



NATIONAL HEALTH SURVEY

ASTHMA AND OTHER RESPIRATORY CONDITIONS AUSTRALIA

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- For further information about these and related statistics, contact the Health Section on 1800 060 050, or any ABS office shown on the back cover of this publication.

NOTES

ABOUT THIS PUBLICATION

This publication provides information on persons with respiratory conditions. The statistics are compiled from information collected in the 1995 National Health Survey (NHS). The information is as reported by persons at interview, and hence may differ from that which might be obtained from other sources. Reported information on medical conditions was not medically verified, and was not necessarily based on diagnoses by a medical practitioner.

The principal respiratory conditions covered are: hayfever; asthma; sinusitis; common cold; bronchitis and/or emphysema; influenza; and cough and/or sore throat. They may have been recent illnesses (experienced in the two weeks prior to interview) and/or long-term conditions (had lasted or were expected to last six months or more). A list of NHS codes for these conditions and their approximate International Classification of Diseases (ICD) equivalents may be found in paragraph 14 of the Explanatory Notes.

Information is also presented on deaths due to respiratory conditions and malignant neoplasms (cancers) of the trachea, bronchus and lung.



SYMBOLS AND OTHER USAGES

ABS	Australian Bureau of Statistics
ICD	International Classification of Diseases
NHS	National Health Survey
RSE	relative standard error
SE	standard error
SF-36	Short Form, 36 questions
*	relative standard error of 25% to 50%
**	relative standard error greater than 50%

W. McLennan
Australian Statistician

SUMMARY OF FINDINGS

PREVALENCE OF RESPIRATORY CONDITIONS

The prevalence of asthma and other respiratory conditions is a concern for both health authorities and the general population in terms of personal, social and economic costs.

In 1995, 37% of Australians (6.7 million people) had a respiratory condition. The most commonly occurring respiratory condition was hayfever, which affected 14% of the population, followed by asthma (11%) and sinusitis (10%).

Hayfever, asthma, sinusitis, and bronchitis and/or emphysema were most likely to be a long-term condition, although they may have been experienced recently. In part, this reflects the chronic nature of these conditions. That is, once contracted, they would be continually present (e.g. emphysema), or experienced as recurring episodes (e.g. hayfever).

Conversely, common cold, influenza, and cough and/or sore throat were mainly experienced as a recent illness only. This reflects the acute nature of these conditions which may be expected to occur as discrete, non-recurring episodes.

There was an increase in the prevalence of respiratory conditions from 35% in 1989–90 to 37% in 1995. The largest increase was for sinusitis, which rose from 4% to 10%. The common cold was the only condition which decreased.

PERSONS WITH RESPIRATORY CONDITIONS

Type of condition	1989–90(a)		1995	
	'000	%	'000	%
Hayfever	1 752.9	10.3	2 515.4	13.9
Asthma	1 444.1	8.5	2 041.4	11.3
Sinusitis	727.2	4.3	1 859.0	10.3
Common cold	1 633.1	9.6	1 028.3	5.7
Bronchitis and/or emphysema	586.8	3.5	777.8	4.3
Influenza	514.6	3.0	573.0	3.2
Cough and/or sore throat	421.3	2.5	540.8	3.0
Other respiratory conditions(b)	415.8	2.4	475.8	2.6
All respiratory conditions(c)	5 895.6	34.7	6 748.7	37.4
All respiratory conditions standardised(d)	5 867.1	34.5	6 748.7	37.4
Total persons	16 988.8	100.0	18 061.1	100.0

(a) 1989–90 National Health Survey.

(b) See Explanatory Notes, paragraph 14.

(c) Each person may have reported more than one type of condition and therefore components may not add to totals.

(d) Data have been age and sex standardised (see Explanatory Notes, paragraphs 19 and 20).

SUMMARY OF FINDINGS *continued*

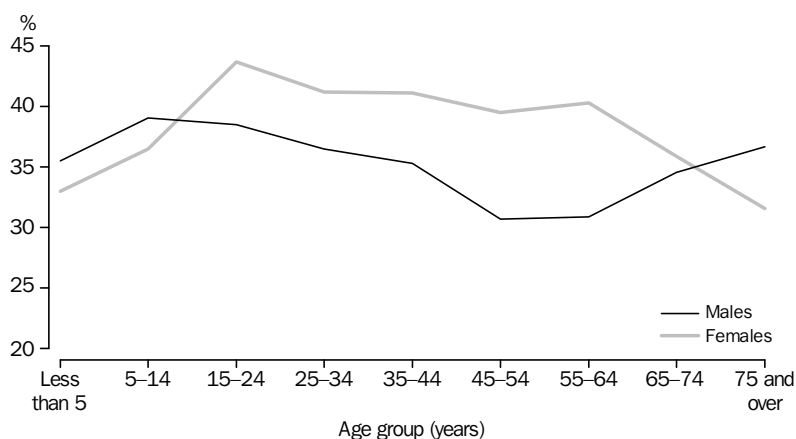
PREVALENCE OF RESPIRATORY CONDITIONS *continued*

The increase in the rate of respiratory conditions between 1989–90 and 1995 may be the result of a number of factors including: actual increased prevalence of respiratory conditions, heightened awareness of these conditions and/or improved identification and treatment of these conditions. The increase cannot be attributed to the ageing of the population. With the exception of bronchitis and/or emphysema, the rate of the most common respiratory conditions generally decreased with age. This is confirmed by the overall age and sex standardised rate which showed a slightly greater increase in the prevalence of respiratory conditions than the observed rate.

Age and sex

In 1995, the prevalence of respiratory conditions in the population peaked in early adulthood and then generally declined with age, except for an increase in males in later years. Rates were considerably higher for females than for males, for each age group from 15 to 64 years. Consequently the overall rate for respiratory conditions was higher for females (39%) than for males (36%) (table 1).

PREVALENCE OF RESPIRATORY CONDITIONS, By Age Group of Person



Different respiratory conditions affected different age groups. Asthma was more prevalent in younger age groups (less than 25 years), and highest in the 5–14 years age group (19%) where it was the most frequently reported respiratory condition for both boys and girls. Below 15 years of age, this condition was more common in boys than in girls. In age groups between 15 and 74 years, asthma was more prevalent in females than in males. Overall, the rate for asthma was 11% for males and 12% for females.

The common cold and cough and/or sore throat were more prevalent among children than among adults, and slightly more common in females than males in most age groups. For children aged under five years, the common cold was the most frequently reported respiratory condition for girls and the second most common (after asthma) for boys.

SUMMARY OF FINDINGS *continued*

Age and sex *continued*

Bronchitis and/or emphysema was the only respiratory condition that was more prevalent in older age groups. In age groups 55 years and over, rates increased markedly, particularly for males. This was the most common respiratory condition for males aged 75 years and over (15% compared with 7% for females).

Hayfever, sinusitis and influenza were more prevalent in adults than in children. Hayfever peaked in the 15–24 years age group and both sinusitis and influenza peaked at 35–44 years. Around 13% of males and 15% of females had hayfever and 8% of males and 12% of females had sinusitis, both being more prevalent in females than in males in most age groups. Rates for influenza varied in different age groups, but were lowest for age groups over 65 years.

Place of birth

The prevalence of respiratory conditions for those born in Australia was 39%, compared with 32% for those born overseas. The rates were higher for those born in New Zealand (37%), and the United Kingdom and Ireland (38%) than in Other Europe and the Former USSR (27%), and the Middle East (27%).

PERSONS WITH RESPIRATORY CONDITIONS, By Birthplace

Type of condition	Australia	New Zealand	UK and Ireland	Other Europe and the Former USSR	Middle East	SE Asia	Total overseas-born	Total persons
	%	%	%	%	%	%	%	%
Hayfever	14.3	15.1	13.9	8.9	12.5	16.4	12.8	13.9
Asthma	12.4	10.3	9.6	5.4	3.2	5.4	7.2	11.3
Sinusitis	10.5	11.4	12.1	7.2	7.0	7.9	9.4	10.3
Common cold	6.1	4.8	5.0	2.9	3.6	5.3	4.2	5.7
Bronchitis and/or emphysema	4.3	5.1	5.7	4.8	*0.7	2.0	4.3	4.3
Influenza	3.1	2.8	3.0	3.5	4.2	2.9	3.3	3.2
Cough and/or sore throat	3.1	1.8	2.1	2.3	3.9	3.7	2.5	3.0
Other respiratory conditions(a)	2.8	1.0	2.6	2.4	*0.6	1.4	2.0	2.6
All respiratory conditions(b)	38.8	36.5	37.9	26.8	27.3	32.6	32.3	37.4
All respiratory conditions standardised(c)	38.7	37.4	38.0	29.4	23.3	36.4	32.9	37.4
Total persons	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0

(a) See Explanatory Notes, paragraph 14.

(b) Each person may have reported more than one type of condition and therefore components may not add to totals.

(c) Data have been age and sex standardised (see Explanatory Notes, paragraphs 19 and 20).

SUMMARY OF FINDINGS *continued*

Place of birth *continued*

When the data were age and sex standardised, the lowest standardised prevalence rates for respiratory conditions were still among those born in other Europe and the Former USSR combined (29%) and in the Middle East (23%).

The prevalence of asthma was 12% among people born in Australia compared with 7% among those born overseas. Among those born in New Zealand and in the United Kingdom and Ireland the prevalence of asthma was around 10%. Those born in the Middle East had the lowest prevalence of asthma (3%).

States and Territories

The prevalence of respiratory conditions varied between States and Territories, with the highest rate recorded in the Australian Capital Territory (43%) and the lowest in the Northern Territory (34%). Standardising for age and sex differences between the States and Territories affected the rates only marginally (table 2).

Hayfever was particularly prevalent in the Australian Capital Territory, South Australia and Western Australia, where the rates were well above the national average. Compared with other States and Territories, the rates of asthma and sinusitis in Queensland were high.

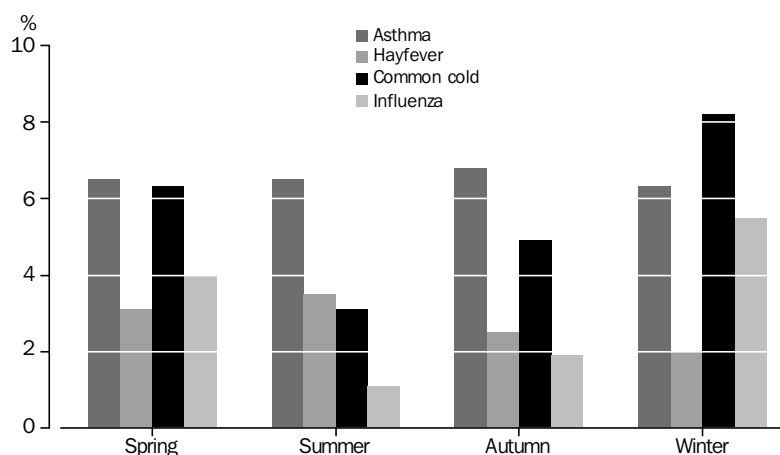
Seasonal patterns

To investigate seasonal patterns, information on people who experienced a respiratory condition as a recent illness, including recent episodes of long-term conditions, was considered according to the season in which the interview was conducted.

In 1995, 22% of the total Australian population had a recent respiratory illness. Recent respiratory illnesses were most prevalent in winter (25%) and spring (24%). They were less prevalent in summer (17%) and autumn (19%) (table 3).

There was little seasonal variability in asthma experienced as a recent illness. The common cold showed much greater seasonal variation and was experienced by a higher proportion of people in spring and winter than in summer and autumn, as was influenza. Summer, then spring, were the seasons when hayfever was at its peak.

PERSONS WITH SELECTED RECENT ILLNESSES, By Season



SUMMARY OF FINDINGS *continued*

GENERAL HEALTH AND WELLBEING

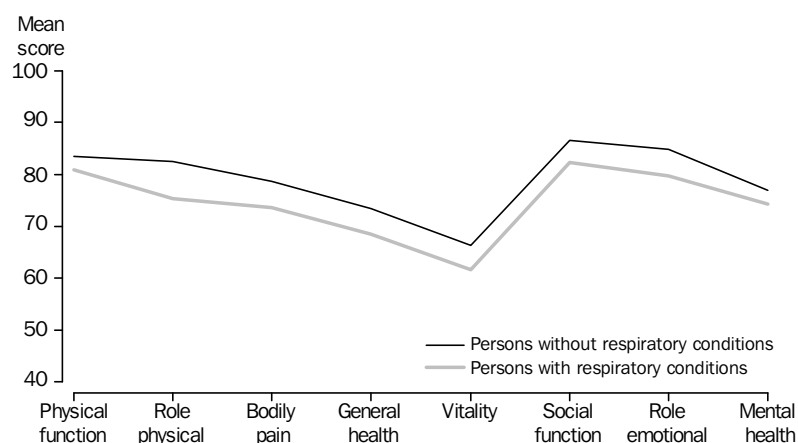
The SF-36 (Short Form, 36 questions) is a survey questionnaire designed to provide information on general health and wellbeing. By examining the SF-36 scores of those with and those without particular types of conditions, the effects of those conditions on the health and wellbeing of respondents can be considered. The SF-36 measures eight health dimensions: physical functioning, role limitations due to physical problems, bodily pain, general health, vitality, social functioning, role limitations due to emotional problems, and mental health. The SF-36 allows comparisons to be drawn between various population groups on the eight dimensions. A lower value on any of the eight scales indicates a more negative health state. (See Explanatory Notes, paragraphs 15, 16 and 17.)

The SF-36 was completed by respondents to the NHS aged 18 years and over. Data were age and sex standardised to take into account the different age profiles for various respiratory conditions. Detailed results were published in *National Health Survey: SF-36 Population Norms, Australia, 1995* (Cat. no. 4399.0).

Overall, those with respiratory conditions, aged 18 and over, had lower mean scores than those without respiratory conditions for all eight SF-36 scales (see Explanatory Notes, paragraph 18). The largest difference was found in the dimension of role limitations due to physical problems. The smallest difference was in the mental health dimension.

People with asthma recorded lower mean scores than those without asthma for all eight dimensions. A similar result was evident for people with bronchitis and/or emphysema. However, bronchitis and/or emphysema had a greater negative impact on wellbeing than did asthma.

SF-36 AGE AND SEX STANDARDISED MEAN SCORES



SUMMARY OF FINDINGS *continued*

SMOKING

Smoking has been identified as a health risk factor for many conditions, including respiratory conditions. In 1995, 24% of Australian adults (aged 18 years or more) were current smokers, a further 27% were ex-smokers and 49% had never smoked (table 4).

When age and sex standardised rates for adults are compared, the prevalence of respiratory conditions overall was higher in smokers (37%) and in ex-smokers (41%) than in those who had never smoked (36%). These differences were particularly apparent in the case of bronchitis and/or emphysema, where the standardised rate for smokers (9%) was nearly twice that of ex-smokers (5%) and three times that of those who had never smoked (3%). Rates for asthma were also higher among smokers (11%) and ex-smokers (11%) than among those who had never smoked (9%).

In contrast, for hayfever the standardised rate was lower for smokers (12%) than for ex-smokers (18%) and for those who had never smoked (17%).

ADULTS, Smoker Status and Respiratory Conditions—Standardised rates(a)

Type of condition	SMOKER STATUS			Total persons
	Smoker	Ex-smoker	Never smoked	
	%	%	%	%
Hayfever	12.3	17.9	17.0	16.0
Asthma	11.0	10.7	8.5	9.6
Sinusitis	11.9	13.4	12.0	12.3
Common cold	3.9	4.6	4.6	4.4
Bronchitis and/or emphysema	9.2	5.0	3.0	4.8
Influenza	3.6	3.7	2.8	3.3
Cough and/or sore throat	2.0	2.7	2.5	2.4
Other respiratory conditions(b)	1.9	2.9	1.9	2.2
All respiratory conditions(c)	37.3	40.6	36.4	37.4
Total persons	100.0	100.0	100.0	100.0

(a) Data have been age and sex standardised (see Explanatory Notes, paragraphs 19 and 20).

(b) See Explanatory Notes, paragraph 14.

(c) Each person may have reported more than one type of condition and therefore components may not add to totals.

The prevalence of asthma in young children living in households with one or more smokers was higher than in non-smoking households. Of those aged 0–4 years, 13% in households with one or more smokers had asthma compared with 9% in households where there were no smokers. Of those aged 5–9 years, the rate of asthma was 22% in smoking households and 18% in non-smoking households. In contrast, for children aged 10–14, asthma was less prevalent in those living in smoking households (17%) than those in non-smoking households (20%) (table 5). Differences in asthma between smoking and non-smoking households were proportionally greater for boys than for girls in each age group under 15 years. The differences between non-smoking households and those with one or more adults who were ex-smokers were not investigated as no information was collected on how recently people had given up smoking.

SUMMARY OF FINDINGS *continued*

HEALTH-RELATED ACTIONS

Of the 6.7 million people with a respiratory condition, 90% had recently taken at least one health-related action (in the two weeks prior to interview) compared with 67% of those without a respiratory condition. The most common health-related actions, by those with and without respiratory conditions, were use of medication (78% and 48% respectively), use of vitamins/minerals (32% and 22%) and consulting a doctor (31% and 19%). People with a respiratory condition were about three times as likely as those without such a condition to have had days away from work/school and more than twice as likely to have had other days of reduced activity. Not all health-related actions taken by people with a respiratory condition were specifically for that condition. Of those people with a respiratory condition who took a health-related action, 60% reported a respiratory condition as the reason for taking an action.

Around 89% of those with asthma had recently taken a health-related action, with the most frequent being the use of medications (81%) and consulting a doctor (31%). Asthma was cited as a reason for taking health-related actions by 1.1 million people, representing just over half (56%) of all those with asthma.

PERSONS TAKING HEALTH-RELATED ACTIONS

Type of action taken	Persons with asthma	Persons with respiratory conditions	Persons without respiratory conditions
	%	%	%
Used medication	80.7	77.5	48.1
Used vitamins/minerals	28.9	31.5	22.4
Consulted doctor	30.8	30.8	18.8
Consulted other health professionals	12.4	12.9	8.1
Seen or talked to anyone else	6.5	6.4	3.7
Took day off work/school	11.9	13.0	4.3
Had other day of reduced activity(a)	9.1	8.8	3.9
Visited hospital casualty/emergency/outpatients	4.3	3.2	2.5
Visited hospital day clinic	1.5	1.4	1.3
Hospital inpatient episode	1.1	0.8	0.7
Total persons taking action(b)	89.4	89.5	66.8
Total persons	100.0	100.0	100.0
	'000	'000	'000
Total persons	2 041.4	6 748.7	11 312.4

(a) Had a day of reduced activity other than taking a day off work or school.

(b) Persons may have taken more than one type of action, therefore components may not add to totals. Total includes those who used natural or herbal medications and/or consulted a dentist.

DEATHS DUE TO RESPIRATORY CONDITIONS

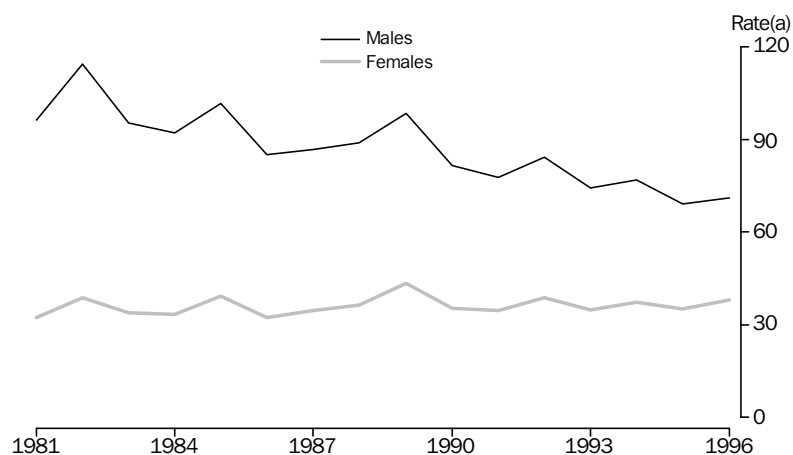
This section uses statistics collected from State and Territory Registrars of Births, Deaths and Marriages. Detailed mortality statistics are published annually in *Causes of Death, Australia* (Cat. no. 3303.0).

In 1996 there were 10,298 deaths for which a respiratory condition was identified as the underlying cause, accounting for 8% of all deaths in that year (table 6).

To allow comparison over time, annual death rates have been age standardised to the total Australian population as at 30 June 1991. Between 1981 and 1996, standardised death rates for respiratory conditions showed considerable fluctuation. The male rate was consistently higher than the female rate. However, since 1981, the difference between the male and female rates has narrowed. This is due mostly to a decline in the male rate, which decreased from approximately three times the female rate in 1981 (96.4 per 100,000 population compared with 32.5) to about twice the female rate in 1996 (71.1 compared with 38.1).

The trend in deaths due to respiratory conditions as a whole reflects the pattern for bronchitis and/or emphysema which accounted for 67% of male and 53% of female deaths from respiratory conditions in 1996. Between 1981 and 1996 the male standardised death rate for bronchitis and/or emphysema declined from 64.9 per 100,000 population to 47.6, while the rate increased from 13.6 to 20.9 for females.

DEATH RATES(a) DUE TO RESPIRATORY CONDITIONS(b)



(a) Age standardised death rate per 100,000 of the total population as at 30 June 1991.

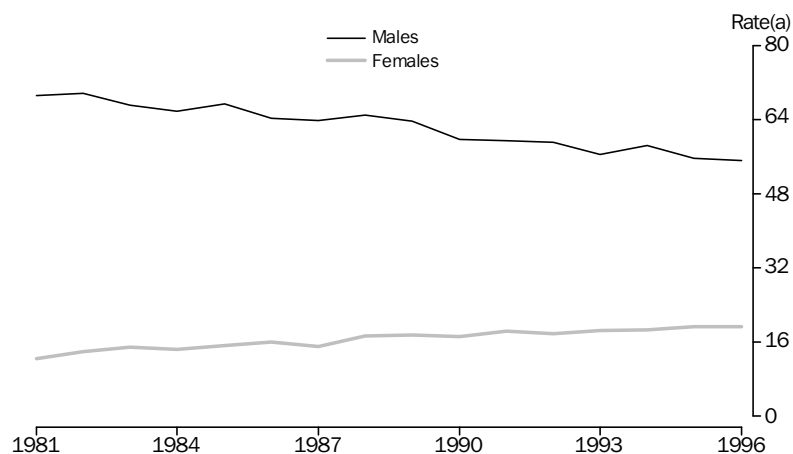
(b) Based on the NHS classification (see Explanatory Notes, paragraph 14).

SUMMARY OF FINDINGS *continued*

DEATHS DUE TO MALIGNANT NEOPLASMS (CANCERS) OF THE TRACHEA, BRONCHUS AND LUNG

In addition to deaths due to respiratory conditions, there were 6,826 deaths due to malignant neoplasms (cancers) of the trachea, bronchus and lung, accounting for 5% of all deaths in 1996 (table 6). Between 1981 and 1996, the male standardised death rate from this cause was consistently higher than the corresponding female rate. However, whilst the male standardised death rate declined by 20% (from 69.2 per 100,000 population in 1981 to 55.2 in 1996) the female rate increased by 55% (from 12.5 to 19.4).

DEATH RATES(a) DUE TO CANCERS OF THE TRACHEA, BRONCHUS AND LUNG(b)



(a) Age standardised death rate per 100,000 of the total population as at 30 June 1991.

(b) ICD code 162.

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PERSONS, Respiratory Conditions—By sex and age group

AGE GROUP (YEARS).....

Type of condition	AGE GROUP (YEARS)									Total
	Less than 5	5–14	15–24	25–34	35–44	45–54	55–64	65–74	75 and over	
	NUMBER									
	'000	'000	'000	'000	'000	'000	'000	'000	'000	'000
Males										
Hayfever	13.9	127.0	238.0	256.1	218.0	140.1	85.4	72.0	28.5	1 179.0
Asthma	87.0	276.4	193.3	119.0	102.2	76.9	53.6	49.6	23.6	981.6
Sinusitis	12.0	71.2	110.2	137.9	157.3	111.1	73.6	57.3	25.1	755.8
Common cold	85.8	103.7	75.7	77.1	57.5	37.2	21.9	14.5	9.2	482.6
Bronchitis and/or emphysema	20.0	38.0	35.3	40.3	41.8	38.9	50.9	64.4	48.6	378.3
Influenza	18.2	34.3	45.4	53.2	57.6	42.6	20.9	11.8	3.0	287.1
Cough and/or sore throat	39.7	53.7	35.1	39.5	27.6	18.4	13.3	10.1	3.8	241.3
Other respiratory conditions(a)	42.6	49.5	30.9	22.2	21.9	24.4	14.2	22.1	16.3	244.1
All respiratory conditions(b)	235.9	516.0	533.8	519.0	483.5	348.8	234.2	214.7	115.9	3 201.8
Total males	665.1	1 321.4	1 386.1	1 422.1	1 368.3	1 135.6	758.5	620.8	315.9	8 993.9
Females										
Hayfever	12.0	100.2	264.0	256.1	252.9	185.0	113.4	92.3	60.5	1 336.5
Asthma	51.5	217.7	211.6	151.4	135.7	110.6	74.5	69.8	37.0	1 059.8
Sinusitis	4.9	55.0	143.7	216.3	231.8	189.1	117.1	97.4	48.0	1 103.2
Common cold	94.8	96.9	98.5	80.8	71.7	47.7	24.9	15.9	14.4	545.8
Bronchitis and/or emphysema	18.3	33.3	58.7	55.4	51.0	49.3	44.4	54.2	34.9	399.5
Influenza	15.4	41.5	55.0	51.1	55.1	25.2	21.7	13.4	7.5	285.9
Cough and/or sore throat	43.4	57.0	46.6	47.8	41.3	22.0	17.9	15.5	8.1	299.5
Other respiratory conditions(a)	30.4	40.1	37.5	29.9	25.9	17.8	16.8	20.6	12.8	231.8
All respiratory conditions(b)	208.3	458.7	579.0	585.2	564.2	432.7	302.1	261.2	155.4	3 546.9
Total females	630.2	1 256.0	1 324.1	1 419.6	1 373.5	1 096.7	748.9	727.1	491.1	9 067.2
Persons										
Hayfever	25.8	227.2	502.1	512.2	470.9	325.1	198.8	164.3	89.0	2 515.4
Asthma	138.5	494.1	404.9	270.5	237.9	187.4	128.1	119.4	60.6	2 041.4
Sinusitis	16.9	126.2	253.9	354.2	389.1	300.1	190.7	154.7	73.1	1 859.0
Common cold	180.6	200.6	174.2	157.9	129.2	85.0	46.8	30.4	23.6	1 028.3
Bronchitis and/or emphysema	38.3	71.4	94.0	95.7	92.8	88.2	95.3	118.6	83.5	777.8
Influenza	33.6	75.8	100.4	104.4	112.7	67.7	42.6	25.2	10.5	573.0
Cough and/or sore throat	83.1	110.7	81.7	87.3	68.9	40.4	31.2	25.6	11.8	540.8
Other respiratory conditions(a)	73.0	89.5	68.4	52.1	47.9	42.2	31.0	42.7	29.1	475.8
All respiratory conditions(b)	444.2	974.8	1 112.8	1 104.2	1 047.7	781.5	536.2	475.9	271.2	6 748.7
Total persons	1 295.3	2 577.4	2 710.3	2 841.7	2 741.8	2 232.3	1 507.4	1 348.0	807.0	18 061.1

(a) See Explanatory Notes, paragraph 14.

(b) Each person may have reported more than one type of condition and therefore components may not add to totals.

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PERSONS, Respiratory Conditions—By sex and age group *continued*

AGE GROUP (YEARS).....

Type of condition	Less than 5	5-14	15-24	25-34	35-44	45-54	55-64	65-74	75 and over	Total
	PROPORTION									
	%	%	%	%	%	%	%	%	%	%
Males										
Hayfever	2.1	9.6	17.2	18.0	15.9	12.3	11.3	11.6	9.0	13.1
Asthma	13.1	20.9	13.9	8.4	7.5	6.8	7.1	8.0	7.5	10.9
Sinusitis	1.8	5.4	8.0	9.7	11.5	9.8	9.7	9.2	8.0	8.4
Common cold	12.9	7.8	5.5	5.4	4.2	3.3	2.9	2.3	2.9	5.4
Bronchitis and/or emphysema	3.0	2.9	2.5	2.8	3.1	3.4	6.7	10.4	15.4	4.2
Influenza	2.7	2.6	3.3	3.7	4.2	3.8	2.8	1.9	1.0	3.2
Cough and/or sore throat	6.0	4.1	2.5	2.8	2.0	1.6	1.8	1.6	1.2	2.7
Other respiratory conditions(a)	6.4	3.7	2.2	1.6	1.6	2.1	1.9	3.6	5.2	2.7
All respiratory conditions(b)	35.5	39.1	38.5	36.5	35.3	30.7	30.9	34.6	36.7	35.6
Total males	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Females										
Hayfever	1.9	8.0	19.9	18.0	18.4	16.9	15.1	12.7	12.3	14.7
Asthma	8.2	17.3	16.0	10.7	9.9	10.1	10.0	9.6	7.5	11.7
Sinusitis	0.8	4.4	10.9	15.2	16.9	17.2	15.6	13.4	9.8	12.2
Common cold	15.0	7.7	7.4	5.7	5.2	4.4	3.3	2.2	2.9	6.0
Bronchitis and/or emphysema	2.9	2.7	4.4	3.9	3.7	4.5	5.9	7.4	7.1	4.4
Influenza	2.4	3.3	4.2	3.6	4.0	2.3	2.9	1.8	1.5	3.2
Cough and/or sore throat	6.9	4.5	3.5	3.4	3.0	2.0	2.4	2.1	1.6	3.3
Other respiratory conditions(a)	4.8	3.2	2.8	2.1	1.9	1.6	2.2	2.8	2.6	2.6
All respiratory conditions(b)	33.0	36.5	43.7	41.2	41.1	39.5	40.3	35.9	31.6	39.1
Total females	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Persons										
Hayfever	2.0	8.8	18.5	18.0	17.2	14.6	13.2	12.2	11.0	13.9
Asthma	10.7	19.2	14.9	9.5	8.7	8.4	8.5	8.9	7.5	11.3
Sinusitis	1.3	4.9	9.4	12.5	14.2	13.4	12.7	11.5	9.1	10.3
Common cold	13.9	7.8	6.4	5.6	4.7	3.8	3.1	2.3	2.9	5.7
Bronchitis and/or emphysema	3.0	2.8	3.5	3.4	3.4	4.0	6.3	8.8	10.4	4.3
Influenza	2.6	2.9	3.7	3.7	4.1	3.0	2.8	1.9	1.3	3.2
Cough and/or sore throat	6.4	4.3	3.0	3.1	2.5	1.8	2.1	1.9	1.5	3.0
Other respiratory conditions(a)	5.6	3.5	2.5	1.8	1.7	1.9	2.1	3.2	3.6	2.6
All respiratory conditions(b)	34.3	37.8	41.1	38.9	38.2	35.0	35.6	35.3	33.6	37.4
Total persons	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0

(a) See Explanatory Notes, paragraph 14.

(b) Each person may have reported more than one type of condition and therefore components may not add to totals.

2

PERSONS, Respiratory Conditions—By State and Territory(a)

	NSW	Vic.	Qld	SA	WA	Tas.	NT(b)	ACT	Aust.
Type of condition	%	%	%	%	%	%	%	%	%
Hayfever	12.0	14.6	11.6	19.0	18.6	14.3	11.0	19.3	13.9
Asthma	10.4	11.1	13.4	11.1	11.6	10.3	11.9	11.6	11.3
Sinusitis	10.8	8.2	12.7	10.0	9.9	8.7	8.3	11.4	10.3
Common cold	5.2	6.0	5.0	7.0	6.8	5.0	3.4	7.2	5.7
Bronchitis and/or emphysema	4.5	4.3	4.6	4.1	3.6	4.0	3.0	3.6	4.3
Influenza	3.5	2.6	3.5	2.8	3.2	3.0	4.8	3.1	3.2
Cough and/or sore throat	3.2	2.8	2.9	2.9	3.0	3.3	1.9	3.2	3.0
Other respiratory conditions(c)	2.3	2.6	3.0	3.3	2.7	2.8	1.9	3.0	2.6
All respiratory conditions(d)	35.7	36.3	38.3	40.9	41.0	37.0	33.6	42.5	37.4
All respiratory conditions standardised(e)	35.7	36.3	38.3	41.0	40.8	37.1	34.3	42.0	37.4

(a) Expressed as a percentage of the State or Territory population.

(b) Estimates relate to predominantly urban areas only.

(c) See Explanatory Notes, paragraph 14.

(d) Each person may have reported more than one type of condition and therefore components may not add to totals.

(e) Data have been age and sex standardised (see Explanatory Notes, paragraphs 19 and 20).

3

PERSONS, Recent Respiratory Illnesses(a)—By season(b)

	SEASON.....				
	Spring	Summer	Autumn	Winter	Total(a)
Type of condition	%	%	%	%	%
Hayfever	3.1	3.5	2.5	2.0	2.8
Asthma	6.5	6.5	6.8	6.3	6.5
Sinusitis	2.4	1.9	2.2	2.4	2.2
Common cold	6.3	3.1	4.9	8.2	5.6
Bronchitis and/or emphysema	1.1	0.8	1.1	1.1	1.0
Influenza	4.0	1.1	1.9	5.5	3.2
Cough and/or sore throat	3.4	2.1	2.2	3.6	2.9
Other respiratory conditions(c)	1.9	1.7	1.7	1.9	1.8
All recent respiratory illnesses(d)	23.7	17.3	19.4	25.5	21.5

(a) Persons who experienced one or more respiratory conditions as a recent illness (i.e. in the two weeks prior to interview), including recent illness episodes of long-term conditions. Excludes persons who experienced a respiratory condition as only a long-term condition. (See Glossary definition of conditions.)

(b) The season in which the interview was conducted. Figures are expressed as a percentage of the Australian population.

(c) See Explanatory Notes, paragraph 14.

(d) Each person may have reported more than one type of condition and therefore components may not add to totals.

4

ADULTS(a), Respiratory Conditions—By sex and smoker status

SMOKER STATUS.....

Type of condition	Smoker		Ex-smoker		Never smoked		Total	
	'000	%	'000	%	'000	%	'000	%
MALES								
Hayfever	212.3	11.8	317.7	14.9	447.2	16.8	977.2	14.8
Asthma	161.3	9.0	174.1	8.2	218.6	8.2	554.0	8.4
Sinusitis	167.0	9.3	220.1	10.3	250.3	9.4	637.4	9.7
Common cold	66.5	3.7	82.8	3.9	116.8	4.4	266.2	4.0
Bronchitis and/or emphysema	114.8	6.4	130.1	6.1	69.0	2.6	313.9	4.8
Influenza	67.5	3.8	73.4	3.4	82.3	3.1	223.2	3.4
Cough and/or sore throat	26.6	1.5	42.9	2.0	60.3	2.3	129.9	2.0
Other respiratory conditions(b)	29.6	1.6	63.4	3.0	47.4	1.8	140.4	2.1
<i>All respiratory conditions(c)</i>	590.9	32.9	771.5	36.2	923.0	34.7	2 285.4	34.7
Total males	1 797.7	100.0	2 132.8	100.0	2 660.2	100.0	6 590.7	100.0
FEMALES								
Hayfever	200.2	14.5	288.3	18.8	672.1	17.3	1 160.6	17.1
Asthma	189.4	13.7	182.2	11.9	353.8	9.1	725.4	10.7
Sinusitis	203.1	14.7	252.5	16.5	553.9	14.3	1 009.5	14.8
Common cold	67.0	4.8	66.6	4.3	189.6	4.9	323.1	4.8
Bronchitis and/or emphysema	126.8	9.2	78.6	5.1	128.9	3.3	334.3	4.9
Influenza	55.6	4.0	53.7	3.5	102.8	2.6	212.2	3.1
Cough and/or sore throat	36.3	2.6	46.5	3.0	102.3	2.6	185.1	2.7
Other respiratory conditions(b)	31.5	2.3	44.9	2.9	74.4	1.9	150.7	2.2
<i>All respiratory conditions(c)</i>	579.3	41.9	660.2	43.1	1 483.2	38.2	2 722.7	40.0
Total females	1 382.9	100.0	1 531.1	100.0	3 885.2	100.0	6 799.2	100.0
PERSONS								
Hayfever	412.5	13.0	606.0	16.5	1 119.3	17.1	2 137.8	16.0
Asthma	350.7	11.0	356.4	9.7	572.4	8.7	1 279.5	9.6
Sinusitis	370.1	11.6	472.6	12.9	804.2	12.3	1 646.9	12.3
Common cold	133.5	4.2	149.4	4.1	306.4	4.7	589.3	4.4
Bronchitis and/or emphysema	241.5	7.6	208.8	5.7	197.9	3.0	648.2	4.8
Influenza	123.2	3.9	127.1	3.5	185.1	2.8	435.4	3.3
Cough and/or sore throat	62.9	2.0	89.5	2.4	162.6	2.5	315.0	2.4
Other respiratory conditions(b)	61.1	1.9	108.3	3.0	121.8	1.9	291.2	2.2
All respiratory conditions(c)	1 170.2	36.8	1 431.7	39.1	2 406.2	36.8	5 008.1	37.4
Total persons	3 180.6	100.0	3 663.9	100.0	6 545.4	100.0	13 389.9	100.0

(a) Persons aged 18 years and over.

(b) See Explanatory Notes, paragraph 14.

(c) Each person may have reported more than one type of condition and therefore components may not add to totals.

5

CHILDREN(a), Respiratory Conditions—By sex and age group and smokers in household

Type of condition	NO SMOKERS IN HOUSEHOLD.....			ONE OR MORE SMOKERS IN HOUSEHOLD.....			Total 0–14 years
	Less than 5 years	5–9 years	10–14 years	Less than 5 years	5–9 years	10–14 years	
	%	%	%	%	%	%	
BOYS							
Hayfever	2.2	7.4	13.3	1.9	7.4	9.2	7.1
Asthma	10.6	18.5	23.2	16.4	25.2	16.2	18.3
Sinusitis	1.1	3.9	7.8	2.7	4.3	4.9	4.2
Common cold	12.8	9.6	8.1	13.1	7.2	5.1	9.5
Bronchitis and/or emphysema	2.2	3.0	2.5	4.1	4.0	2.1	2.9
Influenza	3.2	2.9	2.4	2.2	2.8	2.1	2.6
Cough and/or sore throat	6.9	5.6	3.5	4.8	4.1	2.6	4.7
Other respiratory conditions(b)	6.2	4.5	2.7	6.6	5.1	2.7	4.6
All respiratory conditions(c)	33.5	38.5	41.5	38.0	41.8	32.8	37.9
Total boys	100.0	100.0	100.0	100.0	100.0	100.0	100.0
GIRLS							
Hayfever	2.1	6.6	10.7	1.6	5.0	8.9	5.9
Asthma	7.4	16.8	16.8	9.3	18.4	18.0	14.3
Sinusitis	1.1	3.6	5.9	*0.4	3.1	4.4	3.2
Common cold	15.7	8.6	6.8	14.2	11.2	4.0	10.2
Bronchitis and/or emphysema	2.7	2.2	2.1	3.3	4.4	2.5	2.7
Influenza	2.5	3.2	3.1	2.3	3.2	4.1	3.0
Cough and/or sore throat	6.9	5.2	3.7	6.8	5.5	3.9	5.3
Other respiratory conditions(b)	4.2	4.6	2.2	5.7	4.0	1.6	3.7
All respiratory conditions(c)	33.5	37.3	35.6	32.4	37.7	35.6	35.4
Total girls	100.0	100.0	100.0	100.0	100.0	100.0	100.0
CHILDREN							
Hayfever	2.1	7.0	12.0	1.8	6.2	9.0	6.5
Asthma	9.0	17.7	20.1	13.0	21.9	17.0	16.3
Sinusitis	1.1	3.7	6.8	1.6	3.7	4.7	3.7
Common cold	14.2	9.1	7.5	13.6	9.1	4.6	9.8
Bronchitis and/or emphysema	2.4	2.6	2.3	3.7	4.2	2.3	2.8
Influenza	2.9	3.0	2.7	2.2	3.0	3.1	2.8
Cough and/or sore throat	6.9	5.4	3.6	5.8	4.8	3.2	5.0
Other respiratory conditions(b)	5.2	4.6	2.5	6.2	4.6	2.2	4.2
All respiratory conditions(c)	33.5	37.9	38.6	35.4	39.8	34.1	36.6
Total children	100.0	100.0	100.0	100.0	100.0	100.0	100.0

(a) Aged less than 15 years.

(b) See Explanatory Notes, paragraph 14.

(c) Each person may have reported more than one type of condition and therefore components may not add to totals.

6

DEATHS DUE TO RESPIRATORY CONDITIONS—1996

AGE GROUP (YEARS).....

Cause of death(a)	Less than 15	15–24	25–34	35–44	45–54	55–64	65–74	75 and over	Total(b)
MALES									
Respiratory conditions	35	18	19	49	121	435	1 602	3 457	5 736
Asthma	9	13	5	10	22	36	84	120	299
Bronchitis and/or emphysema	4	2	0	11	53	294	1 178	2 318	3 860
Influenza	2	0	1	1	0	2	10	40	56
Other respiratory conditions(c)	20	3	13	27	46	103	330	979	1 521
Malignant neoplasms of the trachea, bronchus and lung(d)	0	0	2	46	327	886	1 890	1 622	4 773
Deaths from all causes	1 310	1 405	1 893	2 449	4 037	7 687	17 336	32 070	68 201
Total population(e)	2 005 089	1 364 251	1 431 179	1 402 797	1 171 754	773 686	613 550	345 749	9 108 055
FEMALES									
Respiratory conditions	31	16	14	41	113	319	985	3 043	4 562
Asthma	4	10	5	15	35	45	88	229	431
Bronchitis and/or emphysema	4	1	1	6	46	209	699	1 436	2 402
Influenza	2	0	0	1	0	1	10	95	109
Other respiratory conditions(c)	21	5	8	19	32	64	188	1 283	1 620
Malignant neoplasms of the trachea, bronchus and lung(d)	0	0	5	41	191	379	681	756	2 053
Deaths from all causes	942	412	660	1 269	2 439	4 340	10 325	40 120	60 510
Total population(e)	1 906 226	1 311 734	1 431 357	1 408 273	1 137 116	764 196	681 757	562 000	9 202 659
PERSONS									
Respiratory conditions	66	34	33	90	234	754	2 587	6 500	10 298
Asthma	13	23	10	25	57	81	172	349	730
Bronchitis and/or emphysema	8	3	1	17	99	503	1 877	3 754	6 262
Influenza	4	0	1	2	0	3	20	135	165
Other respiratory conditions(c)	41	8	21	46	78	167	518	2 262	3 141
Malignant neoplasms of the trachea, bronchus and lung(d)	0	0	7	87	518	1 265	2 571	2 378	6 826
Deaths from all causes	2 252	1 817	2 553	3 718	6 476	12 027	27 661	72 190	128 711
Total population(e)	3 911 315	2 675 985	2 862 536	2 811 070	2 308 870	1 537 882	1 295 307	907 749	18 310 714

(a) ICD code groupings are based on the NHS classification (see Explanatory Notes, paragraph 14) and, in some cases (e.g. bronchitis and/or emphysema), differ from those published in *Causes of Death, Australia* (Cat. no. 3303.0).

(b) Including age not stated.

(c) See Explanatory Notes, paragraph 14. Also includes hayfever, sinusitis, common cold and cough and/or sore throat.

(d) ICD code 162.

(e) The estimated resident population in each age and sex group as at 30 June 1996.

EXPLANATORY NOTES

INTRODUCTION

1 This publication provides information on asthma and other respiratory conditions. The information is sourced from the 1995 National Health Survey (NHS). This survey was designed to obtain national benchmark information on a range of health-related issues and to enable the monitoring of trends in health over time. A previous health survey, collecting broadly comparable data, was conducted in 1989–90. The 1995 survey was conducted throughout the 12-month period February 1995 to January 1996.

2 Other topics covered in the survey included injuries; self-assessed health status, and general health and wellbeing; use of health services; use of medications and vitamins/minerals; days away from work and school and other days of reduced activity; smoking, alcohol consumption and exercise; height and weight; sun protection; breastfeeding; and supplementary women's health issues. An extensive range of demographic and socioeconomic information was also obtained.

SCOPE

3 The estimates contained in this publication are based on information obtained from residents of a sample of private dwellings (houses, flats, etc.) and from some types of non-private dwellings (hotels, motels, and boarding houses). Other special dwellings, such as hospitals, nursing homes and prisons, were excluded from the survey.

4 In total, 23,800 dwellings were included in the sample. Households were selected at random using a stratified multistage area sample which ensured that persons within each State and Territory had a known and, in the main, equal chance of selection in the survey.

5 At the request of the health authorities in Victoria, South Australia, the Northern Territory and the Australian Capital Territory, the survey sample in those areas was increased to enhance the reliability of estimates for those areas.

6 Certain groups of persons such as non-Australian diplomatic personnel, persons from overseas holidaying in Australia, members of non-Australian defence forces and their dependants stationed in Australia, and students at boarding schools were excluded from the survey.

RELIABILITY OF ESTIMATES

7 In order to maximise the capacity of the survey, some sections of the questionnaire were administered to half of the sample only. For output, weighted estimates for all items, regardless of the particular sample in which they were included, relate to the total population of appropriate age and/or sex. Comprehensive details of the concepts, methodologies and procedures used in the NHS are provided in *National Health Survey: Users' Guide, Australia, 1995* (Cat. no. 4363.0).

8 Since the estimates in this publication are based on information obtained from occupants of a sample of dwellings they are subject to sampling variability; that is, they may differ from the figures that would have been produced if all dwellings had been included in the survey.

9 One measure of the likely difference is given by the standard error (SE), which indicates the extent to which estimates might have varied by chance because only a sample of dwellings was included.

EXPLANATORY NOTES *continued*

RELIABILITY OF ESTIMATES *continued*

10 Another measure of the likely difference is the relative standard error (RSE), which is obtained by expressing the SE as a percentage of the estimate. In this publication, only estimates with RSEs less than 25% are considered sufficiently reliable for most purposes. However, estimates with RSEs of 25% or more have been included and are preceded by one or two asterisks (e.g. *4.3) as explained in Notes on page 2, to indicate that they should be used with caution. Tables of SEs are given in *National Health Survey: Summary of Results, Australia, 1995* (Cat. no. 4364.0).

11 Information reported in the NHS is as reported by persons at interview, and hence may differ from that which might be obtained from other sources or via other methodologies. Reported information on medical conditions was not medically verified, and was not necessarily based on diagnoses by a medical practitioner.

12 Conditions which have a considerable effect on people are likely to be better reported than those which have little effect. Some people may be unaware of conditions which have not been diagnosed. There may also be instances of under-reporting as a consequence of persons being unwilling to talk about a particular condition at an interview.

COMPARABILITY BETWEEN SURVEYS

13 Factors which may have contributed to increased reporting of certain respiratory conditions in the 1995 survey, compared with the 1989–90 NHS, include improvements in identification and treatment and a higher public awareness of particular conditions, e.g. asthma and hayfever. For further details see *National Health Survey: Users' Guide, Australia, 1995* (Cat. no. 4363.0).

RESPIRATORY CONDITIONS

14 Within the 1995 NHS, medical conditions were reported as a recent illness (experienced in the two weeks prior to interview) and/or as a long-term condition (that has lasted or was expected to last for six months or more). All conditions were coded to a single classification based on the International Classification of Diseases (ICD), 9th Revision. The classification of respiratory conditions shown below is that used in the 1995 NHS. It is broadly comparable to that used in the 1989–90 NHS. For further information on the classification of medical conditions see *National Health Survey: Users' Guide, Australia, 1995* (Cat. no. 4363.0).

CLASSIFICATION OF RESPIRATORY CONDITIONS

<i>Condition</i>	<i>NHS code</i>	<i>ICD code</i>
Hayfever	081	477
Asthma	071	493
Sinusitis	021	461, 473
Common cold	075	460
Bronchitis and/or emphysema	020	466, 490–492, 494–496
Influenza	084	487
Cough and/or sore throat	022	462, 786.2
Other respiratory conditions	023	463–465, 470–472, 474–476, 478, 480–486, 500–508, 510–519, 786 (excluding 786.2)

SF-36

15 The SF-36 was administered to NHS respondents aged 18 years and over. The SF-36 is a survey questionnaire which provides information about general health and wellbeing through indicators across eight dimensions of health and wellbeing: physical functioning, role limitations due to physical problems, bodily pain, general health, vitality, social functioning, role limitations due to emotional problems, and mental health, as well as a separate single-item dimension called health transition.

16 With the exception of the health transition item, each question contributes, in association with other questions, to a score derived for one of the eight dimensions. Scores for all dimensions (except health transition) are expressed on a scale of 0–100, where a higher score indicates a better state of health or wellbeing.

17 For output, the dimensions are presented in the order as listed above: that is, from dimensions most strongly related to physical health to those most strongly related to mental health and wellbeing. Mean values for different SF-36 dimensions cannot be compared, because each dimension is created in a different way and is independent of other dimensions: mean values for the same dimension for different population groups can be compared. For example, looking at the graph on page 7, it would be valid to compare the difference in mean values for bodily pain of persons without respiratory conditions and those with respiratory conditions. However, it would be invalid to compare mean values between bodily pain and any other dimension, such as vitality, for any group of people. Although the dimensions are independent of each other, for graphical presentation the points are joined to form a line graph. This line represents the score profile for the particular population group. It is important to note that points on the same line should not be compared, and the points do not form a trend. Instead comparison should be made between one line which represents the SF-36 scale profile of one population and another line which represents the profile of a different population.

SF-36 SIGNIFICANCE TESTING

18 The statistical significance of the SF-36 comparisons was tested using a z score for the difference between means for the group with respiratory conditions and the group without respiratory conditions; for the group with asthma and the group without asthma; and for the group with bronchitis and/or emphysema and the group without bronchitis and/or emphysema. The difference in mean scores was significant, for each of these three condition categories, for all eight scales with all p -values less than 0.01.

STANDARDISATION

19 Standardisation is a technique used when comparing estimates for populations which have different structures. Where indicated in the text and tables in this publication, prevalence rates for certain conditions have been either age standardised or age and sex standardised.

20 These standardised rates show the prevalence rates which would occur in different populations if they had the same age and sex compositions as the standard population. Unless otherwise specified, the standard population used in this publication is based on the estimated total Australian population in mid-1995.

EXPLANATORY NOTES *continued*

ACKNOWLEDGMENT

21 Australian Bureau of Statistics (ABS) publications draw extensively on information provided freely by individuals, businesses, governments and other organisations. Their continued cooperation is very much appreciated: without it, the wide range of statistics published by the ABS would not be available. Information received by the ABS is treated in strict confidence as required by the *Census and Statistics Act 1905*.

GLOSSARY

Conditions Medical conditions as reported by respondents (illness, injury or disability). Unless otherwise specified, prevalence rates in this publication include all conditions whether they were recent, long-term or both recent and long-term.

Recent illnesses. Those experienced in the two weeks prior to interview. Recent illness conditions could have been long-term as well. Examples of respiratory conditions which were normally only recent illnesses were:

- common cold;
- influenza; and
- cough and/or sore throat.

Long-term conditions. Those which have lasted at least six months, or which the respondent expected to last for six months or more. Long-term conditions could also have been experienced as recent illnesses. Examples of respiratory conditions which were usually reported as long-term were:

- those where the respondent experienced infrequent or spasmodic attacks, e.g. hayfever;
- those which may have been under control through use of medications or other treatment, e.g. asthma; and
- those which may have been debilitating, e.g. bronchitis and/or emphysema.

Health-related actions Refers to specific actions taken by persons in relation to their health, in the two weeks prior to interview. In this publication, totals for persons taking health-related actions include those who used natural or herbal medications and those who consulted a dentist. Health-related actions shown separately are:

- used medication;
- used vitamins/minerals;
- consulted doctor;
- consulted other health professionals;
- seen or talked to anyone else;
- took day off work/school;
- had other day of reduced activity;
- visited hospital casualty/emergency/outpatients;
- visited hospital day clinic; and
- hospital inpatient episode.

Other health professionals Includes acupuncturists, audiologists/audiometrists, chemists, chiropractors/podiatrists, chiropractors, dietitians/nutritionists, herbalists, hypnotherapists, naturopaths, nurses, occupational therapists, opticians/optometrists, osteopaths, physiotherapists, psychologists, social workers/welfare officers, speech therapists/pathologists.

Respiratory conditions The classification of respiratory conditions used in the NHS is shown in the Explanatory Notes, paragraph 14. Respiratory conditions include:

- hayfever;
- asthma;
- sinusitis;
- common cold;
- bronchitis and/or emphysema;
- influenza;
- cough and/or sore throat; and
- other respiratory conditions (includes, for example, types of pneumonia, laryngitis, asbestosis, pleurisy).

Due to the self-reported nature of the data, it is possible that some leakage between condition categories may have occurred. For example, a condition which was actually a common cold could have been reported as influenza.

Seasonal patterns Seasonal patterns of illness were derived by examining recent illnesses experienced in the two weeks prior to interview, grouped according to the season in which the interview was conducted.

Smoking Refers to the regular smoking of tobacco, including manufactured (packet) cigarettes, roll-your-own cigarettes, cigars and pipes, but excludes chewing tobacco and the smoking of non-tobacco products. Regular smoking was defined as one or more cigarettes (or pipes or cigars) per day on average as reported by the respondent.

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RRP \$16.00