

## METHODOLOGICAL SPECIFICATIONS

1. The data source is the Health Interview Survey (SANPOP) carried out for a period of three months, during **September-November 2014**. The statistical survey is part of the second European Health Interview Survey (European Health Interview Survey - EHIS wave 2), carried out according to the Commission Regulation (EU) No. 141/2013, on implementing Regulation (EC) No. 1338/2008 of the European Parliament and of the Council on Community statistics on public health and health and safety at work, as regards statistics based on the European Health Interview Survey (EHIS).
2. The reference population of the survey was the persons having usual residence in research centers (urban and rural), members of households in the households randomly selected in all counties and in Bucharest Municipality.
3. For collecting information four types of statistical questionnaires have been used: a household questionnaire used for collecting general information on the household structure and general information about each household member, housing and net monthly income of the household and three individual questionnaires used for collecting information on the population health status, access to health care services and information on lifestyle (an individual questionnaire for collecting data on children aged under 15 years, an individual questionnaire for persons aged 15 years and over and a self-completion questionnaire designed exclusively for persons aged 15 years and over).
4. The questions in the questionnaires had different reference periods. Thus, one type of questions had a general characteristic, another type of questions had as reference period the past 12 months previous to the interview or referred to shorter periods of time (e.g. the past two weeks previous to the interview).
5. Definitions:

**Usual residence** is the place where a person usually spends its daily period of rest, regardless the temporary absences for recreation, holidays, visits to friends and family, business, medical treatment or religious pilgrimage. Usual residence may be the same as the permanent residence or may be different, in case of persons who choose to settle their usual residence in another locality than the one of the permanent residence, in the country or abroad.

**Perceived health status** is the subjective assessment of their own health status made by each individual. This was determined based on responses to the question "In general, how you appreciate your health status: very good, good, fair, bad or very bad?". In case of children, perceived health status was assessed by the parent

**Chronic disease or longstanding illness** was defined as the illness or health problem which has lasted or is expected to last for 6 months or more.

**Personal care activities** were captured through a set of questions aiming at estimating the number of persons with long-term limitations, ignoring temporary problems. They cover the essential activities for personal care (feeding, getting in/out of the chair/bed, dressing or undressing, using the toilet, bath or shower) and collect information on the degree of difficulty encountered in carrying them out (with no difficulty, with some difficulty, with a lot of difficulty or cannot do at all some personal care activities).

**Visits (consultations) to the family doctors** included both visits to family doctors and to general practitioners made by respondents in the medical office or received at home or by phone. Visits to the family doctor when the respondents have not contacted directly the doctor, but a nurse (e.g. for an injection or a prescription) or appointments for consultations that did not took place until the interview time, were not taken into consideration.

**Average number of visits to the family doctor** was established by dividing the total number of visits to the number of persons who have visited a family doctor during the reference period (the past 12 months previous to the interview).

**Visits (consultations) to the medical specialists** referred to contacting medical specialists (including surgical) at their medical offices, in outpatient departments of hospitals, emergency departments of hospitals, medical offices in the respondents workplaces or in medical offices in schools.

**Average number of consultations from a medical specialist** was established by dividing the total number of consultations received from a medical specialist to the number of persons who received these consultations during the reference period (the past 12 months previous to the interview).

**Visits (consultations) to the dentists** included visits to both dentists and orthodontists or other dental care specialists. Visits for surgical problems were not included (such visits were included in the visits to medical specialists). Appointments for consultations that did not took place until the interview time were not considered.

**Average number of visits to the dentist or orthodontist** was established by dividing the total number of visits to the dentist or orthodontist to the number of persons who made these visits during the reference period (the past 12 months previous to the interview).

**Body mass index (BMI)** highlights the connection between a person's weight and height. It is a rough estimate of the body fat content. Due to the ease of measurement and calculation, the instrument is used to diagnose obesity. It is calculated only for persons aged 18 years and over, using the formula:  $BMI = W/H^2$  (W – person's weight, in kg; H - person's height, in meters). Using BMI the persons can be divided into: underweight persons ( $BMI \leq 18.50 \text{ kg/m}^2$ ); persons with normal weight ( $18.51 \leq BMI \leq 24.99 \text{ kg/m}^2$ ); overweight persons ( $25.00 \leq BMI \leq 29.99 \text{ kg/m}^2$ ); persons suffering from obesity ( $BMI \geq 30 \text{ kg/m}^2$ ).

**Physical activities carried out during leisure time** refer to sports, fitness and various physical recreational activities. The question aimed to quantify the number of days in a typical week in which the respondents carried out this type of sports or recreational activities continuously, for at least 10 minutes. Carrying out these physical activities entail at least a small increase in breathing or heart pulse. Physical activities were not taken into consideration if respondents have carried them out for less than one day per week or they have carried them out continuously, for less than 10 minutes.

Questions regarding the **consumption of fruits and vegetables** referred only to the consumption of fruits and vegetables that are fresh, frozen, canned or dried, in any form, whole, cut into small pieces or shredded (mashed), made in own household or consumed in a public place (bar, restaurant or similar location). Juices prepared from concentrates or processed fruits or vegetables, as well as artificially sweetened juices, potatoes and similar foods rich in starch (e.g. sweet potato) were not taken into consideration.