

Samples of Anonymised Records

Cathie Marsh Centre for Census and Survey Research

SARs Health Guide

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**Cathie Marsh Centre for Census
and Survey Research (CCSR)**

School of Social Sciences

University of Manchester

Humanities Bridgeford Street

Manchester

M13 9PL

www.ccsr.ac.uk/sars

sars-helpdesk@manchester.ac.uk

+44 (0) 161 275 4735

SARs

samples of
anonymised records



This document is based upon the datasets and documentation deposited in the UKDA and Office for National Statistics. Others sources are also cited were appropriate.

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1. Introduction

The Samples of Anonymised Records are a collection of datasets derived from the 1991 and 2001 censuses. The census questionnaires include several questions related to health and health care. The questions do not specify medical condition and are subjective since the questionnaire is self-completed. This may mean that the data is too coarse for certain research questions. However, it has been reported that self perceived health status is strongly associated with the use of health care, mortality and changes in functional status (Bowling 2006). Therefore since the census has a population wide coverage (i.e. approximately 95%, but with imputation of the missing cases it reaches 100%) the SARs provide unique information about the geographical distribution of health and health care needs in the UK. In addition, since the SARs consist of individual level and household data, it allows for multilevel and multivariate analyses. Health variables can be related to for instance geographic location, profession, ethnicity, age and sex. These analyses contribute to inform policy makers to direct their efforts to where it is needed most. This guide aims to provide a source of information about health related variables in the SAR files from 1991 and 2001

2. SARs files

The 1991 census saw the release of 4 SARs files, while the 2001 census produced 5 SARs files, as outlined below.

Individual SARs

The 1991 Individual SAR is a 2 per cent sample of over 1.1 million records. It contains a full range of census topics on individuals and summary information about households. In total 278 geographical areas are identified and include local authorities with a population of at least 120,000. Smaller local authorities have been grouped together. Northern Ireland Individual SAR is in a separate file with 31967 individuals.

The 2001 Individual Licensed SAR is a 3 per cent sample and contains over 1.75 million records. It provides a full range of census topics on individuals and summary information about households and the new information collected on qualifications, caring and religion. Geographical information is given down to Government Office Region. The results from the Northern Ireland census are included in the UK file.

Household SARs

The 1991 Household SAR is a 1 per cent sample of the population and contains 216,000 households and 541,922 people within these households. It is a hierarchical file that allows linkage between household and family members. The geographical base is the Registrar General's Standard Regions in 1991. The Household SAR contains about 40 variables though many derived variables have also been added. There is no overlap between the individuals in the individual and the household SARs. There is a separate file for Northern Ireland, which contains 5255 households and 15,580 individuals.

The 2001 Special Licensed Household SAR is a 1 per cent sample of the population and contains over 200,000 households and 500,000 individuals within households. It allows linkage between household and family members. It is limited to England and Wales and contains no geography.

2001 Small Area Microdata (SAM)

The 2001 SAM is a sample of 5 per cent of the population of the UK, representing 2,964,871 individuals. The lowest geography is Local Authority (Unitary Authority in Scotland and Parliamentary Constituency in Northern Ireland), with some areas merged. The amount of individual detail in the SAM is less than in the 2001 Individual SAR because of the greater geographical detail in the SAM.

Controlled Access Micro Data Samples (CAMS)

The CAMS are more detailed versions of the 2001 Individual-SAR and 2001 Household SAR available for analysis only in a safe setting within one of three ONS locations, namely London, Newport and Titchfield. Both CAMS files provide geography at Local Authority level and hold data for the entire UK.

3. Health and health care variables in the SARs

The health questions in the 1991 census

The 1991 census for Great Britain included one question directly related to health, namely whether the person suffered from a Limiting Long Term Illness (LLTI, Question 12 in the census). A second question that provided health related information was aimed at obtaining information about economic activity of the respondent (Question 13) in the week preceding the census. One of the potential answers to this question was: 'was unable to work because of long term illness or disability'. This answer provides an alternative, independent but strongly overlapping source of information about the health of respondents. However, for this question only individuals between the ages 16-74 were included. In addition, a question only asked in communal establishments asks for the status of the respondent. In health related communal establishments, this provides information about the number of patients and the number of carers.

The 1991 census for Northern Ireland additionally asked about a woman's fertility by asking for the total number of children she gave birth to and the number of children she gave birth to in the year preceding the census (Questions 7a and 7b respectively).

The health variables in the 1991 SAR files

The two questions for the GB 1991 census translate into six derived variables in the 1991 Household SAR files. The response to the LLTI question (12) was used to derive 3 variables in the 1991 Household SAR. Whether a respondent is suffering from LLTI (*LTILL*), the number of individuals within a household that suffer from LLTI (*LTILLHH*) and the number of individuals in a family that suffer from LLTI (*Dflitll*). Note that one household may contain more than one family. The answer to question 13 was similarly divided into three variables in the SARs; *Econprim*, *Dhpsick* and *Dhfsick* for individual, household and family respectively. The 1991 Northern Ireland Household SAR additionally included variables on the number of children a woman had given birth to in her life (*TOTCHILD*) and in the year previous to the census (*CHILDLY*). The 1991 NI Household SAR does not distinguish between household and family and only provides the number of permanently sick in a household. By combining the variables Status in Communal Establishment (*CESTAT*) and Type of Communal Establishment (*CESTTYPE*) one can obtain the number of patients in different types of hospitals and the number of carers in those hospitals.

The 1991 Individual SAR contains three variables related to health, namely whether the respondent suffers from LLTI (LTILL), the Number of Individuals in the same household suffering from LLTI (LTILLHH) and whether the respondent is permanently sick (*Econprim*). Like the 1991 Northern Ireland Household SAR, the 1991 Northern Ireland Individual SAR also included two variables describing the number of children a woman gave birth to in her life (*TOTCHILD*) and during the year preceding the census (*CHILDLY*).

The questions in the 2001 census

In addition to the LLTI question (13), the 2001 census included another question directly related to health and 2 health care related questions.

Question 11 asked about the general health in the preceding year with a three graded answer: Good, fairly good or not good.

Question 12 asked whether and how many hours unpaid care the respondent provided to family friends, neighbours or others. Potential answers were:

- No
- Yes 1-19 hours a week
- Yes, 20-49 hours a week,
- Yes, more than 50 hours a week.

Question 17 asked about professional qualifications obtained by the respondent. Potential answers included three related to health care, namely medical, dental and nursing qualifications.

The variables in the 2001 SARs

The 2001 Individual-SAR, Household-SAR and SAM have 7 variables related to health and health care, while the two CAMS files have an additional 5 variables. The variables LLTI, Health and Provcare are directly obtained from the census. The Household Health and Disability Indicator (*Hhlthind*) is a derived variable and combines the information from the variables LLTI and health for all individuals within a household. The variables *hncarers*, *hnllti* and *hnprhlth* are derived from questions 11, 12 and 13 from the census and provide information about the number of carers, individuals with a LLTI or individuals with poor health within a household.

The two CAMS files contain three additional health care related variables that indicate whether a person has dental (*pqdent*), medical (*pqMed*) or nursery or midwifery (*pqnurse*) qualifications. These variables are derived from question 17 in the census. In the SAR and SAM files these variables are combined into *profqual*. *Profqual* only states whether the respondent has a professional qualifications, without specification.

Finally, the CAMS files have two additional variables that combine information from the census with the 2000 Index of Multiple Deprivation (IMD) for each Super Output Area (SOA) in England, Scotland and Wales. The IMD is calculated based on 5 types of deprivation, namely: Income, Employment, Health Deprivation and Disability, Education, Skills and Training Deprivation and Housing and Geographic Barriers. For information about the

derivation of the 2000 IMD see DETR (2000). *Headecil* indicates which decile the SOA of a residence falls into on the health dimension of the IMD. The IMD for Scotland was calculated independently and the deciles are therefore within Scotland as opposed to within GB. Therefore the deciles cannot be compared across countries. Finally, *heascore* provides the score for the IMD health dimension for SOA of residence. This variable is only available for England and Wales. The question about number of children a woman had given birth in the 1991 Northern Ireland Census was dropped from the census in 2001.

One important difference between the 1991 and 2001 censuses is that in the latter visitors were not enumerated at the address they were visiting on census night, but only at their home address. When comparing the data of the two censuses this needs to be taken into account. For a detailed outline of the differences between the 1991 and the 2001 censuses and how that affected the respective SARs, please consult the SARs website at <http://www.ccsr.ac.uk/sars/gettingstarted/Continuity/index.html>.

Table 1: Health related variables in the 1991 SAR files

Variable	Census Question	Description	File I-SAR	NI-ISAR	H-SAR	NIH-SAR
<i>LTILL</i>	12	Limiting long term illness	2	2	2	2
<i>LTILLHH</i>	12	No. of LLTI in Household	4	4	8	6
<i>Dflitll</i>	12	No. of LLTI in family			8	
<i>Econprim</i>	13	Permanently sick	2	2	2	2
<i>Dhpsick</i>	13	No. of permanently sick in household			7	4
<i>Dhfsick</i>	13	No. of permanently sick in family			5	
<i>CHILDLY</i>	7b	Children delivered last year		5		5
<i>TOTCHILD</i>	7a	Total no. of of children		12		12

Table 2: Health and health care related variables in the 2001 SAR files

Variable	Census Question	Description	File I-SAR	I-CAMS	H-SAR	H-CAMS	SAM
<i>Health</i>	11	General health last 12 months	4	4	4	4	4
<i>LLTI</i>	13	Limiting long term illness	3	3	3	3	3
<i>Provcare</i>	12	No. of hours care provided per week	5	5	5	5	5
<i>Hhlthind</i>	11-13	Household health and disability indicator	3	3	3	3	3
<i>hncarers</i>	12	No. of carers in household	4	4	4	4	4
<i>hnllti</i>	13	No. of LLTI in household	4	4	*	*	4
<i>hnprhlth</i>	11	No. of poor health in household	4	4	*	*	4
<i>pqdent</i>	17	Dental qualification		2		2	
<i>pqdoc</i>	17	Medical qualification		2		2	
<i>pq nurse</i>	17	Nursing or related qualification		2		2	
<i>Headecil</i>	IMD	IMD health decile for ESW		10		10	
<i>Heascore</i>	IMD	IMD health dimension score for E&W		>200		>200	

Variable indicates the variable name as it appears in the SARs files, *Question* indicates the source of the information from the census, *File* indicates the specific microdata file in which the variable occurs. The numbers in the columns represent the number of categories for that variable in each file. Note that ‘not applicable’ is also often a possibility.

The 2011 Census

In 2009 ONS carried out a rehearsal census in Lancaster, the London Borough of Newham, and Ynys Môn – Isle of Anglesey in North Wales. The rehearsal in these areas will let the Office for National Statistics (ONS) work closely with local authorities to establish effective ways of working together in preparation for 2011, and test processes and operational systems for the full census. From the rehearsal questionnaire (<http://www.ons.gov.uk/census/2011-census/2011-census-questionnaire-content/2009-rehearsal-questionnaire>) one can derive the questions likely to be asked in the 2011 census. The following questions and answers related to health or care were included in the census rehearsal and are likely to be included in the 2011 census. There are a few more questions related to health and health care and there are more categories in the answers. However, this should not prevent comparing the results between the censuses since categories are designed such that they can be collapsed.

Q14: Are your day-to-day activities limited because of a health problem or disability which has lasted, or is expected to last, at least 12 months. Include problems related to old age

- Yes, limited a lot
- Yes, limited a little
- No

Q22: How is your health in general?

- Very good
- Good
- Fair
- Bad
- Very bad

Q23: Do you look after or give any help or support to family members, friends, neighbours or others because of either:

Long term physical or mental ill-health/disability?

Problems related to old age?

(do not count anything you do as part of your paid employment)

- No
- Yes, 1-19 hours a week
- Yes, 20-49 hours a week
- Yes, 50 or more hours a week

Q26: Last week were you:

Tick all that apply

Include any paid work, including casual or temporary work, even if only for one hour

- Working as an employee
- On a government sponsored training scheme
- Self employed or freelance
- Working paid or unpaid for your own or family's business
- Away from work ill, on maternity leave on holiday or temporarily laid off?
- Doing any kind of other unpaid work
- None of the above

Q30: Last week were you: (tick all that apply)

- Retired
- A student?
- Looking after home or family
- Long-term sick or disabled
- Other

Q37: At your workplace, what is (was) the main activity of your employer or business?

4. Comparing the results from the 1991 and 2001 SARs for health and health care variables

One important avenue for research is comparison of the results of censuses to assess the changes in society that took place in the intervening decade. Although there are other data sets for comparisons across time, such as the ONS Longitudinal Study of England and Wales, there are some notable differences between these data sets and the SARs. In the longitudinal data sets individual data across the censuses are linked, providing extremely valuable information on individual changes over time. However, this data is also more susceptible to disclosure and therefore access to these data sets is more restricted. The SARs data sets provide a more accessible alternative, which nevertheless allow for multivariate analyses at different levels, such as individual, household and family.

Table 3: The percentage of individuals in each category in 5 health and health care variables in the 1991 and 2001 SARs

Variable	Categories	1991	2001
LLTI	Yes	13.2	18.2
	No	86.8	80.8
	Not applicable		1
LTILLHH	Yes	21.4	31.81
	No	75.9	66.4
	Not in household	2.75	1.79
ECONPRIM	Permanently sick	4.13	4.13
CETYPE	NHS hospitals/homes psychiatric	3.2	1.6
	NHS hospitals/other	15.9	2.7
	Nursing homes non NHS	9.5	17.1
	Residential homes non NHS	12.4	24.3
	Other	58.9	54.4
CESTATUS	Resident	88.4	91.2
	Staff	11.6	8.38

By comparing the results from the 1991 and 2001 census it is possible to assess changes in population characteristics in the intervening decade (see Table 3). For instance, one can compare the number of individuals that report suffering from a Limiting Long Term Illness, both at individual (LLTI) and household level (LTILLHH). An overall comparison for the health related variables in the Individual SARs data sets is provided in Table 3. Both at the

individual and the household level a larger proportion of the population report suffering from an LLTI in 2001. Further research on the SARs may reveal the reason for this increase. For instance it may be due to the ageing of the population, resulting in a relatively larger proportion of older individuals who may be more likely to report an LLTI. This is supported by the fact that the ECONPRIM variable does not show an increase in individuals that report a lack of economic activity due to bad health. However, the ECONPRIM question in the census is only asked from individuals that range in age between 17 and 64, and therefore excludes most of the retired individuals. Further analysis of the SARs data at microdata level will show whether this is the case. Alternatively it may be due to the larger proportion of the population that were born outside the UK and may show higher levels of LLTI. Whichever explanation, the SARs allow for correcting for smaller groups and at an individual level and are therefore very well suited for these sorts of analyses.

The health care variables in this comparison (Table 3) show that there are fewer individuals in NHS hospitals and more in private homes in 2001 compared to 1991. The proportion of individuals in other communal establishments (i.e. prisons) does not show a similar change. This suggests that individuals in communal establishments are more often in private homes than NHS institutions in 2001. In addition, the status in communal establishments shows that the proportion of members of staff compared to residents has decreased generally. One suggestion is that these changes are due to the privatisation and commercialisation of health care. However, this requires further analysis using the SARs.

5. Imputation of health and health care variables in the 1991-2001 censuses

Although great effort is made to enumerate every individual in a census, a small proportion is always missed. There may be several causes for under-enumeration, from individuals that are reluctant to provide their personal information to incorrect or incomplete address data bases. The estimated total response rate for the 1991 census in the UK was 96%, while for the 2001 census it was estimated at 94%. If the individuals that were missed during the census share characteristics that make them deviate as a group from the enumerated individuals, this may cause a bias in the output.

Imputation is one solution to under-enumeration and it was used in both the 1991 and 2001 censuses, albeit different methods were used (see below). Imputation of census data can be defined as the process by which information is copied from enumerated individuals to individuals with missing data. The aim of imputation, therefore, is to improve the quality of the data by removing non-response bias, thus enabling the outputs to give estimates of true population values. Imputation can be used when entire cases are missing (i.e. there is no information about an individual, this is called case imputation) and when specific information about an otherwise enumerated individual is missing (item imputation).

In 1991 data were imputed when missing from returned census forms (item imputation) or when enumerators knew or estimated that individuals had been missed. In 2001, imputation was more extensive. In addition to the imputation undertaken in 1991, in 2001 information about known characteristics of respondents was used to produce estimates of all households and individuals believed to have been missed from census enumeration. Data of missing individuals with all characteristics imputed were then created and added to the census data in

order to produce fully enumerated population estimates. The difference in the treatment of the non respondents has important implications for users who wish to compare the 1991 and 2001 SARs. This is discussed below.

1991 Imputation

The 1991 SARs was sampled from a fully coded 10% sample of the full census data set. Therefore there were no missing individuals in the 1991 SARs data set and case imputation was not performed. However, the user may wish to make an inference from the SARs about conditions of the full population. Those missing from the census data from which the SARs were drawn may have distinctive characteristics. To enable users to compensate for those missing in the SARs (wholly absent imputed households) plus those missed from the census, weights were added to the SARs which allow adjustment to the mid 1991 population estimates. Weights are specific to age, sex and SAR area and available as a derived variable (POPWGHT). It is important to note that population estimates are based on residents and therefore visitors should be excluded from analysis when applying population weights.

In 1994, OPCS/GRO(S) published User Guide 58, which presented adjustment factors for estimated under-coverage in the 1991 census and explained how the adjustment factors should be used. Adjustment factors are larger for young people, particularly young men and people living in urban areas.

2001 Imputation

The 2001 census saw the introduction of the One Number Census (ONC) strategy and provided the most accurate estimate of the UK population ever achieved. One crucial new aspect of the ONC was the use of a follow up survey to estimate the number and characteristics of the individuals missed in the census. These data were then used to impute the missed individuals to achieve a full population count. ONS estimates that the 2001 census reached an accuracy of the population count with an error margin of plus or minus 0.2%. See the ONS website for more information about the ONC (<http://www.statistics.gov.uk/census2001/onc.asp>)

The SARs data sets come in two versions. Although both versions contain imputed and perturbed (see below) data, most users will want to use the smaller version on an as-is basis. The larger version of each data set includes separate variables that flag the imputed and perturbed cases. The larger version allows exploration of features of the imputed data. Imputation rates for key variables can be found at the ONS website (http://www.statistics.gov.uk/census2001/imputation_rates_by_variable.asp). One health variable for which imputation information is provided is Activity Last Week. It shows that 6.5% of cases were imputed in the category Economically Inactive-Permanently Sick. Overall 6.2% of cases were imputed, suggesting that only a small proportion of permanently sick individuals were estimated to be missed in the census.

Perturbation in SARs data is the process by which some values were altered to reduce the risk of identifying individual respondents. As such it constitutes a form of statistical disclosure control (SDC). Perturbation involves introducing intentional error into the data. The flags in the SARs files do not allow for discrimination between imputed and perturbed cases. However, perturbation is a relatively uncommon procedure and is highly unlikely to affect analyses of health data.

For more information about imputation and perturbation in the SARs data sets please see the Imputation guide on the SARs website: <http://www.ccsr.ac.uk/sars/resources/>

6. Research examples

The SARs has been used extensively to monitor health and health care practice in the UK. See Li (2004) for an excellent review on the use of the 1991 SARs with many examples on health. Below follow several recent examples that use the 1991 or 2001 SARs. These examples are not exhaustive and more information can be found in the document: Use of the 2001 SARs – A Review of Publications, which can be found at the SARs website (<http://www.ccsr.ac.uk/sars/resources/>) and more examples of studies can be found in the publication list on the website on: <http://www.ccsr.ac.uk/sars/resources/publications/jointpub.html>

One of the major problems facing the future society and its policy makers is the expected increase in the proportion of elderly people in the population. In this light, Banks and colleagues (Banks et al. 2006) used the 1991 and 2001 I-SARs to assess changes in the state of care homes in the UK between 1991 and 2001. They found an overall decrease in local government care homes and a geographic variation in the number of independent care homes. The closure of local government care homes was particularly noticeable in the more deprived areas in inner cities, leaving their elderly in need of professional care. An exploration of unpaid caring based on the 2001 Individual SARs showed that it is systematically linked with gender and age. Overall women provide the lion share of the care, especially at older age with care directed at their spouse. However, a surprise finding from this study was that at old age (70+) a larger proportion of men than women were care givers (Dahlberg et al. 2007) and this should be taken into consideration when providing information and support.

The increase in the difference between affluent and deprived areas was also noticeable in the care of the disabled. The large majority of the disabled or those with a limiting long-term illness (LLTI) are cared for by family or community members (Buckner & Yeandle 2006). These unpaid carers experience decreased opportunities in the labour market and are more likely to be in low-pay jobs or unemployed and this likelihood increases the more care is provided (McKay & Atkinson 2007). However, unemployed disabled individuals appear to be much less likely to be materially deprived than unemployed individuals without a disability, and this is probably due to the range of available help. Nevertheless, research using the SARs has shown that the situation of disabled population in Britain requires more attention, particularly since it appears that the socio-economic situation for disabled people is likely to persist through vertical effects. Families with a disabled member are more likely to break up, and end up in poor economic situations, setting the stage for the children from these families (Clarke & McKay 2008). One suggestion for change is to introduce more flexible working patterns to accommodate carers who may be tight up in caring during conventional working hours (Yeandle et al. 2006).

Scotland has a history of a low standard of health compared to other western European countries and in the past this was attributed to relative deprivation. However, more recent studies suggested that deprivation can no longer explain the relative poor self reported health of the Scottish population. Since this observation remained unexplained it was coined ‘the Scottish effect’ in self-reported health. Popham (2006) using the 2001 I-SARs showed that differences in employment and socio-economic position can explain the poor self-reported health in Scotland. People in employment in Scotland actually had slightly lower odds of reporting poor general health compared to people in similar conditions in England.

7. Useful links

[Survey Question Bank](#)
[ESDS government Health Theme pages](#)
[National Centre for Social Research](#)
[Office for National Statistics: Health](#)
[UK Data Archive](#)
[World Health Organisation](#)
[Eurostat Health](#)
[National Health Service](#)

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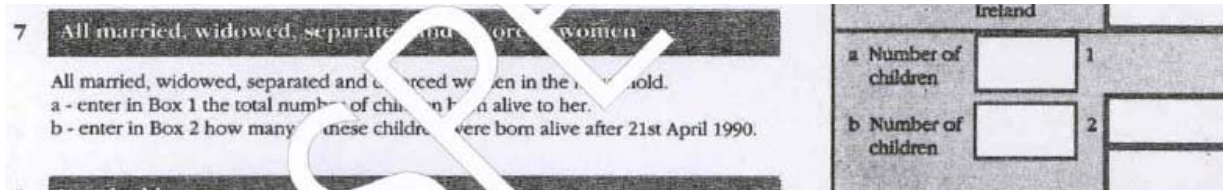
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Appendix A: Health and health care questions in the 1991 and 2001 censuses

Question 7a and 7b on the Northern Ireland Census form, which asks about the number of children a woman gave birth to



7 All married, widowed, separated and divorced women

All married, widowed, separated and divorced women in the household.
a - enter in Box 1 the total number of children born alive to her.
b - enter in Box 2 how many of these children were born alive after 21st April 1990.

Ireland	
a Number of children	1
b Number of children	2

Question 12 on the 1991 census form asking about Long Term Limiting Illness

12 Long-term illness

Does the person have any long-term illness, health problem or handicap which limits his/her daily activities or the work he/she can do?

Include problems which are due to old age.

Yes, has a health problem which limits activities <input type="checkbox"/> 1 Has no such health problem <input type="checkbox"/> 2	Yes, has a health problem which limits activities <input type="checkbox"/> 1 Has no such health problem <input type="checkbox"/> 2
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Question 13 on the UK 1991 census form asking about Economic Activity Last Week. Answers 9 provides information about someone's health.

13 Whether working, retired, looking after the home etc last week

Which of these things was the person doing last week?
Please read carefully right through the list and tick all the descriptions that apply.

Casual or temporary work should be counted at boxes 1, 2, 3 or 4. Also tick boxes 1, 2, 3 or 4 if the person had a job last week but was off sick, on holiday, temporarily laid off or on strike.
Boxes 1, 2, 3 and 4 refer to work for pay or profit but not to unpaid work except in a family business.
Working for an employer is **part time** (box 2) if the hours worked, excluding any overtime and mealbreaks, are usually 30 hours or less per week.

Include any person wanting a job but prevented from looking by holiday or temporary sickness.

Do not count training given or paid for by an employer.

Was working for an employer full time (more than 30 hours a week) <input type="checkbox"/> 1	Was working for an employer full time (more than 30 hours a week) <input type="checkbox"/> 1
Was working for an employer part time (one hour or more a week) <input type="checkbox"/> 2	Was working for an employer part time (one hour or more a week) <input type="checkbox"/> 2
Was self-employed, employing other people <input type="checkbox"/> 3	Was self-employed, employing other people <input type="checkbox"/> 3
Was self-employed, not employing other people <input type="checkbox"/> 4	Was self-employed, not employing other people <input type="checkbox"/> 4
Was on a government employment or training scheme <input type="checkbox"/> 5	Was on a government employment or training scheme <input type="checkbox"/> 5
Was waiting to start a job he/she had already accepted <input type="checkbox"/> 6	Was waiting to start a job he/she had already accepted <input type="checkbox"/> 6
Was unemployed and looking for a job <input type="checkbox"/> 7	Was unemployed and looking for a job <input type="checkbox"/> 7
Was at school or in other full time education <input type="checkbox"/> 8	Was at school or in other full time education <input type="checkbox"/> 8
Was unable to work because of long term sickness or disability <input type="checkbox"/> 9	Was unable to work because of long term sickness or disability <input type="checkbox"/> 9
Was retired from paid work <input type="checkbox"/> 10	Was retired from paid work <input type="checkbox"/> 10
Was looking after the home or family <input type="checkbox"/> 11	Was looking after the home or family <input type="checkbox"/> 11
Other <input type="checkbox"/> <i>please specify</i>	Other <input type="checkbox"/> <i>please specify</i>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

Question 11, 12 and 13 from the 2001 census that provide information about health and health care

11 Over the last twelve months would you say your health has on the whole been:

- Good?
- Fairly good?
- Not good?

12 Do you look after, or give any help or support to family members, friends, neighbours or others because of:

- long-term physical or mental ill-health or disability, or
- problems related to old age?

◆ Do *not* count anything you do as part of your paid employment.

◆ ✓ time spent in a typical week.

- No
- Yes, 1 - 19 hours a week
- Yes, 20 - 49 hours a week
- Yes, 50+ hours a week

13 Do you have any long-term illness, health problem or disability which limits your daily activities or the work you can do?

◆ Include problems which are due to old age.

- Yes
- No