



Economic and Social Data Service

Introductory guide to using the large-scale government surveys for health research

ESDS Government

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Using the large-scale government surveys for health research

The large-scale government surveys

This document is intended to guide you through the health data that are available via the large-scale government surveys. The information provided here is for researchers who want to use the microdata from the surveys covered by ESDS Government to carry out their own analysis; go to the [ESDS Government web pages](#)¹ for information on the surveys covered by ESDS Government. The ESDS Government web site contains a list of [Frequently Asked Questions \(FAQs\)](#)² which tells you how to access to the microdata.

The following ESDS Government surveys ask questions about the health of the respondent (Table 1 gives more detailed information about each of the surveys):

- Health Survey for England/Welsh Health Survey/Scottish Health Survey/Northern Ireland Health and Wellbeing Survey
- General Household Survey/NI Continuous Household Survey
- Labour Force Survey/NI Labour Force Survey
- ONS Omnibus Survey
- British Social Attitudes Survey/Scottish Social Attitudes Survey/NI Life and Time Survey
- National Travel Survey
- Time Use Survey
- Family Resources Survey
- British Crime Survey/Scottish Crime Survey
- The Integrated Household Survey (formerly Continuous Population Survey)
- Life Opportunities Survey
- Survey of Carers in Households
- National Survey for Wales

The following ESDS Government surveys do not ask about the health of the respondent but do ask health-related questions:

- Family Expenditure Survey/NI Family Expenditure Survey: *health insurance, health expenditure*
- Expenditure and Food Survey: *health insurance, health expenditure*

Since the mid 1990s the government surveys have applied the principle of [harmonisation](#)³ in order to improve the comparability of statistics. Harmonisation involves the use of standard questions and outputs with common classifications and definitions for a number of key concepts. General Health falls under the 'secondary set' of harmonised outputs and

questions which means that the questions have been based on the shared interests of a group of surveys (in this case the Health Survey for England, General Household Survey and Family Resources Survey).

Useful resources

Listed below are a number of links to resources that you may find useful when carrying out health research:

- [ESDS Government: survey-specific web pages](#)⁴
- [Information Centre for Health and Social Care](#)⁵
- [Department of Health](#)⁶
- [Economic and Social Data Service - general web site](#)⁷
- [Office for National Statistics](#)⁸
- [ESDS Government: Publications Database](#)⁹
- [Survey Question Bank](#)¹⁰
- [National Centre for Social Research](#)¹¹ (NatCen)
- [Health Survey User Meetings](#)¹²
- [Health Statistics User Group JISCmail list](#)¹³
- [Exploring Differences in Health: SPSS Workbook for Dissertation Students](#)¹⁴
- [IC Review of Population Based Health - Related Surveys](#)¹⁵
- [Secure Data Service](#)¹⁶

Other data sources

Aside from surveys covered by ESDS Government, there are a number of other data sources that may be of use including:

- Other government surveys not covered by ESDS Government but available from [ESDS](#) generally¹⁷, such as the Health Education Monitoring Survey, Health and Lifestyle Survey, Surveys of Smoking, Drinking and Drug Use Among Secondary School Children, National Diet and Nutrition Surveys and so on. A list of health-related surveys covered by the Department of Health (DH) can be found on the [DH web site](#)¹⁸.
- [The Sample of Anonymised Records \(SARs\)](#)¹⁹: samples of individual Census records which have been adapted to preserve respondents' confidentiality. 1991 SARs contain data on limiting longstanding illness, 2001 data also contains categorical variables on general health and unpaid care work. For health guides using the census data see [link](#).²⁰
- [ONS Longitudinal Study](#)²¹: contains anonymised linked Census and vital event data for one per cent of the population of England and Wales. Vital events include births, deaths, widow(er)hoods, cancer registrations, migration, enlistments and entries to long-stay hospitals.
- Longitudinal surveys such as the following. For other Longitudinal Studies go to the [ESDS Longitudinal](#)²² web pages.

- [English Longitudinal Study of Ageing \(ELSA\)](#)²³: a longitudinal study of people aged 50 or over to examine health and economic and social circumstances. The sample is drawn from the Health Survey for England and interviews are conducted every two years.
- [British Household Panel Survey \(BHPS\)](#)²⁴ : a longitudinal survey which follows the same representative sample of individuals - the panel - over a period of years. It has been conducted since 1991 and involves a number of topics including health and caring.
- [British Cohort Study 1970 \(BCS70\)](#)²⁵ : a continuing, multi-disciplinary longitudinal study which began in 1970. The BCS70 subjects are all those living in Great Britain who were born between 5 and 11 April 1970. The study had a medical focus at birth and has widened to encompass physical, educational, social and economic development in later years.
- [ESDS International surveys](#)²⁶
- [Vital statistics for England and Wales](#)²⁷: aggregated data which records the numbers of conceptions, livebirths, stillbirths, deaths and causes of death at all ages of persons in England and Wales by gender and age. Data are available for local authorities, health authorities and wards.
- [Vital Events Reference Tables for Scotland](#)²⁸
- Other ONS aggregate data such as [Hospital Episode Statistics](#)²⁹, [General Practice Research Database](#)³⁰.

Deana Leadbetter's book entitled 'Harnessing Official Statistics' (2000) examines a range of sources of official health statistics which are not covered in this guide (Leadbetter, D., 2000, *Harnessing Official Statistics*, Radcliffe Medical Press, Oxon).

Health and Social Care Survey Programme Review

In 2008 the NHS Information Centre (IC) reviewed its health and social care survey programme. The review process was overseen by a dedicated Survey Review Board with membership drawn from the Department of Health, Government Regional Offices, The Office of National Statistics, Public Health Observatories, and Universities. As part of the review the IC invited responses to a consultation on the future of its survey programme. The [report on the outcome of the Survey Programme Consultation](#)³¹ is available online to view or download from the IC.

The Survey Programme Review Board has now evolved into the Survey Programme Advisory Group (SPAG) and is continuing the work to develop the NHS IC's Survey Programme. The group has two roles: to explore issues relating to the survey programme as a whole, and to address issues around the design, specification and procurement of future surveys.

If you would like to receive regular updates on the NHS IC Survey Programme you can join the Virtual User Forum by sending an e-mail to surveys.queries@ic.nhs.uk

The Health Surveys of England, Scotland, Wales and Northern Ireland

Probably the most widely used cross-sectional survey data for health research is the Health Survey for England and its counterparts for Scotland, Wales and Northern Ireland. Each of these surveys is discussed in more detail below. Other ESDS Government surveys which cover health issues are summarised in Table 1.

The Secure Data Service (SDS)

The Secure Data Service makes available quantitative social survey and business data deemed too sensitive, detailed, confidential or potentially disclosive to be made available under the standard licensing and dissemination arrangements associated with other data held by the UK Data Archive. The study data sets typically include low-level geographies, single age groups, detailed industry and occupation codes, etc.

Data currently available include a version of the British Household Panel Survey that contains National Grid References (Easting, Northing, OSGRDIND). See [Data Library](#)³² for a list of all data with links to study descriptions and order links.

Secure Data Service data cannot be downloaded. Researchers analyse the data remotely from their home institution at their desktop or in a safe room. They provide a "home away from home" research facility with familiar statistical software and office tools to make remote collaboration and analysis secure and convenient. For more information see [link](#)³³.

The Health Survey for England (HSE)

The Health Survey for England ([HSE](#))³⁴ is an annual survey about the health of people living in England which has been carried out since 1991. Since 1994 the survey has been conducted by the Joint Health Surveys Unit of the National Centre for Social Research and the Department of Epidemiology and Public Health, University College London. The survey is sponsored by the Department of Health to provide better and more reliable information about various aspects of people's health and to monitor selected health targets.

The HSE adopts a multi-stage stratified probability sampling design, drawing addresses from the small user Postcode Address File (PAF). The early surveys, from 1991 to 1994, were confined to adults aged 16 and over but since 1995 HSE has also included children (aged 2-15). In 2001, for the first time, this lower age limit was removed and the survey covers all

ages. However, lower age limits are imposed for questions on certain topics. Information is obtained directly from persons aged 13 years and over. Information about children aged under 13 years is obtained from a parent, with the child present.

The survey combines questionnaire-based answers with physical measurements and the analysis of blood samples. Blood pressure, height and weight, smoking, drinking and general health are covered every year. A face-to-face interview with each eligible person in the household (using laptop computers) is followed by a nurse visit. A number of core questions are included in the HSE every year but each year's survey also has a particular focus on a disease or condition or population group. Topics are brought back at appropriate intervals in order to monitor change. The 'core' includes: questions on general health and psycho-social indicators, smoking, alcohol, demographic and socio-economic indicators, questions about use of health services and prescribed medicines and measurements of height, weight and blood pressure. The modules may be about a single topic, several topics or about population groups. The modules to date have been: 1993 cardiovascular disease; 1994 cardiovascular disease; 1995 asthma, accidents and disability; 1996 asthma, accidents and special measures of general health (Euroqol, SF36); 1997 children and young people; 1998 cardiovascular disease; 1999 ethnic minority groups; 2000 older people and social exclusion; 2001 respiratory disease and atopic conditions, disability and non-fatal accidents; 2002 children and young people; 2003 cardiovascular disease; 2004 ethnic minority groups; 2005 older people; 2006 cardiovascular disease; 2007 knowledge and attitudes; 2008 physical activity and fitness; 2009 long term health conditions and self-assessed general health.

For further information go to the [ESDS Government HSE web pages](#)²⁵, [Information Centre for Health and Social Care web pages](#)³⁵ or the [National Centre for Social Research web pages](#)³⁶.

Scottish Health Survey (SHeS)

The Scottish Health Survey ([SHeS](#))³⁷, commissioned by the Scottish Executive Health Department, is closely modelled on the Health Survey for England and is carried out by the Joint Health Surveys Unit of the National Centre for Social Research and University College London (which also carries out the Health Survey for England). There have been three previous Scottish Health Surveys in 1995, 1998 and 2003 (available from ESDS). The aim of the SHeS is to gain knowledge about the health of the population of Scotland. Currently the Scottish Health Survey is running continuously from 2008-2011.

The 1995, 1998 and 2003 SHeS adopted a multi-stage stratified random sampling design, drawing addresses from the Postcode Address File (PAF). The survey was carried out continually throughout the year. Sampled addresses were selected from 312 postal sectors, with 26 postal sectors covered each month. In 2003 each point contained 44 addresses, 26 of these formed the main sample where all adults and up to 2 children per household were eligible to take part. The remaining 18 addresses formed a child boost sample at which only households containing children aged 0-15 were eligible to take part.

This was done to ensure that sufficient numbers of children were included in the sample overall. All private households in the general population sample were eligible for inclusion in the survey (up to a maximum of three households per address).

To ensure large enough sample sizes seven regions were devised, defined as (1) Highland and Islands, (2) Grampian and Tayside, (3) Lothian and Fife, (4) Borders, Dumfries and Galloway, (5) Greater Glasgow, (6) Lanarkshire, Ayrshire and Arran and (7) Forth Valley, Argyll and Clyde. For more information on sampling, including which Islands are included and over-sampling of certain regions see either the SHeS [1995 technical report](#)³⁸ or [1998 SHeS online report](#)³⁹. Details on weighting in the SHeS can be found in the user guides and is also included at the end of this guide.

The 1995 survey, amongst a sample of 16-64 year olds, focused on cardiovascular disease. Physical measurements carried out were height, weight, waist and hip measurements, blood pressure and lung function. Blood samples were also taken and in 1998 and 2003 saliva and also urine and electrocardiogram readings in 2003. Moreover, the 1998 survey was expanded to include children aged 2-15, adults aged 16-74, and a wider range of topics, including asthma and accidents. The 2003-4 survey collected key household data from one member of the household and individual health data from all adults (there is no upper age limit) and up to two children in the household. The 2003-4 survey also focussed on cardio-vascular disease (CVD).

The geography on the data is Scottish Health Boards (12 in 1995 and 15 in 1998 and 2003) and the regions (as above). In the 1995 a variable on postal areas was included in the dataset. In 2003 the 6 and 8-fold Scottish Executive urban/rural classifications were available.

The 2008-2011 survey will still have a two stage process - a personal interview followed by a nurse visit - but the nurse visit will only be offered to around one sixth of the sample whereas it was previously offered to the whole sample. The survey now has a core and modular structure with a core set of questions going to the whole sample and two modules of questions which go to a proportion of the sample. Module A contains a range of questions on cardiovascular disease, asthma, eating habits, physical activity, mental health, dental health and accidents. Most of these questions will be asked every second year although some will be asked annually. Module B contains questions on knowledge, attitudes and motivations to health and is a replacement for the Health Education Population Survey (HEPS) which was previously run by NHS Health Scotland. The main achieved sample size is expected to be around 6,400 adults and around 2,000 children each year. With the three Health Board boosts, this gives a total of 7,000 adults and 2,000 children in the 2008 sample. Module A will be asked of around 2,500 adults and 1100 children and Module B will be asked of around 2,200 adults (one per sampled household).

For further information about the SHeS go to the [Scottish Government web pages](#)⁴⁰ [ESDS Government SHS web pages](#)⁴¹, [National Centre for Social Research web site](#)⁴², [Scottish Centre for Social Research](#)⁴³ or see the ESDS Government [Guide to data sources for Scotland](#)⁴⁴ (the guide gives details for further resources, such as reports and publications using the SHS).

Scottish Morbidity Linked Dataset

The Scottish Morbidity Linked Dataset is a new powerful research database which encompasses Scottish Health Survey records, linked to NHS acute and psychiatric hospital records, cancer, and death registrations. A selection of SPSS minimum datasets providing summarised linked morbidity and mortality information are available on request from Catherine.storey@isd.csa.scot.nhs.uk or David.clark@isd.csa.scot.nhs.uk. More information is available in the following Word document:

[The Scottish Health Survey SMR1/SMR4/Cancers/Deaths Linked Datasets](#).⁴⁵

Welsh Health Survey (WHS)

The Welsh Health Survey (WHS)⁴⁶ is managed by the National Assembly for Wales. The first two surveys, in 1995 and 1998 were self-completion postal surveys. The dataset from the 1998 survey is available for secondary analysis from the [ESDS](#)⁴⁷. In 1998 a sample of around 50,000 adults was drawn from the Electoral Register, resulting in around 30,000 responses. The WHS covers the whole of Wales and some results are also available for health and unitary authority areas.

In 2003 the survey methodology changed substantially and it became a continuous survey. The new formatted survey involves an interview to collect household data from one member of the household, followed by a self-completion questionnaire from each member of the household complete a self-completion questionnaire (a parent completes the questionnaire on behalf of young children). The achieved sample size is around 30,000 adults and 7,500 children. The Welsh Health Survey publications are available online from [The National Centre for Social Research](#)⁴⁸ (who carries out the survey) and the datasets are available from [ESDS](#)⁴⁹.

The survey includes questions about general health, specific illnesses for which respondents had been treated, their use of health services and satisfaction with the service provided, their self-perceived physical and mental well-being and questions about themselves and their lifestyle. In 1995, to be sure of getting enough people with a learning disability, there was a separate survey using a slightly modified questionnaire and a sample drawn directly from Social Services Departments' Client Record Systems.

For further information about the WHS go to the [ESDS Government WHS web pages](#)⁵⁰, [The National Centre for Social Research](#)⁵¹ and the [Welsh Assembly Government](#)⁵²

Northern Ireland Health and Wellbeing Survey

The Northern Ireland Health and Social Wellbeing Survey is commissioned by the Department of Health, Social Services and Public Safety to periodically monitor the health and wellbeing of the Northern Ireland population. The Northern Ireland Statistics and Research Agency (NISRA), which is an Agency within the Department of Finance and Personnel, is commissioned to conduct the fieldwork for the survey - to date, the survey has been conducted in 1997, 2001 and 2005/6 and focused on a range of different health issues including cardiovascular disease, mental health and ill-health, physical activity, smoking and drinking.

The surveys are designed to yield a representative sample of all adults aged 16 and over living in Northern Ireland. The sample for the survey is a systematic random sample of addresses drawn from the Land and Property Services Agency's (LPSA) list of domestic addresses. The LPSA addresses were sorted by district council and ward, so the sample was effectively stratified geographically. People living in institutions (though not in private households in such institutions) are excluded. The survey publications are available from the [NISRA Central Survey unit web pages](#)⁵³ and the datasets are available from [ESDS](#)⁵⁴

The questionnaire consists of a household interview followed by an individual interview with each person in the household aged 16 and above. The individual interview consists of core modules and modules that will recur on a regular cycle. Core items include accommodation, tenure, employment status, educational qualifications, family information, smoking and drinking and health and ill-health, Non-core items include physical activity and sexual health. The 1997 run of the survey also included a physical measures module, completed by one respondent selected at random from each household. Qualified nurses were employed to record details of all prescribed medication that the respondent was taking, measure height, waist, hip, weight and blood pressure. A blood sample was also taken to measure the level of cholesterol (non-fasting). The Clinical Biochemistry Laboratory at the Royal Victoria Hospital carried out analysis of cholesterol levels.

For further information about the Northern Ireland Health and Wellbeing Survey go to the [NISRA Central Survey Unit web pages](#)⁵⁵.

The Integrated Household Survey (formerly Continuous Population Survey)

Fieldwork for the Integrated Household Survey ([IHS](#))⁵⁶ (formerly the Continuous Population Survey (CPS)) began in January 2008. The design involves the integration of the household surveys on which ONS leads into one IHS (CPS). The surveys included for integration are:

- Labour Force Survey ([LFS](#))⁵⁷ and associated boosts ([APS](#))⁵⁸
- General Household Survey ([GHS](#))⁵⁹
- Expenditure and Food Survey ([EFS](#))⁶⁰
- Omnibus Survey ([OMN](#))⁶¹

The IHS will collect information on employment and the labour market along with a variety of other topics such as health, expenditure, income etc so it has great potential as a secondary source for employment and labour market research.

The following are links to IHS-related web sites and documents: [IHS information on the ONS web site](#)⁶²

IHS Consultation meetings: [2006](#)⁶³ [2007](#)⁶⁴ [2008 via GHS User Meeting](#)⁶⁵

Life Opportunities Survey

The Life Opportunities Survey (LOS) is a major new national survey of disability in Britain. The survey is being carried out by the Office for National Statistics (ONS) on behalf of the Office for Disability Issues (ODI). The ODI leads the government's vision of achieving equality for disabled people.

The LOS starts with a baseline random sample of 37,500 households across Britain, interviewing all people aged 16+ in each household. This baseline survey started in June 2009 and will take two years to complete. The intention is that the LOS will be a longitudinal survey. This means it will track the experiences of disabled people over time to assess transitions through key life stages, such as moving from childhood to adulthood or in and out of work.

Survey topics include work and learning, health, transport, community and social life, leisure, use of key services, caring and domestic life, hate crime and discrimination, income and benefits. Non-disabled people are also taking part in the survey. This means that the life opportunities of disabled and non-disabled people can be compared. This will allow the changes to life opportunities that occur with the onset of impairment to be better understood.

Further information on the LOS can be found on the [Office for National Statistics web site](#).⁶⁶

Survey of Carers in Households

The Survey of Carers in Households, 2009-2010 was commissioned by the Department of Health as part of the Government's Carers' Strategy programme. Funded by the Department of Health and the Department for Work and Pensions, the Health and Social Care Information Centre (NHS IC) undertook responsibility for the survey. GfK NOP was commissioned to carry out face-to-face interviews over 11 months of fieldwork in a representative sample of homes in England.

Carers were identified via a short screening 'prevalence' questionnaire at addresses which were randomly selected from the Postcode Address File (PAF). Carers were defined as those people who identified themselves as having extra responsibilities of looking after someone who has a long-term physical or mental ill health or disability, or problems related to old age. People providing care in a professional capacity were excluded.

The main questionnaire then identified carers who also fitted the General Household Survey (GHS) definition of 'Carers' (see the Office for National Statistics publication [Carers 2000](#)⁶⁷), which excludes those caring as volunteers for a charity or organisation, those caring for someone in an institution, those providing financial support only and those caring for someone with a temporary illness or disability, and asked a further range of questions.

Further information may be found on the [NHS IC Survey of Carers in Households - 2009/10 England web page](#).

National Survey for Wales

The National Survey for Wales (NSW) series is the main general source of statistical information about households and accommodation in Wales. It is the successor to the [Living in Wales \(LIW\) Survey](#) series (sometimes called the Welsh Household and Dwelling Survey) which ran from 2004 to 2008 and which replaced the former Welsh House Condition Survey (WHCS). The WHCS was last carried out in 1997 and 1998, when a Household Survey was completed in 1997 and a Property Survey in 1998.

The 2009-2010 pilot survey of the NSW consists of face-to-face interviews in a randomly chosen sample of households across Wales. In each of these households, the survey covers the head of household and a randomly selected adult (who

G4

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may also be the head of household). There is also a short self-completion questionnaire for every adult in the household aged 16 or over. Although the main themes of the survey are public services and wellbeing, there is scope to collect other information of direct policy relevance.

The mainstage National Survey for Wales will begin in 2012 and this will offer the opportunity for public sector bodies to contribute their own questions to the questionnaires. More details on the Survey from 2012 onwards will be available shortly on the [Welsh Assembly Government](#) website.

Table 1: Summary of large-scale government surveys containing health data

Survey	Health questions	Other topics in survey	Measurement over time	Respondents	Sample size and coverage	Geographical level
Health Survey for England (HSE) ⁶⁸ Link to 2008 questionnaire ⁶⁹ Link to data ⁷⁰	<p>Core questions asked every year are on general health and psychosocial indicators, smoking, alcohol, questions about use of health services and prescribed medicines and measurements of height, weight and blood pressure. Modules vary yearly and may be about a single topic, several topics or about population groups e.g. cardiovascular disease, asthma, ethnic groups, accidents & disability etc.</p>	Demographic and socio-economic indicators.	<p>Annually from 1991. Sample size greatly increased from 1993 onwards but is reduced in 2009 drastically. Since 1995 children aged 2-15 have been interviewed (aged 0-15 since 2001).</p>	<p>All individuals in the sampled Household.</p> <p>Parents of those aged under 13 complete the interview with the child present.</p>	<p>The sample for the HSE 2007 comprised of two components: the core (general population) sample and a boost sample of children aged 2-15. The achieved sample size for 2008 was 22,623 cases in the individual file (all individuals who gave a full-interview) and 31,927 cases in the household file (all individuals in co-operating households). In 2009 the sample size was reduced to 8,602 cases (individual file), 13,842 cases (household file).</p>	<p>2008: Government Office Region, Strategic Health Authority; Urban/rural indicator (8 categories); Index Multiple Deprivation (grouped into 5 categories)</p>
Scottish Health Survey (SHeS) ⁷¹	<p>Core questions: general health, prescribed medicines,</p>	Household information, demographic	1995, 1998, 2003, 2008 and 2009.	The 1995 survey covered those aged 16-64. One adult was	<p>Scotland, including the islands.</p> <p>In the 1995 survey</p>	<p>Scottish Health Boards (12 in 1995 and 15 in</p>

<p>Link to 2008 questionnaire⁷²</p> <p>Link to data⁷³</p>	<p>smoking/ eating habits. Physical measurements. blood samples are also taken and in 1998 and 2003 saliva. In 2003 urine and electrocardiogram readings were taken.</p> <p>Rotating modules: cardiovascular disease (1995, 2003/04); asthma and accidents and other topics (1998); eating habits and smoking and alcohol consumption among others (2008).</p>	<p>information, education, economic activity, parental history</p>		<p>randomly selected for an individual interview.</p> <p>In 1998 the survey covered those aged 2-74. One adult and up to two children were selected. Parents completed the interview for those aged under 13, with the child present. Only children aged 8 and over completed the self-completion.</p> <p>In 2003 and 2008, all adults (no upper age limit) and up to two children (0-15 years) are included.</p>	<p>7932 individuals completed an interview and 6958 were visited by a nurse.</p> <p>In the 1998 survey 9,047 adults and 3,892 children completed an individual interview, of these 7,455 adults and 3,211 children were visited by a nurse.</p> <p>In 2003-4 and 2008, a total of 8,148 adults and 3,324 children (including 391 aged 0-1) were interviewed. Of these, 5,444 adults were visited by a nurse and 2,224 children (including 254 aged 0-1).</p> <p>2009: 10,138 individual cases; 13,400 household cases</p>	<p>1998 and 2003) and 7 regions.</p> <p>In 1995 postal areas were also included.</p> <p>In 2003 a 6 and 8-fold Scottish Executive urban/rural classification</p>
<p>Welsh Health Survey (WHS)⁷⁴</p>	<p>General health, specific illnesses, use of and satisfaction with</p>	<p>Demographic information, carers,</p>	<p>Two surveys were conducted in 1995 and 1998. In 2003 the survey</p>	<p>Previously a postal questionnaire for adults aged 18</p>	<p>Wales.</p> <p>In 1998, around 30,000 individuals</p>	<p>2008 and 2009: Region</p> <p>1998: Welsh</p>

<p>Link to 2008 questionnaire⁷⁵</p> <p>Link to data⁷⁶.</p>	<p>health service, self-perceived health, lifestyle. 2009: The main topics covered for adults are health service use, health status, medicines, illnesses and other health problems, and health-related lifestyle (including smoking, alcohol, diet and exercise).</p> <p>The main topics for children are health status, health service use, accidents, illnesses and other health problems, eating habits, physical activity and strengths and difficulties.</p>	<p>economic activity.</p>	<p>methodology changed substantially and it became a continuous survey.</p> <p>The 1995 dataset is not available from ESDS.</p>	<p>and over.</p> <p>The new continuous survey involves a household interview and a self-completion (for all members of HHs, including children) which is collected by the interviewer. From 2007, more extensive survey elements for children were introduced than had been used for previous years of the WHS. Results from this survey are not comparable with those from the previous surveys because of differences in the questionnaires and survey methodology.</p>	<p>completed a postal questionnaire.</p> <p>The achieved sample size for 2008 was 13,313 adults and 2,653 children. In 2009 it was 16,018 adults and 3,223 children.</p>	<p>Health Authority; Welsh Unitary Authorities; Parliamentary constituency; Assembly Regional Committee Area; Assembly Electoral Region.</p>
<p>Northern Ireland</p>	<p>Core modules: health and ill-</p>	<p>Accommodation, tenure,</p>	<p>Three surveys have been carried</p>	<p>Household interview</p>	<p>Northern Ireland.</p>	<p>NI Health Board Area</p>

<p>Health and Wellbeing Survey⁷⁷</p> <p>Link to 2005-06 questionnaire⁷⁸</p> <p>Link to data⁷⁹</p>	<p>health, mental health and well-being, smoking, drinking, Non-core items include physical activity and physical measures (1997, 2005/2006), sexual health (2001) and carers (1997).</p>	<p>employment status, educational qualifications, family information.</p>	<p>out: 1997, 2001 and 2005-06.</p>	<p>followed by individual interviews with all adults aged 16 and over.</p>	<p>In 2005/06 and 2001 systematic random sample of 5,000 addresses drawn from the Land and Property Services Agency's (LPSA) property database.</p> <p>The 1997 study involved the selection of a stratified random sample of 3520 addresses from the LPSA list of private addresses in Northern Ireland.</p>	
<p>General Household Survey (GHS)⁸⁰ now changed to General Lifestyle Survey⁸¹</p> <p>Link to 2006 questionnaire⁸²</p> <p>Link to data⁸³</p>	<p>General health, longstanding illness, details of problem, GP consultations, outpatient visits, inpatient/ day patient/ maternity stays, private & NHS use, child health. Other health modules vary yearly and include smoking & drinking, elderly,</p>	<p>Education, Employment, household and family information, housing tenure, consumer durables, pensions; and from time to time topics such as leisure, and</p>	<p>Annually from 1971 (exception 1997/98, 1999/2000). The 1971 data is not downloadable from the UKDA and is only available in ASCII. Significant methodological changes from 2000 onwards.</p> <p>In 2005 the survey changed and</p>	<p>All individuals aged 16+ in the sampled household.</p>	<p>GB.</p> <p>The GHS samples around 13,000 addresses each year and aims to interview all adults aged 16 or over at every household at the sampled address Achieved 9,700 households (23,000 individual interviews)</p>	<p>2006: Government Office Region (GOR)</p> <p>Continuous Household Survey 2007-08⁸⁷: country level, no specific spatial unit level variables for confidentiality</p>

	accidents, contraception etc. For further details see summary of main topics 1971 to 2006 ⁸⁴	many others	introduced a longitudinal component (GHS-L/EU-SILC). The 2006 dataset is the first to contain this data (see ESDS study description ⁸⁵).		in 2006. (NI covered by Continuous Household Survey ⁸⁶ which is similar to and modelled on the GHS)	reasons)
Labour Force Survey (LFS) ⁸⁸ Link to 2010 LFS documents ⁸⁹ Link to datasets ⁹⁰	Current and past health problems (type of problem, effect on paid work, effect on daily activities); accidents in the last 12 months affecting work. For details of the 2009 variables included in the dataset see the 2008 user guide vol.3 ⁹¹ , or for information of the LFS pre-1992 see the User Guide 7 ⁹² detailing variables 1979-1991.	Employment and the labour market, education	1973-1983 biennial (1973 data unavailable). Annually from 1984. Quarterly from 1992, with major change to sample design. Advisable to use only from 1992 onwards when measuring over time. For further details see the ESDS Government Employment and the labour market Introductory user guide ⁹³	All individuals aged 16+ in the sampled household.	UK. Since spring 1992 c. 60,000 households per quarter.	Various – see individual dataset and user guide.
British Crime	Health topics vary	Levels of	1982, 1984, 1988,	One randomly	England and Wales	2008-2009:

G4

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<p>Survey (BCS)⁹⁴</p> <p>Link to 2009-10 questionnaire⁹⁵</p> <p>Link to data⁹⁶</p>	<p>annually and include general health, longstanding illness, smoking & drinking, drug use, use of medical services due to domestic violence etc.</p>	<p>crime, attitudes towards and fear of crime.</p>	<p>1992, 1994, 1996, 1998 and 2000.</p> <p>Annually from 2001.</p> <p>Significant methodological changes from 2001 onwards – a larger sample and new questions.</p>	<p>selected individual (aged 16+) in each sampled household.</p> <p>From January 2009, the BCS was also extended to children aged 10-15 years, resident in the household of adult respondents.</p>	<p>1984 and 1992 onwards.</p> <p>GB in 1982 and 1988.</p> <p>The core sample size has increased from around 11,000 in the earlier cycles to over 40,000.</p> <p>Sample size 2009/10: 44,638 cases (non-victim form file); 14,693 cases (victim form file).</p> <p>Scotland now covered by the Scottish Crime and Victimization Survey (SCVS)⁹⁷</p>	<p>GOR; Police Force Area, ONS District and Ward Level</p> <p>Classifications : Group, Subgroup, and Supergroup, Acorn (type, group and category) LAD typology and 8-fold urban/rural classifications . Plus various deprivation index variables.</p>
<p>Scottish Crime and Justice Survey (SCJS)⁹⁸</p> <p>Link to 2009-10 Questionnaire⁹⁹</p> <p>Link to data¹⁰⁰</p>	<p>General health, longstanding illness.</p> <p>In 2009-10 also question on health and well-being disputes that went to court.</p>	<p>Views on social issues, levels of crime, fear of crime, experience of victimisation , contact with the police, views of respondent'</p>	<p>In 1982 and 1988 the Crime Survey in Scotland formed part of the British Crime Survey (BCS) - the Scottish part of the 1988 BCS was also known as the Scottish Areas Crime Survey. In 1993 the first independent SCS was run and</p>	<p>Variations in different years. e.g. the 2000 survey had an ethnic boost. Older surveys included children but more recent surveys interview one randomly selected adult in each household.</p>	<p>Scotland.</p> <p>2009-10 : Main survey: 16,036 cases. Self-completion form: 13,418 cases. Victim form: 4,847 cases.</p>	<p>For 2006: Police Force Area, Acorn, Mosaic, Urban-rural indicator (8-category).</p> <p>For 2008-09: Health Boards; Police Force Areas; Community Justice</p>

		s locality, demographics, economic activity	repeated in 1996 and 2000. From 2004 it was been re-launched as the larger Scottish Crime and Victimization Survey (SCVS) ¹⁰¹ . In April 2008 the Scottish Crime and Justice Survey ¹⁰² replaced the SCVS. There was a sample design change in 2008-09 from previous years.			Authority Areas; National Criminal Justice Board Areas; Local Authority Areas
British Social Attitudes (BSA) Survey ¹⁰³ Link to 2009 questionnaire ¹⁰⁴ Link to datasets ¹⁰⁵	Attitudes towards many health topics such as health care, health & safety in the workplace; drugs, satisfaction with the NHS etc. Question topics vary yearly - see the comparison table on the Survey Question Bank ¹⁰⁶ web site for more details.	Attitudes towards many topics including economic issues and policies, education, sex and gender issues. See the Survey Question Bank ¹⁰⁷ for	Annually from 1983 (except 1988 and 1992).	One randomly selected individual (aged 18+) in each sampled household.	GB. Achieved 3,421 cases individuals in 2009. Wales has the Wales Life and Times Survey ¹⁰⁸ in 2001, 2003 and 2007.	2008: GOR 2003 Wales Life and Times Study (Welsh Assembly Election Study) ¹⁰⁹ : Welsh National Assembly Constituencies and LADS

		more details.				
NI Life and Times (NILT) Survey¹¹⁰/NI Social Attitudes Survey (NISAS).¹¹¹ Link to 2009 questionnaire¹¹² Link to NILT datasets from ARK¹¹³/ESDS¹¹⁴ Link to NISAS data¹¹⁵ 	General health, government spending on health, how people get information about health issues.	Attitudes towards many topics including politics, community relations, Europe. Demographics, economic activity	Annually from 1998.	One randomly selected individual (aged 18+) in each sampled household.	Northern Ireland. 1,205 individual adults in 2010.	2009, 2008, 2007, 2006 and 2005: National; Variable called 'Placeliv' (a big city, The suburbs or outskirts of a big city, A small city or town, A country village, Or, a farm or home in the country).
Scottish Social Attitudes (SSA) Survey¹¹⁶ Link to 2009 questionnaire ¹¹⁷ Link to data ¹¹⁸	General health, limiting illness, satisfaction with and attitude about NHS.	Attitudes towards many topics including transport, religion, party identification. Demographics, economic	Annually from 1999. Previously, the NISAS 1989-1996 (except for 1992).	One randomly selected individual (aged 18+) in each sampled household.	Scotland. Achieved 1,482 adults in 2009	2006: urban-rural variables Generally: Postcode Districts, Local Authority Areas and Parliamentary Constituencies

		activity				S.
Living Costs and Food Survey (LCF) Link to 2009 documentation ¹¹⁹ Link to data ¹²⁰	<p>Medical/health insurance. Health expenditure - prescriptions, spectacles, medical goods, payments to doctors, dentists etc.</p>	<p>Family relationships, ethnicity, employment details and the ownership of household durables.</p>	<p>Annually from 2001 (replaces Expenditure & Food Survey (EFS)¹²¹, FES¹²² & NFS¹²³).</p>	<p>Each individual aged 16 or over in the household keeps diary records of daily expenditure for 2 weeks. Simplified diaries are kept by children aged between 7 and 15.</p>	<p>UK. Achieved 5,223 households in Great Britain, and 602 in Northern Ireland in 2009.</p>	<p>2009: Government Office Regions (GOR).</p>
Family Expenditure Survey (FES) ¹²⁴ Link to 2000 questionnaire ¹²⁵ Link to data ¹²⁶	<p>Medical/health insurance. Health expenditure - prescriptions, spectacles, medical goods, payments to doctors, dentists etc.</p>	<p>Expenditure and income.</p>	<p>Annually from 1957-2001. Datasets unavailable for 1957-1960 and 1964-1967. Replaced by EFS¹²⁷ in 2001.</p>	<p>Exactly the same as the Expenditure and Food Survey (EFS)¹²⁸ above.</p>	<p>UK. Achieved 6,000 households in 2000/1. NI incorporated in FES since 1968.</p>	<p>2000: SSR, SSR with metropolitan areas</p>
National Travel Survey ¹²⁹ Link to 2008 questionnaire ¹³⁰ Link to	<p>Health/disability that affects travel: ability to walk, use of transport, use of wheelchairs/crutches</p>	<p>Vehicle ownership, other travel behaviour, such as use of public transport and time spent</p>	<p>1965 (dataset unavailable), 1972, 1975, 1978, 1985. Annually from 1998.</p>	<p>All individuals in the sampled household including children and babies. Both parent and child answer questions for</p>	<p>GB. Around 8000 households since 2002.</p>	<p>2002-2008: Government Office Regions (GOR). Type of area (urban rural, specific cities)</p>

G4

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datasets ¹³¹		travelling.		those aged under 11.		
Family Resources Survey (FRS) ¹³² Link to 2008/09 questionnaire ¹³³ Link to datasets ¹³⁴	General health, longstanding illness, medical insurance, receipt of help/support due to old age, disabilities, child health, restrictions on work.	Income, benefits, Assets, pensions, travel to work, savings.	Annually from 1992 but data only available from UKDA from 1993 onwards.	All individuals aged 18+ in the sampled household (although some questions about benefits etc are asked about those aged 16-18).	GB. Achieved 25,088 in 2008-09. NI was included in the survey for the first time in 2002-03	2008-09 GOR The 2005-06 and 2006-07 data are also available as Special Licence (SL) ¹³⁵ datasets with extra geographical detail.
Time Use survey ¹³⁶ Link to 2000 questionnaire ¹³⁷ Link to dataset ¹³⁸	General health, limiting illness, child health, carers.	Work/leisure balance, gender differences in childcare, time spent volunteering and caring.	2000. Plans for a small 'pre-coded' time use module on the Omnibus survey in 2005 and another full survey in 2010.	All individuals aged 8+ in the sampled household.	UK. Achieved 6,500 households in 2000/1.	2000: GOR
ONS Opinions Survey (formerly ONS Omnibus survey) ¹³⁹ Link to	Topics vary monthly - see the ESDS Omnibus modules web pages ¹⁴² for more details. Various modules on health-related topics such as	Various – see the ESDS Omnibus modules web pages ¹⁴³	Carried out in 2/3 months each quarter since 1990. The ONS Omnibus Survey changed its name to the ONS Opinions Survey	One eligible person aged 16+ in the sampled household.	GB. Achieves around 1,200 <i>individuals</i> per month.	GOR

February 2009 questionnaire ¹⁴⁰ Link to datasets ¹⁴¹	smoking, drinking and oral health.		and became part of the Integrated Household Survey (IHS) in 2008.			
Integrated household Survey ¹⁴⁴ 2011 Questionnaire ¹⁴⁵	Health and disability	Economic activity, education, identity and income.	Repeated cross-sectional study. Started in 2009-2010.	Persons resident in the UK in private households, and young people living away from the parental home in student halls of residence or similar institutions during term time.	UK. Each of the surveys comprising the IHS have their own sampling design, meaning that the IHS includes clustered and non-clustered, multistage and single stage component samples and also cross-sectional and longitudinal data. Face-to-face interview; Telephone interview. 433,410 cases.	GORs; Unitary Authorities (E&W); Training and Enterprise Councils (TECs) (E&W); County; NUTS2 and NUTS3 regions
Life Opportunities Survey ¹⁴⁶ LOS 2009 Questionnaire ¹⁴⁷	A major new survey on disability	Socio-demographics, transport, economic life and living standards,	Longitudinal/panel /cohort. First wave 2009-2010.	People aged 16 and over in private households. Parents or guardians will also be asked to provide some	Great Britain. Multi-stage stratified random sample. Respondents will be interviewed every 12 months. In 2009-2010:	Countries; Government Office Regions (GORs); Local Authorities, Rural/Urban indicator

LOS links ¹⁴⁸		housing, social contact, recreational activities, accessibility outside home.		key data about children, aged 11 to 15. Children will be able to take part in a face-to-face interview when they reach age 16.	23,366 cases	
Survey of Carers in Households ¹⁴⁹ 2009-2010 Questionnaire ¹⁵⁰ More information on the survey ¹⁵¹	The impact of caring upon carers' health.	Characteristics of carers and people being cared for, the intensity of care provision, Carers' use of services and demographic details.	Cross-sectional (one-time) study, 2009-2010.	Carers resident in households in England, during 2009-2010.	England. Multi-stage stratified random sample. Face to face interview with Carers: identified via a short screening 'prevalence' questionnaire at addresses which were randomly selected from the Postcode Address File (PAF). Main data: 2,401 cases. Prevalence data: 24,961 cases.	GORs
National Survey for Wales ¹⁵² 2009-2010 Pilot	General health status, disability and access to services, well-being.	Housing, neighbourhood, finance, local services, discrimination etc.	2009-2010 pilot study, mainstage survey will begin in 2012	Individuals aged 16 or over living in private households in Wales, 2009-2010.	Wales. Repeated cross-sectional study. Face-to-face interview; Self-completion. Household file:	Unitary Authorities (Wales); Westminster Parliamentary Constituencies

G4

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Questionnaire¹⁵³ More information on the survey¹⁵⁴					4,559 cases; Individual file: 6,386 cases; Self Completion file: 3,331 cases; Sample file: 14,124 cases	(Wales); Welsh National Assembly Constituencies
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Weighting and Grossing

The information given below gives an example of the weighting used within each survey which covers health or health-related issues. The example given within each survey is not necessarily the latest dataset available from ESDS. You should refer to the survey documentation on the [ESDS web site](#)¹⁵⁵ for the specific year(s)/datasets(s) you are interested in, as the weighting may change slightly from year to year.

Heath Survey for England

Weighting variables are year specific owing to the variable sample design and the survey topic. For example, in 2000 weights are added for different probabilities of selection in care homes - see the [2000 User Guide](#)¹⁵⁶. In 2002, no weights need to be applied if only using the adult sample. If using the boost sample (on its own or together with the adult sample) a sample design weight which accounts for unequal probabilities of selection needs to be applied (tablewt). In 2003 non-response weights were introduced for both adults and children. There are four sets of non-response weights in total: a household level weight (hhld_wt) and three sets of individual level weights, the interview weight (int_wt), the nurse weight (nurse_wt) and the blood weight (blood_wt). The appropriate weight variable should be used for analysis done using data from the relevant sections. There is an extra weight (child_wt) to compensate for limiting the number of children (aged 0-15) interviewed in a household to two. The variables int_wt and nurse_wt for children aged 0-15 include both the child selection weights and non-response weights.

Welsh Health Survey

The 1998 data contains one weight (zzwght) to reduce bias caused by different response rates between age groups and sex.

Scottish Health Survey

The 1995 and 1998 SHS data contain one weighting variable which (1) compensates for unequal probabilities of selection (2) down-weights the data from the boosted final quarter (3) adjusts for differential response rates by region, age and sex. In 2003, as with HES, non-response weights were introduced for both adults and children. There are four sets of non-response weights in total: a household level weight (hhld_wt) and three sets of individual level weights, the interview weight (int_wt for adults and cint_wt for children aged 0-15), the nurse weight (nurse_wt for adults and cnurse_wt for children) and the blood sample weight (blood_wt for adults and cblood_wt for children). See p2 of the [2003 user guide](#)¹⁵⁷ for more information.

NI Health and Wellbeing Survey

The 2001 survey does not include weights because a simple random sample of addresses was selected. However, a weight was required in 1997 because the survey was designed to select equal samples from each of the Four Health and Social Services Board, which meant that overall the survey would not accurately reflect the Northern Ireland population. Weighting

adjusts the results to those that would be achieved if the sample had been drawn as a random sample of addresses in NI. A weight was also required for the physical appraisal element of the 1997 study. Only one adult was selected from each household for the physical measures, therefore individuals living in large households had a lower chance of being included in the sample than individuals in small households. This weighting process adjusts the results to those that would have been achieved if the sample had been drawn as a random sample of adults rather than addresses. Thus, the 1997 dataset contains two weights (Indvni and Physni). See the [1997 User Guide](#)¹⁵⁸ for more information.

General Household Survey

Since 2000, a dual weighting scheme has been introduced to the GHS. The dataset contains one weighting variable for two purposes (1) to compensate for non-response in the sample (2) to gross up to match known population distributions in terms of region, age-group and sex. The 2004-2005 weighting variable is called Weight04. See Appendix D of the [2002 GHS report](#)¹⁵⁹ or the [2004 GHS report](#)¹⁶⁰ for more information. There is also scwght04 which is a weight for the new social capital trailer.

Labour Force Survey

Since 1984 the LFS has been weighted (grossed) to produce population estimates and to compensate for non-response among sub-groups. Additionally, the earnings data is also grossed. ONS have recently published reweighted QLFS estimates for 1992-2003, based on survey microdata that have been weighted to post-2001 Census population estimates for the first time. New editions of all quarters from 1992 to 2003 were deposited during April/May 2004 at ESDS. For more information on the reweighting and previous names for the weights see [User Guide Vol.3 2006 p397](#)¹⁶¹.

The *QLFS* datasets in 2006 have two weights (Pwt03 and Piwt03), (1) Pwt03 is the weight for individual data - this compensates for non-response and grosses to population estimates. (2) Piwt03 is the weight for income data - this weights so that the weight of a sub-group corresponds to that sub-group's size in the population and also weights to give estimates of the number of people in certain groups. This is restricted to employees' earnings, other income data are not (yet) weighted. See [User Guide Vol.3 2006 p397](#) for more information.

The *QLFS household* datasets have one weight to gross to population estimates. The 2005 weighting variable is called Hhwt03. See section 5 of the [Household and Family Data User Guide](#)¹⁶² for more information.

The *QLFS longitudinal* datasets (2-quarter and 5-quarter) contain one weight to compensate for non-response and to produce population estimates. The weighting variable is called LGWT. See the [Longitudinal Datasets User Guide](#)¹⁶³ for more information.

Family Resources Survey

Since 1992 the FRS has used one weighting variable for two purposes (1) to gross to population (2) to compensate for non-response. However, the 1994-1995 to 2001-2002 datasets were re-released due to the inclusion of a new (interim) grossing

factor introduced to make adjustments to the FRS for low-income households in Scotland. These datasets contain two weighting variables: Gross1 is the original variable and Gross2 is the new variable. The 2002-03 dataset contains Gross2 only. Following on from the grossing review a new grossing regime for the survey was issued with the 2003-04 FRS data. This new regime consists of both an enhanced set of control totals and incorporates data on a post-Census basis. This review has focussed on the Great Britain grossing regime with the regime employed for Northern Ireland grossing not affected by these changes. The key changes to the grossing system are:

- a move to post-Census data
- the abandonment of controls on numbers of couples and single people by broad age band in favour of controls on numbers of individuals by narrower age band, and sex
- the introduction of population controls at GOR ([The New FRS Grossing Regime](#)¹⁶⁴ report on the DWP website)

On the 2004-05 data GROSS2 (the previous, interim methodology, using pre-Census control totals) is not included. The 2004-05 data includes only GROSS3. GROSS3 can be applied to sample estimates so that analyses reflect the overall UK population. This involves the use of a set of adjustment factors that attempt to correct for differential non-response at the same time as they scale up sample estimates. These factors take into account demographic variables such as age, sex and marital status together with region and tenure. GROSS3, has been back cast over the FRS series from 1994-95. For expanded information on FRS grossing go to 2004-05 [User Guide 1: Grossing factors within the FRS](#)¹⁶⁵.

Expenditure and Food Survey

The EFS is weighted to adjust for non-response and to gross to population estimates. The 2004-05 dataset contains two weights: weighta and weightq. Weighta is an annual weight and weightq is a quarterly weight. The quarterly weight was introduced because sample sizes vary from quarter to quarter as a result of re-issuing addresses where there had been a non-contact or refusal to a new interviewer after an interval of a few months, so that there are more interviews in the later quarters of the year than in the first quarter. Spending patterns are seasonal and quarterly grossing counteracts any bias from the uneven spread of interviews through the year. See Appendix B.6 in the [EFS 2002-03](#)¹⁶⁶ or the [EFS 2004-05](#)¹⁶⁷ Family Spending reports for more information.

British Crime Survey

The BCS has been weighted since 1982. The survey has a number of different weights which should be applied in different circumstances. There are three main reasons for weighting the BCS (1) to compensate for unequal selection probabilities (2) to compensate for differential response rates (3) to ensure that quarters are equally weighted for analyses that combine data from more than one quarter. All weights include a component for unequal selection probabilities. However, weighting to compensate for differential response and to equally weight quarters are included in some weights but not in others. In 2001 the survey methodology changed considerably and calibrated weights were introduced (older datasets do not have calibrated weights). See the [BCS 2005/06 report](#)¹⁶⁸ for more information on calibrated weights, for general information on weighting of the BCS see the 2003-04 [Technical Guide Vol.1](#)¹⁶⁹ section 7.

Scottish Crime Survey

The survey has a number of different weights which should be applied in different circumstances. For example the 2000 SCS has the following weights:

- w_house: a household weight for the main sample only. To account for (1) inaccuracies in the Postcode Address File (2) property-type bias and (3) area bias. All household data in the main sample should be analysed using this weight
- w_indiv: an individual weight for the main sample. The weight is a combination of household and individual weighting factors. The weight accounts for (1) different probabilities of selection and (2) response bias towards females. All individual data in the main sample should be analysed using this weight
- w_person: an individual weight for the ethnic minority boost sample. This is the same as w_indiv but without the household weighting factor. All individual data in the ethnic boost sample should be analysed using this weight
- w_series: a victim form series weight to reflect the fact that some victim forms refer to two or more incidents. There are two different versions on this weight: one on the main sample victim form dataset and the second on the ethnic boost sample victim form dataset. Both versions of the weight are called w_series.

There is more information on weighting in the technical reports, for [1993](#)¹⁷⁰ go to p16, [1996](#)¹⁷¹ p20 and in [2000](#)¹⁷² p21.

British Social Attitudes Survey

The BSA survey has been weighted since 1983. The 2004 survey has one sample design weight (Wtfactor) used to compensate for unequal selection probabilities (because only one person per household is interviewed). [The BSAS 2005 User Guide](#)¹⁷³ explains this in more detail.

Scottish Social Attitudes Survey

The SSA is weighted, using the variable called WtFactor, to account for differing selection probabilities because only one person in the household is interviewed. Since 2002 new weights were added to account for the addresses in remote and rural parts of Scotland having a greater chance of selection due to the boost, the weights are WtRural, WtRemote and WtUrban (go to p2 of the [2004 User Guide](#)¹⁷⁴ for more details).

Northern Ireland Life and Times Survey.

All analyses of the adult data should be weighted in order to allow for disproportionate household size. In 2004 the weighting variable is called *WTFCTOR*. The only exceptions are the few household variables (for example, tenure and household income), which do not need to be weighted, see the [2005 User Guide](#)¹⁷⁵ for details.

Family Expenditure Survey

Since 1998/99 the FES data has used one weight which adjusts for non-response and grosses to population estimates. The 2000-2001 weighting variable is called "weight". See Appendix B in the [EFS 2002-03](#)¹⁷⁶ or the [EFS 2004-05](#)¹⁷⁷ report for more information.

National Travel Survey

The NTS data are currently not weighted to correct for non-response or sample selection. Weighting the NTS is not straightforward because of the many levels used for analysis (household, individual, vehicle, trip etc). In collaboration with NatCen, a methodology for weighting the NTS has been developed and applied to data from the 2002 NTS. This provides two sets of weights. One set, referred to as the 'diary weights', is for the sample of fully co-operating households where all members completed a travel record and the data are used for analysing trips. The other set, the 'interview weights', comprises all households which completed an interview, and therefore as well as fully co-operating households it includes 'partially responding' households, where not all individuals completed a travel record. This sample is only used for analyses that do not require travel record trip data. The weighting for both sets adjusts for household selection, household non-participation, and removal of households with missing individual interviews. Calibration weighting was carried out to adjust the weights so that the age/sex and GOR distributions of the respondents matched population estimates. This information was taken from p194-5 of the [2003-2004 Technical Report Part 1](#)¹⁷⁸, where there is also further information on weighting.

Time Use Survey

The TUS uses weighting for a variety of reasons. There are different weights on the different files (individual questionnaire file, worksheet file, household questionnaire file and diary file). For more information go to the [Time Use 2000 User Guide](#)¹⁷⁹.

- There are 2 individual questionnaire weights: both weights compensate for non-response and are calibrated to UK population characteristics for age-group, sex and region. The difference between the two weights is that one grosses to the UK population and the other does not. (1) wtpq_ug is the ungrossed weight which weights to the achieved sample size (2) wtpq_gr is the grossed weight which weights to UK population of those aged 8yrs or more living in private households.
- There are 2 worksheet weights: as individual weights (1) wtwrk_ug is ungrossed (2) wtwrk_gr is grossed.
- There are two diary weights: as individual weights but also compensates for differential sampling of weekdays and weekends (1) wtdwh_ug is ungrossed weight (2) wtdwh_gr is grossed.
- There are six household questionnaire weights: as individual weights but two separate weights for each of following:
 - households with diary-keepers (1) wtdh_ug is ungrossed (2) wtdg_gr is grossed
 - households with worksheet-keepers (3) wtwh_ug is ungrossed (4) wtwg_gr is grossed
 - households with diary and worksheet-keepers (5) wtdh_ug is ungrossed (6) wtdg_gr is grossed

ONS Opinions Surveys (formerly ONS Omnibus Surveys)

The Omnibus survey weights for unequal probabilities of selection. The June 2004 dataset has two separate sample design weights (WtA and WtC) to correct for unequal probability of selection caused by either (a) interviewing only one adult per household or (b) restricting the eligibility of the module to certain types of respondent. WtA should be applied if the unit of analysis is the individual because the weight makes the sample representative of British adults. WtC should be applied if the unit of analysis is the household reference person or spouse. The September 2005 survey includes an individual (indwgt) and household weight (hhwgt). See the [September 2005 technical report](#) for further details. Occasionally extra weights are

developed separately for modules which ask questions at a different level, for example the family level. For a copy of the Omnibus Technical Report contact the Omnibus team on opinions@ons.gsi.gov.uk or 01633 455810.

Integrated household Survey

HOUSEHOLD WEIGHT FOR GENERAL ANALYSIS: Switching the household weight on will change results from numbers of cases interviewed to proportions of the population, so that the total number of cases in the dataset will be equal to the estimated UK population total for the mid-point time period.

HOUSEHOLD WEIGHT FOR GENERAL ANALYSIS: The sexual identity weight (SIWT092) is provided for solely for analysis of the Sexual Identity question on the IHS.

The sexual identity weight is calculated for each individual, and is zero for cases when respondents were aged under 16 or were not present in person. Cases with weights of zero will not count towards analysis of results, so the overall population total with the sexual identity weight enabled will be equal to the adult UK population (i.e. aged 16 and over), with weights for adult non-proxy respondents being correspondingly higher to account for proxy respondents. For more detailed information on weighting in HIS see [link](#).

Life Opportunities Survey

The 2009/10 LOS data is weighted using a three-step approach. In the first step the data is weighted to account for the chance of a household being selected. The second stage weights the data to compensate for nonresponse. Finally, the third phase re-weights the data so that it matches then population totals in terms of individuals' region, age group and sex. For more information see [technical report](#).

National Survey for Wales

The weights that were calculated for the survey had two different elements. The weighting process was designed to compensate for the unequal probabilities of selection caused by the change in survey design and for non-response bias. Three single weights were produced for each data set to be used in analysis:

- an all-Wales level household weight based on selection probabilities;
- an all-Wales level individual weight, adjusted for the number of people in a household; and
- an all-Wales level self-completion weight, similarly adjusted for the number of people in a household.

The survey was required to produce estimates both at the level of the household and at the level of individuals within the household. The procedures used to create the weights in order to produce these estimates, accounting for the complex survey design, are discussed below in section 3. Each weight also grosses the number of responses in the data set up to become an estimate at a Wales level. Therefore the household file can be used to produce estimates that represent approximately 1.2 million households in Wales, and the individual and self-completion file can be used to produce estimates that represent approximately 2.5 million adults resident in Wales. For more detailed information see the [weight guide](#).

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- ¹ <http://www.esds.ac.uk/government/surveys/>
 - ² <http://www.esds.ac.uk/government/faq/>
 - ³ <http://www.ons.gov.uk/ons/guide-method/harmonisation/harmonisation-bulletins/index.html>
 - ⁴ <http://www.esds.ac.uk/government/surveys/>
 - ⁵ <http://www.ic.nhs.uk/statistics-and-data-collections>
 - ⁶ <http://www.dh.gov.uk/Home/fs/en>
 - ⁷ <http://www.esds.ac.uk/>
 - ⁸ <http://www.ons.gov.uk/ons/index.html>
 - ⁹ <http://www.esds.ac.uk/government/citations/>
 - ¹⁰ <http://www.surveynet.ac.uk/sqb/>
 - ¹¹ <http://www.natcen.ac.uk/>
 - ¹² <http://www.ccsr.ac.uk/esds/events/themes/health/>
 - ¹³ <http://www.jiscmail.ac.uk/lists/hsug.html>
 - ¹⁴ <http://www.esds.ac.uk/government/resources/sass/>
 - ¹⁵ <http://www.ic.nhs.uk/work-with-us/consultations/review-of-population-based-health--related-surveys>
 - ¹⁶ <http://securedata.data-archive.ac.uk/>
 - ¹⁷ <http://www.esds.ac.uk/>
 - ¹⁸ <http://www.dh.gov.uk/PublicationsAndStatistics/PublishedSurvey/fs/en>
 - ¹⁹ <http://www.ccsr.ac.uk/sars/>
 - ²⁰ <http://www.ccsr.ac.uk/sars/resources/healthguide.pdf>
 - ²¹ <http://www.celsius.lshtm.ac.uk/what.html>
 - ²² <http://www.esds.ac.uk/longitudinal/access/introduction.asp>
 - ²³ <http://www.esds.ac.uk/longitudinal/access/elsa/>
 - ²⁴ <http://www.esds.ac.uk/longitudinal/access/bhps/>
 - ²⁵ <http://www.esds.ac.uk/longitudinal/access/bcs70/>
 - ²⁶ <http://www.esds.ac.uk/international/access/access.asp>
 - ²⁷ <http://www.esds.ac.uk/government/vitals/>
 - ²⁸ <http://www.gro-scotland.gov.uk/statistics/theme/vital-events/general/ref-tables/index.html>
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G4

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G4

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G4

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