



National Survey for Wales 2016-17: Population Health - Lifestyle

29 June 2017
SDR 67/2017

The National Survey for Wales has replaced the Welsh Health Survey as the source of data on health-related lifestyle among adults. Results from the two surveys are not comparable due to the change in survey methodology. All results in this release relate to adults aged 16 and over.



19%

Or 1 in 5 currently smoked
(7% use e-cigarettes)



20%

Or 1 in 5 drank over
weekly guidelines



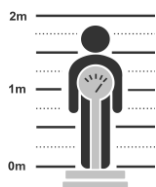
24%

Or 1 in 4 ate 5 or more
portions of fruit or vegetables
the previous day



54%

Or 1 in 2 were active for 150
minutes or more the previous
week



59%

Or 3 in 5 were overweight or
obese (including 23% obese)



10%

Followed 0 or 1 healthy
behaviours

About this release

This release provides information about the health and health related lifestyles and behaviours of adults living in Wales which were included for the first time in the National Survey for Wales in 2016/17. This includes one of the 46 [National Indicators](#).

The full questionnaire is available on the [National Survey web pages](#).

Additional tables can be accessed via [StatsWales](#).

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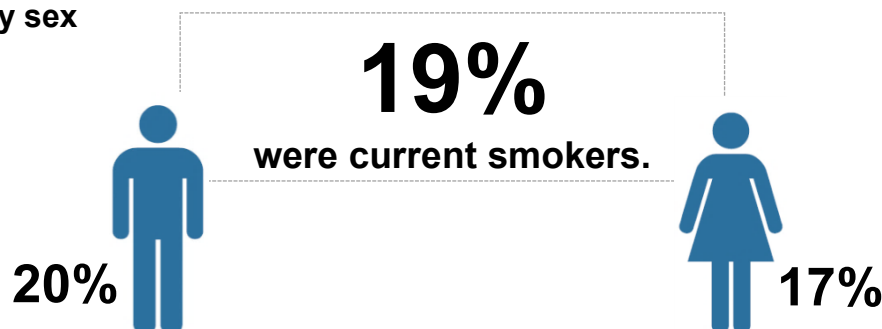


Section 1: Smoking and e-cigarette use

At a
Glance

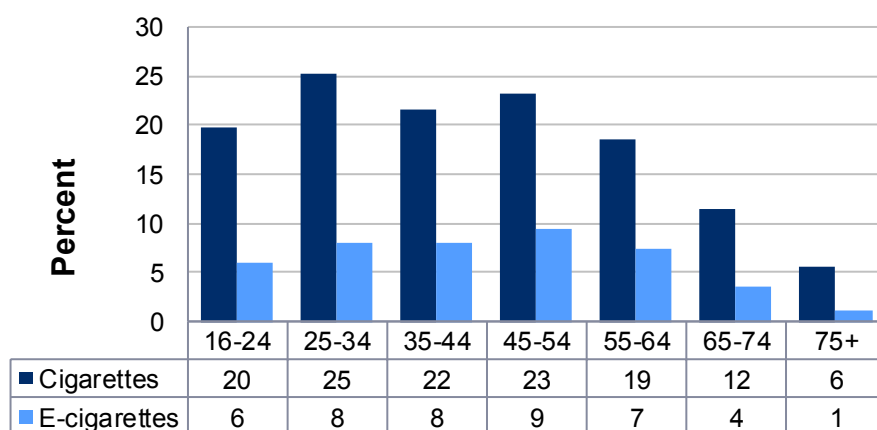
1 in 5 (19 per cent) adults reported that they currently smoked. Smoking was more common among men and adults in the most deprived areas and not so common among older age groups. 7 per cent of adults use e-cigarettes.

Figure 1: Percentage of adults who reported being a current smoker or using e-cigarettes, by sex



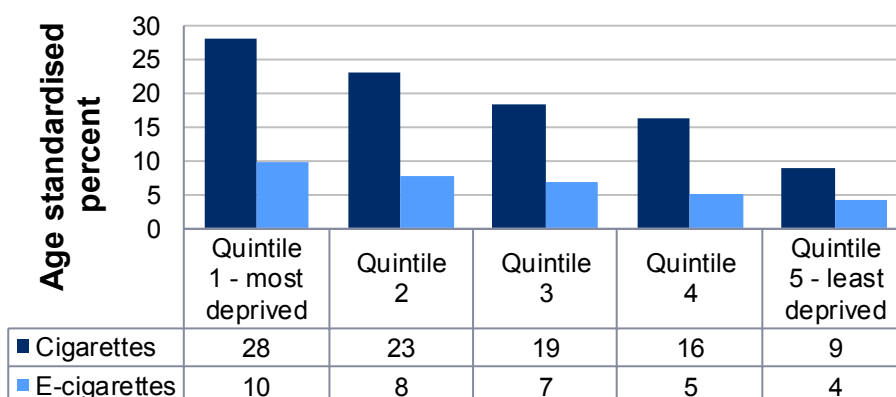
- 7 per cent of males and 6 per cent of females were using e-cigarettes.

Figure 2: Percentage of adults who reported being a current smoker or using e-cigarettes, by age



- Smoking was most common among adults aged 25-34 (25 per cent).
- Cigarette use among adults middle aged and older declined with age.
- Adults aged 75 and over were less likely to smoke cigarettes or use e-cigarettes than adults of any other age.

Figure 3: Percentage of adults who reported being a current smoker or using e-cigarettes, by area deprivation



- Smoking rates increased with the level of deprivation. Adults in the most deprived fifth of areas were three times more likely to smoke (28 per cent) than adults in the least deprived areas (9 per cent).
- Adults in the most deprived areas were also twice as likely to use e-cigarettes (10 per cent) than adults in the least deprived fifth (4 per cent).

Figure 4: Percentage of adults who reported being a current smoker by year

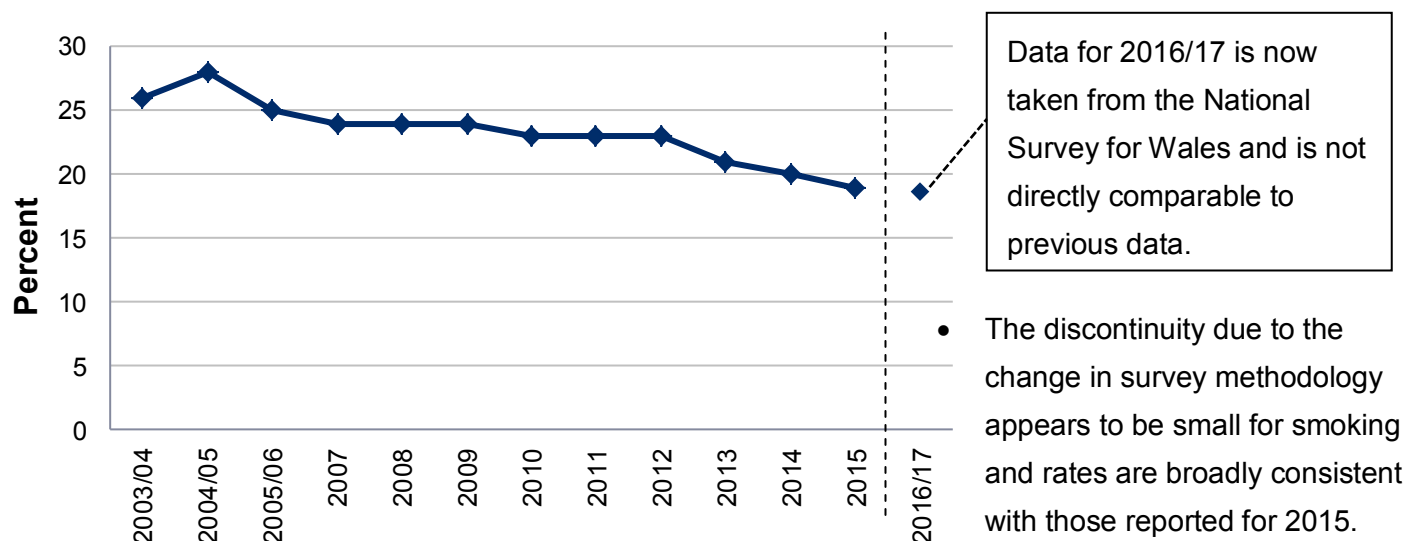
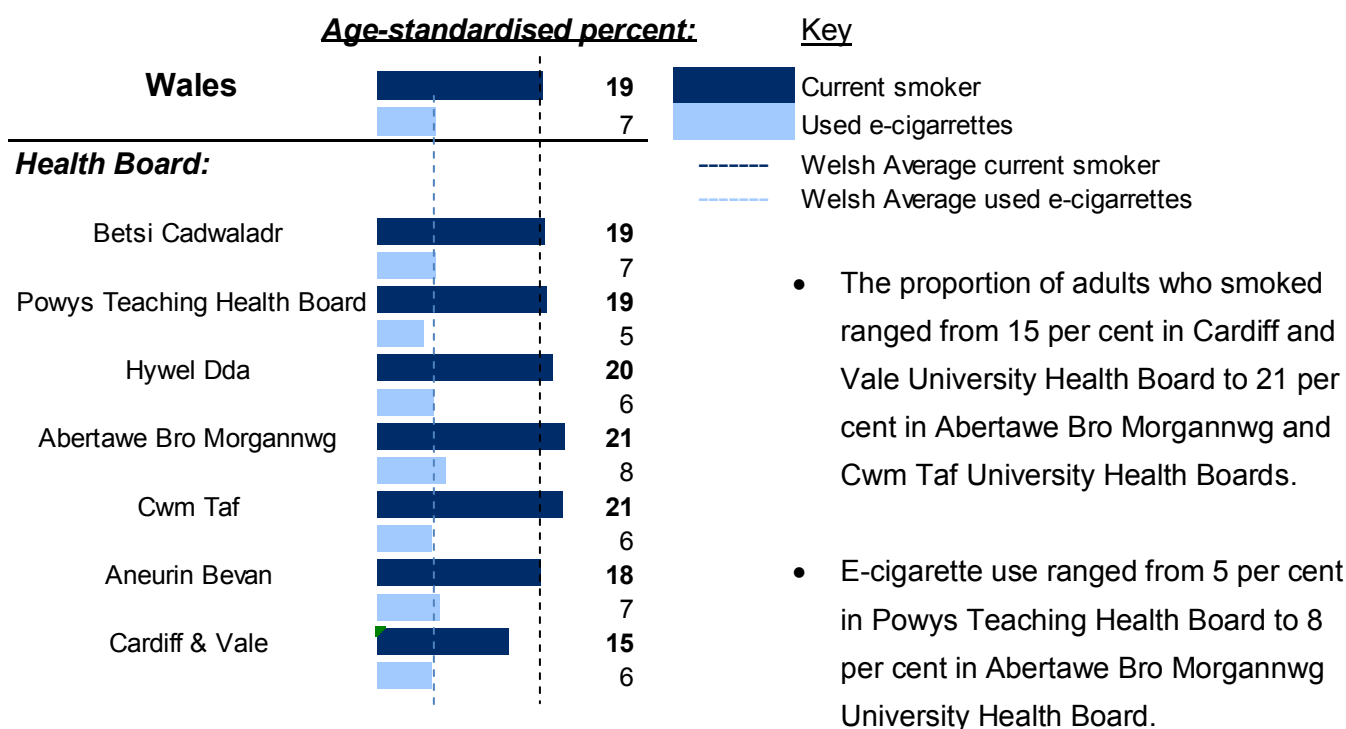


Figure 5: Percentage of adults who reported being a current smoker or using e-cigarettes, by Health Board (age-standardised):



Smoking status of e-cigarette users:

- 52% of current e-cigarette users were smokers, 44% were ex-smokers, and 4% had never smoked.

Reasons for using e-cigarettes:

- The most common reason for adults to use e-cigarettes was to help them quit smoking tobacco products (63% of e-cigarette smokers). People could give more than one reason.

Further information;

Further information on cigarette and e-cigarette use can be found in the accompanying tables on [StatsWales](#).



Section 2: Alcohol



At a Glance

1 in 5 (20 per cent) adults reported that they drank more than the weekly guideline amount (that is, average weekly consumption above 14 units). Drinking above weekly guidelines was more common among men and middle aged adults. Adults in the most deprived fifth of areas were less likely to drink above guidelines than adults in less deprived areas.

Figure 6: Percentage of adults who reported drinking above weekly guidelines, by sex



Figure 7: Percentage of adults who reported drinking above weekly guidelines, by age

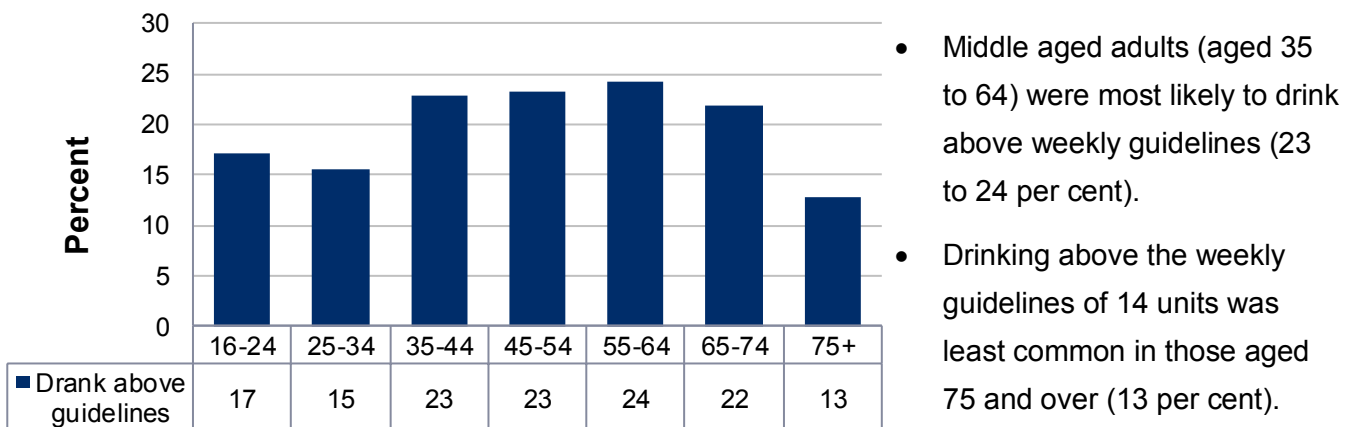
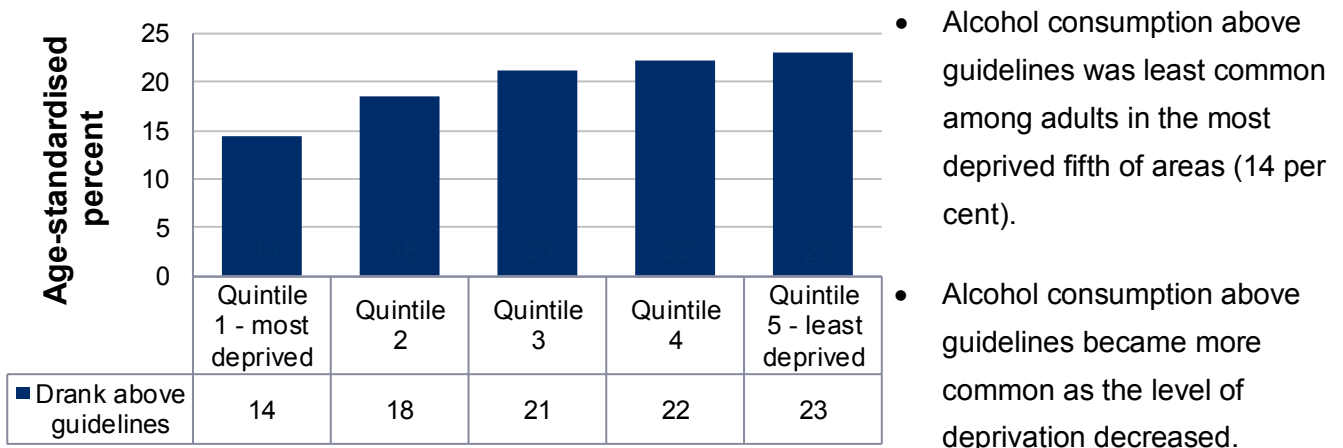


Figure 8: Percentage of adults who reported drinking above weekly guidelines, by area deprivation

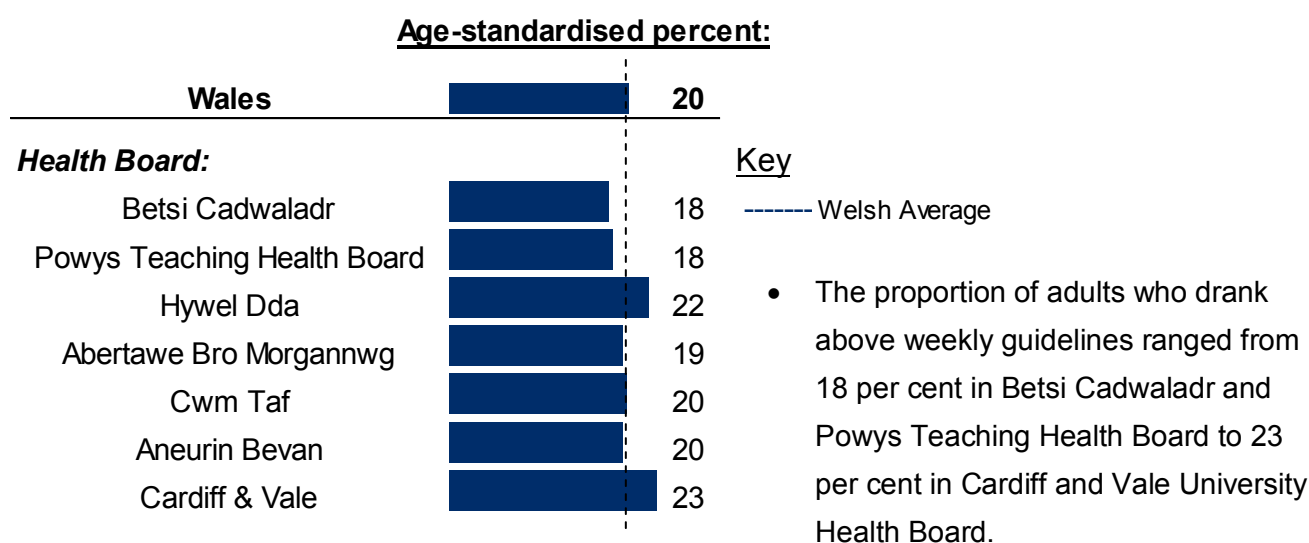




Note on trends:

Alcohol consumption guidelines changed in 2016, and data on average weekly consumption was collected for the first time in 2016/17. No trend information is therefore available. Some data on daily consumption was collected under both the former and the new surveys, however the change in survey methodology for 2016/17 led to a large discontinuity in the results for alcohol rates and these should not be compared.

Figure 9: Percentage of adults who reported drinking above weekly guidelines, by Health Board (age-standardised)



Non-drinkers:

- 17% of adults reported that they did not drink alcohol, and a further 36% reported drinking less than weekly.

Maximum daily alcohol consumption:

- 31% of adults drank more than 3 units (women) or 4 units (men) on at least 1 day the previous week (these were the former daily guidelines which were replaced by weekly guidelines in 2016).

Further Information;

Further information on alcohol consumption can be found in the accompanying tables on [StatsWales](#).



Section 3: Fruit and vegetable consumption



1 in 4 (24 per cent) adults reported that they ate at least five portions of fruit or vegetables the previous day. As the level of deprivation decreased, the consumption of the recommended amount of fruit and vegetables increased.

Figure 10: Percentage of adults who reported eating five or more portions of fruit and vegetables the previous day, by sex

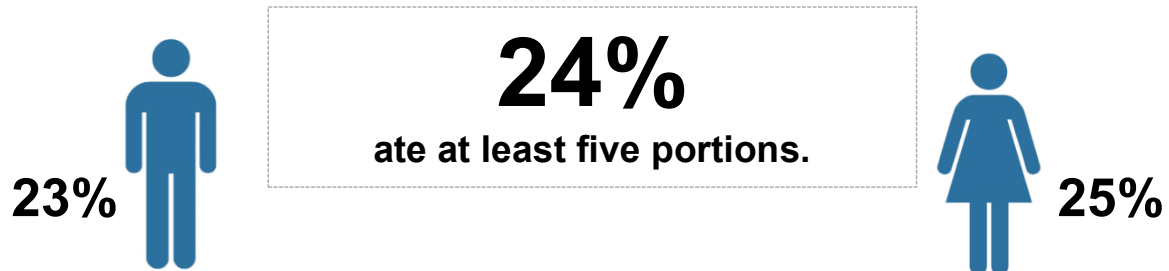


Figure 11: Percentage of adults who reported eating five or more portions of fruit and vegetables the previous day, by age

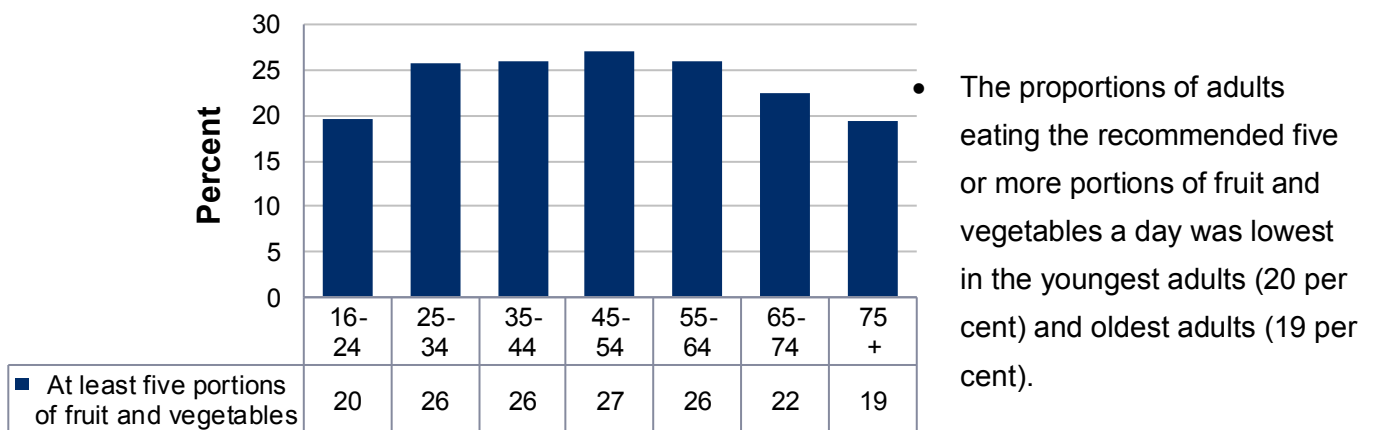
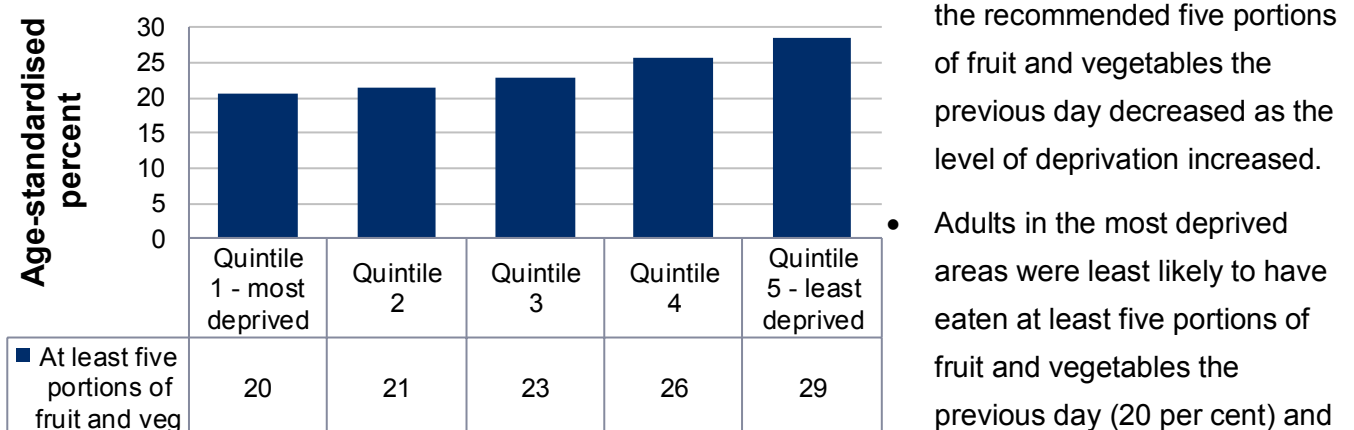


Figure 12: Percentage of adults who reported eating five or more portions of fruit and vegetables the previous day, by area deprivation

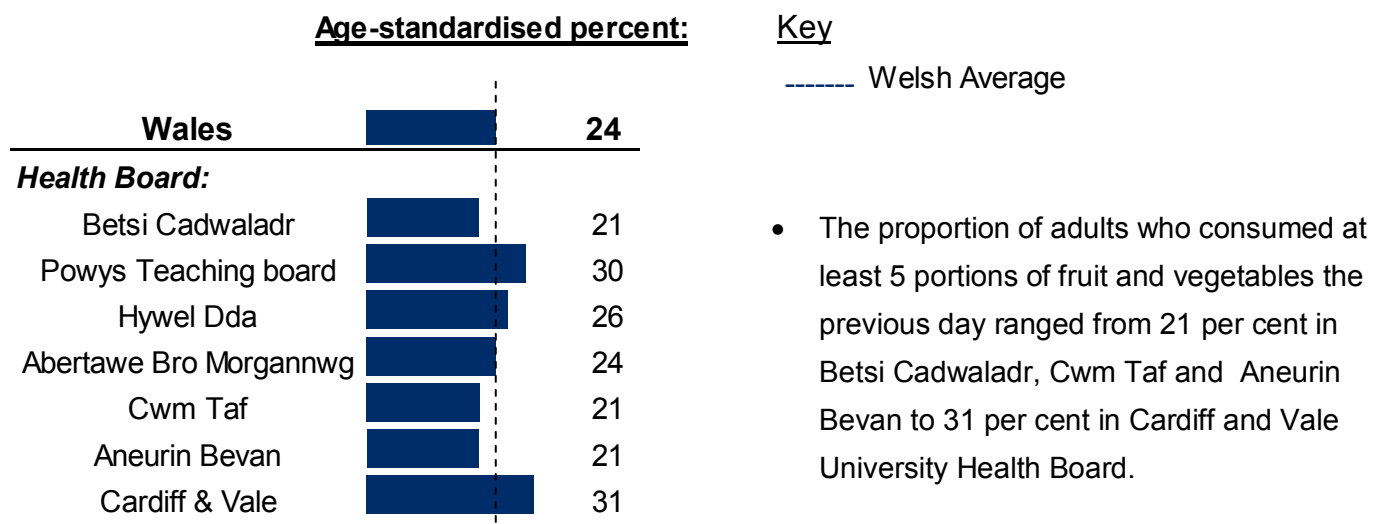




Note on trends:

The change in survey methodology for 2016/17 led to a large discontinuity in the results for fruit & vegetable rates and these should not be compared.

Figure 13: Percentage of adults who reported eating five or more portions of fruit and vegetables the previous day, by Health Board (*age-standardised*)



Consumed no fruit or vegetables:

- 8 per cent of adults in Wales did not consume any fruit or vegetables the previous day.

Further Information;

Further information on fruit and vegetable consumption can be found in the accompanying tables on [StatsWales](#).



Section 4: Physical Activity



Over half (54 per cent) of all adults reported that they had been active for at least 150 minutes in the previous week. Men were more likely to have been active for 150 minutes than women. 32 per cent of adults were inactive (active less than 30 minutes the previous week). Inactivity was highest among older adults and adults in more deprived areas.

Figure 14: Percentage of adults who reported being active for at least 150 minutes in the previous week, by sex

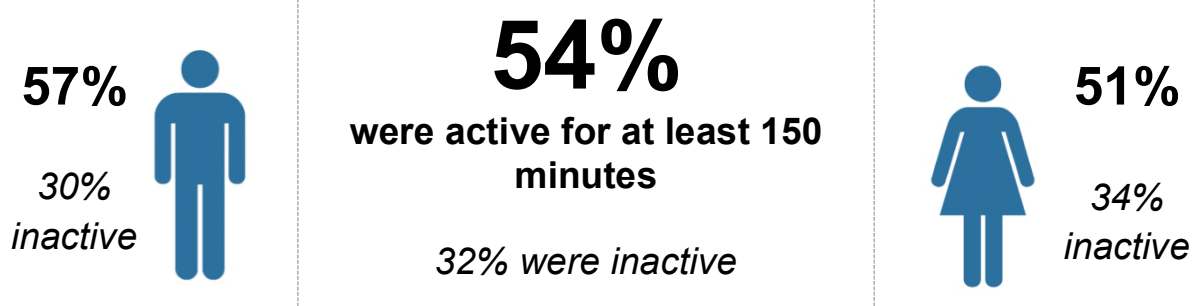
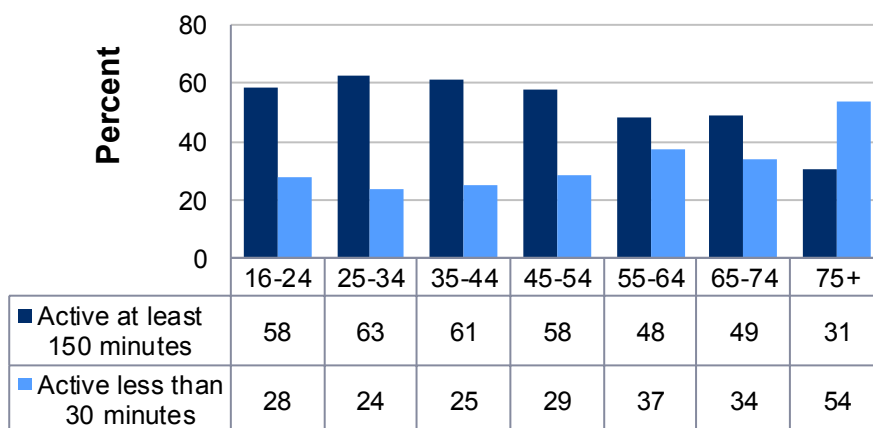
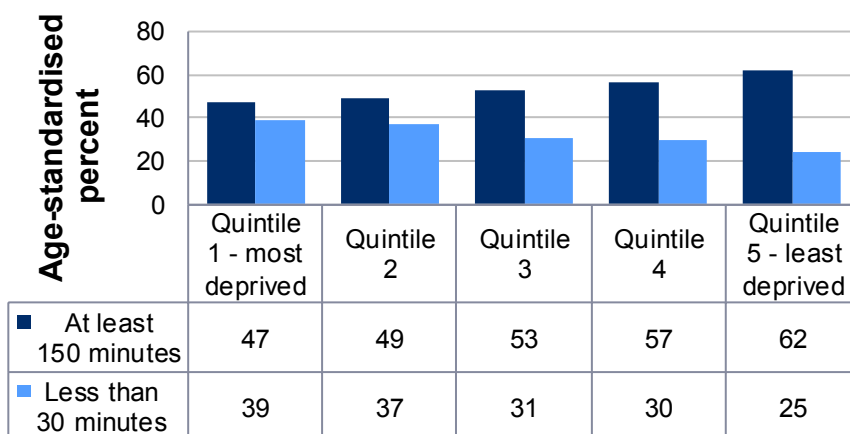


Figure 15: Percentage of adults who reported being active for at least 150 minutes or inactive (less than 30 minutes) in the previous week, by age



- The proportion of adults who reported doing at least 150 minutes of moderate or high intensity exercise in the previous week was highest among younger adults and decreased with age thereafter.
- Rates of inactivity were highest among older adults.

Figure 16: Percentage of adults who reported being active for at least 150 minutes or inactive (less than 30 minutes) in the previous week, by area deprivation



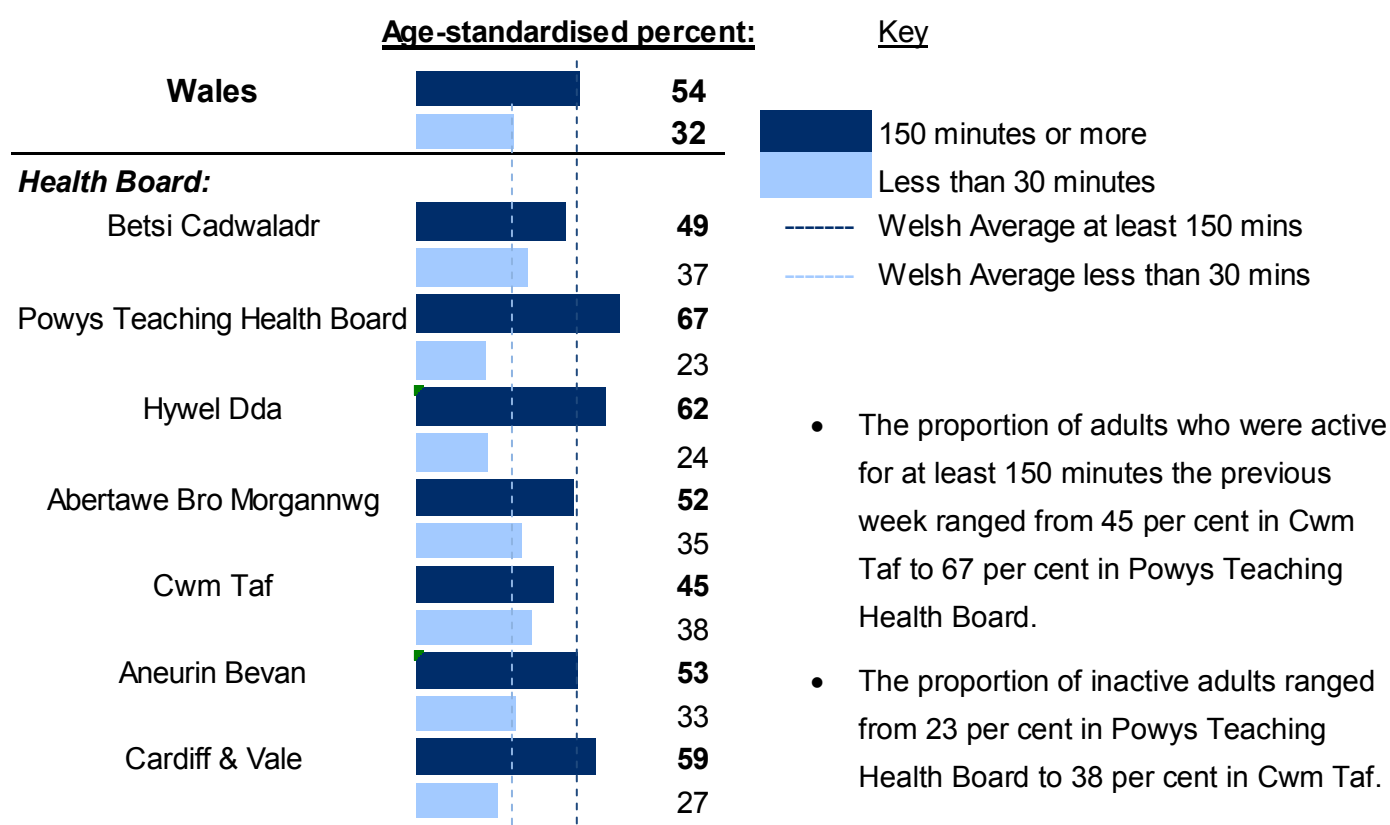
- The proportion of adults who were active for at least 150 minutes in the previous week increased as deprivation decreased.
- Inactivity rates decreased with the level of deprivation.



Note on trends:

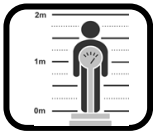
Physical activity guidelines changed in 2011, and data on weekly minutes of activity was collected for the first time in 2015. The change in survey methodology for 2016/17 led to a discontinuity in the results for physical activity and these should not be compared.

Figure 17: Percentage of adults who reported being active for at least 150 minutes or inactive (active less than 30 minutes) in the previous week, by Health Board (age-standardised)



Further Information;

Further information can be found in the accompanying tables on [StatsWales](https://stats.wales.gov.uk/).



Section 5: Body Mass Index



Over half (59 per cent) of adults were classified as overweight or obese including 23 per cent who were obese. Men were more likely to be overweight or obese than women. Rates of adults who were overweight or obese increased with the level of deprivation. Obesity was most prevalent in middle age.

Figure 18: Percentage of adults who were overweight or obese, by sex

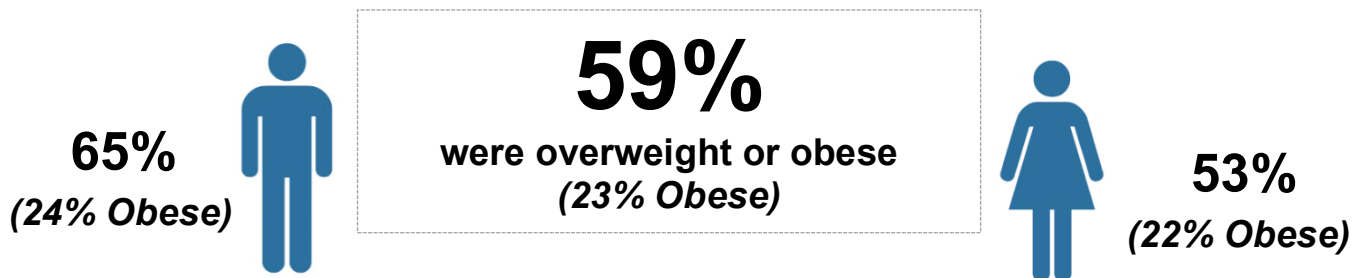
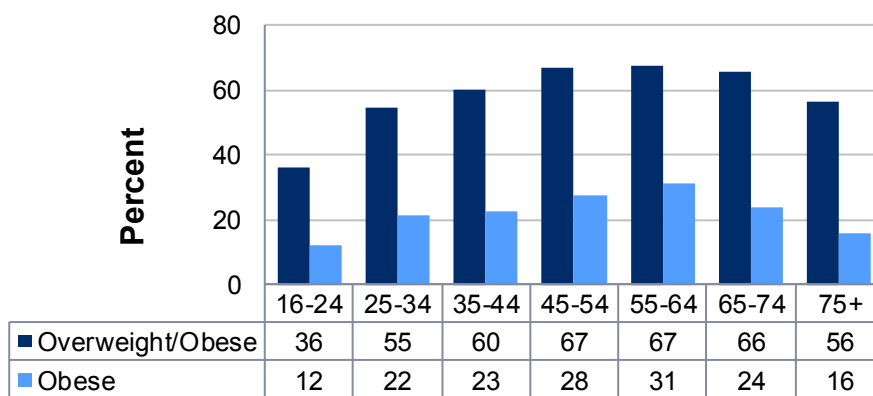
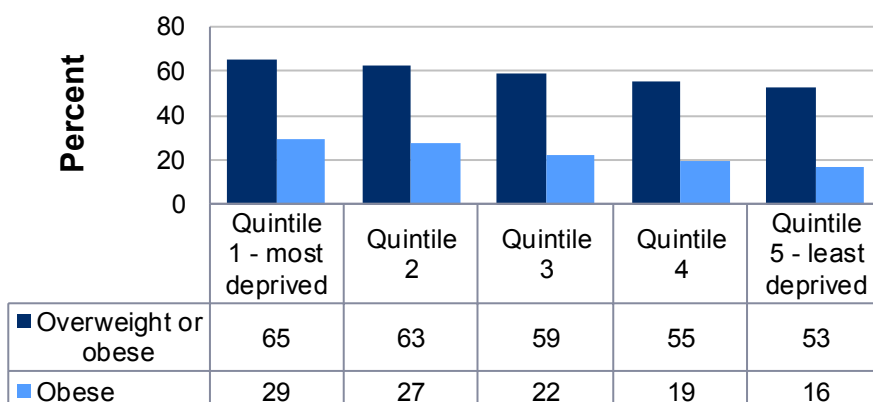


Figure 19: Percentage of adults who were overweight or obese, by age



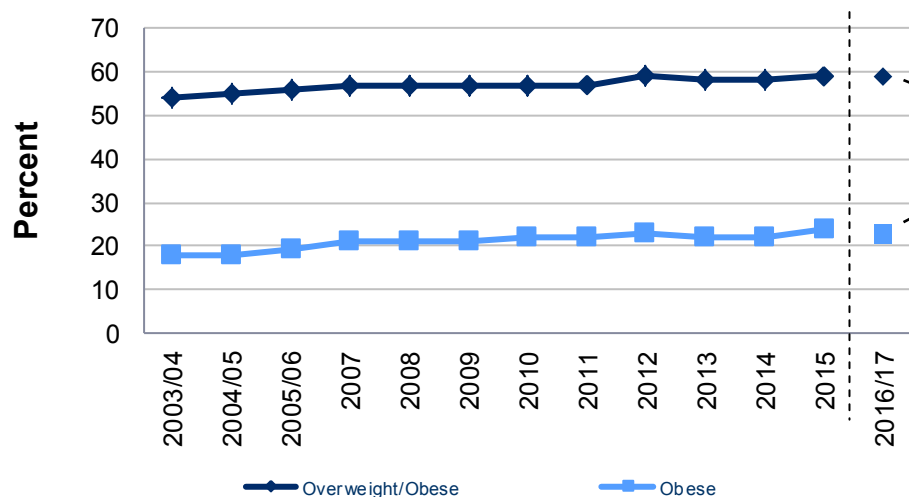
- Middle aged adults (aged 45 to 74) were most likely to be overweight or obese (66 to 67 per cent).
- Adults aged 16-24 were least likely to be overweight or obese (36 per cent).

Figure 20: Percentage of adults who were overweight or obese, by area deprivation



- The proportion of adults who were overweight or obese increased with deprivation from 53 per cent of adults in the least deprived fifth of areas to 65 per cent in the most deprived fifth.
- In the most deprived areas 29 per cent were obese compared to 16 per cent of those in the least deprived areas.

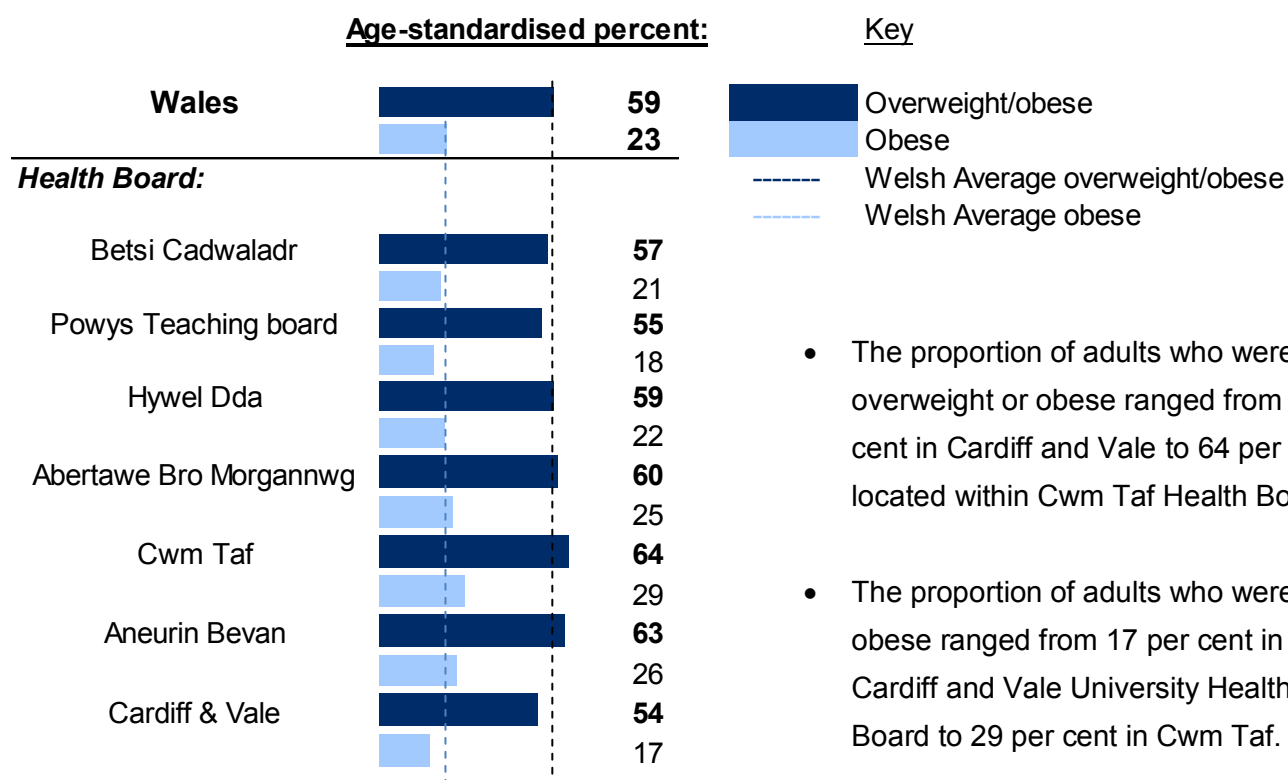
Figure 21: Percentage of adults who were overweight or obese, by year



Data for 2016/17 is now taken from the National Survey for Wales and is not directly comparable to previous data.

- The discontinuity due to the change in survey methodology appears to be small for overweight and obesity and rates are broadly consistent with those reported for 2015.

Figure 22: Percentage of adults who were overweight or obese, by Health Board (age-standardised)



- The proportion of adults who were overweight or obese ranged from 54 per cent in Cardiff and Vale to 64 per cent located within Cwm Taf Health Board.
- The proportion of adults who were obese ranged from 17 per cent in Cardiff and Vale University Health Board to 29 per cent in Cwm Taf.

Healthy body weight:

- Two in five adults living in Wales were classified as having a healthy body weight (39 per cent). 2 per cent were underweight.

Further Information;

Further information can be found in the accompanying tables on [StatsWales](https://stats.wales.gov.uk/).



Section 6:

Multiple healthy lifestyle behaviours

Five Healthy Lifestyle behaviours:

- ☐ Not Smoking
- ☐ Not drinking above weekly guidelines
- ☐ Eating five or more portions of fruit and vegetables the previous day
- ☐ Being physically active for at least 150 minutes in the previous week
- ☐ Maintaining a healthy weight / body mass index



10 per cent of adults exhibited fewer than two of the five healthy lifestyle behaviours. Males and middle aged adults were most likely to exhibit fewer than two of the behaviours. As the level of deprivation increased, the proportion of adults exhibiting fewer than two health behaviours increased.

Figure 23: Percentage of adults who had 0 to 1 of the 5 healthy lifestyles, by sex



Figure 24: Percentage of adults who had 0 to 1 of the 5 healthy lifestyles, by age

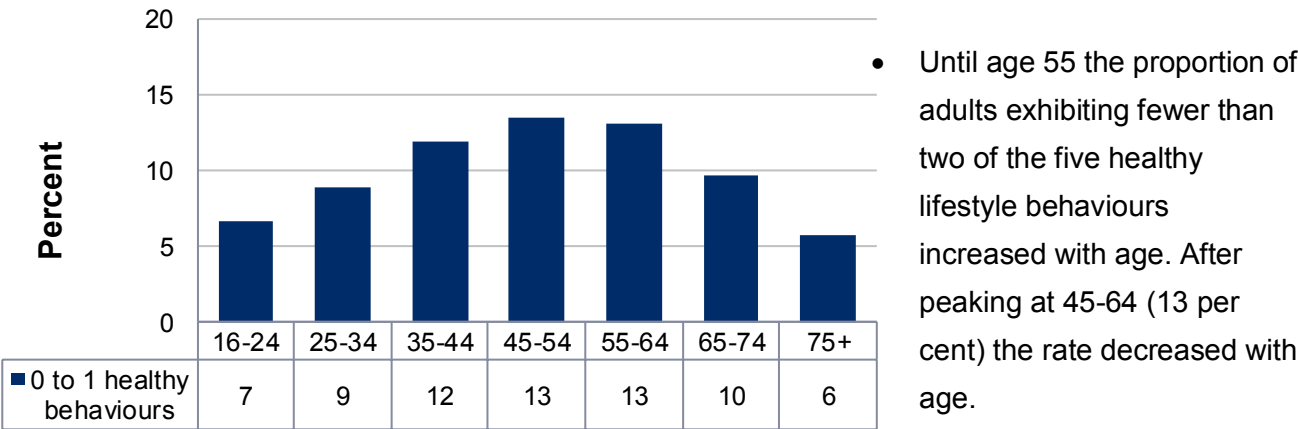
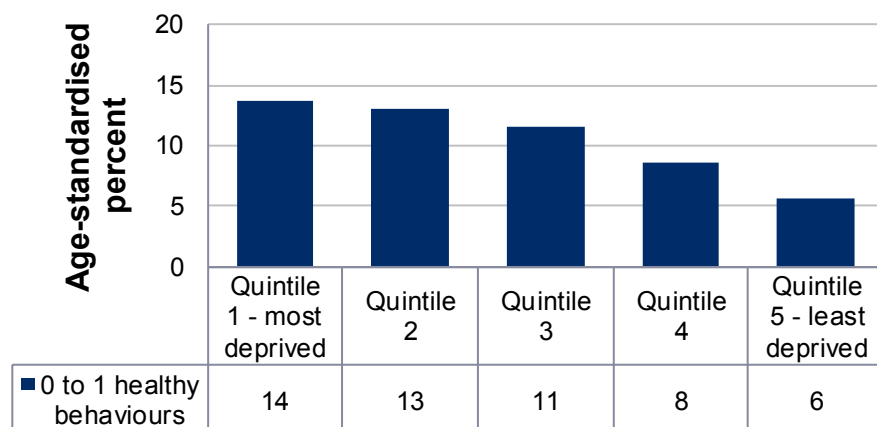


Figure 25: Percentage of adults who had 0 to 1 of the 5 healthy lifestyles, by area deprivation



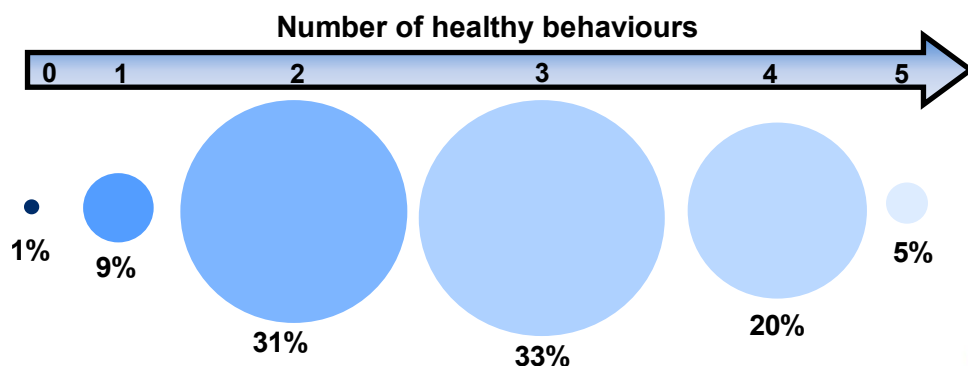
- Adults in the most deprived 40 per cent of areas were most likely to exhibit fewer than two of the five healthy lifestyle behaviours (13 per cent to 14 per cent) compared to adults in less deprived areas (6 per cent to 8 per cent).



Further note on trends:

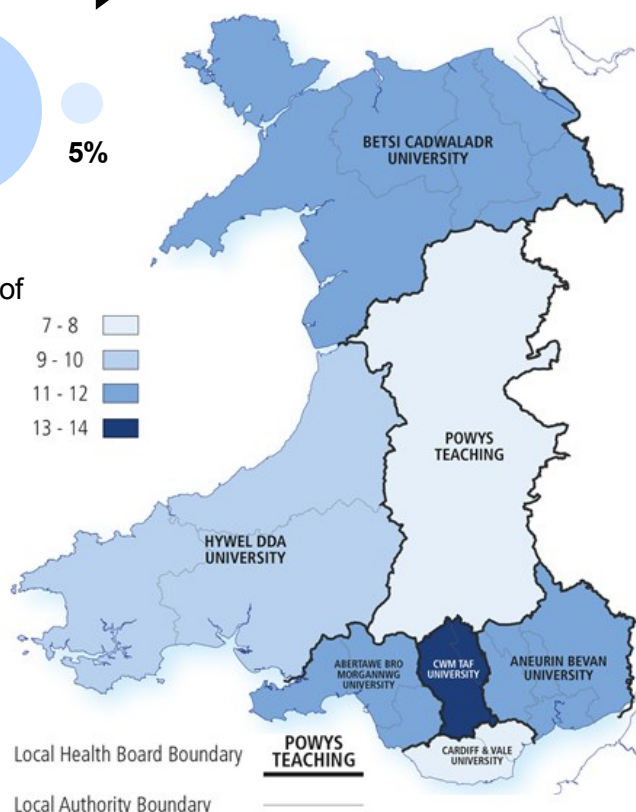
The change in alcohol consumption guidelines in 2016 means that no trend information is available. Other components of the measure (in particular fruit & vegetable consumption and physical activity) are also affected by discontinuities due to the change in survey methodology.

Figure 26: Percentage of adults by number of healthy behaviours (*left*) and percentage who had 0 to 1 of the 5 healthy lifestyles by Health Boards (*right*) (age-standardised):



- The majority of adults in Wales exhibited either two or three of the five healthy behaviours (64 per cent).

- The proportion of adults who exhibited less than two of the five healthy lifestyle behaviours ranged from 7 per cent in Powys Teaching Board to 13 per cent of adults located within the Cwm Taf University Health Board area.



Further Information;

Further information can be found in the accompanying tables on [StatsWales](https://stats.wales.gov.uk/).

Summary Table

Table 1: Health-related lifestyle behaviours - summary of key variables, adults aged 16 & over, by socio-demographic factors (a), 2016/17

Per cent

	Smoker	E-cigarette user	Weekly alcohol consumption above 14 units	Ate 5 portions fruit & veg	Active 150 minutes in week	Active less than 30 minutes in week	Overweight or obese	Obese	0 or 1 healthy behaviours
All aged 16+	19	7	20	24	54	32	59	23	10
By sex:									
Men	20	7	27	23	57	30	65	24	13
Women	17	6	14	25	51	34	53	22	8
By age:									
16-44	22	7	18	24	61	26	51	19	9
45-64	21	8	24	26	54	33	67	29	13
65+	9	3	18	21	41	43	62	20	8
By WIMD deprivation quintile (age-standardised):									
Quintile 1 (most deprived)	28	10	14	20	47	39	65	29	14
Quintile 2	23	8	18	21	49	37	63	27	13
Quintile 3	19	7	21	23	53	31	59	22	11
Quintile 4	16	5	22	26	57	30	55	19	8
Quintile 5 (least deprived)	9	4	23	29	62	25	53	16	6

National Survey for Wales 2016/17

a) See definitions below for explanations of age-standardisation and socio-demographic factors

Definitions

Smoking

The survey asked adults whether they smoked (daily or occasionally), used to smoke (daily or occasionally), or had never smoked. Those who reported smoking were asked if they had tried to or wanted to give up. Ex-smokers were asked how long ago they had stopped smoking. Throughout the report, 'current smokers' are those who responded saying they smoked either daily or occasionally, 'ex-smokers' are those who responded to the survey saying that they used to smoke daily or occasionally and 'non-smokers' were those who responded to have never smoked and ex-smokers.

For e-cigarettes, respondents were asked if they currently used or had ever used an e-cigarette, whether this was daily or occasionally, and their reasons for using them.

It also asked whether respondents were regularly exposed to other people's tobacco smoke or saw people using e-cigarettes in a range of places.

Alcohol Consumption

The survey asked adults a set of questions about their alcohol consumption.

As announced in the UK Chief Medical Officers' Low Risk Drinking Guidelines during 2016, a weekly alcohol guideline was recommended to replace the former daily guidelines. This new guideline for both men and women suggests drinking no more than 14 units a week on a regular basis, therefore this release measures responses to alcohol intake against this weekly guideline. The former guidelines suggested that men should not regularly drink more than 3 – 4 units of alcohol per day, and women not more than 2 – 3 units, and details of daily consumption are included in the additional tables.

Respondents were asked how often they drank alcohol in the past 12 months and, if never, whether they had always been a non-drinker.

Respondents were asked to indicate how often they had consumed each type of alcohol during the past 12 months, and how much they had usually consumed; they were also asked how many measures of each type of alcohol they had consumed on their heaviest drinking day the previous week. The following table was used to calculate the average weekly units drunk, and the units drunk on the heaviest drinking day the previous week:

Some respondents who did drink stated that their usual weekly consumption was none – this may lead to an underestimate in weekly drinking estimates.

Type of drink	Measure	Alcohol units
Normal strength beer, lager, stout, cider or shandy	Pints	2
	Large cans	2
	Small cans	1.5
	Bottles	1.5
Strong beer, lager, stout or cider	Pints	4
	Large cans	3
	Small cans	2
	Bottles	2
Wine	Large glass (250ml)	3
	Standard glass (175ml)	2
	Small glass (125ml)	1.5
	Bottles (750ml)	9
Spirits or liqueurs	Measures or shots (single measure)	1
Sherry or martini	Glass	1
Alcopops	Small can	1.5
	Standard bottle (275ml)	1.5
	Large bottle (700ml)	3.5

Weekly consumption of each type of drink was calculated by multiplying the units usually consumed on a day when that type of alcohol was drunk by a fraction representing the frequency with which it was drunk. The results for each type of drink were added together to give an overall weekly figure. The frequency multipliers used were:

Drinking frequency	Multiplying factor
Almost every day	7.0
5 or 6 times a week	5.5
3 or 4 times a week	3.5
Once or twice a week	1.5
Once or twice a month	0.375
Once every couple of months	0.115
Once or twice a year	0.029

Health-related behaviours can be a complex area to measure and there may be some differences between what people report and what they do (for instance, they may tend to underestimate their alcohol consumption). However, survey data still provides a reliable means of comparing patterns for these behaviours between different groups and over time.

Fruit and Vegetable Consumption

The survey asked adults questions about a range of food items to determine the overall amounts of fruit, vegetables and pulses consumed the previous day.

For each food item, respondents were asked whether they had eaten it and, if so, how much they had consumed. Everyday measures were given for each food item: for example, tablespoons of vegetables, small bowls of salad, or medium sized fruit (such as apples). Each question provided a definition of which foods were to be included. Guidelines recommend eating at least five portions of a variety of fruit and vegetables each day. To conform with these guidelines, the questions and analysis were based on the concept of portions of 80g each and the information collected was converted into standard portions at the analysis stage.

The table that follows shows portion sizes for the different food items included in the questions.

Food item	Portion size
Vegetables (fresh, frozen or tinned)	3 tablespoons
Pulses	3 tablespoons
Salad	1 small bowl
Dishes made mainly from vegetables or pulses	3 tablespoons
Very large fruit, such as melon	1 average slice
Large fruit, such as grapefruit	Half a fruit
Medium fruit, such as apples, bananas, oranges	1 fruit
Small fruit, such as plums, satsumas	2 fruits
Very small fruit, such as grapes, berries	2 average handfuls
Dried fruit, such as raisins, apricots	1 average handful
Frozen/tinned fruit	3 tablespoons
Dishes made mainly from fruit such as fruit salad or fruit pies	3 tablespoons
Fruit juice	1 small glass

At the analysis stage, rules for certain foods were applied: respondents could obtain no more than one portion of their daily intake from fruit juice, one portion from pulses, and one portion from dried fruit. These restrictions are in line with guidelines, which emphasise that a variety of fruit and vegetables should be consumed.

Health-related behaviours can be a complex area to measure and there may be some differences between what people report and what they do. However, survey data still provides a reliable means of comparing patterns for these behaviours between different groups and over time.

Physical Activity

Physical activity guidelines recommend that adults should aim to do at least 150 minutes of moderate activity during the week – alternatively, comparable benefits can be achieved by 75 minutes of vigorous activity, or an equivalent combination of the two.

The questions asked respondents on what days in the previous week they walked, completed some

moderate physical activity and completed some vigorous physical activity for at least 10 minutes at a time and then they were asked how much time, on average, they spent doing these activities each time. The respondents were also asked about their walking pace and the effort involved. Walking was included as a moderate activity for those walking at a 'fairly brisk' or 'fast' usual pace. For those aged 65 and over, walking at any pace was included if the effort was enough to make them breathe faster, feel warm or sweat. The information was combined to provide an estimate of the equivalent number of moderate minutes of activity undertaken the previous week. Those with the equivalent of 150 minutes or more moderate activity were classed as meeting the guidelines. Results for those who were inactive are also shown, which for the purposes of this report was defined as those with the equivalent of less than 30 minutes moderate activity the previous week.

Health-related behaviours can be a complex area to measure and there may be some differences between what people report and what they do (for instance, they may tend to overestimate their levels of physical activity). However, survey data still provides a reliable means of comparing patterns for these behaviours between different groups and over time.

Body Mass Index

The survey asked adults to report their height and their weight. In order to define overweight or obesity, a measurement is required which allows for differences in weight due to height. The Body Mass Index (BMI) is calculated as weight (kg) divided by squared height (m²). However, BMI does not distinguish between mass due to body fat and mass due to muscular physique, nor does it take account of the distribution of fat. BMI was calculated for all respondents, excluding pregnant women, with valid height and weight measurements and classified into the following BMI groups:

BMI (kg/m²)	Description
Less than 18.5	Underweight
18.5 to under 25	Healthy weight
25 to under 30	Overweight
30 and over	Obese
40 and over	Morbidly obese

Height and weight of respondents are self-reported, and there is evidence to show that some people tend to under-report weight and/or over-report height, resulting in an under-estimation of the prevalence of overweight and obesity.

Welsh Index of Multiple Deprivation

The Welsh Index of Multiple Deprivation (WIMD) is used as the official measure of deprivation in Wales. Deprivation is a wider concept than poverty. Deprivation refers to wider problems caused by a lack of resources and opportunities. The WIMD is constructed from eight different types of deprivation. These are: income, housing, employment, access to services, education, health, community safety and physical environment. Wales is divided into, 1,909 Lower-Layer Super Output Areas (LSOA) each having about 1,600 people. Deprivation ranks have been worked out for each of these areas: the most deprived LSOA is ranked 1, and the least deprived 1,909. Respondents to the survey have been split into five groups based

on the LSOA they live in (with 20% of LSOAs allocated to each group), and results are compared for the most and least deprived.

Age-Standardisation

Age standardisation has been used in selected analysis in order to enable groups to be compared after adjusting for the effects of any differences in their age distributions. When different sub-groups are compared in respect of a variable on which age has an important influence (such as health), any differences in age distributions between these sub-groups are likely to affect the observed differences in the proportions of interest.

Age standardisation was carried out using the direct standardisation method. The standard population to which the age distribution of sub-groups was adjusted was adapted from the 2013 European Standard

Population. Calculations were done using Stata. The age-standardised proportion p' was calculated as follows, where p_i is the age specific proportion in age group i and N_i is the standard population size in age group i :

$$p' = \frac{\sum_i N_i p_i}{\sum_i N_i}$$

Therefore p' can be viewed as a weighted mean of p_i using the weights N_i . Age standardisation was carried out using the age groups: 16-24, 25-34, 35-44, 45-54, 55-64, 65-74, 75 and over.

Key quality information

Comparability with results from former Welsh Health Survey

The National Survey for Wales has replaced the Welsh Health Survey as the source of data on health-related lifestyle among adults. Results from the two surveys are not comparable due to the change in survey methodology. The size of the discontinuities can vary depending on the topic. Some additional information is given in a [discontinuity report](#), a Statistical Article looking at trend discontinuities for a selection of health-related lifestyle behaviours is planned for late 2017 / early 2018.

Background

The National Survey for Wales 2016-17 was carried out by the Office for National Statistics on behalf of the Welsh Government. The results reported in this bulletin are based on interviews completed in 2016-17 (1 April 2016 – 31st March 2017).

21,666 addresses were chosen randomly from the Royal Mail's Small User Postcode Address File. Interviewers visited each address, randomly selected one adult (aged 16+) in the household, and carried out a 45-minute face-to-face interview with them, which asked for their opinions on a wide range of issues affecting them and their local area. A total of 10,493 interviews were achieved.

Interpreting the results

Percentages quoted in this release are based on only those respondents who provided an answer to the relevant question. Missing answers occur for several reasons, including refusal or an inability to answer a particular question and cases where the question is not applicable to the respondent.

The results of the National Survey are weighted to compensate for unequal selection probabilities and differential non-response (i.e. to ensure that the age and sex distribution of the final dataset matches that of the Welsh population).

Quality report

A summary [quality report](#) is available, containing more detailed information on the quality of the survey as well as a summary of the methods used to compile the results.

Technical report

More detailed information on the survey methodology is set out in the [technical report](#) for the survey.

Sampling variability

Estimates from the National Survey are subject to a margin of uncertainty. Part of the uncertainty comes from the fact that any randomly-selected sample of the population will give slightly different results from the results that would be obtained if the whole population was surveyed. This is known as sampling error.¹ Confidence intervals can be used as a guide to the size of the sampling error. These intervals are calculated around a survey estimate and give a range within which the true value is likely to fall. In 95% of survey samples, the 95% confidence interval will contain the 'true' figure for the whole population (that is, the figure we would get if the survey covered the entire population). In general, the smaller the sample size the wider the confidence interval. Confidence intervals are included in the tables of survey results published on [StatsWales](#).

As with any survey, the National Survey is also subject to a range of other sources of error: for example, due to non-response; because respondents may not interpret the questions as intended or may not answer accurately; and because errors may be introduced as the survey data is processed. These kinds of error are known as non-sampling error, and are discussed further in the [quality report](#) for the survey.

National Statistics status

The [United Kingdom Statistics Authority](#) has designated these statistics as National Statistics, in accordance with the Statistics and Registration Service Act 2007 and signifying compliance with the [Code of Practice for Official Statistics](#).

¹ Sampling error is discussed in more detail in the [Quality Report](#) for the National Survey.

National Statistics status means that official statistics meet the highest standards of trustworthiness, quality and public value.

All official statistics should comply with all aspects of the Code of Practice for Official Statistics. They are awarded National Statistics status following an assessment by the UK Statistics Authority's regulatory arm. The Authority considers whether the statistics meet the highest standards of Code compliance, including the value they add to public decisions and debate.

It is Welsh Government's responsibility to maintain compliance with the standards expected of National Statistics. If we become concerned about whether these statistics are still meeting the appropriate standards, we will discuss any concerns with the Authority promptly. National Statistics status can be removed at any point when the highest standards are not maintained, and reinstated when standards are restored.

Well-being of Future Generations Act (WFG)

The Well-being of Future Generations Act 2015 is about improving the social, economic, environmental and cultural well-being of Wales. The Act puts in place seven well-being goals for Wales. These are for a more equal, prosperous, resilient, healthier and globally responsible Wales, with cohesive communities and a vibrant culture and thriving Welsh language. Under section (10)(1) of the Act, the Welsh Ministers must (a) publish indicators ("national indicators") that must be applied for the purpose of measuring progress towards the achievement of the Well-being goals, and (b) lay a copy of the national indicators before the National Assembly. The 46 national indicators were laid in March 2016 and this release includes 1 of the national indicators namely the *"Percentage of adults who have fewer than two healthy lifestyle behaviours (not smoking, healthy weight, eat five fruit or vegetables a day, not drinking above guidelines and meet physical activity guidelines)"*.

Information on indicators and associated technical information - [How do you measure a nation's progress? - National Indicators](#)

This release includes 5 contextual indicators, namely the five individual behaviours contained within the composite measure "Percentage of adults who have fewer than two healthy lifestyle behaviours (not smoking, healthy weight, eat five fruit or vegetables a day, not drinking above guidelines and meet physical activity guidelines)", which were referenced in the technical document in the previous link.

As a national indicator under the Act they must be referred to in the analyses of local well-being produced by public services boards when they are analysing the state of economic, social, environmental and cultural well-being in their areas.

Further information on the [Well-being of Future Generations \(Wales\) Act 2015](#).

The statistics included in this release could also provide supporting narrative to the national indicators and be used by public services boards in relation to their local well-being assessments and local well-being plans.

More information on our [revisions policy](#).

Release policy

Information about the process for releasing new results is available from the [Welsh Government's statistics web pages](#).

Availability of datasets

The data behind the charts and tables in this release are published in spreadsheets on [StatsWales](#). An anonymised version of the annual datasets (from which some information is removed to ensure confidentiality is preserved), together with supporting documentation, will be deposited with the UK Data Archive. For more information, please contact us (see below).

Next update

June 2018

Further details

The document is available at:

<http://gov.wales/statistics-and-research/national-survey/?tab=current&lang=en>

We want your feedback

We welcome any feedback on any aspect of these statistics which can be provided by email to stats.healthinfo@wales.gsi.gov.uk.

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