EUROPEAN HEALTH INTERVIEW SURVEY - SECOND WAVE, 2014 (MAIN RESULTS)

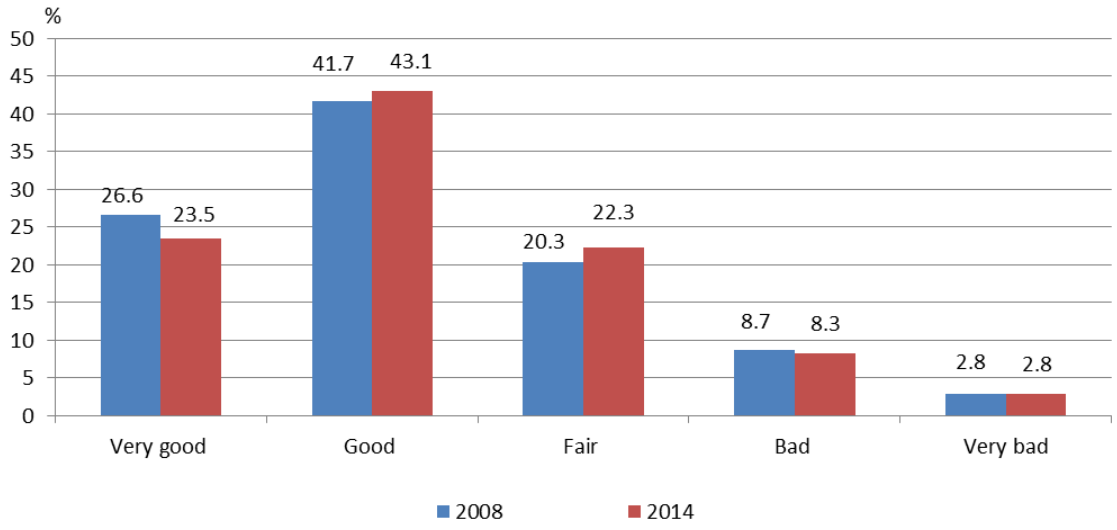
The survey is a part of the European Health Survey System in the framework of the European Statistical System. The EHIS aims at measuring on a harmonized basis and with a high degree of comparability among EU Member States, the health status, life style (health determinants) and health care services use of the EU citizens.
In 2014 the BNSI participated in the EHIS wave 2 in accordance with the Commission Regulation (EU) No. 141/2013 implementing Regulation (EC) No. 1338/2008 requirements. The survey was carried out in the period October 2014 - January 2015.
8 839 persons aged 15 and over living in 4 124 private households are covered. The survey applies the principle of the voluntary participation. A substitution is not allowed. By face to face interview (PAPI) 6 410 persons are interviewed as the response rate is 72.5%.
The first EHIS based on a harmonized instrument in accordance with the Eurostat requirements was carried out by NSI in 2008.
All presented data are based on the respondent`s answers and self-assessment. No documents are required, proving the correctness of answers and no measurements are done.

Health status

Self-perceived health

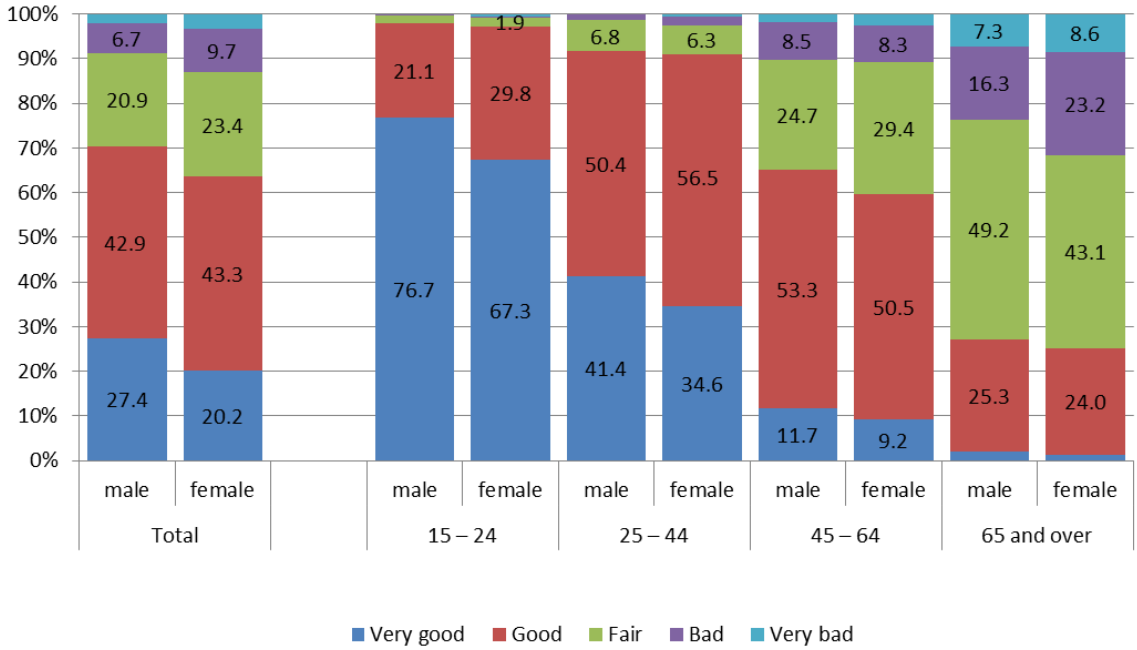
The researchers assume that people assess in a complex way the presence or absence of disease, functional limitations and restriction of activities in daily life due to health related reasons. One of the most important questions asked during the interview is 'How is your health in general?' with five answers categories. The reference is to health in general rather than the present state of health.
In 2014 the biggest is the share of persons aged 15 and over who self-assessed their health as good (43.1%), followed by very good (23.5%) and fair (22.3%). As bad and very bad identified their health respectively 8.3 and 2.8% of the population. Compared to 2008 the share of persons declaring their health was very good has decreased with 3.1 percentage points and the share of those who assessed their health as good and fair has increased (Figure 1).

Figure 1. Self-perceived health status of persons aged 15 and over, 2008 and 2014



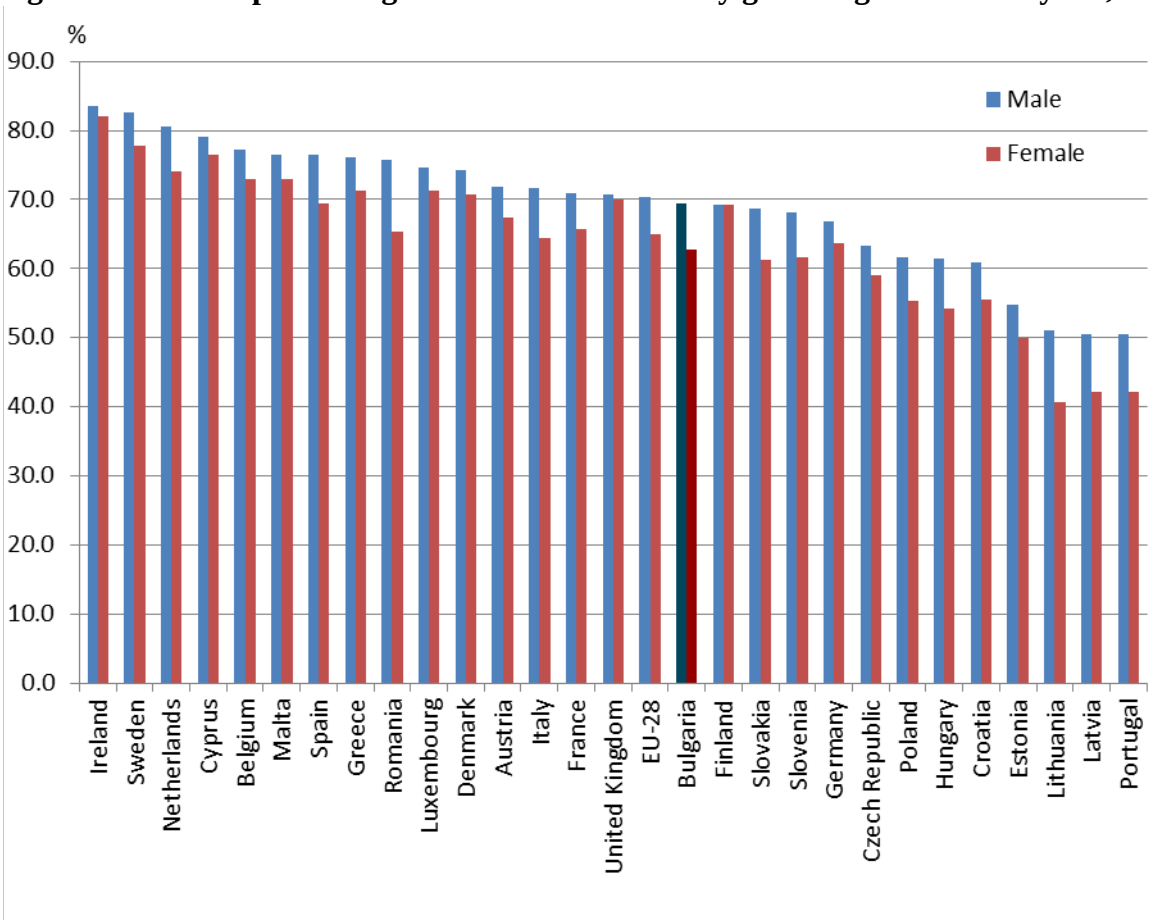
The self-assessment of health in a great extent depends on the age and sex of the persons (Figure 2). Men more often define their health as very good and good (70.3%) than women (63.5%). With increasing age the share of people who assessed their health as bad or very bad has increased.

Figure 2. Distribution of persons aged 15 and over by self-perceived health status, sex and age, 2014



According to Eurostat data from the SILC, in 2014 70.3% of men and 64.9% of women in the Member States define their health as very good or good. The highest is the share for men as well as for women in Ireland - respectively 83.5 and 82.1 percent. The lowest is the share of men with positive self-perceived health in Portugal and Latvia - 50.5%, and of women - in Lithuania (40.6%).

Figure 3. Share of persons aged 16 and over with very good or good health by sex, 2014



Data source: EU-SILC, Eurostat database.

Chronic morbidity

Chronic diseases are one of the major cause of use of health care services and their treatments are often very expensive. Measuring chronic morbidity is useful for overall evaluations in the domain of health status. It is also useful for the study of health care systems in terms of assessment of need for health care and policy formulation.

Threw the EHIS the prevalence of selected chronic (longstanding/long term) diseases is observed. When answering the question respondent has to consider whether the disease, respectively the health problem in the last 12 months prior to the interview has appeared. The question asked to the respondents is whether they have had a particular chronic disease or health problem, not whether they 'suffer' from it. In this

sense, cases where the respondent has had a disease, which has been controlled with medicines (eg. high blood pressure) and so has not been a problem for the person should be considered as well.

The most distributed disease in Bulgaria from those, included in the survey's questionnaire in 2014 was **high blood pressure (hypertension)** - 29.6% from the persons aged 15 years and above. That disease is more distributed among the women (33.0%) compared to man (26.0%), as the relative share of persons with hypertension aged 65 and above amounted to 68.3%.

In comparison with the data for 2008 on the disease distribution a significant increase was observed as among the men (by 32%), as well among the women (by 30.4%). Comparing the data by age an increase was observed of the relative share of persons with hypertension aged between 45 and 64 years (from 30.3% to 37.3%) and among 65 years and above (from 55.8% to 68.3%).

1. Self-reported prevalence of selected diseases and chronic conditions among persons aged 15 and over by diseases and sex, 2014

(Per cent)

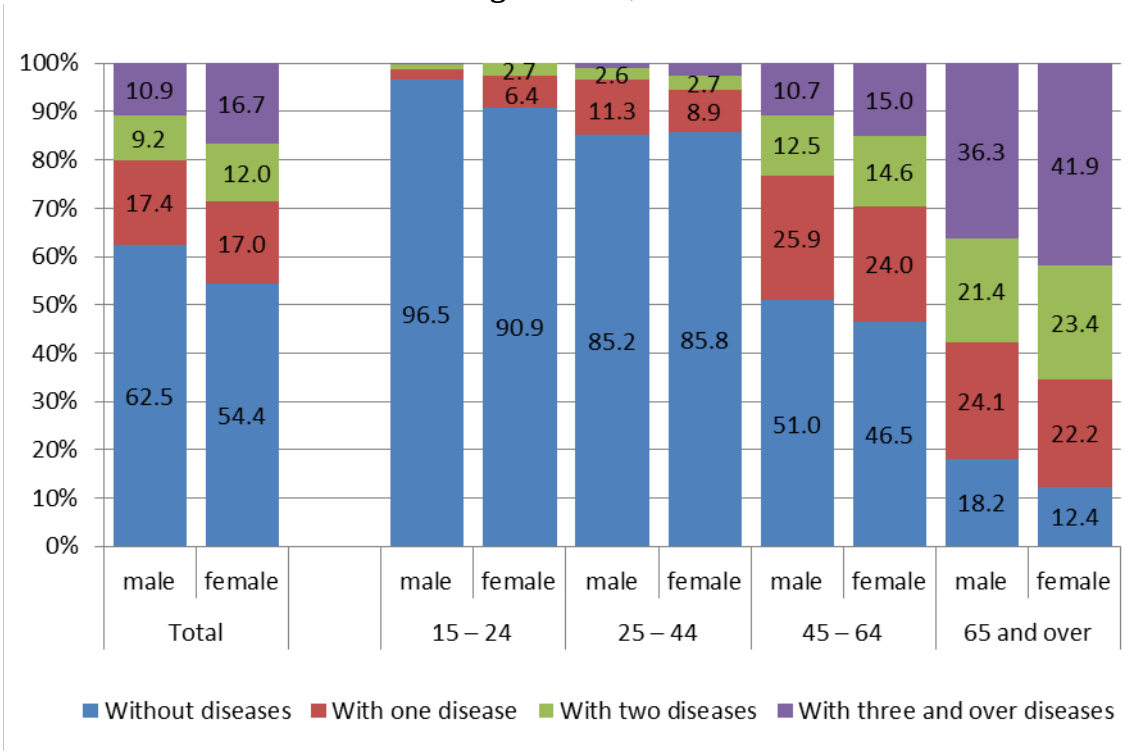
Diseases and chronic conditions	Total	Male	Female
Arthrosis (arthritis excluded)	7.5	4.5	10.2
Low back disorder or other chronic back defect	10.1	7.9	12.1
Neck disorder or other chronic neck defect	5.3	3.5	6.9
Asthma (allergic asthma included)	2.7	2.1	3.3
Chronic bronchitis, chronic obstructive pulmonary disease, emphysema	4.6	4.1	5.1
Myocardial infarction (heart attack) or chronic consequences of myocardial infarction	2.2	2.7	1.7
Coronary heart disease or angina pectoris	9.1	7.9	10.2
High blood pressure (hypertension)	29.6	26.0	33.0
Stroke (cerebral haemorrhage, cerebral thrombosis) or chronic consequences of stroke	2.7	2.8	2.6
Cirrhosis of the liver	(0.3)[u]	(0.4)[u]	(0.3)[u]
Urinary incontinence, problems in controlling the bladder	2.8	3.1	2.6
Kidney problems	5.8	4.9	6.7
Diabetes	6.4	5.4	7.3
Allergy (allergic asthma excluded)	4.4	2.9	5.7
Depression	3.2	2.1	4.2

[u] - due to a small sample size figures in brackets are not reliable.

On the second place among surveyed chronical diseases and health problems were **injuries affecting the lower back or other chronic disorders of the back**, indicated by 10.1% of persons as these disorders were more distributed among the women (12.1%) then among the men (7.9%).
Presence of the **coronary heart disease or angina pectoris** during the last 12 months, preceding the survey declared 7.9% of men and 10.2% of women aged 15 and above years.
With **arthrosis** were 7.5% of persons, as the disease was significantly more distributed among the women - 10.2%, then among the men - 4.5%.
The **diabetes** is one of social significant disease, which has a significant impact on the quality of life of individuals and often leads to complications**.** According to the EHIS 2014 data 6.4% of the population aged 15 years and above have diabetes. The disease was distributed among 5.4% of men and 7.3% of women.

Summarized data for the country indicated that in 2014 r. 58.3% of persons aged 15 and above completed years **didn't have any of chronic diseases or health problems** included in the questionnaire. Presence of **one disease** declared 17.2%, **two diseases** - 10.6%, and **three and more** - 13.9% of the population.

Figure 4. Distribution of persons aged 15 and over by number of reported diseases, age and sex, 2014



With increasing the age, the share of persons who have at least one chronic disease increased, as among the people aged 65 and over only 18.2% of men and 12.4% of women do not declare any of these chronic diseases. In this age group the largest proportion of men and women who have three or more chronic diseases or health problems (Figure 4).

Health care

The EHIS collects data on the use of health care services and the unmet needs for health care. In addition it enables linking the data with characteristics of health status, health determinants and socio-economic characteristics of respondents.

Inpatient care

In 2014 10.0% of the population aged 15 and over have been hospitalized as an inpatient that is overnight or longer[1].

During the past 12 months before the interview 8.5% of the population has been admitted to a hospital as a day patient.

Outpatient care

The EHIS is data source concerning the use of ambulatory health care. Visits/contacts that focus on respondent's health should be considered. Contacts with a nurse on behalf of a GP, for instance for receiving a receipt as well as for arranging an appointment with a doctor are excluded.

The data present that among the persons aged 15 years and above in 2014

- With the general practitioners were consulted 71.2% persons of population;
- With the specialists - 30.9% and
- With dentists or orthodontists - 44.4%.

The distribution by sex presents that the women were more active in relation to consultations with these medical specialists. With increasing the age the number of consultations with general practitioners and specialists increased. The exception is in the number of consultations with dentists in the last 12 months, which decreased with increasing the age of persons (Table 2).

Comparing the data from 2014 with those from 2008 shows that there an upward trend was observed in the number of consultations of persons aged 15 years and older with medical specialists from outpatient care in the last 12 months preceding the interview. The most significant in that increasing was

- In relation with consultations and/or prophylactic examinations with dentists or orthodontists– by 39.6% for the men and 42.2% by the women and
- In age group 25 - 44 years - by 31.3% with към general practitioners; by 31.5% with specialists and by 41.7% with dentists.

The number of consultations with dentists increased in all age groups as most significant - among young people - from 15 to 24 years old - by 52.5%.

[1] The time spent in hospital for giving birth is not be included. The time spent for reasons related to antenatal and postnatal period (e.g. complications during pregnancy, abortions, and complications after giving birth) should be included.

2. Consultations with medical specialists among persons aged 15 and over by sex and age, 2008 and 2014

(Per cent)

	General practitioner		Specialists		Dentist or orthodontist	
	2008	2014	2008	2014	2008	2014
Total	**59.4**	**71.2**	**27.7**	**30.9**	**31.5**	**44.4**
By sex						
Male	52.2	64.3	24.0	23.1	30.3	42.3
Female	65.9	77.7	31.0	38.1	32.7	46.5
By age						
15 - 24	44.5	52.6	16.9	19.2	34.3	52.3
25 - 44	46.0	60.4	24.1	31.7	36.2	51.3
45 - 64	64.5	76.5	29.9	33.4	32.7	47.1
65+	83.8	88.5	38.1	32.1	19.5	26.7

Medicine use

The medicines can be used both for treatment, and preventively. They could be prescribed or not by a doctor.

In the two weeks preceding the survey, prescribed by doctor medicines (incl. herbal medicines, homeopathic medicines, and vitamins)[2] received 39.4% of persons aged 15 and above in the country. There are significant gender differences in the responses to this question - 44.0% of women and 34.1% of men responded positively. With increasing the age increases the proportion of people taking prescribed medication.

3. Use of any medicines during the past two weeks by sex, 2008 and 2014

(Per cent)

	Total		Males		Females	
	2008	2014	2008	2014	2008	2014
Prescribed by a doctor	34.6	39.4	29.3	34.1	39.4	44.0
Not prescribed by a doctor	28.0	37.1	22.0	30.1	33.3	43.3

[2] Excluding contraceptive pills or hormones used solely for contraception.

Data from the survey confirm that women are more likely to take medicines on own initiative. In the two weeks before the interview non-prescribed medications have used 30.1% of men and 43.3% of women in the country.

Preventive services

Preventive measures are one of the main prerequisites for improving the health status of the population and reduce mortality from certain diseases.
The most important cause of deaths among people aged between 44 and 65 in EU is cancer, and among people aged 65 and more is diseases of the circulatory system. In relation with the important of obesity in EU Member States, diabetes becomes one of the main concerns for health care, morbidity and mortality in the future.
Preventing actions related to these risks affect to the life expectancy and the healthy life years and therefore in the instrumentarium of the European Health Interview Survey were included questions regarding the application of selected preventive measures.
The most widely applied preventive measure than those included in the questionnaire was blood pressure measurement by a health professional. For 58.2% of men and 69.9% of women blood pressure was measured by a medical specialist in the 12 months preceding the interview (Table 4). Blood sugar measurement by a medical professional during this period was made by 46.3% of men and 56.4% of women.

4. Preventive actions within the past 12 months, by sex

(Per cent)

	Total	Male	Female
Blood pressure measurement by a health professional	64.4	58.2	69.9
Blood cholesterol measurement	51.1	45.4	56.0
Blood sugar measurement	51.7	46.3	56.4
Mammography (breast X-ray) - during the last 2 years, female aged 50 - 69	x	x	31.8
Cervical smear test - during the last 3 years, female aged 20 - 69	x	x	52.2

By the European Health Interview Survey was investigated application of some preventive measures for women - mammography (X-ray image) and cervical-smear test as a means of prevention of some types of cancers. Depending on the medical recommendations regarding the frequency of those tests and the increased risk of morbidity in specific age groups, international teams of experts recommended calculations of the indicators to comply with it. The results of the 2014 survey show:

- among the women aged 50 - 69 years 31.8% have had mammography in the past two years (in 2008 this share was 21.9%);
- among the women aged 20 - 69 years 52.2% have undergone a cervical smear test in the last three years (in 2008 - 46.8%).

Figure 5. Female aged 50 - 69 years reporting to have had a mammography (breast X-ray), European Health Interview Survey - 2008 and 2014

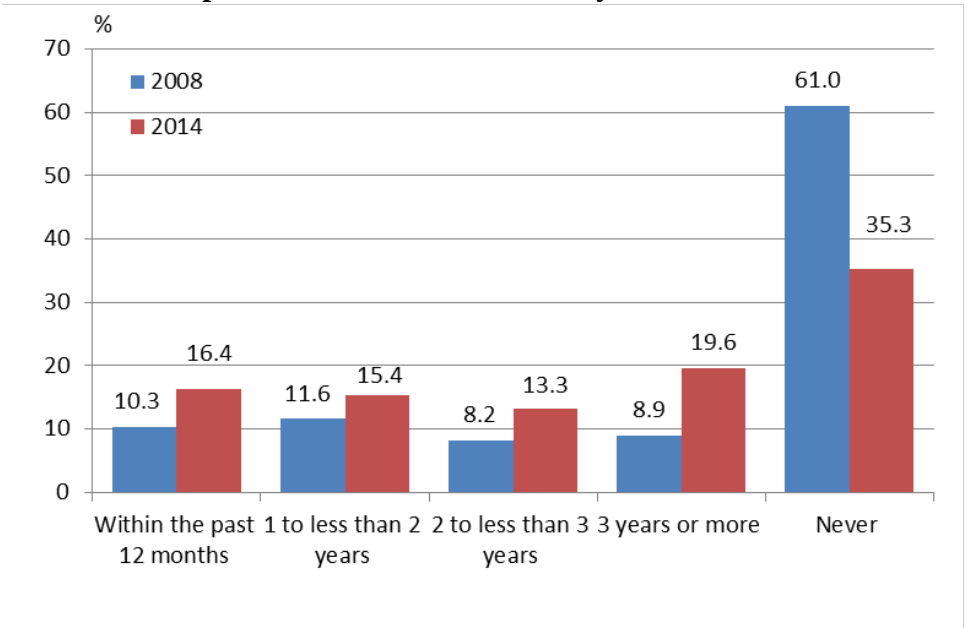
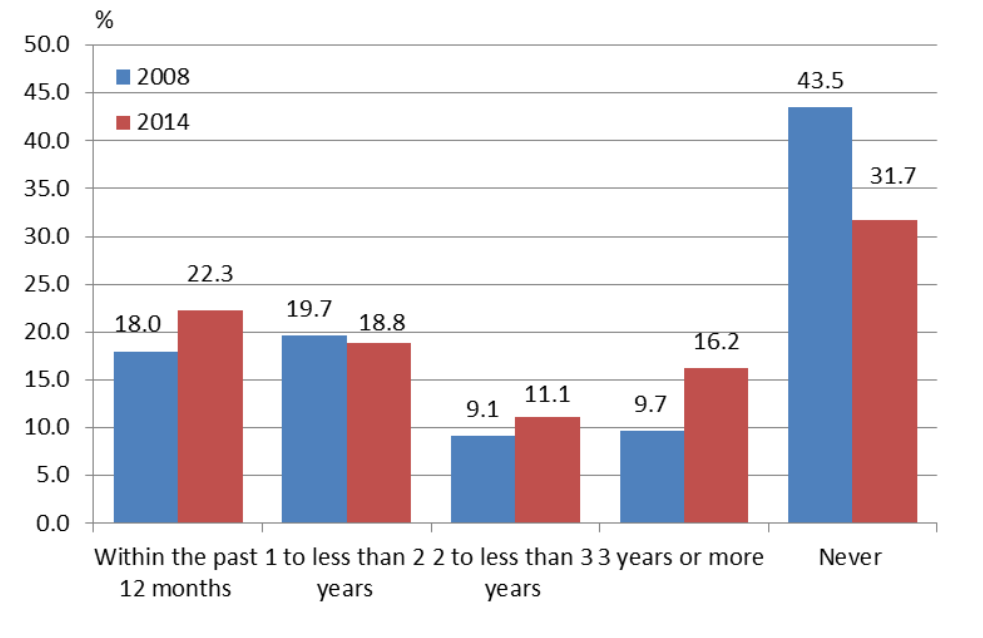


Figure 6. Female aged 20 - 69 reporting to have undergone a cervical cancer screening test, European Health Interview Survey - 2008 and 2014



A comparison of data from two waves of the survey shows a positive trend in reducing the proportion of women in specific age groups who have never applied both preventive (Figures 5 and 6). In 2014, 35.3% of women aged 50 - 69 had never had X-rays of the breast (in 2008 this share was 61.0%).

Unmet needs for health care

There are many reasons why people experience some delay in getting health care or do not get it at all. EHIS is data source concerning the unmet needs for health care due to[3]:

- long waiting list(s) - a delay in getting appointment soon enough, being on a waiting list despite needing urgent care, someone discouraged from seeking care because of perceptions of the long waiting lists are included; in case of 'medical goods provided to outpatients' the situation of delay may occur when a medicine is not available in stock in the pharmacy and the patient cannot receive it when he/she really needs it. The waiting time to see a doctor on day of appointment (the time spend in the waiting room) should not be considered as delay;
- distance or transportation problems;
- financial barriers (in terms of money) - due to too expensive care or no coverage by health insurance.

The questions cover all type of care - curative, rehabilitative, long-term health care, ancillary services and medical goods provided to outpatients. Care provided for different purposes (curative, rehabilitative, long-term health care) and by different modes of provision (inpatient, outpatient, day, home) should all be included.

In 2014 the proportion of people who needed health care but did not get (or there was a delay) because of the need to wait too long was 4.3%. Remoteness of the hospital/pharmacy or transport problem (lack of transport) was the reason for unmet need for some health care for 3.7% of individuals.

Financial barriers are the reason for unmet needs as follow:

- medical care - for 10.7% of the persons aged 15 and over;
- dental care - for 12.6%;
- prescribed medicines - for 9.6% and
- mental health care (by a psychologist or a psychiatrist) - for 2.3%.

Health determinants (life style)

The purpose of the questions included in this module is to assess the health habits as part of individual actions to protect and restore the health.

Weight and height, overweight and obesity

2014 EHIS data shows that the average height of male in Bulgaria is 175 cm and of female - 163 cm. The average weight of male is 81 kg and of female - 67 kg.

Being overweight is one of the negative factors influencing the prevalence of cardiovascular disease, diabetes and other chronic diseases. The information on the height and the weight of individuals that is collected by EHIS allows calculating Body Mass Index (BMI)[4], which defines the proportion of people with overweight and obesity.

[3] For each reason a separate question is asked. The main reason for the unmet needs is not observed.

[4] BMI is defined as the weight in kilos divided by the square of the height in meters. The persons are overweight if the BMI is equal or bigger than 25. The overweight includes obesity (BMI is equal or bigger than 30). For international comparisons the indicator is calculated for persons aged 18 and over.

In 2014, with overweight, including obesity were 62.2% of men and 46.8% of women aged 18 and older. With normal weight were 37.3% of men and 49.6% of women (Table 5).

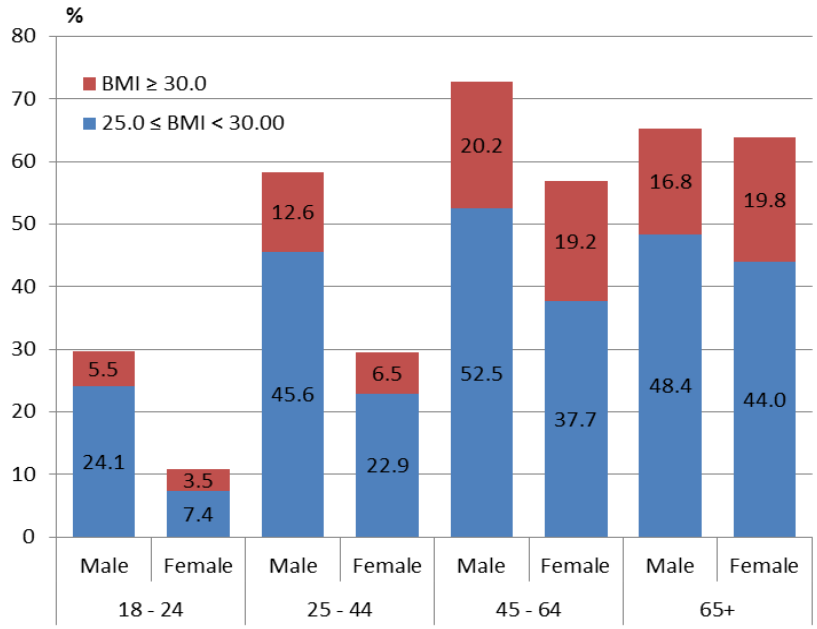
5. Distribution of persons aged 18 and over by BMI and sex, 2008 and 2014

(Per cent)

BMI	Total		Male		Female	
	2008	2014	2008	2014	2008	2014
Underweight (under 18.5)	3.1	2.2	0.9	0.5	5.0	3.6
Normal weight (18.5 - 24.99)	46.4	43.8	41.2	37.3	51.0	49.6
Pre-obese (25.00 - 29.99)	39.1	39.2	46.3	46.7	32.7	32.6
Obese (30.00+)	11.5	14.8	11.6	15.5	11.3	14.2

The comparison between the data from two waves of the survey shows an increase in the number of people with obesity by 11.5% (in 2008) to 14.8% (in 2014), as the greater it was among men (from 11.6% to 15.5%) than among women (from 11.3% to 14.2%).

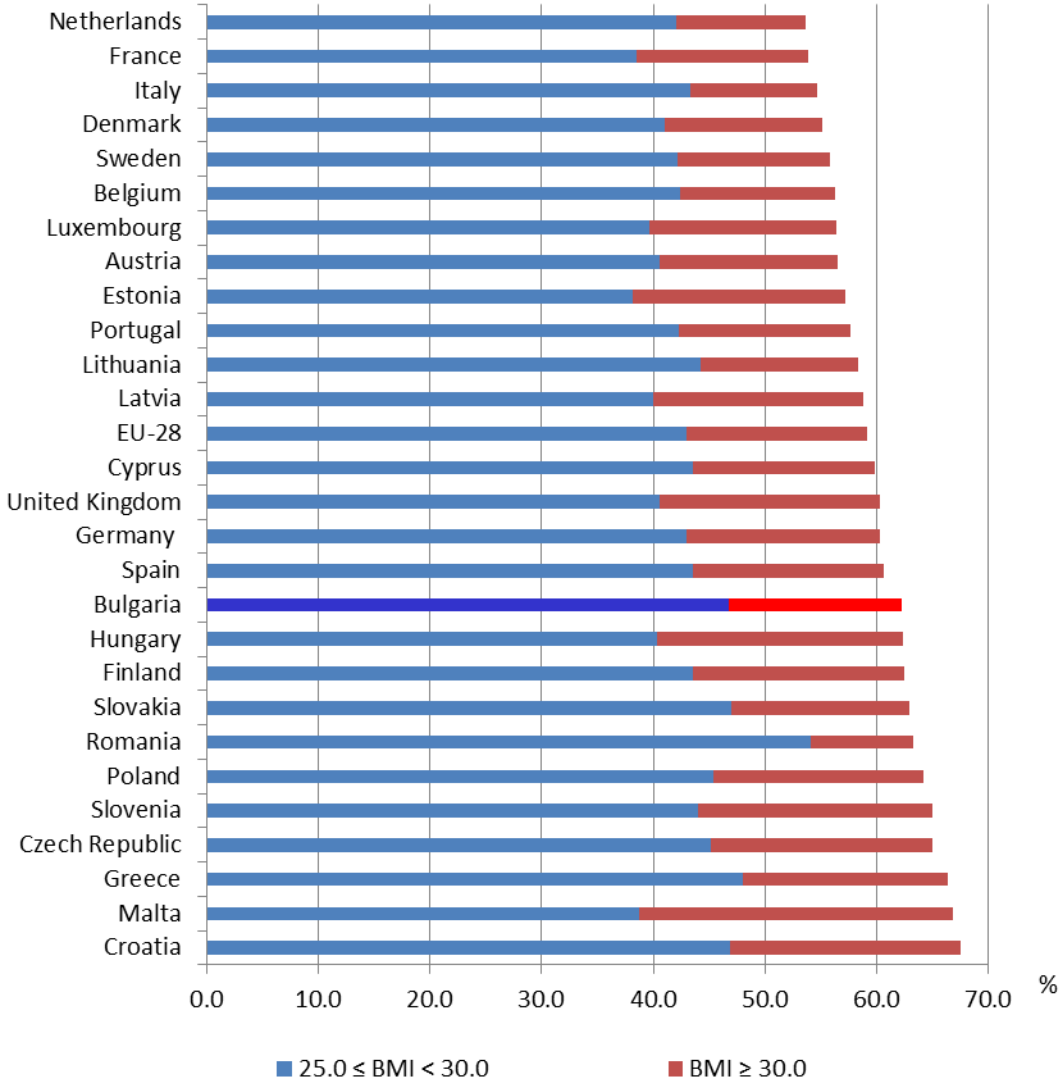
Figure 7. Share of persons aged 18 and over with overweight (BMI ≥ 25.0), including obesity (BMI ≥ 30.0) by sex and age, 2014



The age of persons determined the prevalence of the overweight (Figure 7). Significant are differences between men and women with overweight in young ages - among men aged 18 - 24 years, 29.6% were with overweight (incl. obesity) and among the young women the share was almost three times lower (10.9%). With increasing the age the difference between the sexes reduced and at the adult population aged 65 and over shares of those overweight are almost equal (65.2% men and 63.8% of women). The

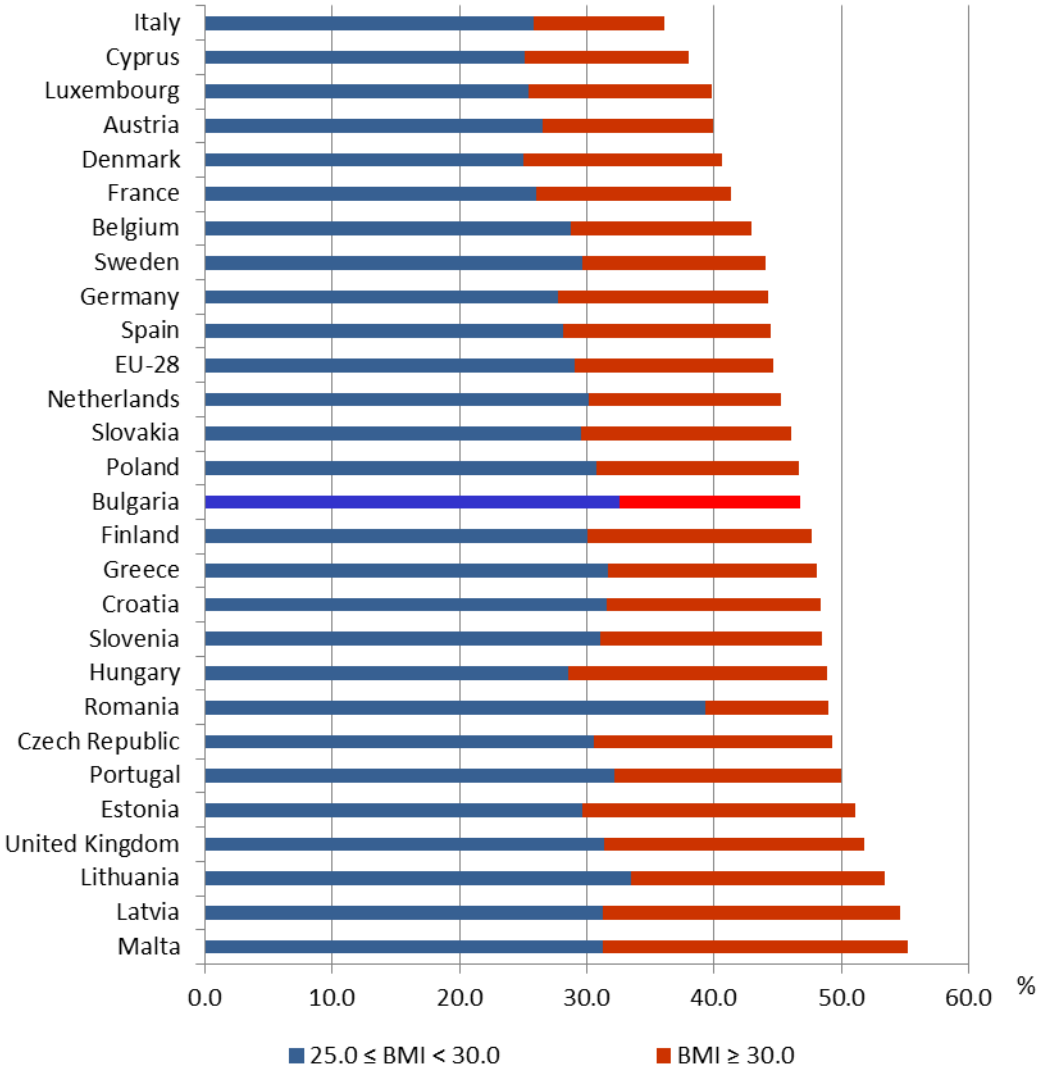
summarized data for all Member States provided by Eurostat show that 59.1% of men and 44.7% of women aged 18 and over in the EU are with overweight, and with obesity were 16.1% of men and 15.7% of women in this age (Figures 8 and 9).

Figure 8. Share of male aged 18 and over with overweight (BMI ≥ 25.0), including obesity (BMI ≥ 30.0), 2014



The biggest is the share of obese males and females in Malta - respectively 28.1 and 23.9%. With the lowest values of the indicator for both men and women is Romania - 9.1 and 9.7 percent.

Figure 9. Share of female aged 18 and over with overweight (BMI ≥ 25.0) including obesity (BMI ≥ 30.0), 2014



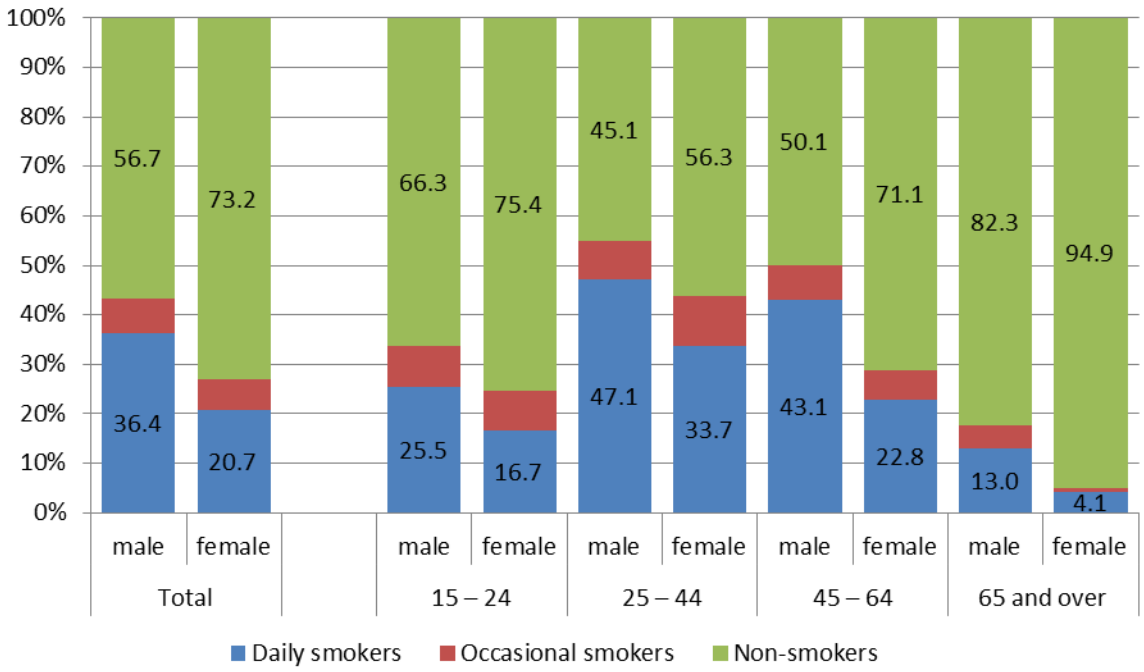
Smoking

Smoking is an important risk factor for lung diseases, lung cancer, some other cancers and diseases of the circulatory system.

According to the 2014 EHIS data the number of current smokers (daily and occasional smokers)[5] aged 15 and over in Bulgaria is estimated at 2.1 million persons (34.7%). Daily smokers are 28.2% of the population and occasional - 6.5%.

[5] Regardless of the amount or kind of tobacco product. – manufactured cigarettes, hand-rolled cigarettes, cigars, pipes, etc. Electronic cigarettes are excluded.

Figure 10. Distribution of persons aged 15 and over by smoking patterns, age and sex in 2014



At the end of 2014, 43.4% of men and 26.9% of women were smokers. No significant difference in the relative shares of sometimes smokers men and women, while every day smokers men aged 15 years and older are almost twice more of women in this group (Fig. 10). The largest was a proportion of smokers among men and women in the age group 25 - 44 years. With increasing the age increases the proportion of non-smokers among the population aged 65 and over 17.7% of men and 5.1% of women are smokers. A comparison of data from two waves of the survey in 2008 and 2014 shows decrease of the proportion of smokers for six-year period (Table 6), as the greater it was for men (13.7%) than women (4.6%). In both sexes decrease was mainly due to the reduction in the share of people who smoke occasionally, while among the women even have an increase in daily smokers - from 18.9% in 2008 to 20.7% in 2014.
In 2014 35.4% of men and 19.9% of women daily smoke cigarettes[6], as a significant was difference in the number of cigarettes smoked per day. Among men predominant was the share of those who smoke 20 or more cigarettes - 19.5%, while for women this share was 6.5%.

[6] Incl. hand-rolled cigarettes.

6. Share of smokers among persons aged 15 and over by sex and age in 2008 and 2014

(Per cent)

Age	Sex	Current smokers		Daily smokers		Occasional smokers	
		2008	2014	2008	2014	2008	2014
Total	**Male**	**50.3**	**43.4**	**40.5**	**36.4**	**9.8**	**7.0**
	Female	**28.2**	**26.9**	**18.9**	**20.7**	**9.3**	**6.2**
15 - 24	Male	40.7	33.7	27.7	25.5	13.0	(8.2)[u]
	Female	31.0	24.6	17.9	16.7	13.1	(7.9)[u]
25 - 44	Male	64.5	54.9	54.8	47.1	9.7	7.8
	Female	45.6	43.7	32.7	33.7	12.9	10.0
45 - 64	Male	56.8	50.0	46.3	43.1	10.5	6.9
	Female	27.6	28.9	17.7	22.8	9.9	6.1
65 and over	Male	18.0	17.7	12.0	13.0	6.0	(4.7)[u]
	Female	3.4	5.1	2.2	(4.1)[u]	1.2	(1.0)[u]

[u] - due to a small sample size figures in brackets are not reliable.

The aggregated data for Member States in 2014, which Eurostat presented showed that 23.2% of men aged 15 and older in the EU smoke daily and 5.5% - occasionally. The largest share of daily smokers men was in Cyprus (38.2%), in Latvia (37.0%) and in Bulgaria (36.4%). Least distributed was daily smoking among men in Sweden (9.2%) and Finland (14.4%). In these two Scandinavian countries, however, was the highest proportion of sometimes smokers men - 8.1% in Sweden and 7.7% in Finland. Countries with minimum values of the indicator among all member states were Hungary (1.9%) and Spain (2.9%). In the EU, 15.5% of women aged 15 and over smoke daily and 4.0% - occasionally. The share of daily smoking women in Member States varies widely - from 8.3% in Romania to 22.1% in Austria

Alcohol consumption

Another risk factor in respect to the health status is alcohol consumption.
In the year preceding the survey, 21.4% of men and 44.9% of women aged 15 and over never used alcohol. At least once a month drank 26.3% of men and 24.4% of women and at least once a week - respectively 29.2 and 11.2 percent. Every day or almost every day alcohol used 14.9% of men and 3.6% of women aged 15 and older.

7. Alcohol consumption among persons aged 15 and over in 2014 by sex

(Per cent)

	Total	Male	Female
Every day or almost every day	8.9	14.9	3.6
5 - 6 days a week	3.3	5.5	1.3
3 - 4 days a week	7.3	11.9	3.3
1 - 2 days a week	9.0	11.8	6.6
2 - 3 days in a month	13.2	15.0	11.6
Once a month	12.1	11.3	12.8
Less than once a month	12.3	8.1	15.9
Not in the past 12 months, as I no longer drink alcohol	10.7	9.7	11.5
Never, or only a few sips or trials, in my whole life	23.3	11.7	33.4

Methodological notes

The survey is a part of the European Health Survey System in the framework of the European Statistical System. The EHIS aims at measuring on a harmonized basis and with a high degree of comparability among EU Member States, the health status, life style (health determinants) and health care services use of the EU citizens.
In 2014 BNSI participated in the EHIS wave 2 in accordance with the Commission Regulation (EU) No. 141/2013 implementing Regulation (EC) No. 1338/2008 requirements. The survey was carried out in the period October 2014 - January 2015.
The first EHIS based on a harmonized instrument in accordance with the Eurostat requirements was carried out by NSI in 2008.
According to the character of the questions the reference period is two or four weeks, six or twelve months, weekdays or weekend.
The topics included in the questionnaire are developed in order to meet main needs as for the management of health care systems, as well as in science. Within these needs, EHIS questions are aimed at meeting the basic needs of information at EU level. They do not cover all detailed aspects of health which can better be carried out via specific surveys at national level.
The questionnaire consists of four modules (the same used in the 2008 questionnaire).

- Health status;
- Health care;
- Health determinants (life style);
- Background module.

In order to reduce the response burden the number of questions in the 2014 harmonized questionnaire is reduced. In addition, some of the questions are partly or fully changed.
The questionnaire consists of three parts - Households part, Face to face part and Self complete part. In addition to the questionnaire show cards is used.
A face to face PAPI interview at the respondents' house is chosen as a survey method.
8 839 persons aged 15 and over living in 4 124 private households are covered. The survey applies the principle of the voluntary participation. A substitution is not allowed. By face to face interview (PAPI) 6 410 persons are interviewed as the response rate is 72.5%.
In accordance with the EHIS methodology people living in institutionalized households as residencies for students or workers, medical or social institutions, prisons are excluded from the target population.
In accordance with the methodological recommendations *proxy interview* is allowed only due to health problems of the respondent. There are two possibilities: either the respondent is unable to complete the interview due to physical or mental problems or when the person is hospitalized.
A two stage stratified cluster sample on national and regional level is used. The sample is stratified by using the administrative regions in the country and persons' place of residence (town, village). As a result of the stratification 56 strata are designed. At the first stage clusters are selected with a probability proportional to their size, separately for 28 districts and for urban and village population. At the second stage, through a systematic selection 6 households are identified. All persons aged 15 and over in selected households were interviewed.

Standard errors of key indicators are commonly used as a measure of the reliability of data collected through sample survey. The standard error was calculated as follow:

Indicator/sub-indicator (variable(s) from which the indicator is derived)	Number of respondents - *n* (unweighted)	Estimated proportion - *p* (weighted)	Standard error - *SE*	Confidence interval	
				95% lower limit, in %	95% upper limit, in %
Respondents aged 15 years or over in good or very good health (HS1)					
Total	3568	66.6	0.8	65.1	68.2
Male	1760	70.2	0.9	68.4	72.1
Female	1808	63.5	1.0	61.5	65.5
Respondents aged 15 years or over with a longstanding illness or health problem (HS2)					
Total	3110	44.6	0.8	42.8	46.3
Male	1337	40.3	0.4	38.2	42.3
Female	1773	48.5	1.0	46.4	50.5
Respondents aged 15 years or over that were severely limited in activities people usually do because of health problems for at least the past 6 months (HS3)					
Total	466	6.4	0.3	5.7	7.1
Male	194	5.9	0.4	4.9	6.8
Female	272	7.0	0.4	6.1	7.8
Respondents aged 15 years or over declaring having been hospitalized in the past 12 months (HO1) (men and women)	701	10.0	0.4	9.1	10.7
Respondents aged 18 years or over who are obese (BMI>=30, where BMI = BM2 in kg/(BM1 in m* BM1 in m) (men and women)	836	14.8	0.6	13.6	15.9

Additional statistical information and date about the survey 'European Health Interview Survey' can be found on the NSI's website (www.nsi.bg), theme 'Health'. Data will be available in the IS Infostat (https://infostat.nsi.bg/infostat/pages/module.jsf?x_2=62).