Yes	Yes	1998–99
	Private hospitals	Yes	Yes	No	Yes	Yes	1995
	Psychiatric (inpatients only)	Yes	Yes	No	Yes	Yes	1994
Norway	All hospitals	Yes	No	Yes	Yes	Yes	2003
Poland	General and mental hospitals	Yes	No	No	No	No	2000
Portugal	Public hospitals	Yes	Yes	Yes	Yes	Yes	2002
	Private hospitals	Yes	Yes	Yes	Yes	Yes	2002
Russian Federation	All hospitals	Yes	Yes	Yes	Yes	Yes	2000
Singapore	Public hospitals	Yes	Yes	Yes	Yes	Yes	2003
	Private hospitals	Yes	Yes	No	No	No	2003
Spain	All hospitals	Yes	Yes	Yes	Yes	Yes	1998
Sweden	All hospitals	Yes	Yes	Yes	⁴ Yes	⁴ Yes	2002
Switzerland	All hospitals	Yes	Yes	No	Yes	Yes	2002
United Kingdom:							
England	National Health Service hospitals	Yes	Yes	Yes	Yes	Yes	1995–96
	Private hospitals	Yes	No	No	¹¹ Yes	No	2000
Northern Ireland	National Health Service hospitals	Yes	Yes	Yes	Yes	Yes	2000–2001
Scotland	Scottish Health Service hospitals	Yes	Yes	Yes	Yes	Yes	2001
Wales	National Health Service hospitals	Yes	Yes	Yes	Yes	Yes	2002–03
United States	Hospitals with six or more beds	Yes	Yes	Yes	Yes	Yes	2000

--- Data not available.

¹Data available for 50 percent of hospitals.

²Exclusive to the public sector.

³Not published. Data available on hospitals administered by Ministry of Health.

⁴Data not available for individual hospitals.

⁵Data available from the National Health Insurance Fund Administration.

⁶Data available on government hospitals.

⁷On national level, estimates only up to 1996.

⁸Hospitals only.

⁹New series for 1998 and 1999.

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

¹¹Nursing staff only.

Discharge statistics by country, selected variables, and most recent year available: 2003

Country	Hospital coverage	Data tabulated				Most recently published data
		Age and sex	Length of stay	Diagnosis	Surgical procedures	
Australia	Public hospitals	Yes	Yes	Yes	Yes	2001–02
	Private hospitals	Yes	Yes	Yes	Yes	2001–02
Austria	All hospitals	Yes	Yes	Yes	Yes	1999
Belgium	All hospitals	Yes	Yes	Yes	No	1997
Bulgaria, Republic of	All hospitals	Yes	Yes	Yes	Yes	2002
Canada	General and specialized hospitals, including psychiatric units	Yes	Yes	Yes	Yes	2001–02
	Mental and psychiatric hospitals	Yes	Yes	Yes	¹ No	2001–02
Chile	All hospitals	Yes	Yes	Yes	Yes	2001–02
China, People's Republic of	No national statistics					
Czech Republic	All hospitals	Yes	Yes	Yes	Yes	2000
Denmark	All hospitals	Yes	Yes	Yes	Yes	1999
Estonia	All hospitals	Yes	Yes	Yes	Yes	2002
Finland	All hospitals	Yes	Yes	Yes	Yes	2003
France	Public hospitals (sample survey)	Yes	Yes	Yes	Yes	2002
	Private hospitals	Yes	Yes	Yes	Yes	2002
	Mental hospitals	No	Yes	No	No	2002
Germany	All hospitals	Yes	Yes	Yes	No	2000
Greece	All hospitals	Yes	Yes	Yes	Yes	1999
Hong Kong SAR, China	Public hospitals	Yes	Yes	Yes	² Yes	1997
	Private hospitals	No	No	Yes	No	2002
Hungary	All hospitals	³ Yes	Yes	³ Yes	³ Yes	2003
Iceland	All hospitals	Yes	Yes	Yes	Yes	1998
Ireland	Public hospitals (all acute)	Yes	Yes	Yes	Yes	2001
Israel	Short-stay hospitals	Yes	Yes	Yes	Yes	⁴ 1997
	Long-term hospitals	Yes	Yes	No	No	⁴ 1997
	Mental hospitals	Yes	Yes	Yes	Yes	⁵ 1997
Italy	All hospitals	Yes	Yes	Yes	Yes	2002
Japan	Hospitals and general clinics (sample survey)	Yes	Yes	Yes	Yes	2002
Korea, Republic of	All hospitals	No	Yes	Yes	Yes	1996
Latvia	All hospitals	Yes	Yes	Yes	Yes	2002
Lithuania	All hospitals	⁶ Yes	Yes	Yes	Yes	1996
Luxembourg	All hospitals	No	Yes	⁷ Yes	No	2002

Discharge statistics by country, selected variables, and most recent year available: 2003—Continued

Country	Hospital coverage	Data tabulated				Most recently published data
		Age and sex	Length of stay	Diagnosis	Surgical procedures	
Netherlands	General and most specialized hospitals, excluding psychiatric hospitals (98.8 percent of discharges)	Yes	Yes	Yes	Yes	2000
New Zealand	Psychiatric hospitals	Yes	Yes	Yes	No	1993
	Public hospitals	Yes	Yes	Yes	Yes	1998–99
	Private hospitals	Yes	Yes	Yes	Yes	1995
	Psychiatric hospitals (inpatients only)	Yes	Yes	Yes	No	1994
Norway	General and specialized somatic hospitals	Yes	Yes	Yes	Yes	2003
Poland	General (10 percent sample) and mental hospitals	Yes	Yes	Yes	No	1999
Portugal	All hospitals	⁸ Yes	⁹ Yes	No	⁹ Yes	2002
Russian Federation	All hospitals	No	Yes	Yes	Yes	2000
Singapore	All hospitals	Yes	Yes	Yes	Yes	2003
Spain	All hospitals	Yes	Yes	Yes	No	1996
Sweden	General and specialized hospitals (all discharges)	Yes	Yes	Yes	Yes	2002
Switzerland	All hospitals	Yes	Yes	Yes	Yes	⁵ 2002
United Kingdom:						
England	National Health Service hospitals	Yes	Yes	Yes	Yes	1997–98
Northern Ireland	National Health Service hospitals	Yes	Yes	Yes	Yes	1997–98
Scotland	Scottish Health Service hospitals (excluding maternity patients and those from psychiatric hospitals and psychiatric units in general hospitals)	Yes	Yes	Yes	Yes	2001
Wales	National Health Service hospitals	Yes	Yes	Yes	Yes	2002–03
United States	Non-Federal short-stay general and specialized hospitals (sample of discharges), excluding Federal ¹⁰ and institutional hospitals and hospitals with fewer than 6 beds	Yes	Yes	Yes	Yes	2002

¹For mental and psychiatric facilities, surgical procedures are available in the DAD but not in the Hospital Mental Health Database; 2002–03 data are available from the DAD.

²Major acute hospitals only.

³Data available from Ministry of Health.

⁴Available upon request for 751 hospitalizations.

⁵Available upon request.

⁶Selected age groups.

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

⁸For sent out patients.

⁹For all patients by specialty.

¹⁰Separate statistics are available for these categories of discharges.

Health Personnel Statistics



Health personnel statistics by country, type of profession, and most recent year data published: 2003

Country	Data tabulated						Most recently published data
	Physicians	Dentists	Professional nurses	Assistant nurses	Pharmacists	Midwives	
Australia	Yes	¹ Yes	Yes	Yes	Yes	Yes	1998
Austria	Yes	Yes	² Yes	² Yes	Yes	Yes	1999
Belgium	Yes	Yes	Yes	Yes	Yes	Yes	1995
Bulgaria, Republic of	Yes	Yes	Yes	No	Yes	Yes	2002
Canada	Yes	Yes	Yes	Yes	Yes	Yes	2002
Chile	Yes	Yes	Yes	Yes	Yes	Yes	1997
China, People's Republic of	Yes	Yes	Yes	Yes	Yes	Yes	2000
Czech Republic	Yes	Yes	Yes	Yes	Yes	Yes	2000
Denmark	Yes	Yes	Yes	Yes	Yes	Yes	1995
Estonia	Yes	Yes	Yes	Yes	Yes	Yes	2002
Finland	Yes	Yes	Yes	Yes	Yes	Yes	2003
France	³ Yes	Yes	Yes	Yes	Yes	Yes	2002
Germany	Yes	Yes	Yes	Yes	Yes	No	2002
Greece	Yes	Yes	² Yes	² Yes	² Yes	² Yes	2002
Hong Kong SAR, China	⁴ Yes	⁵ Yes	⁶ Yes	No	⁷ Yes	⁸ Yes	2003
Hungary	Yes	Yes	Yes	Yes	Yes	Yes	2003
Iceland	Yes	Yes	Yes	Yes	Yes	Yes	1999–2000
Ireland	Yes	Yes	Yes	Yes	Yes	Yes	⁹ 2002
Israel	Yes	Yes	Yes	Yes	Yes	Yes	1998
Italy	¹⁰ Yes	¹⁰ Yes	¹⁰ Yes	¹⁰ Yes	¹⁰ Yes	No	2002
Japan	Yes	Yes	¹¹ Yes	¹¹ Yes	Yes	¹¹ Yes	2002
Korea, Republic of	Yes	Yes	Yes	Yes	Yes	Yes	1997
Latvia	Yes	Yes	Yes	No	Yes	Yes	2002
Lithuania	Yes	Yes	Yes	No	Yes	Yes	2000
Luxembourg	Yes	Yes	Yes	Yes	Yes	Yes	2002
Netherlands	Yes	Yes	Yes	No	¹² Yes	Yes	1998
New Zealand	Yes	¹³ Yes	Yes	No	No	Yes	2000
Norway	Yes	Yes	Yes	Yes	No	Yes	¹⁴ 2003
Poland	¹⁵ Yes	Yes	Yes	Yes	Yes	Yes	¹⁵ 2002
Portugal	Yes	Yes	¹⁶ Yes	No	Yes	No	2002
Russian Federation	Yes	Yes	Yes	Yes	Yes	Yes	2000
Singapore	Yes	Yes	Yes	Yes	Yes	Yes	2003
Spain	Yes	Yes	Yes	No	Yes	Yes	1996

Health personnel statistics by country, type of profession, and most recent year data published: 2003—Continued

Country	Data tabulated						Most recently published data
	Physicians	Dentists	Professional nurses	Assistant nurses	Pharmacists	Midwives	
Sweden	Yes	Yes	Yes	Yes	Yes	No	2002
Switzerland	Yes	Yes	¹⁷ Yes	¹⁷ Yes	Yes	¹⁷ Yes	2001
United Kingdom:							
England	Yes	Yes	Yes	Yes	Yes	Yes	1998
Northern Ireland	Yes	Yes	Yes	Yes	Yes	Yes	1998
Scotland	Yes	Yes	Yes	Yes	Yes	Yes	2003
Wales	Yes	Yes	Yes	Yes	Yes	Yes	2003
United States	¹⁸ Yes	Yes	Yes	Yes	Yes	Yes	2000

¹Most recent data available for 1995.

²Only in hospitals.

³Most recent data available for 1994.

⁴Data refer to number of doctors with full registration with the Medical Council of Hong Kong on both local and overseas lists as of end of year stated. Annual renewal of practicing certificate is required for doctors.

⁵Data refer to number of dentists registered with the Dental Council of Hong Kong on both local and overseas lists as of the year stated. Annual renewal of practicing certificate is required for dentists.

⁶Data refer to number of nurses registered or enrolled with the Nursing Council of Hong Kong as of the end of the year stated. Annual renewal of practicing certificate is not required for nurses.

⁷Data refer to number of pharmacists registered with the Pharmacy & Poisons Board as of the year stated. Annual renewal of practicing certificate is required for pharmacists.

⁸Data refer to number of midwives registered with the Midwives Council of Hong Kong as of the year stated. Annual renewal of practicing certificate is not required for midwives.

⁹Published data refer to public sector employees only.

¹⁰Personnel working inside the National Health System (NHS) and in private, for-profit hospitals. Self-employed personnel not working for the NHS are excluded.

¹¹Only employed personnel.

¹²Data available include pharmacists working in pharmacies and hospitals and exclude those working in laboratories, industry, and universities.

¹³Published on Web site only.

¹⁴Includes both economically active and not economically active personnel.

¹⁵Data do not include persons who work for the Ministry of National Defence or Ministry of the Interior and Administration.

¹⁶Includes all nurses registered in the Guild of Nurses.

¹⁷Most recently tabulated data available for 1990.

¹⁸Most recent data available for 2002.

National Population-Based Surveys



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

Country	Title	Frequency	Sample size ¹	Type of survey
Australia	Australian Health Survey	1977–78, 1983	1977–78—15,000 dwellings; 1983—18,000 dwellings	Health interview
	Children’s Immunization and Health Screening Survey	1983, 1995	30,000 dwellings	Health interview
	National Health Survey	1989–90, 1995, 2001	22,000 dwellings (55,000 persons)	Health interview
	Survey of Disability, Aging, and Carers	1988, 1993, 1998, 2003 (Conducted in 1981 as the Survey of Handicapped Persons)	16,000 dwellings (42,000 persons); 600 institutions (6,000 persons)	Disability
	Time Use Survey	1992, 1997	3,000 dwellings (7,000 persons, 14,000 person-days)	Multi-purpose with lifestyle information
	National Aboriginal and Torres Strait Islander Survey	1994	5,000 dwellings (17,500 persons)	Multi-purpose with health core
	National Nutrition Survey	1996	13,800 persons	Nutrition
	Survey of Mental Health and Well-being	1997	10,000 persons	Mental health
Austria	Special Sport, Home, and Leisure Accident Survey	1970, 1980, 1989, 1997	29,000 households (67,000 persons)	Multi-purpose with health core
	Special Smoking Habits Survey	1972, 1979, 1986, 1997	29,000 households (67,000 persons)	Smoking habits
	Special Health Survey	1973, 1983, 1991, 1999	29,000 households (67,000 persons)	Multi-purpose with health core
	Special Impairment, Disability, and Handicap Survey	1976, 1986, 1995	29,000 households (67,000 persons)	Disability
Canada	Canada Health Survey	1978–79	Interview component—12,000 dwellings (40,000 persons aged 15 years and over) Clinical examination component—3,450 dwellings (8,486 persons aged 2 years and over)	Health interview
	Canada Fitness Survey (follow-up—Campbell Survey on Well-being in Canada 1988)	1981	13,500 households (31,000 persons aged 7–69 years)	Fitness
	Canadian Health and Disability Survey	1983–84	65,800 households (15,854 persons)	Disability

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

Country	Title	Frequency	Sample size ¹	Type of survey
Canada (Continued)	Participation & Activity Limitation Survey, 2001	Unknown, but planned to follow quinquennial census	Noninstitutionalized adults with disabilities	Disability
	Canadian Tobacco Monitoring Survey (CTUMS)	Ongoing since 1999, two cycles per year	43,000 households (22,000 persons)	Smoking habits
	Canadian Community Health Survey	Biannual beginning 2000–01	131,535 persons	Health interview
	Mental health and well-being	2002	30,000 persons	
	Nutrition	2004	30,000 persons	
	Aboriginal Peoples Survey	1991, 2001	20,000 persons	Health interview
	National Population Health Survey	1994–95, 1996–97, 1998–99, 2000–2001	17,244 persons	Health interview
	Supplement—Health Promotion	1994–95	13,400 persons aged 12 years and over	Health interview
Supplement—Asthma	1996–97	2,000 persons	Health interview	
China, People's Republic of	National Sample Survey on the Situation of Children	1987, 1992	40,000 households	Multi-purpose
	Health Services Household Interview Survey of China	1993, 1998	50,000 households	Health interview
Czech Republic	Survey of Treated Morbidity	1986	131,097 persons of all ages	Health interview
	Reproductive Health Survey	1993	4,500 women aged 15–44 years	Family planning
	Health Interview Survey (HIS)	1993, 1996, 1999, 2002	3,400 persons aged 15 years and over	Health interview
	Health, Life Style and Environment (HELEN)	1998–2002	14,200 persons aged 45–54 years	Health interview
Denmark	The Danish Health and Morbidity Survey	1986–87, 1994, 2000	23,000 persons aged 16 years and over	Health interview and health behavior
	Population Survey on Prevention of Musculoskeletal Disorders	1990–92	6,000 persons aged 16 years and over	Health promotion and behavior
Estonia	Living Conditions Survey	1994, 1999	5,000 persons aged 18–74 years	Level of living
	National Health Interview Survey	1996	5,000 persons aged 16 years and over	Health interview
	National Labour Force Survey (ad hoc disability module)	2002	7,600 households (15,900 persons aged 15–74 years)	Interview

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

Country	Title	Frequency	Sample size ¹	Type of survey
Finland	The Finnish National Health Survey	1964, 1968, 1976, 1987, 1995	6,000 households representing the entire population	Health and security
	Mini-Finland Health Survey	1977–81	8,000 persons aged 30 years and over	Multi-purpose
	Finrisk—97 Senior Survey	1997	750 persons aged 65–74 years	Health interview
	The Health 2000 Examination Survey	2000–2001	8,028 persons aged 30 or over	Health examination
France	French Health Survey	1960, 1970, 1980, 1991–92	8,000 households (21,000 persons)	Health interview
	National Inpatients Survey	1981, 1991–92	5,000 persons	Health interview
	Health and Social Protection Survey	Annual 1988–97; biannual since 1998	1988–1997—10,000 persons; 20,000 persons since 1998	Health interview
Germany	Questions on Health—Microcensus Supplementary Survey	Irregular intervals 1963–86; triennial 1986–95; every 4 years since 1995	Sampling fraction of households (0.5 percent)	Multi-purpose with health core
	National Health Examination and Interview Survey	1997–99; every 6–8 years	7,124 persons aged 18–79 years	Health interview and examination
Hungary	Health Interview Survey	1984	16,000 households (37,500 persons)	Health interview
	Health Behavior Survey	1994	5,476 persons aged 15–64 years	Health interview
	National Health Interview Survey	2000, 2003	7,000 persons aged 18 years and over	Health interview
Iceland	Survey of Living Conditions in Iceland	1988	2,000 persons aged 16–75 years	Level of living
	Multi-Purpose Survey (surveys on health promotion)	1994, 1996	1,500 persons aged 18–75 years	Multi-purpose
	Health and Living Conditions in Iceland	1998, 1999	1,924 persons aged 18–75 years	Level of living
Ireland	The National Health and Lifestyle Surveys	1998, 2002	Approx. 6,000 adults aged 18 years and over; approx. 8,400 children aged 9–17 years	Level of living

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

Country	Title	Frequency	Sample size ¹	Type of survey
Israel	Health Services Survey	1977, 1981, 1993, 1996–97, 1999–2000	9,000 households (30,000 persons)	Health service usage and health interview, disability
	National Health Survey	2003–04 (one time survey)	Approx. 5,000 persons aged 21 years and over	Health interview
	Survey of the Elderly (persons aged 60 years and over in households)	1982, 1985, 1997, 1998	3,500 households (5,000 persons aged 60 years and over)	Level of living
Italy	Survey of Health Conditions and the Use of Health Services	1980, 1983, 1986, 1990–91, 1994, 1999–2000	1994—24,000 households (70,000 persons); 1999–2000—60,000 households (140,000 persons)	Health interview
	Survey on Living Conditions (Aspects of Daily Life)	Annual since 1993	24,000 households (about 60,000 persons)	Multi-purpose with health core
Japan	Comprehensive Survey of Living Conditions of People on Health and Welfare	Triennial since 1986	280,000 households (780,000 persons)	Multi-purpose
Korea, Republic of	Patients Survey	Biannual 1988–96; triennial since 1996	4,845 hospitals, clinics, and health centers	Health interview
	National Nutrition Survey	Annual 1969–98; triennial since 1998	4,000 households (12,000 persons)	Health and nutrition interview
	Social Statistics Survey	Annual 1977–96; semiannual 1997	30,000 households	Multi-purpose
	National Health Interview Survey	Triennial since 1983	6,605 households	Health service usage and health interview
Latvia	Epidemiologic Research on Most Common Noninfectious Diseases	1991	18,040 persons selected (data on 5,449 persons)	Multi-purpose
	Living Conditions Survey	1994, 1999	3,500 persons	Living conditions
	Survey of Population about the Health Care System in Latvia	1998, 1999	Of 4,000 permanent inhabitants, 2,759 persons aged 30–65 years	Multi-purpose
	Health Behavior Among Latvian Adult Population	1998, 2000, 2002	Of 3,000 permanent inhabitants, 2,400 persons aged 15–64 years	Multi-purpose

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

Country	Title	Frequency	Sample size ¹	Type of survey
Netherlands	Permanent Survey of Living Conditions, incorporating the following former surveys:	Continuous since 1997	40,000 persons	Multi-purpose
	Quality of Life Survey	Triennial 1974–86; continuous 1989–96	3,500 persons aged 18 years and over	Multi-purpose
	National Health Interview Survey	Continuous 1981–96	3,000 households (9,000 persons)	Health interview
	National Health Interview Survey of Turkish Inhabitants in the Netherlands	1989–90	5,306 persons	Health interview
New Zealand	New Zealand Health Survey	1992–93, 1996–97	7,000–8,000 persons	Health interview
	National Nutrition Survey	1996–97	5,000 persons 15 years of age and over	Dietary intake and nutritional status
Norway	Level of Living: Multi-purpose Survey ²	Annual since 1996	5,000 persons aged 16 years and over	Multi-purpose
	Survey on Housing Conditions	1997, 2001	4,850 persons aged 16 years and over	Housing conditions
	Survey on Work Environment	1996, 2000, 2003	3,500 persons aged 16–66 years	Working environment
	Survey on Health and Care	1998, 2002	10,000 persons aged 16 years and over	Health and care
Poland	Social Status of Household Survey	1985, 1986, 1989, 1990	120,000 households (380,000 persons)	Level of living with health component
	Family Health Survey	1987	21,351 households (68,000 persons)	Health interview
	Sociodemographic and Health Determinants of Infant Mortality Survey	1991	6,400 children under 1 year of age	Infant mortality
	Health Care in Household	1994, 1998, 2000, 2003	4,016 households (12,332 persons)	Health expenditures, use of health care services
	Disabled on the Labor Market Survey	1995, 2000	6,700 persons aged 15 years and over	Disability, Interview
	Health Interview Survey (POLHIS 96)	1996	19,202 households (47,924 adults and 14,813 children)	Health interview

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

Country	Title	Frequency	Sample size ¹	Type of survey
Portugal	National Health Survey	1987, 1989, 1990, 1991, 1993, 1995–96, 1998–99	22,000 households	Health interview
Singapore	National Health Survey	1992, 1998	4,723 persons aged 18–69 years	Health interview and examination
	Survey of Primary Medical Care in Singapore	2001	27,000 patients	Medical consultation
	National Health Surveillance System	2001	6,236 Singapore residents aged 18 years and over	Health interview
	Survey on Cigarette Smoking Among Singaporeans	1983, 1995	5,000 persons aged 18–64 years	Smoking habits
	National Survey of Senior Citizens	1983, 1995	6,000 persons aged 55 years and over	Health interview
Spain	Survey on Disabilities, Impairments, and State of Health	1999	79,000 households (220,000 persons)	Disability
	National Health Survey	1987, 1993, 1997, 2001	26,000 persons	Health interview
Sweden	Survey of Living Conditions	Annual since 1975	7,800 persons aged 16 years and over	Level of living
Switzerland	Health Behavior of School-Age Children in Switzerland	1986, 1990, 1994, 1998, 2002	16,000 children aged 11–16 years	Health behavior
	Swiss Health Survey	1992, 1997, 2002	16,000 persons aged 15 years and over	Health interview
United Kingdom	General Household Survey	Continuous since 1971, except 1997 and 1999	8,500 households (20,000 persons aged 16 years and over)	Multi-purpose
	Health Survey for England	Continuous since 1991	11,000 households (20,000 persons)	Health interview, examination, and blood sample measurements
	Scottish Health Survey	Triennial since 1995	1995—7,932 adults aged 16–64 years living in private households; 1998—children aged 2–15 years and adults aged 65–74 years	Health interview

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

Country	Title	Frequency	Sample size ¹	Type of survey
United States	National Health Interview Survey (NHIS)	Continuous since 1957	40,000 households (100,000 persons)	Health interview
	National Health and Nutrition Examination Survey (NHANES)	I - 1971–74	32,000 persons	Health interview and examination
		IA - 1974–75	7,000 persons	
		II - 1976–80	28,000 persons	
		III - 1988–94	30,000 persons	
		IV - Beginning in 1999, annual sample and continuous survey	5,000 persons annually	
	Hispanic Health and Nutrition Examination Survey (HHANES)	1982–84	16,000 persons aged 6 months–74 years	Health interview and examination
	National Survey of Family Growth (NSFG)	1973, 1976, 1982, 1988, 1995, 2002	10,847 women aged 15–44 years; 2002—15,572 men and women aged 15–44 years	In-person interview
National Health and Nutrition Examination Survey I—Epidemiologic Follow-up Study (NHEFS)	1982–84, 1986, 1987, 1992	Periodic follow-up to 14,407 adults in NHANES I	Health interview	
Longitudinal Studies of Aging (LSOA)				
	LSOA I	1984, 1986, 1988, 1990	7,527 persons aged 70 years and over in the 1984 NHIS	Health interview
	LSOA II	1994–96, 1997–98, 1999–2000	9,447 persons aged 70 years and over in the 1994 NHIS	Health interview

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

²The Survey on Housing Conditions, the Survey on Work Environment, and the Health and Care Survey were integrated into the Survey of Living Conditions from 1996.

Profile of National Population-Based Surveys



Australia

Title	Australian Health Survey
Responsible agency or ministry	Australian Bureau of Statistics
Objective	To provide information about the health of Australians and their use and need of various health services and facilities.
Scope	Sample of 18,000 private and nonprivate dwellings selected throughout Australia covering about one-third of 1 percent of the population. All persons aged 15 years and over were interviewed. Mother was usual respondent for children under 15 years of age.
Collection method	Interviewer-administered questionnaire.
Data content	Health-related actions, acute illness conditions, hospitalizations, reduced activity, consultations with health professionals, medications taken, and demographic and socioeconomic characteristics.
Frequency	Conducted in 1977–78 and 1983. Replaced by National Health Surveys.
Availability of data	Sample data file and statistical reports of survey findings (charges apply).
Contact	Tara Pritchard Director, Social & Demographic Statistics Australian Bureau of Statistics Queensland Office GPO Box 9817 Brisbane, Queensland 4001 Australia Fax: (61) (7) 3222 6308 E-mail: tara.pritchard@abs.gov.au Web site: www.abs.gov.au

Australia

Title	Children's Immunization and Health Screening Survey
Responsible agency or ministry	Australian Bureau of Statistics
Objective	To provide information on immunization coverage of children aged 6 years or under against vaccine-preventable diseases; and information on health screening practices (dental consultations, sight and hearing checks, visits to baby health clinics).
Scope	The survey was conducted as part of the regular Australian Bureau of Statistics monthly population survey on a national sample of approximately 30,000 private dwellings, covering about one-half of 1 percent of the population. Only dwellings that had children aged 15 years or under were included in the survey. Where possible, information was obtained from the child's mother or female guardian.
Collection method	Interviewer-administered questionnaire.
Data content	Immunization status (full, partial, not immunized) against individual conditions covered in the Children's Immunization Schedule and against the conditions in total; other vaccinations (not on Schedule), visits to baby health clinics, sight and hearing tests, dental consultations, childcare, and demographic and socioeconomic characteristics.
Frequency	Conducted irregularly; 1983 and 1995. Topic also included in the 1989–90 National Health Survey.
Availability of data	Statistical reports of survey findings (charges apply).
Contact	Tara Pritchard Director, Social & Demographic Statistics Australian Bureau of Statistics Queensland Office GPO Box 9817 Brisbane, Queensland 4001 Australia Fax: (61) (7) 3222 6308 E-mail: tara.pritchard@abs.gov.au Web site: www.abs.gov.au

Australia

Title	National Health Survey
Responsible agency or ministry	Australian Bureau of Statistics
Objective	To provide baseline and trend data on a broad range of health status indicators and health-related behaviors of Australians.
Scope	Sample of approximately 22,000 private and nonprivate dwellings selected throughout Australia covering about 55,000 persons. All persons aged 18 years and over in selected households were interviewed. Children aged 15–17 years were interviewed with consent of parents or guardians. Parents or guardians were asked to provide data for children under 15 years of age.
Collection method	Interviewer-administered questionnaire and self-administered questionnaires for some topics.
Data content	Recent illness, long-term illness, general health and well-being, specific women's health issues, hospital episodes, medical consultations, use of medications, short-term disability, smoking, alcohol consumption, self-reported height and weight, accidents, exercise, breastfeeding, sun protection, and demographic and labor force characteristics.
Frequency	Conducted in 1989–90, 1995, and 2001. Planned every 5 years.
Availability of data	Public-use data files and statistical reports on survey findings (charges apply).
Contact	Tara Pritchard Director, Social & Demographic Statistics Australian Bureau of Statistics Queensland Office GPO Box 9817 Brisbane, Queensland 4001 Australia Fax: (61) (7) 3222 6308 E-mail: tara.pritchard@abs.gov.au Web site: www.abs.gov.au

Australia

Title	Survey of Disability, Aging, and Carers
Responsible agency or ministry	Australian Bureau of Statistics
Objective	To provide national data on persons with one or more long-term health conditions and on older persons living in households and health establishments.
Scope	Multistage sample of 42,000 persons in 16,000 residential dwellings and 6,000 patients or residents from approximately 600 randomly selected establishments. All persons in selected dwellings aged 18 years and over are interviewed.
Collection method	Household component—interviewer-administered questionnaire. Persons identified as having one or more long-term health conditions, or who are aged 60 years or over, or the principal carers of these two populations are interviewed. Any responsible adult in the household may provide data for persons without a health condition, for persons not at home, and for children aged 17 years and under who have a condition. Health establishment component—questionnaire completed by administrator of establishment. Carer component—self-enumeration form completed by persons identified as principal carers by recipient of care or who self-identify as providing a comparable level of care to a recipient in another household.
Data content	Household component—chronic conditions, difficulties and help required for personal care, communications and mobility, amount of help required for specific tasks, types of aids to perform everyday tasks, carers, and demographic and socioeconomic characteristics. Health establishment component—same as above in less detail, excluding socioeconomic data.
Frequency	Previously irregular. Similar surveys conducted in 1981 and 1988. Beginning in 1993, conducted at 5-year intervals.
Availability of data	Statistical reports of survey findings, public-use files, special-purpose tabulations, and statistical analysis (charges apply).
Contact	Tara Pritchard Director, Social & Demographic Statistics Australian Bureau of Statistics Queensland Office GPO Box 9817 Brisbane, Queensland 4001 Australia Fax: (61) (7) 3222 6308 E-mail: tara.pritchard@abs.gov.au Web site: www.abs.gov.au

Australia

Title	Time Use Survey
Responsible agency or ministry	Australian Bureau of Statistics
Objective	To provide national data on the patterns of time use of persons aged 15 years and over, living in households.
Scope	Multistage sample of 7,000 persons in 3,000 residential dwellings, providing 14,000 person-day records. All persons aged 15 years and over in households are interviewed.
Collection method	Household component—responsible adult answers interviewer-administered questionnaire. Personal questionnaire—responsible adult answers interviewer-administered questionnaire for all persons in scope. Personal diary—left to be completed by each person in scope, then collected by interviewer.
Data content	Identification of persons with disability and with severe handicap, identification of principal caregivers for the latter, type of activity, start and finish time of activity episode for whom activity was done, location of activity episode, mode of travel, social context of activity episode, simultaneous activities, and demographic and socioeconomic characteristics. Also collected is information about the purchase of time-saving services and the presence of items in the household that affect how people spend their time.
Frequency	Pilot survey conducted in 1987. Full survey conducted in 1992. Planned for 5-year intervals.
Availability of data	Statistical reports of survey findings, public-use files, and special tabulations (charges apply).
Contact	Tara Pritchard Director, Social & Demographic Statistics Australian Bureau of Statistics Queensland Office GPO Box 9817 Brisbane, Queensland 4001 Australia Fax: (61) (7) 3222 6308 E-mail: tara.pritchard@abs.gov.au Web site: www.abs.gov.au

Australia

Title	National Aboriginal and Torres Strait Islander Survey
Responsible agency or ministry	Australian Bureau of Statistics
Objective	To provide comparable information across Australia about Aboriginal and Torres Strait Islander people.
Scope	A sample of approximately 5,000 dwellings or 17,500 Aboriginal and Torres Strait Islander people. Households were selected at random using a multistage sample design stratified by the 35 Aboriginal and Torres Strait Islander Commission regions and the Torres Strait Area.
Collection method	Interviewer-administered questionnaire.
Data content	Family and culture, housing, education and training, employment and income, law and justice, and health data including health actions, attitudes to health, health status, illness conditions, health-risk factors, disability, and access and attitudes to health services and facilities.
Frequency	Irregular. First conducted in 1994.
Availability of data	Standard publications and consultancy service (charges apply).
Contact	Tara Pritchard Director, Social & Demographic Statistics Australian Bureau of Statistics Queensland Office GPO Box 9817 Brisbane, Queensland 4001 Australia Fax: (61) (7) 3222 6308 E-mail: tara.pritchard@abs.gov.au Web site: www.abs.gov.au

Australia

Title	National Nutrition Survey
Responsible agency or ministry	Australian Bureau of Statistics
Objective	To provide baseline data on food and nutrient intakes of Australians and their physical measurements.
Scope	Sample of approximately 13,800 persons aged 2 years and over, selected from respondents to the National Health Survey. Two or three persons per household were selected.
Collection method	Qualified nutritionists were employed as interviewers. Interviewer-administered individual Food Intake Questionnaire for all persons aged 2 years and over. Signed consent was requested for physical measurements including height, weight, and waist and hip circumference. Blood pressure readings were taken of persons aged 16 years and over. Consent was given by parent or guardians for children under 18 years of age living at home. Mail-back Food Frequency Questionnaire was provided for selected persons aged 12 years and over.
Data content	Detailed food intake during previous 24 hours, physical measurements (blood pressure, height, weight, and waist and hip circumference), dietary habits and attitudes, and average frequency of intake of foods over previous 12 months.
Frequency	Conducted in 1995. No proposal for next survey.
Availability of data	Demographic and health data available in public-use tapes and statistical reports of survey findings (charges apply).
Contact	Tara Pritchard Director, Social & Demographic Statistics Australian Bureau of Statistics Queensland Office GPO Box 9817 Brisbane, Queensland 4001 Australia Fax: (61) (7) 3222 6308 E-mail: tara.pritchard@abs.gov.au Web site: www.abs.gov.au

Australia

Title	Survey of Mental Health and Well-being
Responsible agency or ministry	Australian Bureau of Statistics
Objective	To provide information on how many Australians have specific mental disorders, disability associated with these disorders, and use of health and human services.
Scope	Sample of approximately 10,000 persons aged 18 years and over from private dwellings and selected special dwellings. One person per household was selected.
Collection method	Interviewer-administered questionnaire.
Data content	Disability, specific mental disorders, health service use and perceived health need, and general health status.
Frequency	Conducted in 1997.
Availability of data	Demographic and mental health and well-being data in public-use tapes and a statistical report (charges apply).
Contact	Tara Pritchard Director, Social & Demographic Statistics Australian Bureau of Statistics Queensland Office GPO Box 9817 Brisbane, Queensland 4001 Australia Fax: (61) (7) 3222 6308 E-mail: tara.pritchard@abs.gov.au Web site: www.abs.gov.au

Austria

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

Austria

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

Austria

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

Austria

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

Canada

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

Canada

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

Canada

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

Canada

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

Canada

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

Canada

Title	Canadian Community Health Survey
Responsible agency or ministry	Statistics Canada
Objective	To provide timely and reliable cross-sectional estimates of population health for subprovincial levels of geography and to provide in-depth data for topics identified as key data gaps in the understanding of issues relating to population health.
Scope	Noninstitutionalized population aged 12 and over, excluding Indian reserves, armed forces personnel, and persons living on crown lands and some remote regions. For cycle 1.1, the sample included 130,000 respondents with approximately 85 percent drawn from the Labour Force Survey frame and 15 percent through random-digit dialing. Conducted in two-year cycles: first-year subregional survey had 130,000 respondents; second-year focus content survey had 36,984 respondents in 2002 and 35,000 respondents in 2004.
Collection method	Computer-Assisted Personal Interviews for respondents selected through the Labour Force Survey Area frame and Computer-Assisted Telephone Interviews for the random-digit-dialed frame.
Data content	Health status, health determinants, and health system use. Focus content (survey conducted in second year of each 2-year cycle) was mental health in 2002 and nutrition in 2004.
Frequency	Conducted every 2 years beginning 2000–2001.
Availability of data	Tabular statistics via Internet, custom tabulations (May 8, 2002), master file access through Statistics Canada Research Data Centers, public-use microdata file (charges apply).
Contact	Mario Bédard Phone: (613) 951–8933 Web site: www.statcan.ca/health_surveys

Canada

Title	Aboriginal Peoples Survey
Responsible agency or ministry	Statistics Canada
Objective	To provide a comprehensive data source about Canada's Aboriginal Peoples, to enable an assessment of their socioeconomic conditions, and to provide information required to develop programs and services for Aboriginal Peoples in Canada.
Scope	Noninstitutionalized population (all ages) of Canada who indicated in the 1991 census that they have Aboriginal origins or that they are a registered Indian under the Indian Act of Canada and further indicated that they identify with an Aboriginal group (i.e., North American Indian, Metis, Inuit, or other Aboriginal group such as Cree or Inuvialuit). Excluded are 78 Indian reserves and settlements incompletely enumerated in the 1991 census (approximately 38,000 persons) and an additional 181 reserves and settlements incompletely enumerated during the Aboriginal Peoples Survey (approximately 20,000 persons).
Collection method	Interviewer-administered adult questionnaire and children questionnaire.
Data content	Identity, ancestry, registered Indian status, language and tradition, disability, health, lifestyles, social issues, mobility, schooling, work and related activities, income and expenditures, housing, and sociodemographic characteristics from the census.
Frequency	Conducted in 1991 and 2001.
Availability of data	Microdata file, statistical reports, and custom tabulations.
Contact	<p>Statistics Canada Housing, Family and Social Statistics Division Client Services and Dissemination Phone: (888) 297-7355 Web site: www.statcan.ca/health_surveys</p>

Canada

Title	National Population Health Survey
Responsible agency or ministry	Statistics Canada
Objective	To aid in the development of public policies designed to improve health, to provide data for analysis of the determinants of health, to collect data on the correlates of health, to increase understanding about health status in relation to services, to provide panel data and periodic cross-sectional estimates, to provide data users with the capacity to supplement sample or content in a health survey, and to allow linkage to other health data sources.
Scope	Noninstitutionalized population of 10 provinces and 2 territories (all ages), excluding natives on reserves. Exclusions account for approximately 3 percent of total population. Approximately 22,000 households were sampled. One person in each household was randomly selected to participate in the longitudinal portion of the survey.
Collection method	Computer-assisted personal interview.
Data content	Health care use, injuries, restriction of activities, chronic conditions, preventive health practices, health status, smoking, alcohol and drug use, stress (ongoing, childhood, adult, recent life events, and work), mastery, social support, self-esteem, mental health, physical activities, height and weight, pets, safety, income, and sociodemographic characteristics.
Frequency	Conducted in 1994–95, 1996–97, 1998–99, and 2000–2001.
Availability of data	Microdata file and statistical reports.
Contact	<p>Statistics Canada Special Surveys Division Client Services and Dissemination Phone: (888) 297-7355 Web site: www.statcan.ca/health_surveys</p>

China, People's Republic of

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

China, People's Republic of

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

Czech Republic

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

Czech Republic

Title	Reproductive Health Survey
Responsible agency or ministry	Czech Statistical Office Ministry of Health
Objective	To gather data on a wide range of topics related to reproductive health in the Czech Republic. Most issues are examined for women with specific geographic, social, demographic, and economic characteristics. This makes it possible to identify the portions of the population with specific health needs or problems.
Scope	Of the 12,747 households selected, 4,870 were found to include at least 1 woman of reproductive age. Of this number, approximately 4,497 were successfully interviewed.
Collection method	Female interviewer-administered questionnaire.
Data content	Childbearing, knowledge and use of contraceptive methods, use of maternal and child health services, sexuality and contraception among young adults, women's health habits, knowledge and attitudes about reproductive topics, knowledge about HIV or AIDS, and demographic and socioeconomic characteristics.
Frequency	Conducted in 1993.
Availability of data	Final report published 1995.
Contact	Czech Statistical Office Sokolovská 142 186 04 Praha 8, Karlín, Czech Republic Phone: (420) (2) 7405 2270 Fax: (420) (2) 8481 8103 Web site: www.czso.cz

Czech Republic

Title	Health Interview Survey
Responsible agency or ministry	Institute of Health Information and Statistics of the Czech Republic
Objective	To acquire basic characteristics of the population's health for monitoring the World Health Organization project, "Health for All by the Year 2000," and to determine the frequency in which a disease, symptom, phenomenon, or health complaint actually occurs among the population or its subgroups.
Scope	Multistage, random, stratified sample of 3,400 persons aged 15 years and over from the Central Register of Inhabitants of the Czech Republic.
Collection method	Interviewer-administered questionnaire.
Data content	Perceived physical, mental, and social health; prevalence of chronic diseases; disability; leisure-time activities; alcohol and smoking habits; dietary habits; health insurance; and demographic and socioeconomic characteristics.
Frequency	Conducted in 1993, 1996, 1999, and 2002.
Availability of data	1993, 1996, and 1999 (Czech or English data version).
Contact	Vlasta Mazánková Institute of Health Information and Statistics of the Czech Republic Palackého nám. 4 – P.O. Box 60 12800 Praha 2, Karlín, Czech Republic Phone: (420) (2) 2497 2243 Fax: (420) (2) 2491 5982 E-mail: mazankova@uzis.cz Web site: www.uzis.cz

Czech Republic

Title	Health, Life Style and Environment (HELEN)
Responsible agency or ministry	National Institute of Public Health of the Czech Republic
Objective	To complete the demographic and health statistics data with selected health status indicators; to estimate the prevalence rates of important chronic, noninfectious diseases and risk factors of these diseases among the urban population; and to continue monitoring lifestyle factors and attitudes of the population of the participating localities toward health and environmental issues.
Scope	Random sample of 14,200 individuals aged 45–54 years in the city population. A total of 800 persons (400 males and 400 females) aged 45–54 years were randomly selected in 27 cities as a representative sample of the population of each city.
Collection method	Cross-sectional study. Data were obtained via self-administered questionnaire. Half of the respondent group (200 males and 200 females in each city) received medical checkups.
Data content	Recent sickness, long-term morbidity, prevalence of chronic bronchitis, self-rating health, alcohol and tobacco use, physical activity, dietary habits, family disease history, socioeconomic characteristics, and environmental influences. Medical checkups included measurement of blood pressure, height, weight, waist to hip ratio, and total blood cholesterol level.
Frequency	Conducted 1998–2002. Planned every 5 years.
Availability of data	Published by the Environmental Health Monitoring System in the Czech Republic. Health status and demographic parameters technical report (1998–2002).
Contact	Mudr Růža Kubínová National Institute of Public Health Srobárova 48 100 42 Prague 10, Czech Republic Phone: (420) 26708 2623 Fax: (420) 27173 1699 E-mail: kubinova@szu.cz Web site: www.szu.cz

Denmark

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

Denmark

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

Estonia

Title	Living Conditions Survey
Responsible agency or ministry	Statistical Office of Estonia Ministry of Social Affairs
Objective	To provide national data on the living conditions, health, social contacts, composition of households, sense of security, workplace conditions, economic situation, and migration.
Scope	Multistage probability sample of 5,000 individuals aged 18–74 years.
Collection method	Interviewer-administered questionnaire.
Data content	Fixed core data component—composition of household, work, nutrition, chronic illness, physician visits, hospital episodes, medical insurance, alcohol consumption, smoking habits, physical activities, lifestyle, and demographic and socioeconomic characteristics. Supplementary component—varies from year to year.
Frequency	Conducted in 1994 and 1999.
Availability of data	Public-use data files and statistical reports.
Contact	Ülle Marksoo Ministry of Social Affairs 29 Gonsiori Street 15 027 Tallinn, Estonia Phone: (372) 62 69 205 Fax: (372) 69 92 209 E-mail: Ülle.Marksoo@sm.ee

Estonia

Title	National Health Interview Survey
Responsible agency or ministry	National Institute for Health Development (Institute of Experimental and Clinical Medicine until 2003)
Objective	To provide national data on health, illnesses, nutrition, social contacts, consumption of alcohol, smoking habits, psychological well-being, and health habits.
Scope	Probability sample of 5,000 individuals aged 16 years and over.
Collection method	Interviewer-administered questionnaire.
Data content	Fixed core data component—composition of household, nutrition, chronic illness, physician visits, medical insurance, consumption of alcohol, smoking habits, physical activities, lifestyle, disability, psychological well-being, health habits, and demographic and socioeconomic characteristics.
Frequency	Began in 1996; planned for 2006.
Availability of data	Public-use data files and statistical reports.
Contact	Mr. Gleb Denissov Statistical Office of Estonia Endla Str. 15 15174 Tallinn, Estonia Phone: (372) 45 39 224 Fax: (372) 62 59 370 E-mail: gleb.denissov@stat.ee Web site: www.stat.ee

Estonia

Title	National Labour Force Survey
Responsible agency or ministry	Statistical Office of Estonia
Objective	To provide national data on employment and evaluate the impact of health problems on ability to work.
Scope	Multistage probability sample of 7,600 households (15,900 persons).
Collection method	Interviewer-administered questionnaire.
Data content	Economic activity, employment status, demographic and educational background, longstanding health problems or disability, limitations, need for assistance.
Frequency	Health and disability module once in 2002.
Availability of data	Statistical reports published and available on Web site.
Contact	Ms. Ülle Pettai Statistical Office of Estonia 15 Endla Street 15 174 Tallinn, Estonia Phone: (372) 45 39 224 FAX: (372) 43 30 585 E-mail: yлле@stat.vil.ee Web site: www.stat.ee

Finland

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

Finland

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

Finland

Title	Finrisk-97 Senior Survey
Responsible agency or ministry	National Public Health Institute (KTL)
Objective	To assess health and functional ability as well as use and need of care of people aged 65–74 and to evaluate trends of health status in this age group.
Scope	Random samples of 750 individuals in two regions were interviewed and examined. Home visits were paid to persons who did not come to the health examination.
Collection method	Interviewer-administered questionnaire, health examination, and a comprehensive clinical examination.
Data content	<p>Interview and questionnaires—perceived morbidity, known diseases, functional ability and limitations, use and need of health services, health behavior, social and demographic characteristics.</p> <p>Clinical examination and measurements—medical history, physical examination, anthropometric measures, blood pressure, electrocardiogram (ECG), vision, hearing, muscle strength, walking speed and other locomotor system tests, and tests to assess mental performance.</p> <p>Home visits—part of the same interviews and measurements as in the health examination.</p>
Frequency	Conducted in 1997 and 2002. Planned every 5 years.
Availability of data	Statistical reports and main results published 2000.
Contact	<p>Arpo Aromaa National Public Health Institute (KTL) Mannerheimintie 166 FIN-00330 Helsinki, Finland Phone: (358) (9) 4744 8770 Fax: (358) (9) 4744 8760 E-mail: Arpo.Aromaa@ktl.fi Web site: www.ktl.fi</p>

Finland

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

France

Title	French Health Survey
Responsible agency or ministry	Institut National de la Statistique et des Études Économiques (INSEE)
Objective	To provide national data on health status and health care use of the noninstitutionalized population of France.
Scope	Sample of 8,000 households covering about 21,000 persons. Subsample of 8,000 persons (1 per household) for special data processing.
Collection method	Interviewer-administered questionnaire and 12-week health care consumption diary completed by patients.
Data content	Physician visits, medical consumption, pharmaceuticals, hospitalization, health status, and demographic and socioeconomic characteristics.
Frequency	Decennial. Conducted in 1960, 1970, 1980, and 1991–92.
Availability of data	Statistical reports.
Contact	Institut National de la Statistique et des Études Économiques (INSEE) Timbre 175–18 BLD Adolphe Pinard 75675 Paris Cedex 14, France Phone: (33) (1) 41 17 50 50 Fax: (33) (1) 41 17 62 79

France

Title	National Inpatients Survey
Responsible agency or ministry	Institut de Recherche et Documentation en Économie de la Santé (IRDES)
Objective	To provide national data on health care use of the hospitalized population of France.
Scope	Sample of 5,000 persons.
Collection method	Hospital-based doctor-administered questionnaire.
Data content	Medical consumption, pharmaceuticals, hospitalization, health status, and demographic and socioeconomic characteristics.
Frequency	Conducted in 1981 and 1991–92.
Availability of data	Statistical reports.
Contact	Paul Dourgnon Institut de Recherche et Documentation en Economie de la Sante (IRDES) 10 rue Vauvenargues 75018 Paris, France Phone: (33) (1) 53 93 43 36 Fax: (33) (1) 53 93 43 50 E-Mail: dourgnon@irdes.fr Web site: www.irdes.fr

France

Title	Health and Social Protection Survey
Responsible agency or ministry	Institut de Recherche et Documentation en Économie de la Santé (IRDES)
Objective	To provide national data on health status and health care use of the noninstitutionalized population of France.
Scope	Sample of 20,000 persons since 1998.
Collection method	Interviewer-administered questionnaire and 4-week health care consumption diary completed by patients.
Data content	Medical consumption, pharmaceuticals, hospitalization, health status, and demographic and socioeconomic characteristics.
Frequency	Annual 1988–97; biannual since 1998.
Availability of data	Statistical reports.
Contact	Paul Dourgnon Institut de Recherche et Documentation en Économie de la Santé (IRDES) 10 rue Vauvenargues 75018 Paris, France Phone: (33) (1) 53 93 43 36 Fax: (33) (1) 53 93 43 50 E-Mail: dourgnon@irdes.fr Web site: www.irdes.fr

Germany

Title	Questions on Health—Microcensus Supplementary Survey
Responsible agency or ministry	Federal Statistical Office
Objective	To provide national data on illness and accidental injury rates of the population.
Scope	Representative sample survey of the population of the entire country. The yearly microcensus basic program is a 1-percent sample survey (households included institutionalized population) with a compulsory response. The supplementary program entitled <i>Questions on Health</i> is a 0.5-percent sample survey with voluntary response. The microcensus basic program includes a large number of sociodemographic and socioeconomic variables as well as regional characteristics.
Collection method	Interviewer-administered questionnaire.
Data content	Since 1986 the core data component includes duration of illness or accidental injury, kind of accident, kind and duration of treatment, and duration of incapacity for work. Varying issues component includes health precautions and health risks. In 1989, 1992, and 1995, these questions concerned smoking habits and the use of iodized salt. Since 1999 the data on the use of salt was replaced with data about influenza vaccination. Data on weight and size were added with analysis on body mass index (BMI).
Frequency	Irregular intervals 1963–86. Triennial 1986–95. Every 4 years since 1995.
Availability of data	Public-use publications (papers, special editions) and special analyses on request (charges apply).
Contact	Federal Statistical Office Section Health Statistics D–53029 Bonn, Federal Republic of Germany Phone: (49) (0) 1888 644–8154 Fax: (49) (0) 1888 644–8994 Web site: www.destatis.de

Germany

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

Hungary

Title	Health Interview Survey
Responsible agency or ministry	Central Statistical Office
Objective	To provide data on the population's health status and factors that influence and determine chronic illnesses and sicknesses.
Scope	Stratified multistaged sample of 16,000 addresses covering about 37,500 persons. Noninstitutionalized population of persons aged 15 years and over were interviewed.
Collection method	Interviewer-administered questionnaire.
Data content	Health complaints, use of health services, nutrition, smoking habits, medicine consumption, practicing sports, working conditions, occupational hazards, and demographic and socioeconomic characteristics.
Frequency	Conducted in 1984.
Availability of data	Statistical reports.
Contact	Ms. Éva Gárdos Hungarian Central Statistical Office Population, Health and Welfare Statistics Department Keleti Károly u. 5-7 H-1024 Budapest, Hungary Phone: (36) (1) 345 6890 Fax: (36) (1) 345 6678 Web site: www.ksh.hu

Hungary

Title	Health Behavior Survey
Responsible agency or ministry	Central Statistical Office
Objective	To provide information on the frequency of risk factors related to chronic illnesses and sicknesses.
Scope	Stratified multistaged sample of 5,476 persons aged 15–64 years.
Collection method	Interviewer-administered questionnaire.
Data content	Chronic conditions, nutrition, smoking habits, alcohol consumption, physical activity, and demographic and socioeconomic characteristics.
Frequency	Conducted in 1994.
Availability of data	Statistical reports.
Contact	Ms. Éva Gárdos Hungarian Central Statistical Office Population, Health and Welfare Statistics Department Keleti Károly u. 5–7 H–1024 Budapest, Hungary Phone: (36) (1) 345 6890 Fax: (36) (1) 345 6678 Web site: www.ksh.hu

Hungary

Title	National Health Interview Survey
Responsible agency or ministry	Health Promotion Research Institute
Objective	To provide data on the population's health status and factors that influence and determine health status, health behavior, and burden of diseases.
Scope	Stratified multistaged sample of 7,000 persons. Noninstitutionalized population of persons aged 18 years and over were interviewed.
Collection method	Interviewer-administered questionnaire and self-administered questionnaire.
Data content	Health status (functionality, perceived health, quality of life, chronic conditions, mental health), health behavior (nutrition, smoking habits, alcohol consumption, physical activity, sexual behavior, multiple lifestyle risks), health care use, health care expenditures, medicine consumption, and demographic and socioeconomic characteristics.
Frequency	Conducted in 2000 and 2003.
Availability of data	Statistical reports available on the Web site.
Contact	Dr. József Vitrai "Johan Bela" @ National Center for Epidemiology Department of Health Monitoring and Epidemiology of Non-Communicable Diseases 1097 Budapest Gyáli út 2–6, Hungary Phone: (36) (1) 476 1100/2225 Fax: (36) (1) 476 1100/2225 E-mail: vitrai.oek@antsz.hu Web site: www.antsz.hu/oek

Iceland

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

Iceland

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

Iceland

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

Ireland

Title	The National Health and Lifestyle Surveys
Responsible agency or ministry	Health Promotion Unit, Department of Health and Children; Centre for Health Promotion Studies
Objective	To produce reliable data of a nationally representative cross-section of the Irish population in order to inform the Department of Health and Children's policy and program planning. To maintain a survey protocol that will enable remeasuring of lifestyle factors so that trends can be identified and changes monitored to assist national and regional setting of priorities in health promotion activities.
Scope	The survey comprises two components: The Survey of Lifestyle, Attitudes, and Nutrition (SLÁN) and The Health Behavior in School-Aged Children (HBSC). SLÁN's sample totalled 11,212 questionnaires with a national response rate of 5,992 (53.4 percent). HBSC surveyed 176 schools for a total sample of 8,424 pupils.
Collection method	Self-completed questionnaire.
Data content	Eight key health and lifestyle indicators were measured in the surveys: general health, smoking, alcohol, drugs, food and nutrition, breastfeeding, exercise, and accidents.
Frequency	First survey conducted in 1998. Repeated in 2002.
Availability of data	Latest report published in 2003.
Contacts	<p>Health Promotion Unit Department of Health and Children Dublin 2, Republic of Ireland Phone: 353(01) 635-4000 Fax: 353(01) 635-4372 E-mail: healthpromotionunit@health.irlgov.ie Web site: www.healthpromotion.ie</p> <p>Department of Health Promotion National University of Ireland, Galway University Road Galway, Republic of Ireland Phone: 353 (091) 750319/512076 Fax: 353 (091) 750547/750577 E-mail: denise.dooley@nuigalway.ie Web site: www.nuigalway.ie</p>

Israel

Title	Health Services Survey
Responsible agency or ministry	Central Bureau of Statistics
Objective	To provide national data on the civilian noninstitutionalized population's health status and use of ambulatory health services.
Scope	Approximately 9,000 households covering about 30,000 persons of all ages were included in the survey. The survey includes all households sampled in the Labor Force Survey; excluded were soldiers in the regular army service, persons residing in institutions, and Bedouins residing outside permanent settlements.
Collection method	Interviewer-administered questionnaire.
Data content	Visits to general physicians and specialists in ambulatory clinics, length of wait for hospital admission, hospitalization, use of preventive health services, health insurance, chronic illness, health conditions, disability, and demographic and socioeconomic characteristics.
Frequency	Variable. Conducted in 1977, 1981, 1993, 1996–97, and 1999–2000.
Availability of data	Public-use tapes and statistical reports.
Contact	Ms. Naama Rotem Prime Minister's Office Central Bureau of Statistics 66 Kanfei Nesharim, Corner Bachi St. Jerusalem 95464, Israel Phone: (972) (2) 659 2543 Fax: (972) (2) 659 2503 Web site: www.cbs.gov.il

Israel

Title	National Health Survey
Responsible agency or ministry	Central Bureau of Statistics Ministry of Health
Objective	To provide national data on the physical and mental health of the population; prevalence of chronic conditions and disability; use of health services; medications and health-related expenditures. The mental health component of the survey was conducted as part of the World Mental Health Survey.
Scope	Approximately 5,000 persons aged 21 years and over were included in the survey, excluding persons residing in institutions and Bedouins residing outside permanent settlements.
Collection method	Computer-assisted personal interviewing (CAPI) using Blaise software.
Data content	Prevalence of specific mental health disorders; chronic and acute conditions; disability; activities of daily living; instrumental activities of daily living; health habits; drug, tobacco, and alcohol consumption; visits to general physicians and specialists in ambulatory clinics; hospitalization; use of preventive health services; health insurance; family burden of illnesses; and demographic and socioeconomic characteristics.
Frequency	One-time survey, 2003–04.
Availability of data	Public-use data files.
Contact	Ms. Naama Rotem Prime Minister's Office Central Bureau of Statistics 66 Kanfei Nesharim, Corner Bachi St. Jerusalem 95464, Israel Phone: (972) (2) 659 2543 Fax: (972) (2) 659 2503 Web site: www.cbs.gov.il

Israel

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

Italy

Title	Survey on Health Conditions and Use of Health Services
Responsible agency or ministry	The National Institute of Statistics
Objective	To gather information about the health status and medical consumption of the population of Italy.
Scope	Two-stage sampling design using municipalities as primary sampling units; for 1999–2000, 60,000 households covering 140,000 persons. Institutionalized population is excluded.
Collection method	Interviewer-administered questionnaire. For 1999–2000 a self-completion questionnaire was included.
Data content	Acute and chronic diseases; perceived health status; SF12 (Short Form to investigate health-related quality of life); medical examinations and consultations; hospitalizations; use of medicines; smoking; physical activity; pregnancy, delivery, and breastfeeding; and demographic and socioeconomic characteristics.
Frequency	Conducted in 1980, 1983, 1986, 1990–91, 1994, and 1999–2000. Next survey is planned for 2004–05.
Availability of data	Public-use tapes and statistical reports.
Contact	Roberta Crialesi ISTAT (Istituto Nazionale di Statistica) Servizio Sanità assistenza Viale Liegi, 13 00198 Roma, Italy Phone: (39) (6) 8522 7395 Fax: (39) (6) 8522 7601 Web site: www.istat.it

Italy

Title	Survey on Living Conditions (Aspects of Daily Life)
Responsible agency or ministry	The National Institute of Statistics
Objective	To gather information on the main aspects of quality of life as a multipurpose survey, including core questions on health status, health services, and lifestyles (e.g., smoking, drinking, and food habits).
Scope	Two-stage sampling design using municipalities as primary sampling units; 24,000 households covering about 60,000 persons. Institutionalized population is excluded.
Collection method	Interviewer-administered questionnaire and a self-completion questionnaire.
Data content	Chronic diseases, perceived health status, hospitalizations, use of medicines, smoking, physical activity, drinking, food habits, and demographic and socioeconomic characteristics.
Frequency	Conducted annually since 1993.
Availability of data	Public-use tapes and statistical reports.
Contact	Roberta Crialesi ISTAT (Istituto Nazionale di Statistica) Servizio Sanità assistenza Viale Liegi, 13 00198 Roma, Italy Phone: (39) (6) 8522 7395 Web site: www.istat.it

Japan

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

Korea, Republic of

Title	Patients Survey
Responsible agency or ministry	Ministry of Health and Welfare
Objective	To provide national data on disease conditions of the population and use of medical institutions.
Scope	Census of 842 general hospitals, health centers, etc. Sample of 4,845 clinics, health subcenters, etc. Survey includes patients who use these institutions during the survey period.
Collection method	Interviewer-administered questionnaire.
Data content	Hospital data—name, number of beds, medical personnel. Patient data—diagnosis, medical treatment period and results, doctor's fee, age, and sex.
Frequency	Biennial 1988–96. Triennial since 1996.
Availability of data	Statistical reports (Korean language only).
Contact	Information Planning Division Ministry of Health and Welfare 1, Jungang-dong, Kwachon-shi Kyounggi-do, 427-760 Republic of Korea Phone: (82) (2) 503-7526 Fax: (82) (2) 503-7568

Korea, Republic of

Title	National Nutrition Survey
Responsible agency or ministry	Ministry of Health and Welfare
Objective	To provide national data on health and nutrition conditions of the population.
Scope	Probability sample of 4,000 households covering about 12,000 persons.
Collection method	Observational.
Data content	Nutrient intake, food intake, physical standard condition, hemoglobin level, blood pressure, living environment, and demographic and socioeconomic characteristics.
Frequency	Annual 1969–98. Triennial since 1998.
Availability of data	Statistical reports (Korean language only).
Contact	Health Policy Division Ministry of Health and Welfare 1, Jungang-dong, Kwachon-shi Kyounggi-do, 427-760 Republic of Korea Phone: (82) (2) 503-7538 Fax: (82) (2) 504-1394

Korea, Republic of

Title	Social Statistics Survey
Responsible agency or ministry	National Statistical Office
Objective	To obtain supplementary data and information for replenishing social indicators. The particular emphasis of this survey is to collect as much experimental and subjective information as possible.
Scope	Sample of 30,000 households selected from 1,219 enumeration districts that were selected from 22,029 enumeration districts of the 1995 population census.
Collection method	Standardized interview.
Data content	<p>Health—self-assessment of blood pressure, health, and obesity, alcohol consumption, smoking habits, medical service satisfaction, medical consultations and treatments, bed days, and demographic and socioeconomic characteristics.</p> <p>Housing and environment—methods of purchasing housing and residential quarters, frequency of moves, desired types of housing, levels of satisfaction and reasons for dissatisfaction with housing and residential quarters, commuting time and means of commute to and from work and school, evaluation of environmental pollution, endeavor for environmental protection, drinking water, and attitudes toward safety of agricultural products.</p>
Frequency	Annual 1977–96. (Semiannual only 1997.)
Availability of data	Statistical reports (Korean and English).
Contact	<p>Mr. Bong-Ho Choi National Statistical Office Government Complex III 920, Dunsan-dong, Seo-gu Taejeon 302-701 Republic of Korea Phone: (82) (42) 472-2615 Fax: (82) (42) 481-2465 E-mail: bongho.choi@nso.go.kr Web site: www.nso.go.kr</p>

Korea, Republic of

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

Latvia

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

Latvia

Title	Living Conditions Survey
Responsible agency or ministry	Central Statistical Bureau of Latvia; The Norwegian Institute for Applied Social Science
Objective	To contribute necessary and reliable information on the real conditions of life in Latvia.
Scope	Sample size of 3,500 respondents aged 18 years and over who are permanent inhabitants of Latvia.
Collection method	Interviewer-administered questionnaire.
Data content	Housing, education, employment, labor conditions, health status, health care use, security, crime and violence, migration, social life and activity, public opinion, and demographic and socioeconomic characteristics.
Frequency	Conducted in 1994 and 1999.
Availability of data	Preliminary report published in 1994; final report published in 1995 (in Latvian and English). Final report about 1999 published in 2001 (in Latvian and English).
Contact	Edmunds Vaskis Deputy Head of Department of Social Statistics Central Statistical Bureau of Latvia Lacplesa Street 1 Riga LV-1301, Latvia Phone: (371) 7366908 Fax: (371) 783 0137 E-mail: csb@csb.lv

Latvia

Title	Survey of Population About the Health Care System in Latvia
Responsible agency or ministry	Health Statistics and Medical Technology Agency
Objective	Determine the relation among morbidity, medical care accessibility, and health insurance. Clarify opinion of population about health care system.
Scope	Sample size of 4,000 permanent inhabitants of Latvia. Working-capable population aged 30–65 years (in 5-year age intervals). Included 2,759 in the study analysis.
Collection method	Cross-sectional study of population standard cluster summarizing retrospective data and information obtained from postal questionnaire.
Data content	There are 21 questions in the questionnaire divided into blocks. The socioeconomic block included place of residence, age, sex, civil status, number of children, education, profession, income, and type of health insurance (voluntary, employers). The medical care service use block included choice of family doctor and visits to the physician. The medical care accessibility block included distance to the medical institution, time used, shortage of money for patients' payment and treatment expenses, medicine acquisition, worry about medical personnel knowledge and experience, deficiency of specialists, queues, and rare consultation hours.
Frequency	Conducted in 1998 and 1999.
Availability of data	Published reports in 2000 in Latvian; short report in English.
Contact	Dr. Jautrite Karaskevica Deputy Director in Health Statistics and Medical Technology Agency Duntes Street 12/22 Riga LV-1005, Latvia Fax: (371) 7501 591 E-mail: jautrite@vsmta.lv Web site: www.vsmta.lv

Latvia

Title	Health Behavior Among Latvian Adult Population
Responsible agency or ministry	Health Promotion Centre, Latvia; National Public Health Institute, Helsinki, Finland
Objective	To collect information about individual health behaviors and to evaluate actual and potential public health problems associated with health behaviors.
Scope	Sample size of 3,000 permanent inhabitants of Latvia, aged 15–64 years; 2,400 completed surveys were returned.
Collection method	Postal questionnaire.
Data content	Demographic characteristics (sex, age, nationality, place of residence, marital status, education, occupation, income), health-related behaviors (smoking, nutrition, physical activity, alcohol consumption), behavioral change, participation in health promotional activities, issues related to health services and health policy, health status, self-assessment of health, and knowledge about various health aspects.
Frequency	Conducted in 1998, 2000, and 2002.
Availability of data	Published in 1999 and 2001 (in Latvian and English).
Contact	Iveta Pudule Health Promotion Centre Skolas Street 3 Riga LV-1010, Latvia Fax: (371) 724 0446

Netherlands

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

Netherlands

Title	Quality of Life Survey (part of Permanent Survey of Living Conditions)
Responsible agency or ministry	Statistics Netherlands
Objective	To describe the distribution of socioeconomic characteristics, working and housing conditions, leisure activities, environmental factors, social participation, and health and well-being. The data serve as background for policy and planning purposes.
Scope	Random sample of households, covering approximately 3,500 persons per year (one person per household) of residents aged 18 years and over; from 1997 onward the sample is of individuals. Sample excludes persons in homes for the elderly, nursing homes, convents, prisons, shelters, and those belonging to the population not having a fixed abode.
Collection method	Interviewer-administered questionnaire.
Data content	Household composition, socioeconomic characteristics, quality of employment, housing conditions, leisure activities, environmental behavior and perception, participation in society, health status, medical consumption, lifestyle and risk factors, and social interaction.
Frequency	Conducted every third year, 1974–86. Continuous 1989–96.
Availability of data	Statistical reports.
Contact	Dr. F. Otten Statistics Netherlands Division of Sociocultural Statistics Department of Sociocultural Household Surveys P.O. Box 4481 6401 CZ Heerlen, The Netherlands Phone: (31) (45) 570 7275 Fax: (31) (45) 570 6274 Web site: www.cbs.nl

Netherlands

Title	National Health Interview Survey (part of Permanent Survey of Living Conditions)
Responsible agency or ministry	Statistics Netherlands
Objective	To supply basic information on how people experience their own state of health, factors that influence this, social and economic consequences of being ill, and how health care facilities are used by the overall population. The data serve as background for policy and planning purposes.
Scope	Random sample of 3,000 private (noninstitutionalized) households covering approximately 9,000 persons per year. All persons (maximum of four) in the selected households were interviewed; from 1997 onward the sample is of individuals. Samples exclude persons in nursing homes, convents, homes for the elderly, prisons, shelters, and those belonging to the population not having a fixed abode.
Collection method	Interviewer-administered questionnaire and self-administered questionnaire.
Data content	Core data component—acute sickness, long-term disabilities, symptoms, activities of daily living, doctor consultations, dentist consultations, hospital stays, medicines, absence from work, insurance, and demographic and socioeconomic characteristics. Supplementary component—varies from year to year.
Frequency	Continuous 1981–96.
Availability of data	Statistical reports.
Contact	Dr. F. Otten Statistics Netherlands Division of Sociocultural Statistics Department of Sociocultural Household Surveys P.O. Box 4481 6401 CZ Heerlen, The Netherlands Phone: (31) (45) 570 7275 Fax: (31) (45) 570 6274 Web site: www.cbs.nl

Netherlands

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

New Zealand

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

New Zealand

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

Norway

Title	Level of Living: Multi-purpose Survey (Rotating themes from year to year: housing conditions, working environment, health and care)
Responsible agency or ministry	Statistics Norway
Objective	To obtain knowledge of distribution of the level of living in the Norwegian population and the population's health condition.
Scope	Two-stage sample covers gross 5,000 persons and approximately the same number of households. All persons aged 16 years and over were interviewed. Questions about the children in the household are asked on an ad hoc basis.
Collection method	Interviewer-administered questionnaire.
Data content	Chronic illness, mental health, long-term disability, working conditions, care and housework, housing conditions, social relations, and demographic and socioeconomic characteristics.
Frequency	Conducted annually since 1996.
Availability of data	Data available on Web site.
Contacts	Berit Otnes or Elisabeth Ronning Statistics Norway Division of Social Welfare Statistics P.O. Box 8131 Dep. N-0033 Oslo, Norway Phone: (47) (21) 09 00 00 Fax: (47) (21) 09 44 04 E-mail: asa@ssb.no Web site: www.ssb.no/emner

Norway

Title	Level of Living Survey: Housing Conditions
Responsible agency or ministry	Statistics Norway, Division of Social Welfare Statistics
Objective	To shed light on the main features of people's housing conditions and home ownership among different groups in the population.
Scope	A representative sample of the Norwegian population aged 16 years and over.
Collection method	Interviewer-administered questionnaire (CATI, CAPI).
Data content	Housing conditions (space, standard, expenses, preferences and moving patterns, and mastery in own home with health problems), environmental conditions (noise, pollution, safety, violence, local crime, and social contact), health problems, and demographic and socioeconomic characteristics.
Frequency	Conducted in 1997 and 2001.
Availability of data	Statistical reports available on Web site.
Contacts	Arne Anderson Statistics Norway Division of Social Welfare Statistics P.O. Box 8131 Dep. N-0033 Oslo, Norway Phone: (47) (21) 09 00 00 Fax: (47) (21) 09 44 04 E-mail: asa@ssb.no Web site: www.ssb.no/emner/06/02

Norway

Title	Level of Living Survey: Working Environment
Responsible agency or ministry	Statistics Norway
Objective	To shed light on the main features of the working conditions and working environments as experienced by different groups of employees.
Scope	A representative sample of the Norwegian population (3,500 persons) aged 16–66 years.
Collection method	Interviewer-administered questionnaire (CATI, CAPI).
Data content	Health and symptoms, mental health, absence due to illness, physical and organizational working conditions, and demographic and socioeconomic characteristics.
Frequency	Conducted in 1996, 2000, and 2003.
Availability of data	Statistical reports available on Web site.
Contact	Elisabeth Ronning Statistics Norway Division of Social Welfare Statistics P.O. Box 8131 Dep. N-0033 Oslo, Norway Phone: (47) (21) 09 00 00 Fax: (47) (21) 09 44 04 E-mail: elr@ssb.no Web site: www.ssb.no/emner/06/02

Norway

Title	Level of Living Survey: Health and Care
Responsible agency or ministry	Statistics Norway, Division of Health Statistics
Objective	To obtain knowledge of health problems in the Norwegian population as a whole and to reveal inequalities regarding health conditions among different groups in the population. Also to trace the use of health services.
Scope	Two-stage, stratified probability sample of 10,000 persons aged 16 years and over. (Children are included in some study years on an ad hoc basis.)
Collection method	Interviewer-administered questionnaire (CATI, CAPI) and self-administered questionnaire.
Data content	Prevalence of chronic diseases, reduced activity, activity restrictions, symptoms, mental health, contact with the health service, lifestyle, and demographic and socioeconomic characteristics.
Frequency	Conducted in 1998 and 2002.
Availability of data	Statistical reports available on Web site.
Contacts	Ann Lisbeth Brathaug or Jorun Ramm Statistics Norway Division of Social Welfare Statistics P.O. Box 8131 Dep. N-0033 Oslo, Norway Phone: (47) (21) 09 00 00 Fax: (47) (21) 09 44 04 E-mail: jrm@ssb.no Web site: www.ssb.no/emner/03/01/helseforhold

Poland

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

Poland

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

Poland

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

Poland

Title	Health Care in Household
Responsible agency or ministry	Central Statistical Office
Objective	To provide data on household use of medical services and expenditures for main health care.
Scope	Sample of 4,016 households covering 12,337 persons in 2003.
Collection method	Interviewer-administered questionnaire.
Data content	Frequency of the use of main health services, expenditures for the services, and demographic and socioeconomic characteristics.
Frequency	Conducted in 1994, 1998, 2000, and 2003.
Availability of data	Reports in Polish available in early 1999, September 2001, and April 2003.
Contact	Mrs. Aline Baran Central Statistical Office Living Conditions Statistics Division Al. Niepodległości 208 Warsaw 00-925, Poland Phone: (48) (22) 608 3278 Fax: (48) (22) 608 3182 Web site: www.stat.gov.pl

Poland

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

Poland

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

Portugal

Title	National Health Survey
Responsible agency or ministry	Ministry of Health
Objective	To provide information on a number of major health problems and risk factors.
Scope	Multistage probability sample of 22,000 households covering noninstitutionalized persons living in the mainland of Portugal.
Collection method	Interviewer-administered questionnaire.
Data content	Fixed core data component—perceived general health, prevalence of some chronic conditions, acute and long-term disability, general health care, doctor visits, health expenses and family income, physical activity, tobacco consumption, alcoholic beverage consumption, child health, and demographic and socioeconomic characteristics. Supplementary component—varies with needs of information.
Frequency	Entire country, 1987, 1995–96, and 1998–99. Conducted in the Lisbon area in 1989; North area, 1990; Alentejo area, 1991; Algarve area, 1993; and mainland, 1998–99.
Availability of data	Published data files and main data tables.
Contact	Carlos Matias Dias Instituto Nacional de Saúde Dr. Ricardo Jorge Av. Padre Cruz, 1699 1649-015 Lisboa Codex, Portugal Phone: (351) (21) 752 6490 Fax: (351) (21) 752 6499 E-mail: carlos.dias@insa.min-saude

Singapore

Title	National Health Survey
Responsible agency or ministry	Epidemiology and Disease Control Division, Ministry of Health
Objective	To determine the epidemiology of major noncommunicable diseases and their risk factors in the Singaporean population because these are the leading causes of sickness and death in the country.
Scope	Multistage sample of 4,723 Singapore residents aged 18–69 years.
Collection method	Interviewer-administered questionnaire, physical examination, and biochemical measurements and electrocardiography.
Data content	Prevalence of diabetes mellitus, hypertension, and high blood cholesterol; blood chemistry; women's pap smear and breast examination; cigarette-smoking habits; physical activity; alcohol consumption; behavior of diabetics and hypertensives; and demographic and socioeconomic characteristics.
Frequency	Conducted in 1992 and 1998.
Availability of data	Report available on Web site.
Contact	A/Prof. Chew Suok Kai Epidemiology and Disease Control Division Ministry of Health College of Medicine Building 16 College Road Singapore 169854 Fax: (65) 632 59194 Web site: www.moh.gov.sg

Singapore

Title	Survey of Primary Medical Care in Singapore
Responsible agency or ministry	Health Information Management Branch, Biostatistics and Research Branch, Ministry of Health
Objective	To provide information on the diseases treated at the outpatient level in both the private and public sectors to maximize the role of the public and private sectors in primary health care provision. Also to gather data on the patient load of the public sector compared with the private sector in primary health care provision in order to provide enhanced care for the leading diseases.
Scope	All 1,480 private general practitioners (GPs) and all doctors working in the government primary health care clinics. A total of 27,000 patients were covered during the survey.
Collection method	Doctor- and nurse-administered questionnaire.
Data content	Diagnosis of medical complaints, employment status, type of housing, residential status, and other demographic characteristics. Profile of GP practices.
Frequency	Triennial beginning in 2001.
Availability of data	Statistical report.
Contacts	Ministry of Health College of Medicine Building 16 College Road Singapore 169854 Web site: www.moh.gov.sg AProf. Chew Suok Kai Epidemiology and Disease Control Division Fax: (65) 632 59194 Mr. Tong Ming Shen Health-Information Management Branch InfoComm Division Fax: (65) 622 41677

Singapore

Title	National Health Surveillance System
Responsible agency or ministry	Epidemiology and Disease Control Division, Ministry of Health
Objective	Part of a comprehensive national surveillance system designed to monitor lifestyle risk factor levels related to the noncommunicable diseases that are the current diseases of importance.
Scope	Multistage sample of 6,000 Singapore residents aged 18 years and above.
Collection method	Interviewer-administered questionnaire.
Data content	Core questionnaire—smoking habits, alcohol consumption, self-reported height and weight, weight control, dietary practices, and demographic and socioeconomic characteristics. Supplementary questionnaire—use of primary health care facilities.
Frequency	Conducted in 2001.
Availability of data	Survey report available on Web site.
Contact	A/Prof. Chew Suok Kai Epidemiology and Disease Control Division Ministry of Health College of Medicine Building 16 College Road Singapore 169854 Fax: (65) 632 59194 Web site: www.moh.gov.sg

Singapore

Title	Survey on Cigarette Smoking Among Singaporeans
Responsible agency or ministry	Epidemiology and Disease Control Division, Ministry of Health
Objective	Because smoking is an important risk factor to the current diseases of importance and in view of the rising trend in smoking, this in-depth survey is carried out to determine the smoking prevalence and attitude and behavior of smokers in the Singapore population.
Scope	Multistage sample of 5,000 Singapore residents aged 18–64 years.
Collection method	Interviewer-administered questionnaire.
Data content	Frequency, duration, age of onset of smoking, reasons for picking up the smoking habit, whether any intention to quit smoking, nonsmoker's impression of a smoker, harmful effects of smoking, and other demographic and socioeconomic characteristics.
Frequency	Conducted in 1983 and 1995.
Availability of data	Survey highlights and tabulations (on request).
Contact	A/Prof. Chew Suok Kai Epidemiology and Disease Control Division Ministry of Health College of Medicine Building 16 College Road Singapore 169854 Fax: (65) 632 59194 Web site: www.moh.gov.sg

Singapore

Title	National Survey of Senior Citizens
Responsible agency or ministry	Jointly conducted by the Ministry of Health, the Ministry of Community Development, and the Department of Statistics
Objective	To provide updated national data on the problems and needs of the aged to assist in drawing up appropriate social and community services and health care programs for the elderly in Singapore. This is to cope with the rapid aging of the population that Singapore faced by 2000.
Scope	Multistage sample of 6,000 persons aged 55 years and over living in households.
Collection method	Interviewer-administered questionnaire.
Data content	Biographic data, particulars of spouse and children, household characteristics, employment or retirement, finance, support systems, use of community services, personal care and daily needs, health status, elderly cognitive assessment, and principal career.
Frequency	Conducted in 1983 and 1995.
Availability of data	Survey highlights and tabulations (on request).
Contact	Mr. Tong Ming Shen Health Information Management Branch InfoComm Division Ministry of Health College of Medicine Building 16 College Road Singapore 169854 Fax: (65) 622 41677

Spain

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

Spain

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

Sweden

Title	Survey of Living Conditions
Responsible agency or ministry	Statistics Sweden
Objective	To provide national data on living conditions of the population of Sweden aged 16 years and over.
Scope	Random annual sample of 7,800 persons aged 16 years and over, drawn from the Register of the Total Swedish Population.
Collection method	Interviewer-administered questionnaire.
Data content	<p>Fixed core data—health and consumption of medical services, care and need for assistance, education, housing and residential environment, employment and working conditions, child care, working environment, economic resources, social relations, recreational activities, civic activities, security, transportation and communication, and demographic characteristics.</p> <p>Health component—long-term illnesses and their consequences, functional disorders, outpatient care, state of health and medical care, use of pharmaceutical products, dental condition, and dental care.</p> <p>Supplementary component—every second year in an 8-year cycle; one, two, or three main components are expanded, including health and recreational activities for all children of the household.</p>
Frequency	Annual since 1975.
Availability of data	Statistical reports. Statistical services on commission.
Contact	Uno Davidsson Statistics Sweden BV/SU S-115 81 Stockholm, Sweden Phone: (46) (8) 5069 4974 Fax: (46) (8) 5069 4005 E-mail: uno.davidsson@scb.se Web site: www.scb.se

Switzerland

Title	Health Behavior of School-Age Children in Switzerland
Responsible agency or ministry	Swiss Institute for the Prevention of Alcohol and Other Drug Problems
Objective	To provide national data on health behaviors of school-age children (aged 11–16 years). This project is part of an international project sponsored by WHO Europe (Copenhagen).
Scope	Multistage probability sample of the classes by cantons of Switzerland, with oversampling in certain cantons; overall about 16,000 pupils aged 11–16 years are interviewed every 4 years.
Collection method	Questionnaire distributed during class.
Data content	Fixed core data component—decided by the international study group on health-relevant behavior, risk factor perception and knowledge, and lifestyle. Supplementary component—varies from survey to survey. Last survey included special questions on AIDS.
Frequency	Every 4 years, 1986, 1990, 1994, 1998, and 2002.
Availability of data	Reports upon request (the WHO international study group will be consulted). The core questions of all international surveys may be available from the WHO international study group.
Contact	Holger Schmid Swiss Institute for the Prevention of Alcohol and Other Drug Problems Research Division Case Postale 870 CH 1001 Lausanne, Switzerland Phone: (41) (21) 321 2953 Fax: (41) (21) 321 2940

Switzerland

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

United Kingdom

Title	General Household Survey	
Responsible agency or ministry	Office for National Statistics (ONS)	
Objective	To examine relationships among the main variables with which social policy is concerned and to monitor changes in these associations over time.	
Scope	Sample of approximately 8,500 households covering about 20,000 persons per year. General population resident in private (noninstitutional) households in England, Scotland, and Wales aged 16 years and over.	
Collection method	Computer-assisted personal interviewing (CAPI) and computer-assisted self-interviewing (CASI) either in person or occasionally by proxy. Health information is obtained for children under 16 years of age from the person responsible for them, usually the mother.	
Data content	<p>Survey covers eight main areas—population, housing, employment, education, health, smoking, drinking, and family information (plus additional rotating modules).</p> <p>Fixed core data in the health component—health measures (covering the prevalence of chronic and acute problems, use of health care services, doctor visits, and hospitalizations) and demographic and socioeconomic characteristics.</p>	
Frequency	Continuous since 1971, except 1997 and 1999.	
Availability of data	Annual report published as <i>Living in Britain</i> (published by TSO, Norwich). Data are deposited at The Data Archive, University of Essex. Unpublished data are also available.	
Contacts	<p><u>Published and unpublished data</u></p> <p>Leicha Rickards Office of National Statistics (ONS) GHS Unit, D1/19 1 Drummond Gate London SW1V 2QQ, United Kingdom Phone: (44) (0) 207 533 5303 Fax: (44) (0) 207 533 5300 E-mail: leicha.rickards@ons.gsi.gov.uk Web site: www.statistics.gov.uk/</p>	<p><u>Data</u></p> <p>University of Essex Wivenhoe Park, Colchester Essex C04 3SQ, United Kingdom Phone: (44) (0) 1206 87 2001 Fax: (44) (0) 1206 87 2003 E-mail: archive@essex.ac.uk Web site: www.data-archive.ac.uk</p>

United Kingdom

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

United Kingdom

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

United States

Title	National Health Interview Survey (NHIS)
Responsible agency or ministry	National Center for Health Statistics, Centers for Disease Control and Prevention, U.S. Department of Health and Human Services
Objective	To provide national data on the health, illness, and disability status of the civilian noninstitutionalized population of the United States.
Scope	Multistage probability sample of 40,000 households covering about 100,000 persons per year. Civilian noninstitutionalized population of all persons aged 17 years and over in selected dwellings are interviewed.
Collection method	Interviewer-administered questionnaire. Adult family member aged 19 years or over may provide data for persons not home and for children under 17 years of age.
Data content	Fixed core data component—incidence of acute illness and accidental injuries, prevalence of chronic diseases and impairments, disability, physician visits, hospital episodes, work loss, exercise, and demographic and socioeconomic characteristics. Supplementary component—varies from year to year.
Frequency	Continuous since 1957.
Availability of data	Public-use data files, CD-ROMS, and statistical reports (charges apply).
Contact	Jane Gentleman, Ph.D. Division of Health Interview Statistics National Center for Health Statistics 3311 Toledo Road, Room 2218 Hyattsville, Maryland 20782 Phone: (301) 458-4233 Fax: (301) 438-4035 E-mail: JGentleman@cdc.gov Web site: www.cdc.gov/nchs

United States

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

United States

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

United States

Title	National Survey of Family Growth (NSFG)
Responsible agency or ministry	National Center for Health Statistics, Centers for Disease Control and Prevention, U.S. Department of Health and Human Services
Objective	The objective of the female NSFG is to provide data on factors influencing trends in the birth rate, including contraception and sterilization, infertility, and aspects of maternal and infant health that are most directly related to childbearing. The objective of the male NSFG (2002) is to provide data on male marriage and family formation, sexual and contraceptive behavior, and the roles of men in raising their children.
Scope	In Cycles 1 (1973) to 5 (1995), probability samples of households were used to select women of childbearing age (15–44 years); 10,847 women were in the 1995 survey. In Cycle 6, conducted in 2002, 4,929 men and 7,643 women were interviewed, for a total of 12,572 respondents aged 15–44 years.
Collection method	All Cycles used in-person interviews with female interviewers. Recent Cycles included a self-administered portion for the most sensitive questionnaire items. In Cycle 5 (1995) and Cycle 6 (2002), the survey was conducted using laptop computers and computer-assisted personal interviewing (CAPI) software. The self-administered portion has been conducted using Audio Computer-Assisted Self-Interviewing (ACASI).
Data content	Data collected from women—live births and births expected, low birthweight, miscarriages and stillbirths, adoption, contraception and sterilization, infertility, prenatal care, breastfeeding, teenage sexual activity and pregnancy, unmarried cohabitation, marriage, divorce, and use of family planning services. Data collected from men (Cycle 6 in 2002)—birth and marriage histories, attitudes toward family life, use of medical services, and the roles of men in raising their children. Further details about survey content for 2002 are available on the NCHS Web site.
Frequency	Conducted in 1973, 1976, 1982, 1988, 1995, and 2002.
Availability of data	Public-use data files available on CD-ROM from NCHS. (To request a CD-ROM, send an e-mail to zex8@cdc.gov or gmm7@cdc.gov and include your full name, mailing address, and institutional affiliation.) Statistical reports published by NCHS may be obtained by writing or calling NCHS, or may be downloaded from the NCHS Web site. More than 300 NCHS reports and articles using NSFG data files have been published in scientific journals (see www.cdc.gov/nchs/nsfg.htm for a list).
Contact	William D. Mosher, Ph.D. Reproductive Statistics Branch Division of Vital Statistics National Center for Health Statistics 3311 Toledo Road, Room 7421 Hyattsville, Maryland 20782 Phone: (301) 458–4385 Fax: (301) 458–4033 E-mail: WMosher@cdc.gov Web site: www.cdc.gov/nchs

United States

Title	National Health and Nutrition Examination Survey I—Epidemiologic Follow-Up Study (NHEFS)
Responsible agency or ministry	National Center for Health Statistics, Centers for Disease Control and Prevention, U.S. Department of Health and Human Services
Objective	To investigate the association among clinical, nutritional, and behavioral factors assessed in the first National Health and Nutrition Examination Survey (NHANES I) and subsequent morbidity, mortality, hospital use, changes in risk factors, functional limitation, and institutionalization.
Scope	The NHEFS is a series of follow-up surveys to all adult persons aged 25–74 years who completed a medical examination at the first NHANES in 1971–75 (n=14,407). The first follow-up survey in 1982–84 included all 14,407 persons. The second wave in 1986 was restricted to persons who were aged 55 years and over at the time of the first NHANES I examination (n=3,980). The third wave in 1987 included 11,750 persons, and the fourth wave in 1992 included 11,195 persons.
Collection method	The first wave of data collection traced the cohort; conducted personal interviews with subjects or their proxies; measured pulse rate, weight, and blood pressure of participants; collected hospital and nursing home records of overnight stays; and collected death certificates of decedents. Subsequent waves used a 30-minute computer-assisted telephone interview (CATI) and did not collect physical measurements.
Data content	Medical conditions, hospitalization and institutionalization, functional status, vision and hearing problems, smoking and drinking habits, physical activity, physical measurements of pulse, blood pressure, and weight (in 1982–84 only), cause of death information for decedents, and demographic and socioeconomic characteristics.
Frequency	Conducted in 1982–84, 1986, 1987, and 1992.
Availability of data	Public-use data files and statistical reports (charges apply).
Contact	Ms. Christine Cox Office of Analysis and Epidemiology National Center for Health Statistics 3311 Toledo Road, Room 6435 Hyattsville, Maryland 20782 Phone: (301) 458–4164 Fax: (301) 458–4036 E-mail: CCox@cdc.gov Web site: www.cdc.gov/nchs

United States

Title	Longitudinal Studies of Aging: The Longitudinal Study of Aging (LSOA) and The Second Longitudinal Study of Aging (LSOA II)
Responsible agency or ministry	National Center for Health Statistics, Centers for Disease Control and Prevention, U.S. Department of Health and Human Services
Objective	The Longitudinal Studies of Aging is a multicohort study designed to measure changes in health status, health-related behaviors, and health care and the causes and consequences of these changes within and across two cohorts of elderly Americans. A second objective of the study is to provide a mechanism for monitoring how the health status of the elderly and their patterns of health care use are affected by proposed changes in Medicare and Medicaid and the accelerating shift toward managed care.
Scope	Sampling frames developed from persons who were aged 70 years and over when they participated in the National Health Interview Survey. The LSOA sample included 7,527 persons at baseline in 1984, and the LSOA II sample included 9,447 persons at baseline in 1994.
Collection method	Personal interviews at baseline. Computer-assisted telephone interview (CATI) and mail questionnaires at follow-up interviews.
Data content	Living arrangements and change, physical limitations and change, chronic conditions and risk factors, use of medical care, hospitalizations, insurance coverage, social interactions, and demographic and socioeconomic characteristics. Records of survey participants are matched against computerized files of information on hospitalization and death. This information was added to that of the interviews.
Frequency	LSOA was conducted in 1984, 1986, 1988, and 1990. LSOA II was conducted in 1994–96, 1997–98, and 1999–2000.
Availability of data	Public-use data files and statistical reports (charges apply).
Contact	Julie Dawson Weeks, Ph.D. Office of Analysis and Epidemiology National Center for Health Statistics 3311 Toledo Road, Room 6416 Hyattsville, Maryland 20782 Phone: (301) 458–4562 Fax: (301) 458–4038 E-mail: JWeeks@cdc.gov Web site: www.cdc.gov/nchs

General Topics Covered in Health Surveys by Country



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

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

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

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

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

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

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

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

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

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

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

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

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

Topic	ICELAND			IRELAND	ISRAEL			ITALY	
	Survey of Living Conditions in Iceland	Multi-Purpose Survey	Health and Living Conditions	National Health and Lifestyle Surveys	Health Services Survey	National Health Survey	Survey of the Elderly	Survey on Health Conditions and the Use of Health Services	Survey on Living Conditions
Health care utilization									
Hospitalizations			X		X	X	X	X	X
Medical consultations			X		X	X	X	X	
Dental consultations			X		X	X	X	X	
Outpatient or clinic visits			X		X	X	X	X	
Physical examinations or checkups			X					X	
Immunizations									
Maternal and child health care									
Medicine consumption	X		X			X	X	X	X
Transportation or distance to health care			X						
Lifestyle, risk factors									
Alcohol consumption		X	X	X		X	X		X
Smoking habits		X	X	X	X	X	X	X	X
Drug or narcotic usage				X		X		X	
Dietary behavior		X	X	X					
Health habits		X	X	X		X			
Physical activity		X	X	X		X	X	X	X
Leisure time activity	X						X		X
Family planning		X							
AIDS knowledge, attitudes, and behavior									
Activities of daily living (ADL)			X		X	X	X	X	
Instrumental activities of daily living (IADL)						X	X		
Social interaction	X		X			X	X		
Environmental living conditions							X		
Health expenses									
Health expenditures			X		X	X			
Health insurance coverage					X	X		X	
Mortality									
Infant mortality								(¹)	(¹)

¹Infant mortality data by cause are collected annually by means of a death census.

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

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

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

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

Topic	NETHERLANDS				NEW ZEALAND		NORWAY		
	Permanent Survey on Living Conditions	Quality of Life Survey	National Health Interview Survey	National Health Interview Survey of Turkish Inhabitants in the Netherlands	National Nutrition Survey	New Zealand Health Survey	Level of Living Survey		
							Health and Care	Housing Conditions	Working Environment
Demographic and socioeconomic characteristics									
Age	X	X	X	X	X	X	X	X	X
Date of birth	X		X				X	X	X
Sex	X	X	X	X	X	X	X	X	X
Race						X			
Ethnicity	X		X	X	X	X			
Nationality or country of birth	X		X	X		X	X	X	X
Marital status	X	X	X	X	X	X	X	X	X
Household composition	X	X	X	X	X	X	X	X	X
Education	X	X	X	X	X	X	X	X	X
Employment status	X	X	X	X	X	X	X	X	X
Occupation or industry	X	X	X	X	X	X	X	X	X
Environmental work conditions	X	X					X	X	X
Income	X	X	X	X	X	X	X	X	X
Military status									
Health status									
Chronic conditions	X	X	X	X		X	X		
Disability	X	X	X	X		X	X	X	
Handicaps or impairments	X	X	X				X		
Limitation of activities	X		X	X		X	X	X	X
Acute conditions	X		X	X					
Accidents or injuries	X		X			X	X		¹ X
Bed-days	X		X	X					
Work or school loss							X		X
Restricted activity	X	X	X	X		X	X		X
Mental health or well-being	X	X	X	X		X	X	X	
Body measurements (height and weight)	X		X	X	X	X	X		
Health status (self-assessed)	X	X	X	X		X	X		

¹Work-related.

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

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

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

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

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

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

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

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

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

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This reference guide is published by:

**U.S. Department of Health and Human Services
Centers for Disease Control and Prevention
National Center for Health Statistics
Office of the Center Director**

Copies of the reference guide are available from:

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