Health Survey (NI) First Results 2015/16

Health Survey (NI): First Results 2015/16

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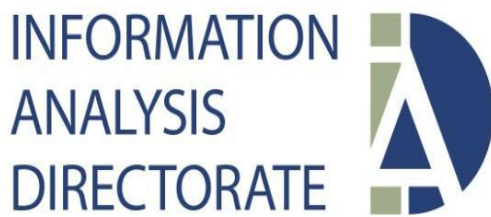**Public Health Information & Research Branch, Information Analysis Directorate**

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Statistics and research for the **Department of Health** is provided by Information Analysis Directorate (IAD). It comprises four statistical sections: Hospital Information, Community Information, Public Health Information & Research and Project Support Analysis.

IAD is responsible for compiling, processing, analysing, interpreting and disseminating a wide range of statistics covering health and social care.

The statisticians within IAD are out-posted from the Northern Ireland Statistics & Research Agency (NISRA) and our statistics are produced in accordance with the principles and protocols set out in the Code of Practice for Official Statistics.

About Public Health Information and Research Branch

The role of Public Health Information and Research Branch (PHIRB) is to support the public health survey function and to provide support on public health issues within the Department. The head of the branch is the Principal Statistician, Mr. Bill Stewart.

In support of the public health survey function, PHIRB is involved in the commissioning, managing and publishing of results from departmental funded surveys, such as the Health Survey Northern Ireland, All Ireland Drug Prevalence Survey, Young Persons Behaviour & Attitudes Survey, and the Adult Drinking Patterns Survey.

PHIRB provides support to a range of key DoH strategies including Making Life Better, a 10 year cross-departmental public health strategic framework as well as a range of other departmental strategies such as those dealing with suicide, sexual health, breastfeeding, tobacco control and obesity prevention. It also has a key role in supporting the Alcohol and Drug New Strategic Direction 2011-2016, by maintaining and developing key departmental databases such as, the Drug Misuse Database, Impact Measurement Tool and the Census of Drug & Alcohol Treatment Services, which are all used to monitor drug misuse and treatments across Northern Ireland.

The branch also houses the NI Health and Social Care Inequalities Monitoring System which covers a range of different health inequality/equality based projects conducted for both the region as well as for more localised area levels.

Contents

Key Findings

MENTAL HEALTH & WELLBEING

One in five respondents (19%) showed signs of a possible psychiatric disorder

Female respondents (21%) were more likely to score highly than males (16%)
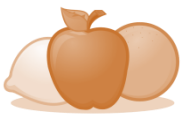
SMOKING

Smoking prevalence has fallen from 25% to 22% over the last decade although it has levelled off over the last three years

Males (25%) were more likely to smoke than females (20%)

FIVE-A-DAY

Almost four in ten respondents (37%) ate the recommended five portions of fruit and vegetables a day, an increase from 33% in 2010/11

ADULT OBESITY

Overweight & Obese
60%

Obese
26%

Overweight
34%

There has been no change in the proportion of obese and overweight adults from 59% in 2010/11 to 60% in 2015/16

Males (65%) were more likely than females (57%) to be overweight or obese

CHILDHOOD OBESITY

Overweight & Obese
25%

Obese
9%

Overweight
16%

DRINKING ALCOHOL

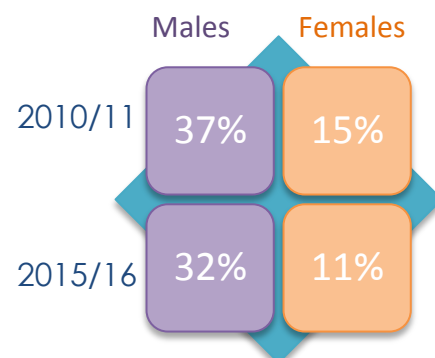Three out of four respondents reported drinking alcohol;

77% of males & 71% of females

Since 2010/11, the proportion of non-drinkers has increased, those drinking below weekly limits has remained at a similar level, with those drinking above weekly limits showing a downward trend

Drinking above weekly limits

	Males	Females
2010/11	37%	15%
2015/16	32%	11%

Introduction

This report presents results from the 2015/16 Health Survey Northern Ireland. The fieldwork for the survey was conducted between April 2015 and March 2016. Results are based on responses from 3,915 individuals, with a response rate of 60% achieved.

Key

The following symbols are displayed throughout the report as a summary of the key findings. The indicator that the key refers to is noted above it. Only where results are statistically significant will there be one of the following symbols present.

A blue circle with a male or female image is used to represent which of the sexes had a more positive health outcome, e.g. the example to the right shows that females were less likely to smoke than males.

Current smokers

An orange circle is used to represent which age-group had the most positive health outcome, e.g. the symbol to the right shows that those aged 75+ were the least likely to drink above weekly limits.

Drinking above sensible limits

75+

A green circle is used to represent a difference between those living in the least deprived areas and those living in the most deprived areas, with the weight appearing highest representing the more positive health outcome e.g. the symbol to the right shows that those in the least deprived areas reported better general health.

General health

LD

MD
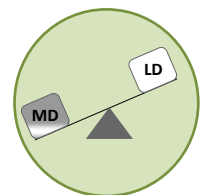
A purple circle is used to represent trend information, with either an upward trend, downward trend or no change displayed. The trend relates to the indicator itself and is a comparison of the series since the health survey began in 2010/11. It is based solely on the numbers irrespective of whether it means a better or worse health outcome, e.g. an upward trend for '5 a day' will indicate that the proportion of respondents consuming 5 portions of fruit & vegetables each day is increasing (a positive health outcome).

5 a day
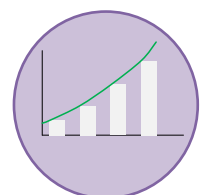
General Health

70% of adults in NI described their health as 'good' or 'very good'

There has been a downward trend in self-reported general health since 2010/11, when 73% of respondents reported good or very good health. Whilst there was no difference in the ratings for males (72%) and females (69%), a decline in general health rating was observed with increasing age. This is in keeping with previous health survey findings. Respondents in the most deprived areas were less likely to describe their health as good or very good (59%) than those in the least deprived areas (78%).
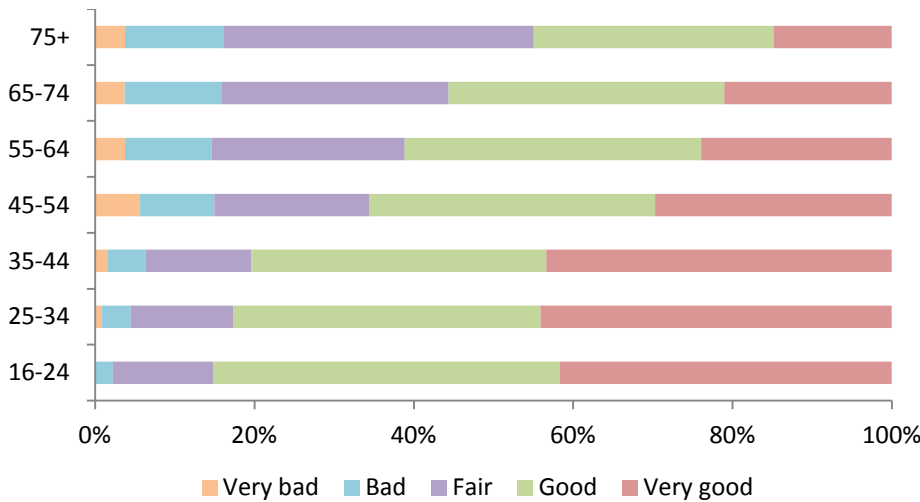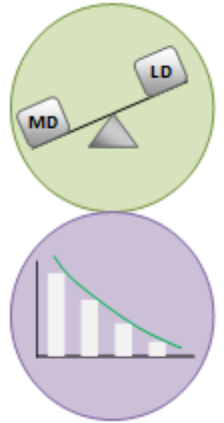
9 in 10 people feel they have a great deal or quite a lot of influence on their own health by how they choose to live their life

| Long standing illness 42% | Limiting Long standing illness 31% |

Long standing 40%
Limiting long standing 29%

Long standing 44%
Limiting long standing 33%
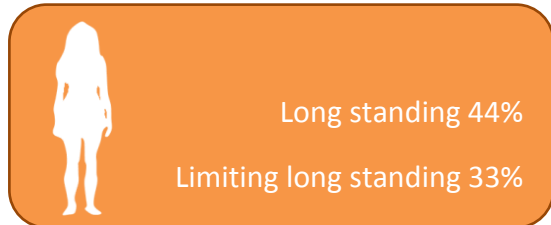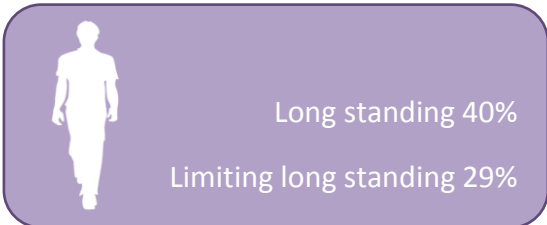
There has been a gradual increase in respondents reporting both longstanding and limiting longstanding illness over recent years. Those in the older age-groups are more likely to report an illness, as are those in the most deprived areas with over half (53%) of those in the most deprived areas reporting a long-standing illness compared with 38% of those in the least deprived areas.
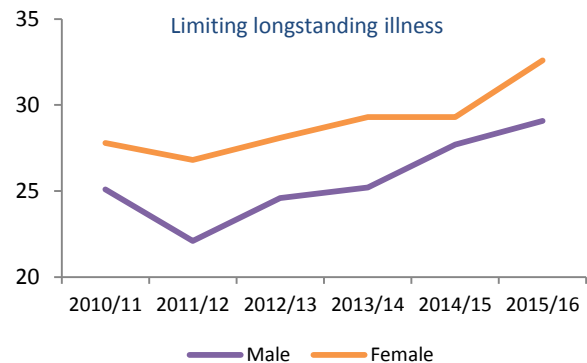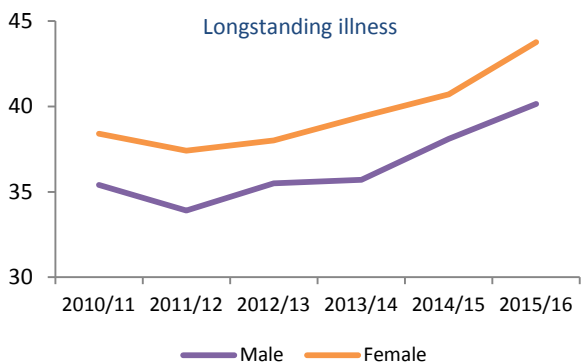
Use of services

During the last year, the proportion of respondents that have attended hospital was...

Inpatient **13%**   Outpatient **38%**   Day-patient **14%**   A&E/Emergency Department **18%**

In the two weeks prior to the survey, around one in five respondents (18%) had talked to their GP either in person or by telephone. Those with a limiting long-standing illness were three times as likely to have been in contact (33%) than those without a long-standing illness (11%).

Respondents were asked about problems that may have troubled them but which they have not gone to see a doctor or nurse about, with 44% of respondents reporting at least one such problem.

Problems that respondents had not been to see a doctor or nurse about in the last 12 months...

1% hearing/vision loss

9% feeling depressed/anxious

3% chest pain

6% shortness of breath

22% backache

7% dizziness/fainting

22% joint/muscle pain

2% loss of appetite/weight loss

2% varicose veins

1% lumps in breast, armpit or groin

3% injury

Doctor seen about same symptoms more than 12 months ago - 10%

Did not think symptoms seemed serious enough - 49%

Learnt to live with/put up with symptoms - 32%

Reasons for not going to see a doctor/nurse regarding problems

Difficult/would have taken too long to see a doctor - 13%

Symptoms went away by themselves - 24%

8

Mental health & wellbeing

Respondents were asked a range of questions with regard to their mental health and wellbeing. The majority indicated that on a general level they were satisfied with life, feeling happy, feeling that the things they do were worthwhile, and reporting low levels of anxiety. Whilst acknowledging these findings, the General Health Questionnaire (GHQ12) that is designed to detect the possibility of psychiatric morbidity in the general population remains unchanged from recent years with 19% scoring highly (≥4).

High GHQ12 score

21% score highly on GHQ12 .... 16% score highly on the GHQ12

19% taking related medication .... 12% taking related medication

13% think they have a nervous illness .... 11% think they have a nervous illness
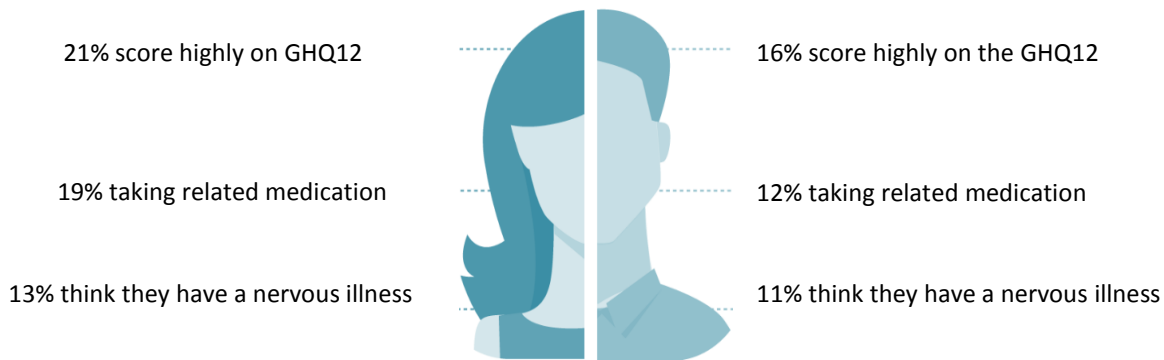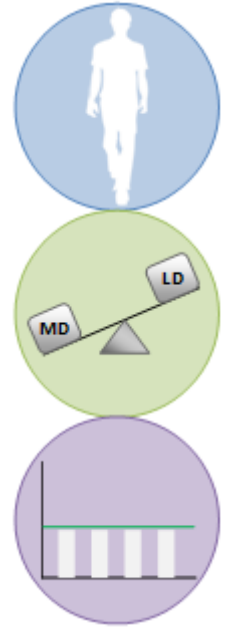
Respondents in the most deprived areas (27%) were twice as likely to record a high GHQ12 score as those in the least deprived areas (13%).

Respondents with a high GHQ12 score by sex and age-group

NI result (19%)

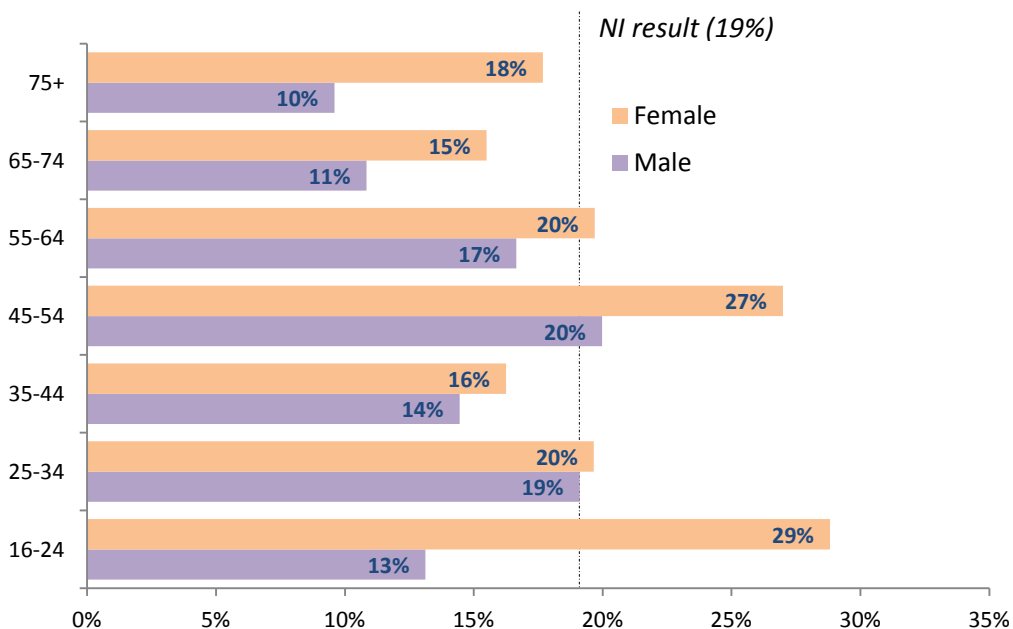| Age group	Female	Male
75+	18%	10%
65-74	15%	11%
55-64	20%	17%
45-54	27%	20%
35-44	16%	14%
25-34	20%	19%
16-24	29%	13%

Of those scoring highly on the GHQ12, a quarter had a diagnosed mental health problem

Of those scoring highly on the GHQ12, just under half were taking medication for stress, anxiety or depression

Respondents with a limiting long-standing illness were three times more likely to score highly on the GHQ12 (37%) than both those whose long-standing illness was not limiting (12%) and those who did not have a long-standing illness (11%).

Mental health & wellbeing

Respondents were asked four questions relating to how they felt about certain aspects of their life. The findings were similar to those observed in 2014/15.

Overall, how satisfied are you with your life nowadays?

Median score = 8
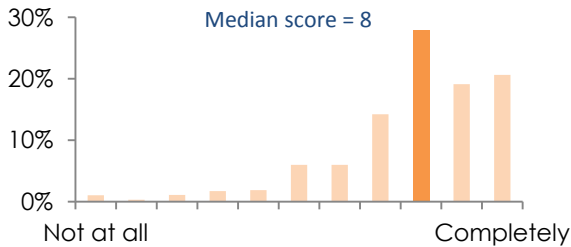
Overall, to what extent do you feel that the things you do in your life are worthwhile?

Median score = 8
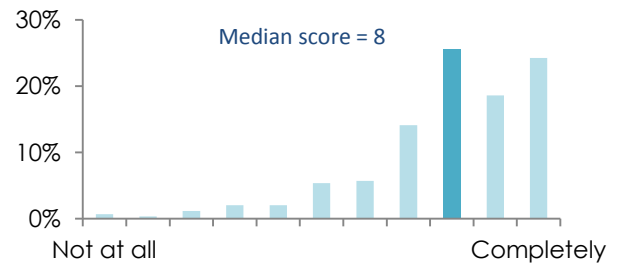
Overall, how happy did you feel yesterday?

Median score = 8
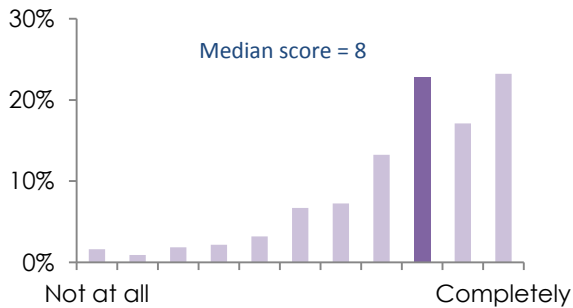
Overall, how anxious did you feel yesterday?

Median score = 2
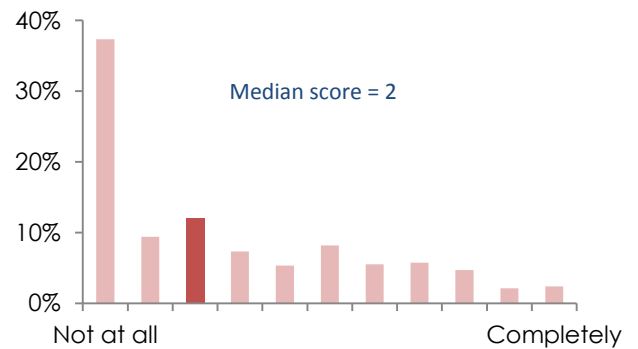
Stress

85% of people reported having some type of stress in their day-to-day life

Males and older adults were less likely to report some type of stress

Time Pressures

Physical Health

Work

Financial Situation

Emotional or Mental Health
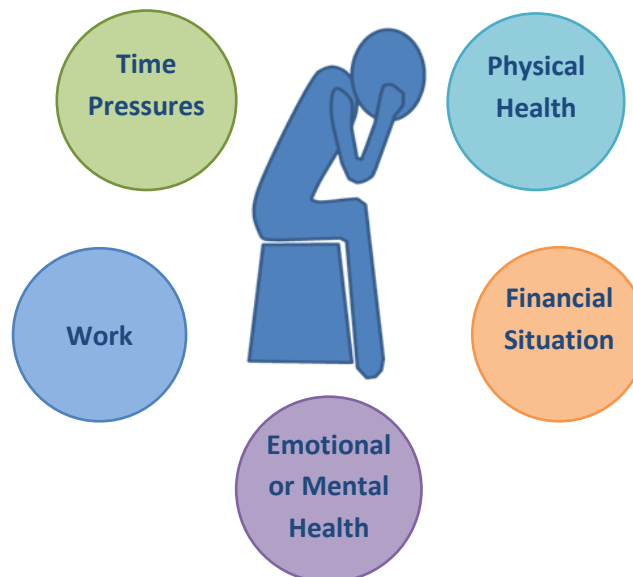
One in ten working respondents felt they were more likely than not to lose their job in the next 12 months

Respondents scoring highly on the GHQ12 were more likely to report stress in their day-to-day life

Those with a low GHQ12 score reported time pressures as their main cause of stress while those with a high GHQ12 score indicated that their own physical health or emotional/mental health was the main contributor to their stress

Health Literacy

Respondents were asked a range of questions relating to access to health related information and the ease of understanding such information. The most noticeable differences were observed across the age-ranges and between the most and least deprived areas.

| 92% feel it is easy to find information on healthy activities | 87% find it easy to judge which everyday behaviour is related to their health | A third of people find it difficult to understand information on food packaging |

Proportion that find it *fairly or very easy* to...	Overall	Male	Female	16-24	75+	Most deprived	Least deprived
find out about activities that are good for mental wellbeing	83%	82%	83%	86%	66%	78%	87%
understand information in the media on how to get healthier	84%	82%	85%	91%	65%	80%	84%
find out about political changes that may affect health	53%	54%	53%	57%	43%	49%	55%
make decisions to improve their health	85%	84%	85%	88%	72%	82%	88%

E-Health

All respondents were asked which of a range of e-health services they would use if available. There was a general decline in the proportion of respondents that would use e-health services with increasing age.

Proportion that would use the service if available	Overall	16-24	25-34	35-44	45-54	55-64	65-74	75+
Health service website to learn more about my condition	53%	61%	68%	67%	59%	46%	29%	8%
Health service website to learn more about managing my condition	46%	55%	54%	60%	53%	42%	25%	7%
Health service website to access information on health care services	40%	45%	50%	52%	47%	38%	21%	7%
Online service to request a prescription refill	39%	38%	53%	54%	46%	35%	16%	4%
Online service to schedule appointments with health care provider	38%	40%	55%	52%	45%	32%	13%	4%
e-mail to communicate with health care provider	31%	32%	43%	43%	37%	25%	12%	4%
App on mobile phone to communicate with health care provider	33%	50%	51%	43%	34%	18%	7%	3%

Dementia

Knowledge and attitudes

Just over a quarter of respondents report having a good knowledge of dementia with three in ten people saying they know less about dementia than most other serious conditions.

Under half (43%) are not worried about dementia at all.

Higher knowledge of dementia

Less worried → *More worried about dementia*

Lower knowledge
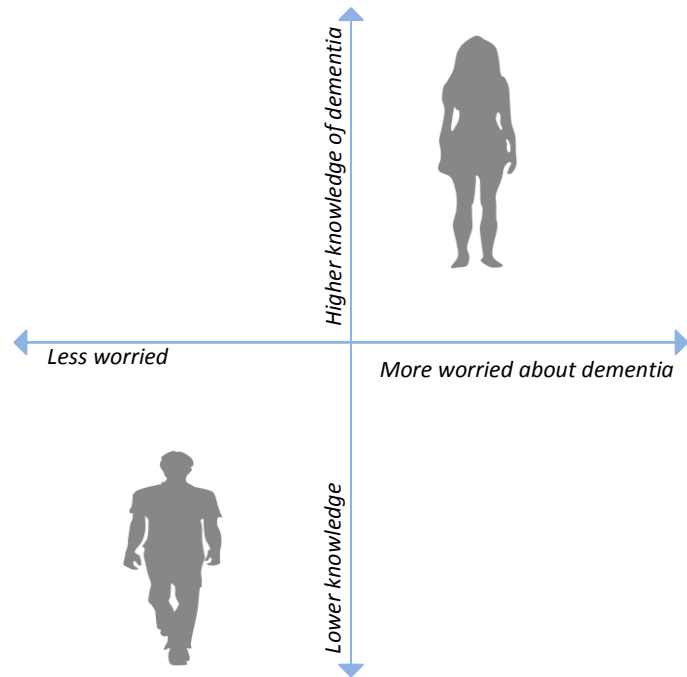
Proportion of respondents that think the statements are true

	Male	Female
Dementia is a result of old age	32%	21%
There is nothing you can do to reduce your risk of getting dementia	28%	30%
Dementia is a terminal illness	27%	31%
There is nothing you can do about dementia once you have it	38%	38%
If someone in your family has dementia you will have it too	8%	8%

People with dementia...

...do not know who they are 50%

...are usually forgetful 87%

...can have hallucinations 31%

...can have poor coordination 46%

...can be aggressive 56%

...at a late stage can no longer communicate 46%

Foods consumed on most days of the week

Chips
Cakes/desserts
Processed meat
Savoury snacks
Sweets/chocolate
Sugary fizzy drinks
Biscuits
Potatoes
Fruit
Vegetables

0% 10% 20% 30% 40% 50% 60% 70% 80% 90%
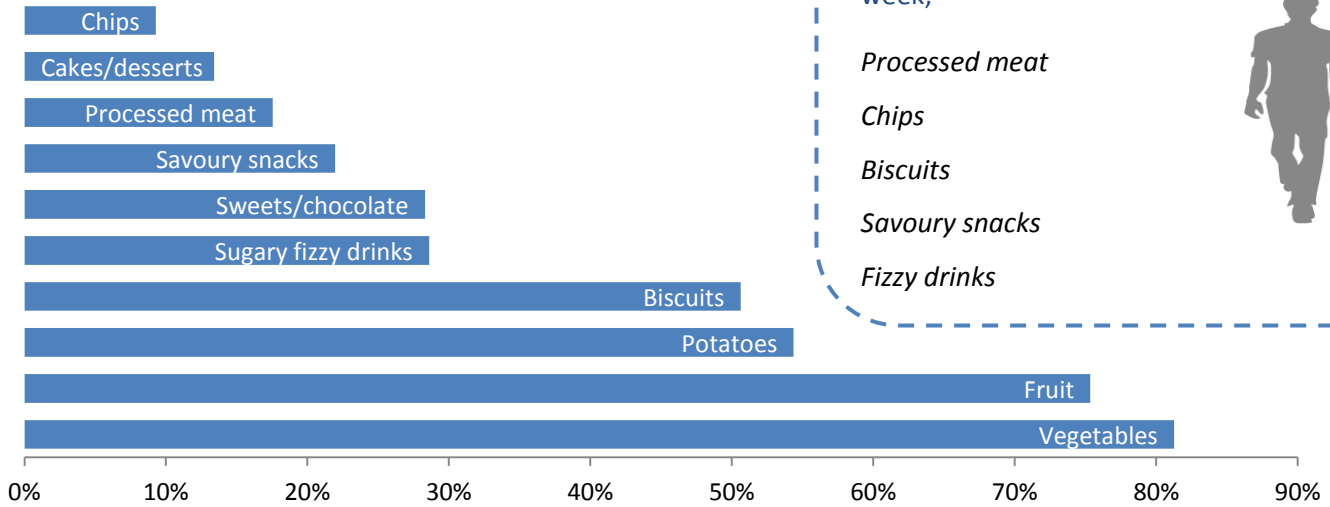
Foods that males are more likely than females to consume on most days of the week;

Processed meat

Chips

Biscuits

Savoury snacks

Fizzy drinks

Fruit Vegetables ⬆

Since 2010/11 the proportion of people eating fruit and vegetables on most days of the week has increased however there has also been an increase in the proportion of people eating processed meat, biscuits, sweets and chocolate.
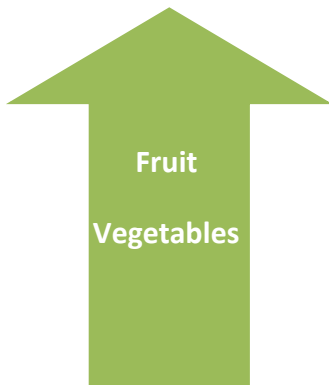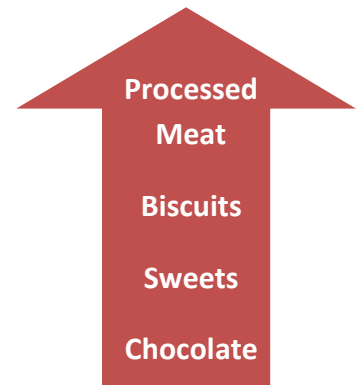
⬆ **Processed Meat Biscuits Sweets Chocolate**

M	T	W	T	F	S	S
16% of people never have breakfast on weekdays					**14%** of people never have breakfast on weekends	

There were differences observed in the eating habits of those in the most deprived areas compared with those in the least deprived areas; the exception being biscuits and cakes/desserts where no differences were found.

| Consumed on most days of the week	Most deprived	Least deprived
Chips/potato products	13%	7%
Processed meat	24%	13%
Savoury snacks	24%	16%
Sweets/chocolate	30%	26%
Sugary fizzy drinks	40%	22%
Potatoes	51%	43%
Fruit	68%	80%
Vegetables	73%	86%

Diet & nutrition

5 a day

While more than four out of five respondents are aware of the five-a-day guidelines, the proportion consuming at least five portions of fruit or vegetables each day is much lower at under two-fifths.
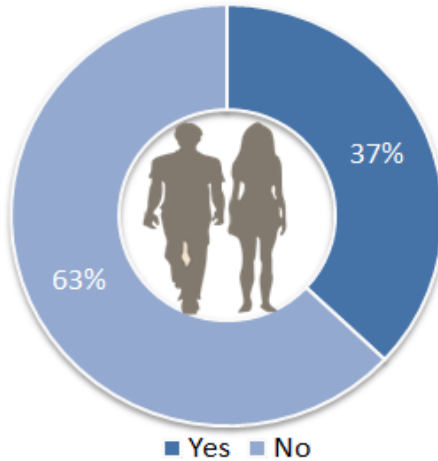
Female – 5 a day
41%
59%
■ Yes ■ No
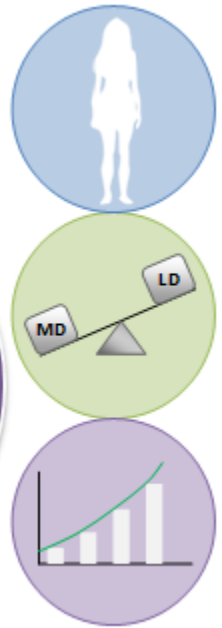
All – 5 a day
37%
63%
■ Yes ■ No
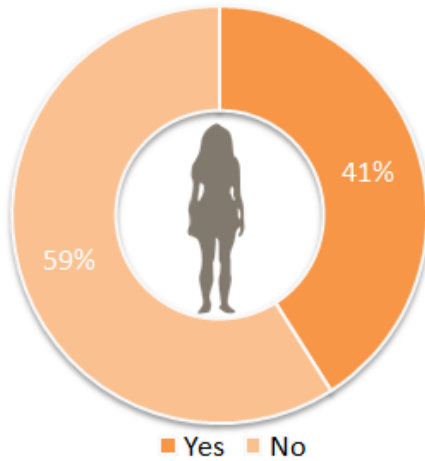
Male – 5 a day
31%
69%
■ Yes ■ No
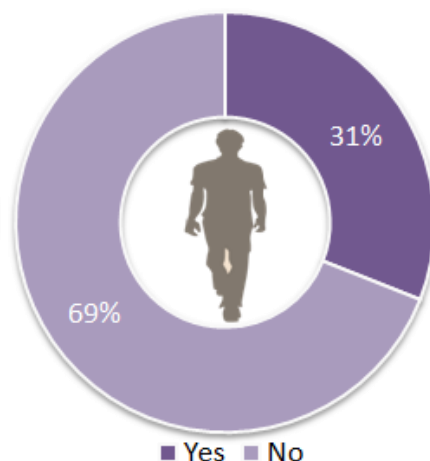
Just under half of respondents in the least deprived areas (46%) consumed the recommended amount of fruit and vegetables compared with 29% of those in the most deprived areas.

Food choices

A third of respondents (35%) choose certain foods or avoid others because they are concerned about heart disease while a quarter (24%) do so because they are concerned about cancer.

Three-fifths of respondents avoid certain foods because of the fat content, with females (66%) more likely to do so than males (52%).

Just under one in three people often add salt to their food at the table, with those in the most deprived areas (34%) more likely to do so than those in the least deprived areas (19%).

Food security

A small proportion of households (4%) indicated that there had been at least one day in the last fortnight that they did not have a substantial meal due to a lack of money.

Respondents views on the food eaten in their household in the past 12 months

always had enough of the kinds of food they wanted to eat	had enough to eat but not always the kinds of food they wanted
85%	**13%**

food eaten in the past 12 months

sometimes did not have enough to eat	often did not have enough to eat
2%	**<1%**

Obesity

Adults

Over the last decade the proportion of adults classed as overweight or obese has remained at a similar level at around three-fifths of respondents. Males (28%) were more likely than females (25%) to be obese. Similarly, males were more likely to be overweight (37%) than females (32%) however this gap has narrowed over the last decade.

Obese & Overweight

Obese

	Male	Female

Overweight

Female BMI
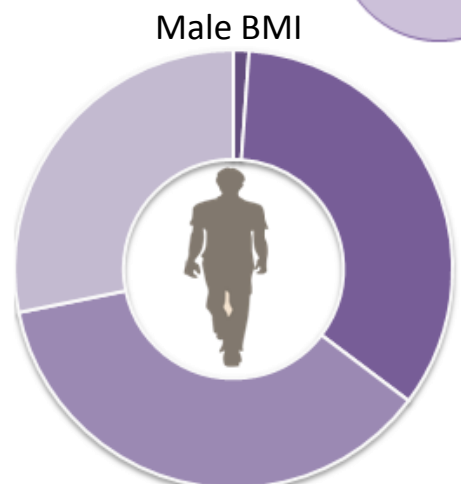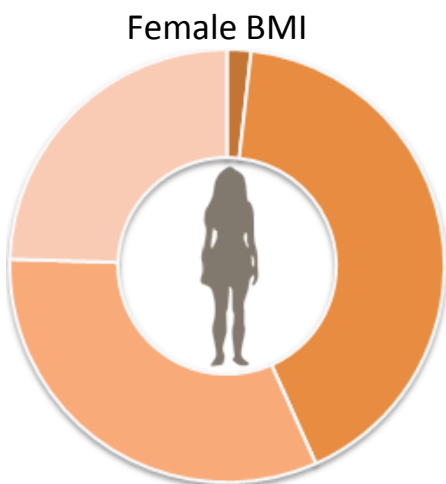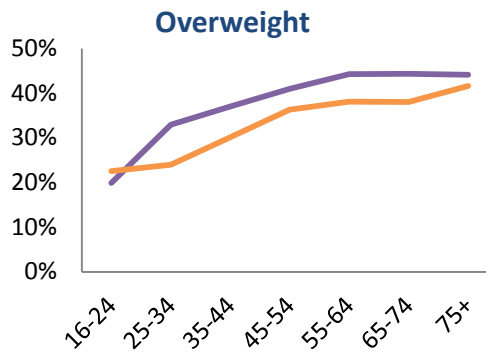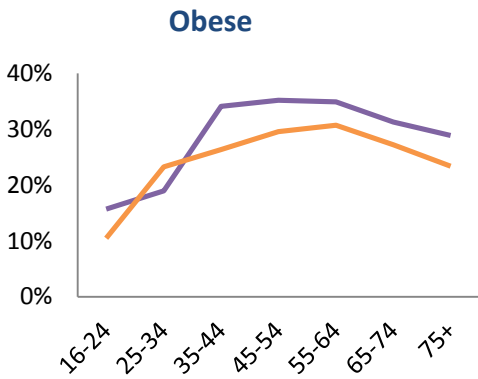
- ■ Underweight — 2%
- ■ Normal — 41%
- ■ Overweight — 32%
- ■ Obese — 25%

All BMI

- ■ Underweight — 1%
- ■ Normal — 38%
- ■ Overweight — 34%
- ■ Obese — 26%

Male BMI

- ■ Underweight — 1%
- ■ Normal — 34%
- ■ Overweight — 37%
- ■ Obese — 28%

> One in ten of those who were obese and two-fifths of those who were overweight felt that they were 'about the right weight'

> Around a third of those who were obese and over half of those who were overweight were not trying to change their weight.

Children (aged 2-15)

75% normal weight or underweight

16% overweight

9% obese

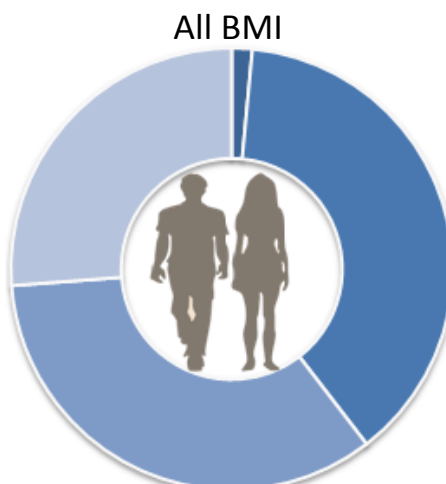There were no differences observed between boys and girls.

Over the last decade, the proportion of children classed as overweight or obese has remained at similar levels.

Smoking

22% currently smoke

25% of males

20% of females
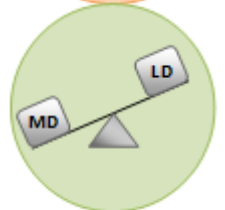
Smoking prevalence has fallen from 25% to 22% over the last decade with a levelling off at 22% over the last three years. This most recent year has seen males more likely to smokes than females.

Respondents in the most deprived areas (36%) were almost three times as likely to be current smokers as those in the least deprived areas (13%), a trend observed in the health survey since it began in 2010/11.

Smoking prevalence
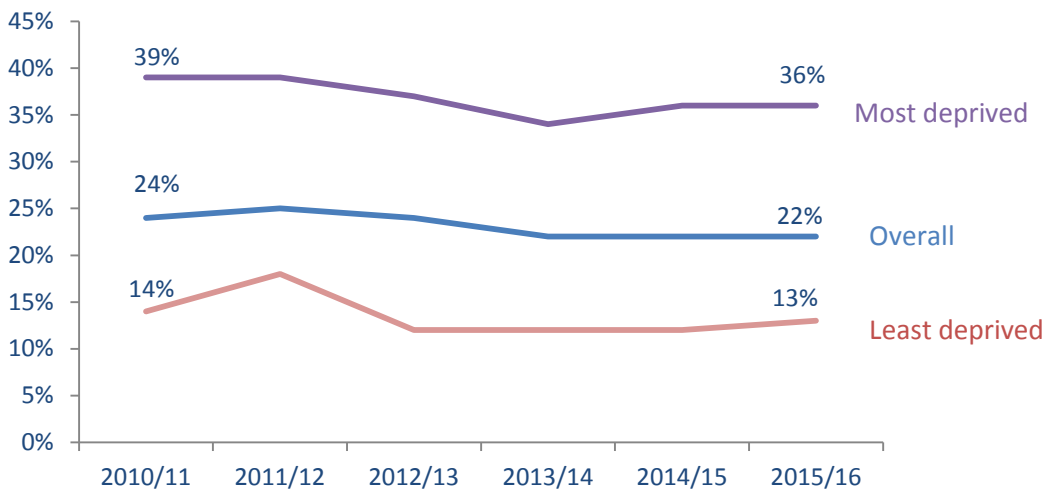
Three-quarters of current smokers had started smoking by the time they were 18

Around 8 out of 10 smokers have tried to quit smoking at some stage

Almost 1 in every 3 smokers do not want to stop smoking

Do not allow smoking at all within the household:

- **80%** of all respondents
- Households with children – **87%**
- Most Deprived – **68%**
- Least Deprived – **90%**

15% in the Most Deprived areas allow smoking anywhere within the household

85% of those who own a family car do not allow smoking in their car at all

A further **3%** do not allow smoking in their car only whilst children are travelling in it

Electronic cigarettes

A small proportion of respondents currently use electronic cigarettes (6%), an increase from 5% in 2014/15.

17% have ever used an e-cigarette

6% currently use an e-cigarette

15% have ever used an e-cigarette

6% currently use an e-cigarette

The most commonly reported reasons for using electronic cigarettes were;

49% - To reduce the number of cigarettes I would normally smoke

42% - To quit smoking tobacco products completely

33% - Cheaper than tobacco products

Respondents in the most deprived areas **(8%)** are more than twice as likely to currently use e-cigarettes than those in the least deprived areas **(3%)**

Of those currently using electronic cigarettes, over half **(55%)** are current smokers and two-fifths **(41%)** are ex-smokers. The remaining **4%** used to smoke but not regularly.

14% of smokers and **11%** of ex-smokers currently use electronic cigarettes

within the next month 6%	within the next 6 months 15%

Of those currently using e-cigarettes, the proportion planning to stop...

sometime in the future, beyond 6 months 43%	not planning to stop 36%

Attitudes to smoking

Proportion of respondents that agree...	Current smoker	Never smoked
I would support a ban on smoking in cars when children are present	94%	98%
I would ask someone who smokes to smoke outside of my home	60%	93%
Children are more at risk from passive smoking than adults	86%	93%
Babies exposed to passive smoking are more at risk to cot death	79%	90%

Three out of four people drink alcohol

77% of males

71% of females

75+

Since 2010/11, the proportion of non-drinkers has increased, those drinking below recommended weekly limits has remained at a similar level, with those drinking above recommended weekly limits showing a downward trend.

Respondents drinking habits

Year	Non-drinker	Drinks below weekly limits	Drinks above weekly limits
2015/16	26%	54%	20%
2013/14	24%	56%	20%
2011/12	25%	54%	22%
2010/11	23%	52%	24%

■ Non-drinker
■ Drinks below weekly limits
■ Drinks above weekly limits
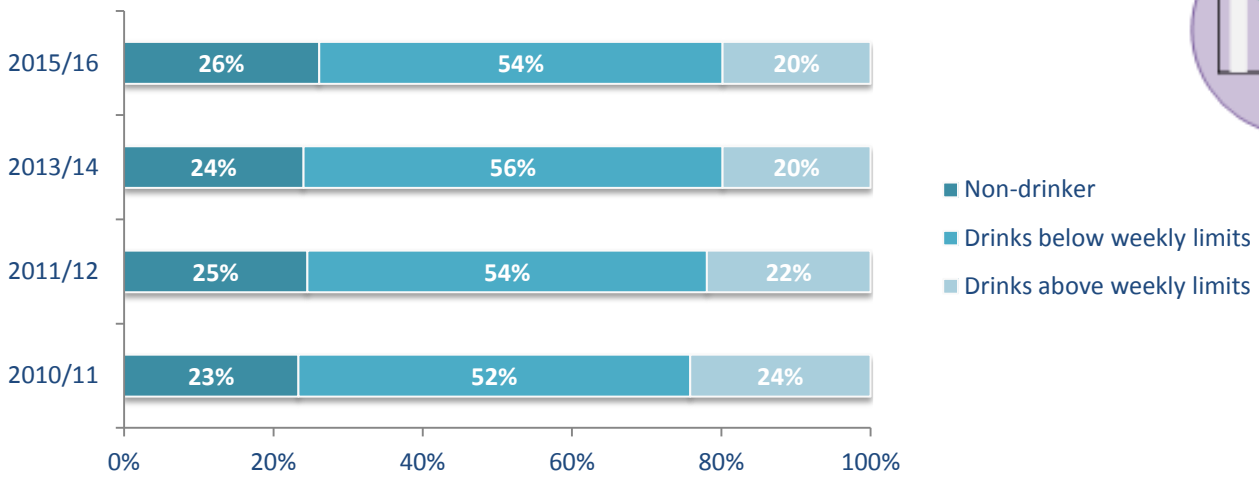
Males were still around three times more likely to drink above recommended weekly limits (32%) than females (11%) despite a downward trend for both males and females over the last few years.

	Males	Females
2010/11	37%	15%
2015/16	32%	11%
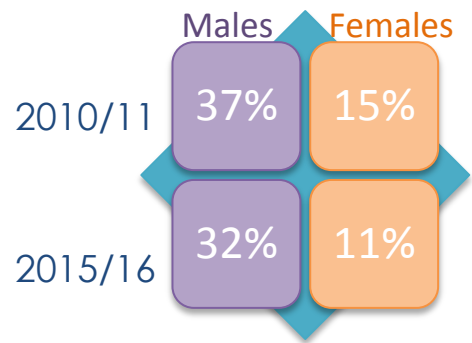
Alcohol Harm

Over two-fifths (44%) of people know someone who is a fairly heavy drinker or someone who sometimes drinks a lot

One in ten people have had family or relationship difficulties due to someone else's drinking on at least one occasion in the past 12 months

The Department of Health recommendation for regular drinking is not to exceed 14 units weekly, for men and women. All information presented in this report (including that for previous years) is based on this new level.

Sexually Transmitted Infections (STIs)

Awareness Around three-quarters of respondents had heard of Chlamydia, Genital Herpes, Genital Warts, Gonorrhoea, and Syphilis and nine in ten respondents had heard of HIV, with females more likely to have heard of these STIs than males.

Knowledge 14% of people think the pill acts as protection against STIs; lower than the 21% reported in 2012/13. Similarly the proportion of people who think emergency contraception (morning after pill) acts as an STI protection fell from 14% in 2012/13 to 10% in 2015/16.

The majority of responents thought they were either not very much at risk (23%) or not at all at risk (73%) of becoming infected with an STI. The main reason being that they were married or had one long-term partner.

Just over one in ten people (13%) had sought information or advice on STIs, with a small proportion (4%) having been told by a health professional that they had an STI.

Most common place to seek advice on STIs

Internet
37%

GUM/sexual health clinic
37%

GP
29%

Family Planning Clinic
24%
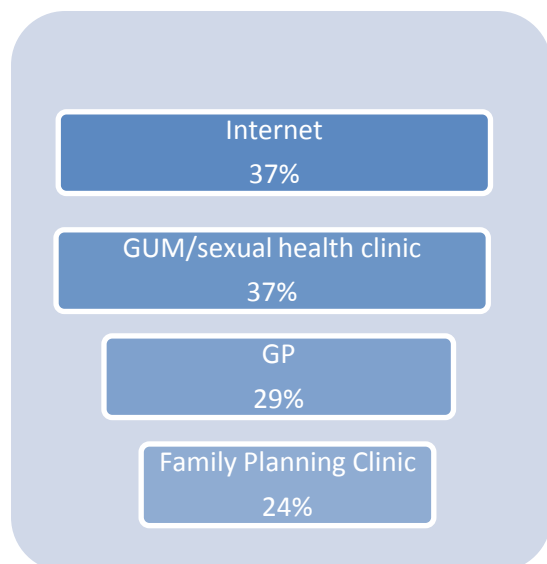
Preferred location for STI treatment

64% GP

14% Family Planning Clinic

12% GUM clinic

Similar preferences were expressed in 2013/14

A small proportion of respondents (3%) had purchased an STI home testing kit

Respondents were asked how easy or difficult it would be to talk to a sexual partner about sexual health issues before having sex with them for the first time. Males tended to have more difficulty talking about such issues as did older respondents.

Proportion that would find it 'difficult' or 'very difficult' to talk about...	16-24	25-34	35-44	45-54	55-64	65-74	Total
the number of people he/she has slept with previously	30%	28%	28%	33%	39%	42%	31%
whether he/she has ever had unprotected sex in the past	29%	27%	23%	31%	39%	43%	30%
whether he/she has ever been tested for STIs	40%	32%	32%	36%	43%	44%	36%
wanting to use condoms/another method to protect against STIs	18%	18%	16%	18%	27%	31%	19%

Fieldwork

The fieldwork for the survey was conducted from April 2015 to March 2016. Data were collected using Computer Assisted Personal Interviewing (CAPI) and where appropriate Computer Assisted Self Interviewing (CASI), from those aged 16 and over in private households in NI.

Sample

Given the importance to the survey of achieving a sample that was representative of the NI population, a random sample of 5,850 addresses across NI were selected for interviewing. The final achieved sample was 3,915 individuals, with a response rate of 60% achieved.

Weighting

The results are based on information that has been weighted by age and sex in order to better reflect the composition of the general population of NI. For all interview questions a specific weighting was used based on the demographics of the interviewees. A separate weighting was used for calculating adult BMI and child BMI relating only to those respondents in each age group who had physical measurements taken.

Percentages

Percentages may not always sum to 100 due to the effect of rounding or where respondents could give more than one answer.

Trends

Comparisons of the main findings over time are also included for a range of health topics. Data sources for trend comparisons include the Health Survey NI (HS) from its commencement in 2010/11, the NI Continuous Household Survey (CHS) and the NI Health and Wellbeing Survey (HWBS) where relevant. The text in the main report does not make specific reference to the source but the table below notes the source used for each year by topic.

Year	GHQ12	Warwick Edinburgh	Five-a-day	Adult Obesity	Smoking	Drinking	Sexual Health
2015/16	HS		HS	HS	HS	HS	HS
2014/15	HS	HS	HS	HS	HS	HS	HS
2013/14	HS	HS	HS	HS	HS	HS	HS
2012/13	HS			HS	HS	HS	HS
2011/12	HS	HS	HS	HS	HS	HS	HS
2010/11	HS	HS	HS	HS	HS	HS	
2009/10	CHS				CHS		
2008/09					CHS	CHS	
2007/08					CHS		
2006/07					CHS	CHS	
2005/06	HWBS		HWBS	HWBS			
2004/05					CHS		
2002/03						CHS	
2000/01						CHS	
1997				HWBS			

Deprivation Quintile

The NI Multiple Deprivation Measure 2010 (NIMDM) is the official measure of spatial deprivation in NI. The NIMDM 2010 allows the 890 Super Output Areas in NI to be ranked in relation to deprivation. It is a combination of 7 deprivation domains, weighted as follows:

- Income (25%)
- Employment (25%)
- Health Deprivation and Disability (15%)
- Education, Skills and Training (15%)
- Proximity to Services (10%)
- Living Environment (5%)
- Crime and Disorder (5%)

Based on their home address, respondents were allocated to deprivation quintiles throughout this report using the NIMDM 2010.

Longstanding illness & Limiting longstanding illness

To establish the proportion of respondents with a long standing illness, interviewees were asked if they had 'any physical or mental health condition or illness lasting or expected to last 12 months or more'. If this long-standing illness also reduced a respondents 'ability to carry out day-to-day activities' the long-standing illness was then classified as limiting.

General Health Questionnaire (GHQ12)

The GHQ12 is a screening tool designed to detect the possibility of psychiatric morbidity in the general population. The questionnaire contains 12 questions about recent general levels of happiness, depression, anxiety and sleep disturbance. Responses to these items are scored, with one point given each time a particular feeling or type of behaviour was reported to have been experienced 'more than usual' or 'much more than usual'. A score is then constructed from combined responses to create an overall score of between zero and twelve. A score of 4 or more is classified as a respondent with a possible psychiatric disorder, and referred to as a 'high GHQ12 score'.

Wellbeing

Respondents were asked four questions relating to how they felt about certain aspects of their life; satisfaction with life, feeling that the things they do are worthwhile, happiness, and level of anxiety. They were asked to place themselves on a scale of 0 to 10, with 0 being '*not at all'* and 10 being '*completel*y'.

Diet and Nutrition

The definition of 'Five portions of fruit and vegetables daily' is taken from the World Health Organisations' recommendation that adults should eat a minimum of 400g of fruit and vegetables a day, equivalent to eating five 80g portions of fruit and vegetables per day.

Sexual Health

The sexual health section of the survey is a self-completion module. Respondents aged between 16 and 74 years were invited to take part in the sexual health module. A total of 2,075 individuals (60% of respondents), in the selected age range completed the sexual health module.

Drinking limits

The new Department of Health recommendation for regular drinking (introduced in 2016) is not to exceed 14 units weekly, for men and women. All information presented in this report (including that for previous years) is based on this new level.

Data presented relates to respondents aged 18 and over.

Alcohol consumption is reported in terms of units, a measure of the volume of pure alcohol in an alcoholic beverage. One unit of alcohol is equivalent to 10 millilitres (7.9 grams) of pure alcohol. Where respondents did not know the units they drank within a week, the volume of different alcoholic drinks were recorded instead and this information converted into units. The guidance from the Office of National Statistics (ONS) set out below for converting volumes to units for a range of alcoholic beverages was used to convert drinks consumed to unit measurements (see below).

Calculations for Alcohol Units

Bottle = 330ml, Can = 440 ml, Pint = 568ml

Alcohol Unit = (ABV*ml)/1000

Type of Drink	Volume reported	Number of units	Conversion factor
Beer (normal)	Pint	2.27	2
	Small can	-	1.5
	Large can	1.76	2
	Bottle	1.32	1.5
Beer (strong)	Pint	3.41	3.5
	Small can	-	2
	Large can	2.64	2.5
	Bottle	1.98	2
Spirits/Liquors	Measure	1.31	1.5
Sherry	Measure	0.88	1
Wine	Glass	1.50	1.5
Alcopops	Bottle	1.65	1.5

Physical Measurements

Measurements of height and weight were sought from individuals aged two and over in participating households. Measurements were obtained for 2,912 adults (aged 16 or over) and 457 children aged 2 to 15 years old) in 2015/16.

Body Mass Index

Body Mass Index (BMI) is a widely used indicator of body fat levels which is calculated from a person's height and weight. BMI is calculated by dividing weight (kilograms) by the square of height (metres). As part of this survey, height and weight measurements are sought from all individuals aged 2 or above at co-operating households.

Adults

Adults (aged 16 or over) are then classified into the following BMI groups:

BMI (kg/m^2)	Description
Less than 18.5	Underweight
18.5 to 24.9	Normal
25 to 29.9	Overweight
30 to 39.9	Obese
40 and over	Morbidly obese

Children

The classification of Body Mass Index in children (aged 2-15 years) depends on the age and sex of the child as well as their height and weight. The findings in the Health Survey (NI) use International Obesity Task Force (IOTF) cut-off points of the BMI percentiles for children. Using IOTF, overweight is defined as having a BMI at or above the 90th percentile but below the 97th percentile, and obese is defined as having a BMI at or above the 97th percentile.

Children are classified into the following BMI groups:

BMI (kg/m^2)	Description
BMI-for-age <5th percentile	Underweight
BMI-for-age between 5th percentile & 90th percentile	Normal
BMI-for-age between 5th percentile & 90th percentile	Overweight
BMI-for-age >97th percentile	Obese

Note- The Health Surveys for England, Scotland and Wales report this using the UK BMI National Centile Classification Standards to measure obesity among children and, as such, the IOTF results for NI are not directly comparable. The UK Centile Classifications categorises obesity when BMI for age and sex is higher than the 95th percentile with children categorised as overweight when the BMI fell between the 85th and 95th percentiles. Comparable results for NI with the UK national BMI Centile Classification Standards are available on request.

Unweighted base numbers

Below are the unweighted base numbers of respondents that answered specific sections of the survey.

	Overall	Sex		Age-group							Deprivation quintile				
		Male	Female	16-24	25-34	35-44	45-54	55-64	65-74	75+	1	2	3	4	5
General health	3915	1625	2290	261	534	632	778	625	620	465	743	784	802	830	756
GHQ12	3577	1477	2100	249	507	591	731	560	542	397	668	709	728	761	711
5 a day	3907	1620	2287	260	533	629	778	623	620	464	742	782	799	829	755
BMI – adults	2912	1301	1611	239	415	475	609	463	442	269	514	589	617	619	573
BMI – children (2-15)	457	244	213	-	-	-	-	-	-	-	-	-	-	-	-
Smoking	3903	1622	2281	261	531	626	778	624	619	464	740	784	796	827	756
Drinking (18+)	3854	1598	2256	217	530	625	776	622	620	464	735	773	783	813	750
Sexual health (16-74)	2075	846	1229	209	426	448	499	313	180	-	395	396	461	417	406