

Scottish Health Survey

'98

User Guide

1. Background

The Scottish Health Survey 1998 (SHS) data files contains data from the second year of a series of surveys designed to monitor trends in the nation's health. The 1998 Scottish Health Survey was commissioned by the Scottish Executive and carried out by the Joint Health Surveys Unit of the *National Centre for Social Research* (Formerly SCPR) and the Department of Epidemiology and Public Health at University College, London.

The aims of the Scottish Health Survey series are:

- to provide data about the nation's health;
- to estimate the prevalence of particular health conditions;
- to estimate the prevalence of risk factors associated with these conditions;
- to examine differences between population subgroups; and between Scotland and England
- to contribute towards monitoring progress towards selected health targets;
- to monitor trends in the populations health over time

2. Survey Design

The 1998 Scottish Health Survey was designed to provide data at both national and regional level about the population aged 2 and over living in private households in Scotland. The sample for the 1998 survey, as in 1995, was drawn from the Postcode Address File (PAF). Sampled addresses were selected from 312 postal sectors, with 26 sectors covered each month. Each sector was covered by an interviewer/nurse team.

Up to three households per address were eligible for inclusion. Where there were 4 or more households, 3 were selected at random. Within each household all persons aged 2-74 were eligible for inclusion in the survey. Where there was more than one adult aged 16-74, one was selected at random. Where there were three or more children aged 2-15, two were selected at random. Information was obtained directly from those aged 13 or over. Information about children aged 2-12 was obtained from a parent, with the child present. An interview with each eligible person (Stage 1) was followed by a visit by a nurse (Stage 2), who made a number of measurements and requested permission to obtain a sample of blood from those aged 11 and over. Saliva samples were also collected from those aged 4 and over. Blood and saliva samples were sent to a laboratory for analysis.

Interviewing was conducted throughout the year to take account of seasonal differences.

Computer-assisted interviewing was used by both interviewers and nurses.

3. Documentation

The documentation has been organised into the following sections

- Interview (contains the CAPI documentation for household and individual questionnaires, nurse visit questionnaires, self-completion booklets and showcards)
- Data (contains the data and the list of derived variables)
- Other instructions (contains interviewer, nurse and coding & editing instructions)

4. Using the data

The 1998 data consists of two data files:

SHS98h.sav	22,343	Contains data for all individuals in co-operating households. It is provided as an aid to household level analysis and contains all variables from the household grid.
SHS98i.sav	12,939 records	Contains data for all individuals aged 2-74 in co-operating household who gave a full interview. It contains information from the household questionnaire, main individual schedule, self-completions and the nurse visit (where one occurred).

4.1 Variables on the file

The data file contains questionnaire variables (excluding variables used for administrative purposes) and derived variables. The questionnaire documentation and the derived variable specification provide details.

4.2 Weighting variables

The weighting variable is called *weighta*. Details of the weighting procedure can be found in the technical report.

4.3 Multicoded questions

Multicoded questions are stored in the archived SHS 1998 data sets in two ways. Multicoded questions, where for example the interviewer (or nurse) is instructed to “CODE ALL THAT APPLY” or where an open ended question has elicited more than one answer, were stored as array variables in the QUANTUM DBMS system which was used to read and edit the data. However, in SPSS (which was used for analysis and archiving the data) multicoded variables must be stored as ‘flat’ variables, coded either **by mention** or **by category**. Questions coded by mention are stored as categorical variables where the complete value set is repeated in each of the variables. Questions coded by category are stored as indicator variables where each value in the set is stored as its own variable. Both approaches have been used in the 1998 Scottish Health Survey.

4.4 Missing values conventions

- 1 Not applicable: Used to signify that a particular variable did not apply to a given respondent usually because of internal routing. For example, men in women only questions.
- 6 Schedule not obtained: Used to signify that a particular variable was not answered because the respondent did not complete or agree to a particular schedule (i.e. nurse schedule or self-completions).
- 8 Don't know, Can't say.
- 9 No answer/ Refused

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

4.5 Valid cases

In the 1998 Scottish Health Survey report, as in the previous report, cases were excluded from the analysis of anthropometric and blood pressure measurements if their measurement was invalid. For example, those who had smoked, drunk or eaten within 30 minutes of having their blood pressure taken were excluded from analysis as this can affect blood pressure. The derived variable specification provides details of these variables.

5. SHS 1998 Report

Further information about the Scottish Health Survey 1998 is available in:

“**The Scottish Health Survey 1998**’. Volume 1: Findings & Volume 2: Technical Report. Edited by A.Shaw, A.McMunn and J. Field. HMSO: Edinburgh. 2000. ISBN 1 84268 085 4

or on the Scottish Executive website at <http://www.scotland.gov.uk>