EHIS_NESQRS_5_NL_2019_0000
National Reference Metadata in ESS Standard for Quality Reports Structure (ESQRS)
Compiling agency: Statistics Netherlands
Time Dimension: 2019-50
Data Provider: NL1
Data Flow: EHIS_NESQRS_5

For any question on data and metadata, please contact: EUROPEAN STATISTICAL DATA SUPPORT

1. Contact
Top

1.1. Contact organisation	Statistics Netherlands
1.2. Contact organisation unit	Division of Socio-Economic and Spatial Statistics (SER), Department Labour, Income and Quality of Life Statistics (SAL)
1.5. Contact mail address	PO Box 4481 6401 CZ Heerlen The Netherlands

2. Statistical presentation
Top

2.1. Data description

- Survey name(s) in the national language(s): Gezondheidsenquête 2019
- Survey name in English: Health Interview Survey
- Link to the survey website: https://www.cbs.nl/en-gb/our-services/methods/surveys/korte-onderzoeksbeschrijvingen/health-survey-as-of-2014

    https://www.cbs.nl/nl-nl/onze-diensten/maatwerk-en-microdata/microdata-zelf-onderzoek-doen/microdatabestanden/gecon-gezondheidsenquete-2019

2.1.1. Combination of EHIS with another survey/questionnaire

Type	Name of the survey that hosted the EHIS questionnaire
Health Interview Survey	Health Interview Survey
Health Examination Survey	
Disability Survey	
Labour Force Survey	
Living Conditions Survey	
Multipurpose Survey	
Other	

2.1.2. Indication of the type of survey if 'Multipurpose Survey' or 'Other' are marked

2.2. Classification system

2.2.1. Versions and breakdowns (level) of the classifications used for the data collection

Acronym	Version	Level
NACE		
ISCO		
ISCED		
ICD		

IPC		
ICF		
NUTS	x	1 and 2
LAU		
DEGURBA		

2.2.2. Deviations from ESS or international standards

2.3. Coverage - sector

[not requested]

2.4. Statistical concepts and definitions

Please see attachment.

2.5. Statistical unit

Individuals

2.6. Statistical population

2.6.1. Main characteristics of the survey population

See **ANNEX 1** Survey population characteristics.

Annexes:

EHIS_NESSQR_5_NL2019_0000_an1

2.6.2. Participation and non-participation in the survey

See **ANNEX 2** Summary table on participation and non-participation.

Annexes:

EHIS_NESSQR_5_NL2019_0000_an2

2.6.3. Structure of the target population, of the sample population, and of response and non-response

See **ANNEX 3** Structure of target, sample, response & non-response population.

Annexes:

EHIS_NESSQR_5_NL2019_0000_an3

2.7. Reference area

The target population consists of all persons living in private households in the Netherlands. This is operationalized by taking into account persons who are registered as residents in the Municipal Personal Records Database (BRP). The institutional population, this are residents of institutions, institutions or homes, is not approached. Because no interviewers live on the Waddeneilanden, Vlieland, Terschelling, Ameland, Schiermonnikoog and Texel, only CAWI surveys are collected. But It is observed there via the internet. Also at some addresses in postcodes (1102, 1103 and 1104) in Amsterdam East, only CAWI interviews are carried out. The Carribean Islands (Bonaire. St. Eustatius. and Saba) are excluded in conformance with the Regulation.

2.8. Coverage - Time

In the Netherlands, data for the Health Interview Survey are collected continously. The EHIS was part of these National Health Interview Survey. It means the data set of the EHIS contains data from January till December 2019.

2.9. Base period

[not requested]

3. Statistical processing

3.1. Source data

3.1.1. Sampling frame

Basic Municipal Registry (in Dutch: Basisregistratie Personen, BRP)

3.1.1.1. Type and name of data source used for building the sampling frame

3.1.1.2. Description of data source used for building the sampling frame

The sampling frame of addresses is constructed from the BRP. The Municipal Personal Records Database (BRP) contains personal data of residents of t
Personal data included in the BRP are: first names, last name, gender and social security number (BSN), data about parents (first names and surnames, g

3.1.1.3. Frequency of the updates of data source used for building the sampling frame	
Continuously	
3.1.1.4. Details if 'Every … years' or 'Irregular' are marked	
3.1.1.5. Date(s) of the data source used for the selection of the sampling units	
Monthly. The sample unit is drawn from December 2018 to November 2019. The sample for each t is drawn at t-1.	
3.1.2. Sampling design of the survey	
3.1.2.1. Ultimate sampling unit(s)	
Individuals	
3.1.2.1.1. Number of households belonging to a selected dwelling interviewed if 'Dwellings' is marked	
3.1.2.1.2. If 'More than 1 household' is marked, specification of the number	
3.1.2.1.3. Number of individuals belonging to a selected household interviewed if 'Households' is marked	
3.1.2.1.4. If 'More than 1 individual' is marked, specification of the number	
3.1.2.2. Sampling design(s)	
Multi-stage sampling	
3.1.2.2.1. Specification if ''Combination of designs' is marked	
3.1.2.2.2. Stratification variables if 'Stratified Sampling' is marked	
3.1.2.2.3. List of the different stages and the probabilities for every stage if 'Multiple Stage Sampling' is marked	
Stratified two-stage samples are taken. In the first step, municipalities are selected per co-op area by means of a systematic sample design with probabili	
3.1.2.3. Oversampling of specific populations	
3.1.2.4. Stratified oversampling methods	
3.1.2.5. Methods used for drawing up the sample	

The target population consists of all persons living in private households in the Netherlands. This is operatic
Every month a sample of people is drawn from the sampling frame that is derived from the BRP and is used by Sta
Stratified two-stage samples are taken. In the first step, municipalities are selected per co-op area by means

The stratification variable of stage one was COROP-area. One area contains multiple neigbouring municipalities. The variable has 40 categories:
1 'Oost-Groningen'
2 'Delfzijl en omgeving'
3 'Overig Groningen'
4 'Noord-Friesland'
5 'Zuidwest-Friesland'
6 'Zuidoost-Friesland'
7 'Noord-Drenthe'
8 'Zuidoost-Drenthe'
9 'Zuidwest-Drenthe'
10 'Noord-Overijssel'
11 'Zuidwest-Overijssel'
12 'Twente'
13 'Veluwe'
14 'Achterhoek'
15 'Arnhem/Nijmegen'
16 'Zuidwest-Gelderland'
17 'Utrecht'
18 'Kop van Noord-Holland'
19 'Alkmaar en omgeving'
20 'IJmond'
21 'Agglomeratie Haarlem'
22 'Zaanstreek'
23 'Groot-Amsterdam'
24 'Het Gooi en Vechtstreek'
25 'Agglomeratie Leiden en Bollenstreek'
26 'Agglomeratie s-Gravenhage'
27 'Delft en Westland'
28 'Oost-Zuid-Holland'
29 'Groot-Rijnmond'
30 'Zuidoost-Zuid-Holland'
31 'Zeeuwsch-Vlaanderen'
32 'Overig Zeeland'
33 'West-Noord-Brabant'
34 'Midden-Noord-Brabant'
35 'Noordoost-Noord-Brabant'
36 'Zuidoost-Noord-Brabant'
37 'Noord-Limburg'
38 'Midden-Limburg'

39 'Zuid-Limburg'
40 'Flevoland'

3.1.2.6. Assumptions used for determining the sample size

The EHIS is part of the national Health Interview Survey. The target population consists of persons aged 0 or older living in private households in the N

3.2. Frequency of data collection

```
The study is conducted continuously, divided annually into 12 sample portions of equal size.
```

3.3. Data collection

3.3.1. Data collection method used

Mixed mode

3.3.2. Mode(s) for data collection

Face-to-face, electronic version
Use of internet

3.3.2.1. Specifications if 'Other' is marked

3.3.3. Topics (submodules/ variables) administered via a self-completion questionnaire

All questions which were not originated from registers.

3.3.4. Variables completed from an external source

Variables: COUNTRY, BIRTHPLACE, FATHBIRTHPLACE, BIRTHPLACEMOTH, CITIZEN, REGION, DEG_URB, and HHINCOME
- Source: Basic Municipal Registry, in Dutch Basis Registratie Personen (BRP)
Sex, YEARBIRTH and MARSTALEGAL are also originated from BRP, but in the questionnaire, the respondent is asked if this information is correct ar

3.4. Data validation

Several checks are built in the compilation process to ensure that the data conform to the predefined data model, In addition, prior to publication the pla

3.5. Data compilation

The process by which the data file that is used for publication is made on the basis of the raw data is as follows:
1. The raw data from CAWI and CAPI is retrieved from the data collection systems for further processing.
2. The data files from CAWI and CAPI are merged in accordance with a predefined data model.
3. The data are enriched with register information from various sources.
4. Information from standard coding lists of profession, business, education, and sports are added to the data file.
5. The variables used for publication on the Dutch HIS are constructed.
6. The data is weighted and weighting factors are added to the file.
7. The EHIS variables are compiled and saved in a separate file, including selection of persons of 15 years and over.

3.5.1. Method applied to correct for 'item non-response'

Other

3.5.1.1. Details of the method if 'Multiple imputation approach' or 'Other' are marked

No method to correct for item non-response was used. (Probably the answer "no method" was missing in the previous question)

3.5.1.2. Auxiliary information used for stratification

3.5.2. Calculation of weighting factors and weight adjustments

3.5.2.1. Method for calculation of weighting factors

End weights were calculated as the product of starting weights (N/n) and the correction weight to correct the difference between the sample and the pop

3.5.2.2. Adjustments applied to mitigate non-response (weight adjustments)

```
Gender2 x Age16 + Marital Status4 +
Urbanization rate5 + ProvincePlus16 + Household size5 +
Gender2 x Age3 x Marital Status2 +
Country 4 x Age3 + Origin Generation4 + Season4 +
Income5 + Wealth5 + Target group9.

(Target group 9 is reffering to the groups which are selected for CAPI interviews).
```

3.5.2.3. Adjustments (calibration techniques) applied and list of the external data sources

Categories of the variables used in the model used to calculate correction weights:
Gender2
- Men
- Women
Age3
- 0-34 years
- 35-64 years
- 65 years and older
Age16
- 0-3 years
- 4-11 years
- 12-15 years
- 16-19 years
- 20-24 years
- 25-29 years
- 30-34 years
- 35-39 years
- 40-44 years
- 45-49 years

- 50-54 years
- 55-59 years
- 60-64 years
- 65-69 years
- 70-74 years
- 75 years and older
MaritalStatus2
- Married
- Not-married
MaritalStatus4
- Married
- Divorced
- Widowed
- Never married
Region4
- North
- South
- East
- West
ProvincePlus16
- Groningen
- Friesland
- Drenthe
- Overijssel
- Gelderland
- Utrecht (excluding the city of Utrecht)
- Noord-Holland (excluding the city of Amsterdam)
- Zuid-Holland (excluding the cities of Den Haag and Rotterdam)
- Zeeland
- Noord-Brabant
- Limburg
- Flevoland
- City of Utrecht
- City of Amsterdam
- City of Den Haag
- City of Rotterdam
DegreeOfUrbanisation5
- Thinly populated
- Reasonably thinly populated
- Intermediatele populated
- Reasonably densely populated
- Densely populated
Huishoudgrootte5
- 1 person
- 2 persons
- 3 persons
- 4 persons
- 5 or more persons
Season4
- Winter (December, January, February)
- Spring (March, April, May)
- Summer (June, July, August)
- Autumn (September, October, November)
HerkomstGeneratie4
- Native
- Western immigrant
- Non-Western immigrant, first generation
- Non-Western immigrant, second generation
Income5
- Population quintile1
- Population quintile2
- Population quintile3
- Population quintile4
- Population quintile5
Wealth5
- Population quintile1
- Population quintile2
- Population quintile3
- Population quintile4
- Population quintile5

3.5.2.4. Specification of other weight adjustments
n/a
3.6. Adjustment
[not requested]

4. Quality management [Top](#)

4.1. Quality assurance

We refer to the Quality Declaration of Statistics Netherlands (https://www.cbs.nl/en-gb/about-us/organisation/quality). At the beginning of 2019, the external auditor DNV GL determined that the quality management system of the entire CBS complies with the international standard in this field; ISO 9001: 2015. The entire CBS organization has been certified for ISO 27001: 2013 since 2017.
4.2. Quality management - assessment
Prior to publication the plausibility of the Dutch data is examined by comparing the outcomes with those of the previous year.

5. Relevance

5.1. Relevance - User Needs

The lifestyle data was collected in the context of the Lifestyle Monitor (in Dutch). Within this monitor (which is included in the National Health Intervie
The following citation is used for the following topics.

•   Smoking, alcohol and drugs: Health Survey/Lifestyle Monitor, Statistics Netherlands (CBS) in collaboration with National Institute for Public I

•   Sexual health: Health Survey/Lifestyle Monitor, Statistics Netherlands (CBS) in collaboration with National Institute for Public Health and the

•   Exercise and healthy weight: Health Survey/Lifestyle Monitor, Statistics Netherlands (CBS) in collaboration with National Institute for Public

•   Accidents: Health Survey/Lifestyle Monitor, Statistics Netherlands (CBS) in collaboration with National Institute for Public Health and the Env

•   Nutrition: Health Survey/Lifestyle Monitor, Statistics Netherlands (CBS) in collaboration with National Institute for Public Health and the Env
Besides this, information from the National Health Interview Survey/EHIS is published on websites from the National Institite for Public Health and the
- The website www.staatvenz.nl aims to provide up-to-date and unambiguous data, which exist to support policy monitoring and accounting. The websit
- https://www.volksgezondheidenzorg.info/onderwerp/english/introduction
Statistics Netherlands published yearly all main outcomes in databases (StatLine) on the internet. Everybody can use this information (please see "Acces

5.2. Relevance - User Satisfaction

The usersatisfaction is not really measured, but different Parties are involved to the decisions on the content

The Lifestyle Monitor was commissioned by the Ministry of Health, Welfare and Sport in 2014 and is a product of

Besides the Lifestyle monitor, there is a expert group Health, in which people of different Instituties, Univer

5.3. Completeness

All variables, except the derogations, are included in the microdata.

   5.3.1. Data completeness - rate

[not requested]

6. Accuracy and reliability

6.1. Accuracy - overall
Not available
6.2. Sampling error
Note: *Sampling errors* are the part of the difference between a population value and an estimate thereof, derived from a random sample, which is due to the fact that only a subset of the population is enumerated. See **ANNEX 4** Table of sampling errors for selected variables. **Annexes:** EHIS_NESSQR_5_NL2019_0000_an4
6.2.1. Sampling error - indicators
[not requested]
6.3. Non-sampling error
Note: *Non-sampling errors* are errors in survey estimates which cannot be attributed to sampling fluctuations. Such errors can either be coverage errors, measurement errors, non-response errors, processing errors or model assumption errors. Not available
6.3.1. Coverage error
Note: *Coverage errors* are errors that express the quantitative divergence between the sampling frame population and the target population due to, for example, remoteness, age, multiple entries; coverage of different sub-populations. For constructing the sampling frame, Statistics Netherlands uses the Basic Municipal Registry (in Dutch Basisregistratie Personen, BRP). This register contains all persons who are registered at a municipality in the Netherlands, excluding the Caribbean Islands. Persons belonging to institutional households are excluded from the sampling frame (and from the population). The sampling frame is update once a month. Immigrants and newborns are added to the frame, emigrants and deceased persons are deleted, and if a person has moved to a different address his/her data is updated. From this frame, samples are drawns in two stages. In the first stage a municipality is selected with probability proportional to the size of the municipality. In the second stage, a number of persons is selected from the municipalities that are selected in the first stage. The number of persons selected in each municipality is such that the sample is self-weighting: all persons have the same probability of being selected. When a sample is

selected, the names and addresses of the intended respondents are not known. This has to be retrieved from the BRP. This is done at most six weeks before the start of the fieldwork (average = 4 weeks).

From this frame, samples are drawn in two stages. In the first stage a municipality is selected with probability proportional to the size of the municipality. In the second stage, a number of persons is selected from the municipalities that are selected in the first stage. The number of persons selected in each municipality is such that the sample is self-weighting: all persons have the same probability of being selected. When a sample is selected, the names and addresses of the intended respondents are not known. This has to be retrieved from the BRP. This is done at most six weeks before the start of the fieldwork (average = 4 weeks).

Persons who are registered at known addresses of institutions, are removed from the sampling frame before sampling takes place.

6.3.1.1. Over-coverage - rate
[not requested]

6.3.1.2. Common units - proportion
[not requested]

6.3.2. Measurement error
Note: *Measurement errors* are errors that occur during data collection and cause recorded values of variables to be different from the true ones. See **ANNEX 5** Table of measurement errors from proxy interviews, survey questionnaire, interviewer, and quality control during fieldwork. **Annexes:** EHIS_NESSQR_5_NL2019_0000_an5

6.3.3. Non response error
Note: *Non response errors* are errors that occur when the survey fails to get a response to one or possibly all of the questions. Not available

6.3.3.1. Unit non-response - rate
See **ANNEX 6** Unit non-response and item non-response. **Annexes:** Annex 6 - Unit non-response and item non-response EHIS_NESSQR_5_NL2019_0000_an6

6.3.3.2. Item non-response - rate
See above the **ANNEX 6** Unit non-response and item non-response in the concept 6.3.3.1. Not available. All variables we planned to publish are published.

6.3.4. Processing error
Note: *Processing error* is the error in final data collection process results arising from the faulty implementation of correctly planned implementation methods. The answers were entered directly on the computer by interviewers (CAPI) or respondents (CAWI). Because of the restrictions that were set in the questionnaire on the answers that were entered by respondents and interviewers, extreme values, anomalies and errors could not occur. Thus, no additional data cleaning activities were required. The data were processed in an automated production process.

6.3.4.1. Imputation - rate
No inputation was done

6.3.5. Model assumption error
Note: *Model assumption errors* are errors due to domain specific models needed to define the target of estimation. Not available

6.4. Seasonal adjustment
[not requested]

6.5. Data revision - policy
[not requested]

6.6. Data revision - practice
[not requested]

6.6.1. Data revision - average size
[not requested]

7. Timeliness and punctuality

7.1. Timeliness
Note: *Timeliness* is a measure for the length of time between data availability and the event or phenomenon the data describe. Data collection for EHIS started in January 2019 and first national results were published in March 2019. The period between the end of data collection and publication of the results thus is rather short. However, some variables ask information from the past, for instance whether someone had a disease or a condition during the past 12 months (CD1). Thus, in theory, when the disease occurred 11 months ago, the time lag between the phenomenon (i,e, the disease) and publication is amost 27 months, even though production time is short.

7.1.1. Time lag - first result
8 months and 25 days. First data were uploaded on September 25, 2020.

7.1.2. Time lag - final result
9 months

7.2. Punctuality
Note: *Punctuality* measures the time lag between the actual delivery of the data to Eurostat and the target date when it should have been delivered.

The Commission implementing Regulation on EHIS, states that the EHIS data file should be made available to Eurostat no later than nine months after the end of data collection.
Since the Dutch data collection for EHIS ended on 31 December 2019, the deadline for data delivery to was set on 30 September 2020. The Dutch data were delivered on 30 September 2020.

7.2.1. Punctuality - delivery and publication

The Commission implementing Regulation on EHIS, states that the EHIS data file should be made available to Eurostat no later than nine months after the end of data collection.
Since the Dutch data collection for EHIS ended on 31 December 2019, the deadline for data delivery to was set on 30 September 2020. The Dutch data were delivered on 30 September 2020.

8. Coherence and comparability

Note:
Coherence means the adequacy of statistics to be reliably combined in different ways and for various uses.
Comparability means the measurement of the impact of differences in applied statistical concepts, measurement tools and procedures where statistics are compared between geographical areas or over time.

8.1. Comparability - geographical

With the number of observations per geographical area as starting point, statistics are comparable on the level of provinces (NUTS2). The weighting model also included a regional variable consisting of provinces and the 4 largest agglomerates.
As mentioned in the Committee Regulation, the Carribean islands and the West Frisian islands with the exception from Texel were excluded from the survey. Nevertheless, CAWI was implemented on all Frisian islands.

8.1.1. Asymmetry for mirror flow statistics - coefficient

[not requested]

8.2. Comparability - over time

Most variables are collected and published each year and the variables can be compared over time. From 2014-2019, there are only minor changes in the questionnaire. The tables based on these variables are mentioned in point 9.

8.2.1. Length of comparable time series

[not requested]

8.3. Coherence - cross domain

Note: *Coherence* – cross domain is the extent to which statistics are reconcilable with those obtained from other data sources or statistical domains.
Data of EHIS can be combined with all other available data sources for which sufficient identifying information is available.

8.4. Coherence - sub annual and annual statistics

[not requested]

8.5. Coherence - National Accounts

[not requested]

8.6. Coherence - internal

[not requested]

9. Accessibility and clarity

Note: *Accessibility* and *clarity* mean the simplicity and ease, the conditions and modalities by which users can access, use and interpret statistics, with the appropriate supporting information and assistance.

9.1. Dissemination format - News release

Oral Health:
https://www.cbs.nl/nl-nl/nieuws/2020/10/meerderheid-volwassenen-tevreden-met-mondgezondheid
Alcohol consumption:
https://www.cbs.nl/nl-nl/nieuws/2020/11/41-procent-van-de-volwassenen-drinkt-niet-of-hooguit-1-glas-alcohol-per-dag
Physical activity:
https://www.cbs.nl/nl-nl/nieuws/2020/17/helft-nederlanders-voldeed-in-2019-aan-beweegrichtlijnen

9.2. Dissemination format - Publications

Monitor of well-being & the SDGs 2020:
https://www.cbs.nl/en-gb/publication/2020/21/monitor-of-well-being-the-sdgs-2020
Emancipatiemonitor 2020:
https://www.cbs.nl/nl-nl/publicatie/2020/50/emancipatiemonitor-2020
Jaarrapport Jeugdmonitor: ontwikkeling kernindicatoren 2015 tot en met 2019:
https://jeugdmonitor.cbs.nl/publicaties/Jaarrapport-Jeugdmonitor-ontwikkeling-kernindicatoren-2015-tot-en-met-2019
Jaarrapport Integratie 2020:
https://www.cbs.nl/nl-nl/publicatie/2020/46/jaarrapport-integratie-2020

9.3. Dissemination format - online database

The Dutch HIS data are used for the following tables in Statistics Netherlands' online database StatLine:
Health and health care: http://opendata.cbs.nl/statline/#/CBS/en/dataset/83005ENG/table?dl=47ADA
Life style and (preventive) health examination:
http://opendata.cbs.nl/statline/#/CBS/en/dataset/83021ENG/table?dl=47ADD
Healthy life expectancy:
http://opendata.cbs.nl/statline/#/CBS/en/dataset/71950eng/table?dl=43B31
Health, lifestyle, health care use and supply, causes of death:
http://opendata.cbs.nl/statline/#/CBS/en/dataset/81628ENG/table?dl=421D1

Health, lifestyle, health care use and supply, causes of death; from 1900:
http://opendata.cbs.nl/statline/#/CBS/en/dataset/37852eng/table?dl=34869

Only available In Dutch:
Gezondheid en zorggebruik; geslacht, leeftijd, persoonskenmerken:
http://opendata.cbs.nl/statline/#/CBS/nl/dataset/83384NED/table?dl=47AE4
Leefstijl en preventie; geslacht, leeftijd, persoonskenmerken:
http://opendata.cbs.nl/statline/#/CBS/nl/dataset/83385NED/table?dl=4663A
Lengte en gewicht van personen, ondergewicht en overgewicht; vanaf 1981:
http://opendata.cbs.nl/statline/#/CBS/nl/dataset/81565NED/table?dl=36A6E
Gezonde levensverwachting; geslacht, leeftijd en onderwijsniveau:
http://opendata.cbs.nl/statline/#/CBS/nl/dataset/84842NED/table?dl=4506F

9.3.1. Data tables - consultations

[not requested]

9.4. Dissemination format - microdata access

Under strict conditions , certain types of institutions may be granted access to microdata for research purposes only, To ensure that individual cases cannot be identified, individual identifying information is strategically removed from the microdata set. The microdata is made available through remote access, and is established via a secure connection, Institutions have to pay for access. Detailed information can be found following the link http://www.cbs.nl/en-GB/menu/informatie/beleid/zelf-onderzoeken/default.htm.

9.5. Dissemination format - other

Customised research
Aside from its basic programme, Statistics Netherlands also provides additional statistical services that address specific policy questions from public authorities. As this research is often incidental in nature, or does not fit into the normal structure of reporting, the results are not necessarily made available via StatLine.
https://www.cbs.nl/nl-nl/onze-diensten/maatwerk-en-microdata/thematisch/gezondheid-en-welzijn

9.6. Documentation on methodology

https://www.cbs.nl/nl-nl/onze-diensten/methoden/onderzoeksomschrijvingen/aanvullende-onderzoeksbeschrijvingen/vragenlijsten-gezondheidsenquete-vanaf-2014
https://www.cbs.nl/nl-nl/onze-diensten/methoden/onderzoeksomschrijvingen/aanvullende-onderzoeksbeschrijvingen/weging-gezondheidsenquete-vanaf-2014
https://www.cbs.nl/en-gb/our-services/methods/surveys/korte-onderzoeksbeschrijvingen/health-survey-as-of-2014
https://www.cbs.nl/en-gb/society/health-and-welfare

9.7. Quality management - documentation

Not available

9.7.1. Metadata completeness - rate

[not requested]

9.7.2. Metadata - consultations

[not requested]

10. Cost and Burden Top

Note: *Cost* associated with the collection and production of the statistical product and burden on respondents.

In total, including EHIS tasks, the costs of the Dutch Health Survey 2019 are estimated at 1,7 million euros. The mean duration of the interview was 36 minutes.

10.1. Cost of the survey

The Dutch EHIS 2019 was integrated in the regular Dutch Health Survey (conducted yearly). In total, including EHIS tasks, the costs of the Dutch Health Survey 2019 are estimated at 1,7 million euros.

10.2. Time for answering the survey; if possible by data collection mode

CAWI:
Av. 37.8 minutes
Min 5.02 minutes
Max 120 minutes
CAPI:
Av 34.0minutes
Min 3.55 minutes
Max 111.46 minutes
Outliers >120 minutes were removed from these analyses. Because respondents can start the suvey CAWI and finsih the quetionnaire another day, it is not possible to calculate the maximum for CAWI.

10.2.1. Average interview duration for the EHIS questions (in minutes)

36

10.2.2. Minimum interview duration for the EHIS questions (in minutes)

4

10.2.3. Maximum interview duration for the EHIS questions (in minutes)

120

10.3. Measures taken to reduce the cost and burden of the survey

The health survey has a sequential CAWI-CAPI observation strategy. All sample subjects are first asked by letter to participate in the research by completing a questionnaire on the Internet. People who have not responded to this request after a maximum of two reminders will be visited at home to conduct an interview. The observation strategy of the home visits is adjusted as follows. In order to reduce the spread in response shares, more CAPI is used in groups that respond poorly via the internet than in groups that do so well. The identification of these so-called target groups is carried out with cluster analysis based on past results. The population is divided into groups by means of demographic and regional personal characteristics, in such a way that people within each target group have approximately the same response behavior per mode and people from different target groups have different response behavior in at least one mode.

If in this way the response shares become more equal across the target groups, this means that the ratio of the response to the target groups is more like the ratio of the target groups in the population. Furthermore, it is assumed that the answers obtained within a target group are the same in different observation modes and that the people who respond via the Internet are no different from the people who do so face to face.

The West Frisian islands with the exception from Texel were excluded from the CAPI survey. Nevertheless, CAWI was implemented on all Frisian islands.

The burden and costs of the EHIS are reduces by implementing the EHIS in our yearly National Health Interview Survey. It means we can conduct one survey instead of two. Because of this it was important to get some derogations.

11. Confidentiality

Note: Steps carried out to prevent access to EHIS national microdata from unauthorised persons at each step of the production chain.

11.1. Confidentiality - policy

Statistics Netherlands is fully independent in terms of its statistical operations with respect to methodology and publications. Independence was granted by the Royal Act of 1899 and reconfirmed by law in 1996 and 2003. Data provision was made compulsory by law in 1936. Confidentiality is guaranteed. Individual data are never published without consent.

The Royal Act of 1899 and the Law of 1996 have been repealed by the Law of 20 November 2003. This Law on the Central Bureau of Statistics describes the independence of the director-general of Statistics Netherlands: "The director general shall determine the methods by which the studies included in the work programme and the multi-annual programme will be carried out and the manner in which the results of those studies will be published".

The Law of 2003 established the Central Bureau of Statistics and the Central Commission for Statistics. Section 3 states: "The task of the CBS is to carry out statistical research for the government for practice, policy and research purposes and to publish the statistics compiled on the basis of such research".

Sections 33 through 36 describe the collection of information, sections 37 and 38 describe the use of information gathering and sections 39 through 42 the dissemination of results. The most relevant clauses are the following. Section 33: "The director general is authorised to use, for statistical purposes, data from registers (..) the director general is authorised to request, for statistical purposes, data (..) from the categories of companies, independent professionals, institutions and legal persons (..)."

Section 37: "The data (..) shall be used solely for statistical purposes. The data (..) shall only be published in such a way that no recognisable data can be derived from them about an individual person, household, company or institution, unless, (..) there are good reasons to assume that the company or institution concerned will not have any objections to the publication."

The public can find it at the CBS website (https://www.cbs.nl/en-gb/about-us/organisation/privacy, https://www.cbs.nl/nl-nl/deelnemers-enquetes/deelnemers-enquetes/bedrijven/meer-over-cbs-enquetes/handhaving/wet-regelgeving).

11.2. Confidentiality - data treatment

Several measures are taken to guarantee the confidentiality of personal data:
1. Identifying personal data is separated from the questionnaire data before the data are processed and then discarded.
2. Only aggregated data are published (individual observation units are not recognizable either directly or indirectly). Cells with less than 50 observations are not published.
3. Data are handled by staff trained to respect the principles of confidentiality.

12. Comment

Related metadata

Annexes

National Health Interview Survey included EHIS
Routing of the National Health Interview including EHIS
Adaptations and back-translation of the EHIS questions