

Harmonised Concepts and Questions for Social Data Sources

GSS Harmonised Principle

Long-lasting Health Conditions and Illnesses;
Impairments and Disability

About This Document and Update History

GSS Harmonised Principle

About this document

This document forms part of a series of GSS Harmonised Principles, designed to provide approved harmonised questions, definitions and outputs for a variety of social and business related topics. The use of harmonised questions, definitions and outputs will provide greater consistency for survey producers and comparability when using data.

For more information, please see the Introductory Document, available on the GSS website:

<https://gss.civilservice.gov.uk/statistics/methodology-2/harmonisation/>

This is Version 1.2 published in June 2017

This document has been updated to Version 1.2 to reflect the change away from 'Primary Principles' and 'Secondary Principles' to 'GSS Harmonised Principles'. There has been no change to the harmonised questions.

Previous versions:

Version 1.1 published in May 2015

This document was updated to Version 1.1 to correct minor formatting errors and to change the term '*Harmonised Standards*' to '*Harmonised Principles*' as agreed by the National Statistics Harmonisation Group.

Version 1.0 published in August 2011.

This document was produced to include the revised set of questions for long lasting health conditions and illnesses (including impairment and disability). These revised questions reflect significant changes in disability data inputs. Previously, a basic set of these questions appeared in the Secondary Principle, 'General Health and Carers' (now revised and now a Primary Principle). These changes have been ratified by the Heads of Profession for Statistics and were developed through consultation with the GSS Disability and General Health Topic Group

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Introduction

GSS Harmonised Principle

These harmonised principles cover the collection of data to measure long-lasting illness, functional impairment and activity restriction succinctly for use in generating statistical outputs relevant to the needs of local, national and European administrations.

The Equalities Data Review, published in 2007 identified a need to improve the co-ordination, comparability, quality, accessibility and presentation of disability statistics through developing and applying a principled approach to data collection and its propagation. ONS and ODI were tasked to develop harmonised principles to meet this need and began deliberating in 2008 to this end. The objectives of the project were to:

- a) establish a conceptual framework for disability definition
- b) develop questions to measure disability in accordance with the definitions
- c) test the performance of these questions in terms of interpretability and coherence with established sources
- d) recommend an implementation across social survey sources to harmonise data collection and the presentation of disability statistics.

The harmonised principles are designed to be consistent with a conceptual framework of disability that encompasses medical, individual and societal factors as documented in the International Classification of Functioning (ICF), the World Health Organisation's definition of disability and the disablement process. This approach is consistent with the collection of traditional data on activity restriction, long-standing illness and impairment, as well as data on the importance of aspects of society which restrict the participation of people with impairments relative to those without impairments. The GSS Harmonised Principle applies to the collection of data on health conditions or illnesses of a long-lasting nature, the type of impairment associated with the condition(s), and the impact on day-to-day activities. It also covers the data inputs and outputs to measure participation in key areas of life and the importance of social barriers, such as building design and transport inadequacies, affecting participation differentially among people who either have impairments or do not.




This principle takes account of the needs of national and European administrations for data continuity and the definitions and guidelines contained in UK and EU legislation, including the Equality Act and the EU-SILC regulation. The questions are intended as a suite, not all of which has to be used in every situation.

Contact us

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Long-lasting Health Conditions and Illnesses

Inputs

Long-standing physical or mental health conditions or illnesses

One question providing a measure of any self-reported health conditions or illnesses lasting or expected to last a year or more for use in social surveys and suitable for data collection using CAPI, CATI. This question can be used with paper-based and online self completion forms too.

This question focuses exclusively on the capture of physical or mental health conditions or illnesses long-lasting in nature (that is, lasting or expected to last for 12 months or more). The focus here is on a long-lasting condition which the person is likely to have for the remainder of their lives, and is likely to require some level of supervision and treatment over a long period of time such as diabetes. The reason for including future judgement is that for most conditions, while symptoms can be controlled with medication and/or other treatment, they are not curable and therefore relevant to the individual for the foreseeable future.

An important difference in this new harmonised question compared with previous question versions is the exclusion of the term disability. The conceptual framework of disability applied in the construction of this suite of questions separates out the components leading to a simplified classification of disability, which is defined as activity restriction and participation restriction. If disability is included in this question, then we would make an assumption of restricted participation and activities before this information has been elicited and assume health conditions and illnesses and disabilities are interchangeable terms.

The existing questions collected in the General Lifestyle Survey (GLF), Family Resources Survey (FRS) and other surveys mix the concepts of illness, disability and infirmity. However, the importance of the social model approach to classifying disability outlined in the Prime Minister's Strategy Unit document¹, the Equality Act legislation² and the clear distinction drawn in EU-SILC guidelines³ for collecting information on chronic illness distinct from disability strongly opposes this mixing of concepts in this question. Furthermore, the findings from the extensive consultation across government, academia and the voluntary sector, and the lessons learnt from cognitive and field testing undertaken as part of the development of the Life Opportunity Survey⁴ also strongly supported the disentanglement of the concepts of health conditions and illnesses and those of impairment and disability.

There is no intention to capture temporary conditions with this question, however serious they might be; the possible impact on the individuals daily activities is also irrelevant. As a guide the following are included:

- conditions which flare up intermittently, but the exacerbation has a shorter duration than 12 months;
- problems which may not be perceived as serious or are well-controlled and managed by treatment and lifestyle adjustments and do not perceptibly affect day-to-day activities, but are nevertheless long-lasting;

The question is designed to include sensory deficits, non temporary mobility problems including dyspraxia and cerebral palsy, developmental conditions such as autism and Asperger's syndrome, conditions associated with learning impairment (disability) such as Down's syndrome or dyslexia as well as common conditions and illnesses such as asthma, diabetes, heart and other circulatory conditions, respiratory conditions, digestive conditions, anxiety and depression etc. are relevant if they have lasted or are expected to last 12 months or more. Seasonal conditions such as hay fever which recur and have lasted or are expected to recur in the future should also be included.

¹ *Improving the life chances of disabled people*, PMSU, London 2005

² *Equality Act 2010: Guidance on matters to be taken into account in determining questions relating to the definition of disability*. Office for Disability Issues, 2011. Available on the ODI website at <http://odi.dwp.gov.uk/docs/wor/new/ea-guide.pdf>

³ *EU-SILC 065 (2008 operation). Description of target variables: cross-sectional and longitudinal*. Eurostat (2010). http://doc.ukdataservice.ac.uk/doc/6767/mrdoc/pdf/6767_guidelines_2009.pdf

⁴ *Life Opportunities Survey Development Findings*. Office for National Statistics November 2008. Available on the ONS website at:

<http://webarchive.nationalarchives.gov.uk/20160105160709/http://www.ons.gov.uk/ons/rel/los/life-opportunities-survey/life-opportunities-survey/index.html>

Long-lasting Health Conditions and Illnesses

Inputs

HARMONISED QUESTION

ASK IN PERSON IF AGE ≥ 16
ASK BY PROXY IF AGE < 16 OR NOT FIT TO RESPOND IN PERSON

Do you have any physical or mental health conditions or illnesses lasting or expected to last for 12 months or more?

1. Yes;
2. No.

Spontaneous only:

3. Don't know
4. Refusal

As an Introduction to the question, the interviewer should state:

This question asks you about any health conditions, illnesses or impairments you may have.

Interviewers should provide guidance regarding the coverage of conditions and illnesses if asked for clarification: for example, a respondent may state their mobility is impaired but is unsure whether this classifies as a long-lasting condition or illness. Interviewers should guide the respondent in line with the examples given above.

Spontaneous responses can be recorded but should not be presented as options to respondents.

If respondents are too ill to respond on their own behalf, if present, proxy responses from a family member or friend can be recorded. For those not able to speak English, translators should be used to assist with the data collection.

This question is designed to replace the following question variants used in national government social surveys.

FAMILY RESOURCES SURVEY

HEALTH

Do you have any long-standing illness, disability or infirmity? By 'long-standing' I mean anything that has troubled you over a period of at least 12 months or that is likely to affect you over a period of at least 12 months

1. Yes
2. No

ANNUAL POPULATION SURVEY\LABOUR FORCE SURVEY

LNGLIM

Do you have any health problems or disabilities that you expect will last for more than a year?

- 1 Yes
- 2 No

INTEGRATED HOUSEHOLD SURVEY GENERAL LIFESTYLE MODULE\CONTINUOUS HOUSEHOLD SURVEY\HEALTH SURVEY FOR ENGLAND

LSILL; LONGILL;

Do you have any long-standing illness, disability or infirmity? By long-standing I mean anything that has troubled you over a period of time or is likely to affect you over a period of time?

Long-lasting Health Conditions and Illnesses

Inputs

1. Yes
2. No

LIFE OPPORTUNITIES SURVEY

Health

Do you have any long-standing physical or mental impairment, illness or disability? By long-standing I mean anything that has affected you over a period of at least 12 months or that is likely to affect you over a period of at least 12 months?

1. Yes
2. No

Long-lasting Health Conditions and Illnesses

Outputs

The following table shows the output categories for long-lasting illness. Coding of these categories should comply with the specific coding conventions applied in the specific survey source. ONS is not prescribing a code but an example is given in the table.

Output categories: Long lasting physical or mental health conditions or Illnesses

Suggested variable name: Heallll

Do you have any physical or mental health conditions or illnesses lasting or expected to last 12 months or more?	Example Code
	Nominal scale
Has a long-lasting health condition or illness	Numeric 1
Does not have a long-lasting health condition or illnesses	Numeric 2
Don't Know	-8
Refusal	-9
Implications for classifications	
EU-SILC: Long-standing health problem or Illness	= 1
EU-SILC: No Long-standing Illness	= 2
EU-SILC: Not severely hampered in daily activities	= 2
EU-SILC: Not hampered in daily activities to some extent	= 2
Equality Act: Not core currently disabled	= 2

Impairments

Inputs

Impairments associated with any long-lasting physical or mental health conditions or illnesses reported above (Standard version)

One question designed to provide a measure of impairment and co-impairment for use in social surveys and suitable for data collection using CAPI and CATI. This question should not be used in paper-based and online self completion forms until further testing has been completed.

The usefulness of collecting information on the type of impairment was emphasised in consultations and harmonisation group deliberations as it fits the ICF framework and disablement process and enables the identification of the type of functional deficit experienced by the person reporting a long-lasting health condition or illness, for example a mobility deficit.

The prescribed sample coverage for this question is to restrict coverage to those reporting a long-lasting health condition or illness, approximately a third of the sampled population. Stage 1 field testing had shown that while the prevalence of impairment itself is somewhat lower in the routed sample, there was no evidence of a knock-on effect for measures of activity restriction (that is disability), suggesting the additional impairments captured by non-routeing are not associated with activity restriction. As it is the impaired population with activity restriction that is the most useful for policy, the additional costs incurred by administrating the impairment question across the whole sample is unjustified. However, for those wanting to capture impairment comprehensively, an alternative version of this question is available for use which excludes routeing.

The content of the independent category list of this question made reference to a number of sources including the DDA list of capacities used to estimate the population prevalence of disability for FRS publications, the Scottish Health Conditions 2011 Census question and the impairment categories captured on the Life Opportunities Survey. While the DDA had specified a list of capacities for disability classification purposes, the Equality Act, which replaces it, does not, which provided greater flexibility in what to include.

The stages 1 and 2 field test findings and further consultation with stakeholders refined this list further:

- a) the addition of the word 'Fatigue' to the 'Stamina and Breathing' category
- b) the expansion of the mobility category into a mobility-specific category, which encompasses an ability to walk short distances and climb stairs; and a dexterity category, which involves moving and carrying objects and using work related devices such as a keyboard.

The latter change improves consistency with the Life Opportunities Survey categories and takes account of the different policy needs presented by mobility and dexterity impairment for care and fitness for work.

The purpose of this question is to add detail; whether the reported health condition or illness affects functioning in specified areas. There is a deliberate distinction drawn here between impairments and specific health conditions, illnesses or diseases: This question focuses on the capture of impairment, not the type of health condition. By 'impairment' we mean the functions that the individual cannot either perform or has difficulty performing because of their health condition (for example, glaucoma is a condition, being unable to see or being partially sighted is an impairment). These categories enable the outcomes for disabled people to be disaggregated by impairment type.

This question collects data using a show card which the interviewer reads out before handing it to the respondent to select which categories apply. There are 9 substantive categories and a free text category to record other impairments not included on the list. Up to 10 categories can be coded.

Impairments

Inputs

HARMONISED QUESTION

ASK IN PERSON IF AGE ≥ 16 AND RESPONDS 'YES' TO QUESTION ON ANY LONG-LASTING PHYSICAL OR MENTAL HEALTH CONDITIONS OR ILLNESSES

ASK BY PROXY IF AGE IS < 16 AND A PROXY RESPONSE OF 'YES' TO QUESTION ASKING ABOUT ANY LONG-LASTING PHYSICAL OR MENTAL HEALTH CONDITIONS OR ILLNESS

ASK BY PROXY IF NOT FIT TO RESPOND IN PERSON AND A PROXY RESPONSE OF 'YES' TO ANY LONG-LASTING PHYSICAL OR MENTAL HEALTH CONDITIONS OR ILLNESSES

Do any of these conditions or illnesses affect you in any of the following areas?

Show card and code all that apply asking the respondent to read out which apply to him/her:

- 1. Vision (for example blindness or partial sight)**
- 2. Hearing (for example deafness or partial hearing)**
- 3. Mobility (for example walking short distances or climbing stairs)**
- 4. Dexterity (for example lifting and carrying objects, using a keyboard)**
- 5. Learning or understanding or concentrating**
- 6. Memory**
- 7. Mental health**
- 8. Stamina or breathing or fatigue**
- 9. Socially or behaviourally (for example associated with autism, attention deficit disorder or Asperger's syndrome)**
- 10. Other (please specify)**

Spontaneous only:

- 11. None of the above**
- 12. Refusal**

As an introduction to the question interviewers should state:

The purpose of this question is to establish the type of impairment(s) you experience currently as a result of your health condition or illness. In answering this question, you should consider whether you are affected in any of these areas whilst receiving any treatment or medication or using devices to help you such as a hearing aid for example.

Guidance can be given regarding the category response or responses where clarification is requested. Respondents can select as many responses that apply to them. Interviewers should steer respondents to using the pre-defined categories wherever possible, and avoid collecting precise conditions such as obstructive pulmonary disease, which would code to the category stamina or breathing or fatigue.

Spontaneous responses should not appear on the show card, but refusals or a response that none of the categories apply should be coded.

If respondents are too ill to respond on their own behalf, and if present, proxy responses from a family member or friend can be recorded. For those not able to speak English, translators should be used to assist with the data collection.

This is an additional question, not intended to replace existing questions.

Impairments

Inputs

Impairments associated with any long-lasting physical or mental health conditions or illnesses, whether reported in the previous question or not (Optional alternative version)

One question designed to provide a measure of impairment and co-impairment for use in social surveys and suitable for data collection using CAPI and CATI. This question should not be used in paper-based and online self completion forms until further testing has been completed.

This version is for those surveys wanting to capture impairment type among the general population with or without a *long-lasting* physical or mental health condition or illness. This is to mitigate any perceived risk of under-reporting of impairment because the respondent does not believe they have a long-lasting physical or mental health condition or illness, but does have an impairment. To achieve this differing need, the routing rule is dispensed with; but this will add to survey costs and the evidence from field testing suggests it is unnecessary.

The question collects data using a show card which the interviewer reads out to the respondent before handing it to them to select which categories apply. There are 9 substantive categories, a free text category to record other impairments not included on the list, and a category to code no impairment. Up to 10 categories can be coded.

HARMONISED QUESTION

ASK IN PERSON IF AGE ≥ 16

ASK BY PROXY IF AGE < 16 OR NOT FIT TO RESPOND IN PERSON

**Do you have any health conditions or illnesses which affect you in any of the following areas?
Show card and code all that apply asking the respondent to read out which apply to him/her:**

1. Vision (for example blindness or partial sight)
2. Hearing (for example deafness or partial hearing)
3. Mobility (for example walking short distances or climbing stairs)
4. Dexterity (for example lifting and carrying objects, using a keyboard)
5. Learning or understanding or concentrating
6. Memory
7. Mental health
8. Stamina or breathing or fatigue
9. Socially or behaviourally (for example associated with autism, attention deficit disorder or Asperger's syndrome)
10. Other (please specify)
11. None of the above

Spontaneous only:

12. Refusal

As an introduction to the question interviewers should state:

The purpose of this question is to ask you about any impairment(s) you have. In answering this question, you should consider whether you are affected in any of these areas whilst receiving any treatment or medication or using devices to help you such as a hearing aid for example.

Guidance can be given regarding the category response or responses where clarification is requested. Respondents can select as many responses that apply to them. Interviewers should steer respondents to using the pre-defined categories wherever possible, and avoid collecting precise conditions such as obstructive pulmonary disease, which would code to the category stamina or breathing or fatigue.

A spontaneous response of refusal should not appear on the show card but should be coded.

If respondents are too ill to respond on their own behalf, and if present, proxy responses from a family member or friend can be recorded. For those not able to speak English, translators should be used to assist with the data collection.

Impairments

Outputs

Output categories: Impairments (standard version)

The following table shows the output categories for impairments. Coding of these categories should comply with the specific coding conventions applied in the specific survey source. ONS is not prescribing a code but an example is given in the table. These data are independent and therefore more than one category can apply to a record, up to a maximum of 10. Data output files will need 10 variables to cover this item, 9 numeric and 1 string free text variable up to 255 characters in length.

Suggested variable names: IMPCAT_1 THRU IMPCAT_10

Do any of these conditions or illnesses affect you in any of the following areas?	Example Code
	Nominal scale
Has a Vision impairment	Numeric 1
Has a Hearing impairment	Numeric 2
Has a Mobility impairment	Numeric 3
Has a dexterity impairment	Numeric 4
Has a Learning impairment	Numeric 5
Has a Memory impairment	Numeric 6
Has a Mental Health impairment	Numeric 7
Has a Stamina, Breathing or Fatigue impairment	Numeric 8
Has a Developmental impairment	Numeric 9
	Text
Has other type of impairment	String (255)
	Nominal scale
None of the above	-8
Refusal	-9

Output categories: Impairments (alternative version)

The following table shows the output categories for impairments using the alternative version for comprehensive sample coverage. Coding of these categories should comply with the specific coding conventions applied in the specific survey source. ONS is not prescribing a code but an example is given in the table. These data are independent and therefore more than one category can apply to a record, up to a maximum of 10. Data output files will need 11 variables to cover this item, 10 numerical and 1 string free text variable up to 255 characters in length. A code of 'None of the above' in the alternative version is a substantive category.

Suggested variable names: IMPCAT_1 THRU IMPCAT_11

Do you have any health conditions or illnesses which affect you in any of the following areas?	Example Code
	Nominal scale
Has a Vision impairment	Numeric 1
Has a Hearing impairment	Numeric 2
Has a Mobility impairment	Numeric 3
Has a Dexterity impairment	Numeric 4
Has a Learning impairment	Numeric 5
Has a Memory impairment	Numeric 6
Has a Mental Health impairment	Numeric 7
Has a Stamina, Breathing or Fatigue impairment	Numeric 8
Has a Developmental impairment	Numeric 9
	Text
Has other type of impairment	String 255
	Nominal Scale
None of the Above	Numeric 10
Refusal	Numeric -9

Activity Restriction

Inputs

Activity restriction (limitation) and its duration associated with any long-lasting physical or mental health conditions or illnesses reported

Two questions providing a measure of restriction carrying-out day-to-day activities by extent and duration. These can be used in social surveys and suitable for data collection using CAPI, CATI. These questions can also be used with paper-based and online self completion forms too.

These can be used to establish whether a person with a long-lasting physical or mental health condition or illness is restricted in carrying-out normal day-to-day activities.

The purpose of capturing information on restriction carrying-out day-to-day activities is to enable the operationalisation of the core definition of currently disabled people made statute in the Equality Act 2010; but also have functionality to capture data required by the European Union's Statistics on Income and Living Conditions (EU-SILC).

The Equality Act generally defines a disabled person as someone who has a physical or mental health condition or impairment that has a substantial and long-term adverse effect on the person's ability to carry out normal day-to-day activities. This differs from the definition previously stipulated in the Disability Discrimination Act 1995, which also required the disabled person to show that their normal day-to-day activities produced a substantial adverse effect in one or more of one specified capacities such as mobility, speech, or memory. The current EU-SILC regulation variable guideline requires capturing data on limitation carrying-out daily activities people usually do for the past six months by extent of limitation.

The term 'day-to-day activities' was generally taken by respondents to refer to routine activities; cooking, shopping, dressing, bathing and gardening, difficulty crossing the road, lifting items above the head and walking a defined distance were some of the functional difficulties identified in cognitive testing.

The capture of the extent to which daily activities are affected was deemed beneficial in consultations; but required testing to examine any relationship with the term substantial used in the Equality Act and the term 'severely' limited used in the European Health Interview Survey which the EU-SILC data were required to harmonise with. The use of the responses categories 'limited a lot' and 'limited a little' in the Census 2011 question on disability and the preference for response categories containing the plain English terms 'a lot' and 'a little' was adopted in the field testing of these questions.

It was also agreed that activity restriction would only be captured among the sub-sample of respondents with a physical or mental health condition or illness lasting or expected to last a year or more, to ensure compatibility with the Equality Act definition.

Field testing of this question had three principal objectives:

- a) To establish the level of coherence with other data sources capturing similar data
- b) To determine the relationship between the terms 'substantial long-term effect' used in the FRS and LOS, 'limited' and 'strongly limited' used in the GLF, 'limited a lot' and 'limited a little' used in the Census 2011 question, and the terms 'a lot' of reduced ability and 'a little' reduced ability used in the field test question.
- c) To assess whether the prevalence of activity restriction is artefactually inflated by capturing extent compared with simple dichotomised responses of 'Yes' or 'No'.

There was a good level of agreement between the estimate derived from the FRS criterion of substantial difficulty in one or more capacity domains and the estimates from both the field test conflated categories of 'Yes, a lot' or 'Yes, a little' reduced ability carrying-out day-to-day activities and the field tested 2011 Census question's conflated categories of 'Yes, limited a lot' and 'Yes, limited a little'. This suggests the term 'substantial' concurs with the combined plain English response categories used in the harmonised question and the 2011 Census question. Table 1 shows the comparative prevalence calculated from each external source together with the field test stage 2 estimates.

Activity Restriction

Inputs

Table 1 Per Cent prevalence of activity restriction by extent, persons aged 16 years and over

Source	Per Cent
Field test harmonised principle question – Opinions 2010 Does your condition or illness\do any of your conditions or illnesses reduce your ability to carry-out day-to-day activities 'Yes a lot' or 'Yes a little'?	21.9
'Yes, a lot'	10.3
'Yes, a little'	11.7
FRS question – 2008–09 Does this\do these health problems or disabilities mean that you have substantial difficulties with any of these areas of your life? Mobility; lifting; manual dexterity; continence; communication; memory, concentrate, understand or learn; physical danger; balance; other	21.4
FRS question – 2009–10 Does this\do these health problems or disabilities mean that you have substantial difficulties with any of these areas of your life? Mobility; lifting; manual dexterity; continence; communication; memory, concentrate, understand or learn; physical danger; balance; other	21.3
LOS question 2009–10 interim results Does this\do these health problems or disabilities mean that you have substantial difficulties with any of these areas of your life? Mobility; lifting; manual dexterity; continence; communication; memory, concentrate, understand or learn; physical danger; balance; other	25.9
GLF question 2009 Does this illness(es) or disability(ies) limit your activities in any way? Limited or strongly limited	21.2
Strongly limited	8.7
Field Test of 2011 Census question – Opinions 2010 Are your day-to-day activities limited because of a health problem or disability which has lasted or is expected to last 12 months or more Yes, limited a lot or yes limited a little	21.9
Yes, limited a lot	10.7
Yes, limited a little	11.2

The term 'strongly limited' asked in the 2009 GLF question is lower than both the field test question and Census 2011 question estimates of 'Yes, (limited) a lot' by 1.2 percentage points. The GLF currently supplies estimates of the UK's prevalence of 'severely hampered in daily activities' used in the EU-SILC data tables available on the Eurostat website: http://appsso.eurostat.ec.europa.eu/nui/show.do?dataset=hlth_silc_12&lang=en.

There was no evidence in the field testing that the capture of extent produced an artefactual inflation in prevalence by conflating extent categories compared with questions using dichotomised 'Yes' or 'No' responses.

Activity Restriction

Inputs

HARMONISED QUESTION

ASK IN PERSON IF AGE \geq 16 AND RESPONDS 'YES' TO QUESTION ASKING ABOUT ANY LONG-LASTING PHYSICAL OR MENTAL HEALTH CONDITIONS OR ILLNESSES

ASK BY PROXY IF AGE IS <16 AND A PROXY RESPONSE OF 'YES' TO QUESTION ASKING ABOUT ANY LONG-LASTING PHYSICAL OR MENTAL HEALTH CONDITIONS OR ILLNESS

ASK BY PROXY IF NOT FIT TO RESPOND IN PERSON AND A PROXY RESPONSE OF 'YES' TO ANY LONG-LASTING PHYSICAL OR MENTAL HEALTH CONDITIONS OR ILLNESSES

Does your condition or illness/do any of your conditions or illnesses reduce your ability to carry-out day-to-day activities?

Running prompt:

- 1. Yes, a lot**
- 2. Yes, a little**
- 3. Not at all**

As an Introduction to the question, the interviewer should state:

This question asks about whether your health condition or illness currently affects your ability to carry-out normal day-to-day activities, either a lot or a little or not at all. In answering this question, you should consider whether you are affected whilst receiving any treatment or medication for your condition or illness and/or using any devices such as a hearing aid, for example.

Guidance can be provided about what is meant by normal day to day activities. These are washing and dressing, household cleaning, cooking, shopping for essentials, using public or private transport, walking a defined distance, climbing stairs, remembering to pay bills, and lifting objects from the ground or a work surface in the kitchen, moderate manual tasks such as gardening, gripping objects such as cutlery and hearing and speaking in a noisy room.

Guidance on interpreting extent categories are in the context of how much assistance a person needs to carry-out daily activities and whether they are house bound; Yes, a lot, for example, would be appropriate for someone usually needing some level of support of family members, friends or personal social services for most normal daily activities.

The respondents should answer on the basis of their current extent of activity restriction, taking account of any treatment, medication or other devices such as a hearing aid they may receive or use.

This question is designed to replace the following question variants used in national government social surveys.

FAMILY RESOURCES SURVEY

HProb

Does this physical or mental illness or disability (Do any of these physical or mental illnesses or disabilities) limit your activities in any way?

- 1. Yes**
- 2. No**

Activity Restriction

Inputs

AND

DisDif

Does this/Do these health problem(s) or disability(ies) mean that you have substantial difficulties with any of these areas of your life?

- | | |
|-------------|---|
| (1) Moving | Mobility (moving about) |
| (2) Lifting | Lifting, carrying or moving objects |
| (3) Hands | Manual dexterity (using your hands to carry out everyday tasks) |
| (4) Bladder | Continence (bladder and bowel control) |
| (5) Speech | Communication (speech, hearing or eyesight) |
| (6) Learn | Memory or ability to concentrate, learn or understand |
| (7) Danger | Recognising when you are in physical danger |
| (8) Balance | Your physical co-ordination (eg: balance) |
| (9) Other | Other health problem or disability |
| (10) None | None of these |

ANNUAL POPULATION SURVEY\LABOUR FORCE SURVEY

Healim

Do these health problems or disabilities, when taken singly or together, substantially limit your ability to carry out normal day to day activities? If you are receiving medication or treatment, please consider what the situation would be without the medication or treatment.

- 1 Yes
- 2 No

INTEGRATED HOUSEHOLD SURVEY GENERAL LIFESTYLE MODULE\CONTINUOUS HOUSEHOLD SURVEY\HEALTH SURVEY FOR ENGLAND

IHS GLF and HSE

LimitAct

Does this illness or disability (Do any of these illnesses or disabilities) limit your activities in any way?

- 1. Yes
- 2. No

AND

LimitL6

Would you say your activities are limited or strongly limited?

- 1. Limited
- 2. Strongly limited

CHS

ACTILIM

Does this illness or disability limit your activities in any way?

- 1. Yes
- 2. No

Activity Restriction

Inputs

LIFE OPPORTUNITIES SURVEY

DisDif

Does this/Do these health problem(s) or disability(ies) mean that you have substantial difficulties with any of these areas of your life?

- | | |
|--------------------|--|
| (1) Moving | Mobility (moving about) |
| (2) Lifting | Lifting, carrying or moving objects |
| (3) Hands | Manual dexterity (using your hands to carry out everyday tasks) |
| (4) Bladder | Continence (bladder and bowel control) |
| (5) Speech | Communication (speech, hearing or eyesight) |
| (6) Learn | Memory or ability to concentrate, learn or understand |
| (7) Danger | Recognising when you are in physical danger |
| (8) Balance | Your physical co-ordination (eg: balance) |
| (9) Other | Other health problem or disability |
| (10) None | None of these |

Period of time the person experienced activity restriction

The Equality Act requires that any adverse effect on daily activities resulting from a physical or mental health condition, illness or impairment should be long-term as well as substantial. The Act defines 'long-term' as lasting or expected to last a year or more or for the rest of the person's life. The approach taken in estimating the core currently disabled population used in FRS publications does not include a duration term; similarly, the 2011 Census question does not capture the duration of activity restriction, only the duration of the health condition. The question supplying EU-SILC data asked on the GLF does not specify a time frame for either the long-standing condition or the activity restriction, although the former term implies something other than temporary (the current question asked on the GLF is not compliant with the past six month time frame criterion stipulated in the EU-SILC variable concept).

The need for a follow-up question which captured duration for use in a classification of disability was deemed beneficial to improve compliance with the EU-SILC variable concept. The following categories were tested: 'less than six months', 'between 6 months and 12 months', and '12 months or more'.

The field test results demonstrated the effect of using the duration filter question to classify a case of disability is to reduce prevalence estimates; a 12 months or more time filter reduced prevalence of activity restriction to 18.8 per cent, while a 6 months or more time filter reduced prevalence to 20.7 per cent. Consequently, the application of this filter for use in the UK Equality Act classification will cause a discontinuity from FRS estimates and additionally be incoherent with the Census 2011 question. However, it will provide a conservative estimate of Equality Act disability.

However, application of the time filter improves comparability with EU-SILC historical estimates; the estimate of 'severely hampered in daily activities' using the field test question's category 'Yes, a lot' and filtering using the categories between 6 months and 12 months and 12 months or more is 9.9 per cent, while the estimate of 'hampered in daily activities to some extent' using the field test question's category 'Yes, a little' and the same duration categories is 11.0 per cent, which compares favourably with the UK estimates published on the Eurostat website for 2009.

Table 2 shows the estimates derived from the harmonised principle questions in the field test with those currently published on the Eurostat website for the UK in 2009.

Activity Restriction

Inputs

Table 2 EU-SILC derived and published disability: per cent prevalence, persons aged 16 years and over

Source	Per Cent	95% confidence limits
Field test question – Opinions 2010 For how long has your ability to carry-out day-to-day activities been reduced? Less than six months or between 6 and 12 months or 12 months or more	21.9	20.0 – 23.9
Less than six months	1.3	0.7 – 1.8
Between 6 months and 12 months	1.8	1.2 – 2.5
12 months or more	18.8	17.0 – 20.7
Revised EU-SILC estimate taking account of duration	20.7	18.8 – 22.6
Revised EU-SILC estimate of 'Severely hampered in daily activities' using the activity restriction category 'Yes, a Lot' and the duration categories 'between six months and 12 months' and '12 months or more'	9.9	8.5–11.3
Revised EU-SILC estimate of 'Hampered in daily activities to some extent' using the activity restriction category 'Yes, a little' and the duration categories 'between six months and 12 months' and '12 months or more'	10.8	9.3–12.2
EU-SILC 2009 estimate on Eurostat website – conflated categories 'Severely hampered in daily activities' and 'Hampered in daily activities to some extent'	20.8	
EU-SILC 2009 estimate on Eurostat website – 'Severely hampered in daily activities'	9.1	
EU-SILC 2009 estimate on Eurostat website – 'Hampered in daily activities to some extent'	11.7	

Sources: ONS Opinions Survey 2010; Eurostat

Further information on the field testing of these questions can be found in the field test reports which will be published on the ONS website during the autumn 2011, and links to these reports will be added to this document following their publication.

HARMONISED QUESTION

ASK IN PERSON IF AGE >=16 AND RESPONDS 'YES' TO QUESTION ASKING ABOUT ANY LONG-LASTING PHYSICAL OR MENTAL HEALTH CONDITIONS OR ILLNESSES AND RESPONDS YES, A LOT' OR 'YES, A LITTLE' TO THE ACTIVITY RESTRICTION QUESTION

ASK BY PROXY IF AGE IS <16 AND A PROXY RESPONSE OF 'YES' TO QUESTION ASKING ABOUT ANY LONG-LASTING PHYSICAL OR MENTAL HEALTH CONDITIONS OR ILLNESS AND A PROXY RESPONSE OF 'YES, A LOT' OR 'YES, A LITTLE' TO THE ACTIVITY RESTRICTION QUESTION

ASK BY PROXY IF NOT FIT TO RESPOND IN PERSON AND A PROXY RESPONSE OF 'YES' TO ANY LONG-LASTING PHYSICAL OR MENTAL HEALTH CONDITIONS OR ILLNESSES AND A PROXY RESPONSE OF 'YES, A LOT' OR 'YES, A LITTLE' TO THE ACTIVITY RESTRICTION QUESTION

For how long has your ability to carry-out day-to-day activities been reduced?

Running prompt:

1. **Less than six months**
2. **Between six months and 12 months**
3. **12 months or more**

This question follows on naturally from the previous question and does not need a specific introduction by the interviewer.

This question does not replace existing questions.

Activity Restriction

Outputs

Restriction (limitation) carrying out normal day to day activities

The following table shows the output categories for activity restriction. Coding of these categories should comply with the specific coding conventions applied in the specific survey source. ONS is not prescribing a code but an example is given in the table.

Suggested variable name: REDACT

Does your condition or illness/do any of your conditions or illnesses reduce your ability to carry-out day-to-day activities?	Example Code
	Nominal scale
Yes, a lot	Numeric 1
Yes, a little	Numeric 2
No, not at all	Numeric 3
Equality Act: Core currently disabled population	= 1 OR 2
Equality Act: Not core currently disabled	= 3
EU-SILC: Not severely hampered in daily activities	= 3
EU-SILC: Not hampered in daily activities to some extent	= 3

Duration of restriction (limitation) carrying out normal day to day activities

The following table shows the output categories for duration of activity restriction. Coding of these categories should comply with the specific coding conventions applied in the specific survey source. ONS is not prescribing a code but an example is given in the table.

Suggested variable name: DURREDACT

For how long has your ability to carry-out day-to-day activities been reduced?	Example Code
	Nominal scale
Less than 6 months	Numeric 1
Between six months and 12 months	Numeric 2
12 months or more	Numeric 3
EU-SILC: Severely hampered in daily activities	=2 OR 3 AND REDACT =1
EU-SILC Hampered in daily activities to some extent	=2 OR 3 AND REDACT = 2
EU-SILC Not severely hampered in daily activities	= 1
EU-SILC Not hampered in daily activities to some extent	= 1

Further Information on Harmonisation project

Further information on the harmonisation project can be accessed in two Health Statistics Quarterly articles published in Issue 51 in August 2011. Health Statistics Quarterly can be accessed from the ONS website at:

<http://webarchive.nationalarchives.gov.uk/20160105160709/http://www.ons.gov.uk/ons/rel/hsq/health-statistics-quarterly/no--51--autumn-2011/index.html>