

Question bank

### **Survey measurement of general health status**

**Ann Bowling, Professor of health services research, University College London**

There has been a large increase in the use of subjective indicators of broader health status and health related quality of life over the past two decades (Garrett et al. 2002).

This is because what matters in surveys of health status, and experimental trials of treatment outcomes, is how the patient feels, rather than how others think they feel.

Many studies in medical sociology have indicated the importance of the perceptual component of illness in determining whether people feel ill or whether they seek help. Phenomenological models hold that humans interpret and experience the world in terms of meanings and actively construct an individual social reality. Qualitative approaches to research thus emphasise individuals' subjective perceptions of their health. Functional theory in sociology regards health in the context of society, as the level of fitness and functioning (social, psychological or physical) which a person requires in order to fulfil social roles, based on his or her cultural norms. Functional theory underpins the tradition of positivism, from which stems social survey research.

In order to measure health in surveys, a measure of health status is required which needs to be based on a concept of health. Illnesses can be the result of pathological abnormality, but not necessarily so. A person can feel ill without any evidence of disease. The World Health Organisation's (WHO) (1947) therefore developed a multi-dimensional definition of health as a 'state of complete physical, mental and social well-being and not merely the absence of disease or infirmity'. The WHO (1984) has since added 'autonomy' to this list. Broader measures of health status thus aim to tap people's subjective perceptions of their physical, psychological and social health, and the impact of their health on various aspects of their lives.

Detailed information about self-perceived health and its effects can be collected from large numbers of the population, or from patients, using questionnaires. These can be administered to the target group of interest by post, by computers, or in face-to-face or telephone interviews. Government surveys in Europe and the USA routinely collect information about subjectively perceived health and illness at population level. The research question is whether to use single questions or a series of questions forming a scale, and which can be scored, to measure health status. Scales are more stable, and have better reliability and validity than single item questions and are the preferred instruments to use. The most commonly used instrument across the world is the Short Form-36 Health Survey Questionnaire (Ware et al. 1993; 1997).

But sometimes a survey questionnaire does not have room for a lengthy scale, investigators wish to minimise respondent and research, or they simply want a 'snap shot' of a topic rather than comprehensive coverage. In such circumstances, single questions have the advantage. A popular single-item measure consists of simply asking respondents to rate their health as 'Excellent, Good, Fair or Poor'. In order to increase the question's ability to discriminate between groups, some insert a 'Very good' category in between 'Excellent' and 'Good'. This also aims to reduce social desirability bias as people prefer to rate their health at the 'good' end of the scale spectrum. This single-item measure of self-perceived health status has long been reported to be significantly and independently associated with use of health services; changes in functional status, mortality and to rates of recovery from episodes of ill health (see Bowling 2004; 2005a; 2005b). Self-rated health status may vary over time with people's varying expectations. People's self-ratings of health are often criticized as subjective, although this is their strength because they reflect personal evaluations of health.

Other health measurement formats, which are commonly used in studies of health status, are symptom checklists, with which respondents are asked to indicate which, if any, they currently suffer from. Symptom checklists also have limitations, as reporting depends on symptom tolerance levels, pain thresholds; attitudes towards illness, social and cultural influences.

In sum, the researcher has to decide what measure to use, depending on the nature of the study. Generic population surveys tend to use single items, while health surveys also use longer scales and questions about specific medical conditions.

## References

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