

OECD Health Statistics 2025

Definitions, Sources and Methods

Overweight or obese population - Self-reported data (age 15+)

The **Body Mass Index** (BMI) is a single number that evaluates an individual's weight status in relation to height (weight/height²) with weight in kilograms and height in meters.

- **Overweight** (but not obese) is defined as a BMI between 25 and 30 kg/m² (25 ≤ BMI < 30 kg/m²).
- **Obesity** is defined as a BMI of 30 kg/m² or more (BMI ≥ 30 kg/m²).
- **Overweight or obese** population is the sum of the population with a BMI over 25 kg/m² (BMI ≥ 25 kg/m²).

For further details on the BMI classification, see <https://www.who.int/news-room/fact-sheets/detail/obesity-and-overweight> and <https://www.euro.who.int/en/health-topics/disease-prevention/nutrition/a-healthy-lifestyle/body-mass-index-bmi>.

Sources and Methods

Australia

Source: Australian Bureau of Statistics.

2022: Australian Bureau of Statistics. (2022). National Health Survey. ABS.
<https://www.abs.gov.au/statistics/health/health-conditions-and-risks/national-health-survey/latest-release>.
Customised data report.

2017: National Health Survey: First Results, 2017-18 - Australia. ABS Cat. No. 4364. Canberra: ABS.
Customised data report.

2007: National Health Survey 2007-2008 (re-issue). ABS Cat. No. 4364.0. Canberra: ABS.

2004: National Health Survey 2004-2005, Summary of results. ABS Cat. No. 4364.0. Canberra: ABS.

2001: National Health Survey 2001, Summary of results. ABS Cat. No. 4364.0. Canberra: ABS.

1995: National Health Survey 1995.

Note: The National Health Survey is usually conducted every three years. The National Health Survey 2020-21 was collected online during the COVID-19 pandemic and represents a break in time series. Data cannot be compared to previous years, and have not been updated for this dataset.

Coverage:

- Data for 1995, 2017 and 2022 are for the population aged 15 years and over.
- Approximately 17073 persons were surveyed in 2022, 21315 in 2017, 19259 in 2014, 20400 in 2011, 20800 in 2007 and 25900 in 2004.

Deviation from the OECD definition: Data for 2001, 2004 and 2007 are for the population aged 18 years old and over.

Methodology: Data are based on self-reported height and weight.

Note: The ABS 2022 National Health Survey uses the Standard for Sex, Gender, Variations of Sex Characteristics and Sexual Orientation Variables, 2020 to collect the Sex at birth variable used in this data table. Due to small numbers and the need to protect privacy, people who reported sex at birth as a term other than male or female are not reported separately or included in the total Persons category.

Further information: <http://www.abs.gov.au/>.

Austria


Sources:

2019: Statistics Austria, Austrian Health Interview Survey 2019.
2017: Eurostat database, European Union Survey on Income and Living Conditions (EU-SILC). Population aged 18 years old and over. Extracted via http://ec.europa.eu/eurostat/data/database?node_code=ilc_hch10.
2014: Eurostat EHIS 2014 Survey/Statistics Austria, ATHIS 2014.
2006: Statistics Austria, Austrian Health Survey 2006/2007.
1991 and 1999: Statistics Austria Microcensus “Questions on Health”.
Coverage: For 1991 and 1999, data are for population aged 20 years old and over.
Further information: <https://www.statistik.at/en/>
(http://ec.europa.eu/eurostat/data/database?node_code=ilc_hch10).


Belgium

Source: Scientific Institute of Public Health Sciensano, Operational **Direction of Public Health and Surveillance**, Health Interview Survey 1997, 2001, 2004, 2008, 2013, 2018 and 2023-2024.
2018: Belgian HIS.
2013: Eurostat EHIS 2014 survey.
2008: Eurostat EHIS 2008 survey.
Coverage: Population aged 18 years old and over.
Methodology: Sample size: About 9000 adult participants each year.
Further information: <https://www.sciensano.be> and <https://www.healthsurvey.be>.

Canada

Source: Statistics Canada.
From 2001: Canadian Community Health Survey (CCHS). Custom tabulation.
1994-1998: National Population Health Survey (NPHS), biennial, 1994-1995, 1996-1997 and 1998-1999.
Coverage: The NPHS data and the CCHS data describe the Canadian household population 15 years old and over.
Methodology:
- The 2022 cycle of CCHS was the first of a redesigned questionnaire, which was collected using an online self-report application, with some interviewer collection (about 40% of the completed cases). At the time of release of the CCHS 2022 data, there has not been a mode effect study to examine the changes from complete interviewer collection in 2021 to the mix with predominant self-reporting in 2022. **Users are advised to use caution when interpreting changes from the 2021 to 2022 cycle.**
- Data based on reported height and weight of respondents (proxy responses allowed, no physical measurements were performed, non-responses were removed from the calculation).
 **Break in time series in 2015:** As a result of the 2015 redesign, the Canadian Community Health Survey (CCHS) has a new collection strategy, a new sample design, and has undergone major content revisions. With all these factors taken together, caution should be taken when comparing data from previous cycles to data released for the 2015 cycle onwards. Annual estimates from 2015 onwards cover only respondents in the ten provinces.

Chile


Sources:
2024: National Quality of life survey Encuesta de Calidad de vida y salud ENCAVI 2023-2024.
Coverage: Nationwide (15 years old and over).
Methodology: ENCAVI includes weight and height self-reported data (in kg and cm, respectively). The BMI was calculated according to WHO guidelines (with different cutout points for individuals under 20 years of age).
 **Break in time series in 2024** due to a change of source.

2021: Social Well-being survey 2021 (EBS2021), Ministry of Social Development. The EBS2021 is the second stage of the National Survey of Socio-Economic Characterisation (“Encuesta Nacional de Caracterización Socioeconómica - CASEN 2020”) on a two-stage sample design.

Coverage: Nationwide (18 years old and over).

Methodology: EBS2021 includes weight and height self-reported data (in kg and cm, respectively). The BMI was calculated according to WHO guidelines. (with different cutout points for individuals under 20 years of age)

Further information: <https://observatorio.ministeriodesarrollosocial.gob.cl/encuesta-bienestar-social-2021> (in Spanish).


 **Break in time series in 2021** due to a change of source and methodology.

2000-2015: **Ministry of Health** (MINSAL). Epidemiology Department, Studies Unit.

Self-reported data were taken from four National Surveys: the National Quality of Life Survey 2000 (ENCAVI 2000), the National Quality of Life Survey 2006 (ENCAVI 2006), the National Health Survey 2009-2010 (ENS 2009-2010) and the National Quality of Life Survey 2015-16 (ENCAVI 2015-2016).

Coverage: Nationwide.

Methodology:

 ENCAVI 2000, 2006, 2015-16 and ENS 2009-2010 include only **visual self-report of nutritional status**. The self-assessment was carried out identifying personal nutritional status of one of four figures (a person underweight, normal weight, overweight or obese). People tend to overestimate their body weight when using visual self-report.

- 2003 data are not available.

Further information: <http://epi.minsal.cl>.

Colombia

Data not available.

Costa Rica

Source: **The World Health Organization (WHO)**, World Health Statistics 2015. Data available for 2014 only.

Methodology:

- Percentage of adults aged 15 years and over who are obese.

- Data for the total is an average between data for men and women.

Czechia

Source: **Institute of Health Information and Statistics of Czechia.**

2019: Eurostat EHIS 2019 survey.

2014: Eurostat EHIS 2014 survey.

2008: Eurostat EHIS 2008 survey.

1993, 1996, 1999 and 2002: **Health Interview Survey in the Czech Republic (HIS CR).**

Coverage: Population aged 15 years old and over living in private households.

Methodology:

2019: European Health Interview Survey. Total number of respondents: 7993.

2014: European Health Interview Survey. Total number of respondents: 6737.

2008: European Health Interview Survey. Total number of respondents: 1955.

1993, 1996, 1999 and 2002: Nationally-representative sample survey. Random sample of about 2400 persons.

Further information: <http://www.uzis.cz/en>.

Denmark

Source: **The Danish National Health Survey, several years, The Danish Health Authority.**

2014: Eurostat EHIS 2014 survey.

Coverage:

- Population aged 16 years old and over.

- Note that there is no separate category for the 'overweight population' in the survey.

Further information: <http://www.danskernessundhed.dk>.

Estonia

Source: National Institute for Health Development. The Health Behavior among Estonian Adult Population Survey (known as Finbalt survey in 1990-2010).

Coverage: The survey represents the population aged 16-64 years old.

Methodology: Postal survey carried out every second year; it has been possible to also complete the survey online since 2016.

Further information:

- Survey reports at <https://www.tai.ee/en/valjaanded>.
- Reile R, Veideman T. (2023). Eesti täiskasvanud rahvastiku tervisekäitumise uuring 2022. Available at https://www.tai.ee/sites/default/files/2023-04/taiskasvanud_rahvastiku_tervisekaitumise_uuring2022.pdf.
- Data are published in the **Health Statistics and Health Research Database** available at https://statistika.tai.ee/pxweb/en/Andmebaas/Andmebaas_05Uuringud_02TKU_04Liikumine/?tablelist=true.

Finland

Source: Finnish Institute for Health and Welfare (THL).

2022: “Healthy Finland Survey”, Jonna Ikonen.

2020: “National FinSote Survey”, Mikko Valtanen.

2019: “National FinSote Survey/European Health Interview Survey wave 3”, Jonna Ikonen.

2018: “National FinSote Survey”, Suvi Parikka.

2015-2017: “Regional Health and Wellbeing study”, Jukka Murto.

1978-2014: “Health Behaviour and Health among the Finnish Adult Population”, Satu Helakorpi.

Coverage:

- 2020 and 2022: Population aged 20 to 64 years old.
- 2019: Population aged 15 to 64 years old.
- 2015-2018: Population aged 20 to 64 years old.
- 1978-2014: Population aged 15 to 64 years old.

Methodology:

2022:

- A random sample of 61600 of the population aged 20 years or older. The average response rate was 46%. When reviewed by age group, the response rate was 37% for people aged 20–64.

2020: A random sample of 61600 of the population aged 20 years or older. The average response rate was 46%.

2019: A random sample of 15000 of the population aged 15 years or older.

2015-2018: A random sample of 38000 of the population aged 20 years or older. The average response rate was 54%.

1978-2014:

- Annual postal survey for a random sample of the population of Finnish adults aged 15-64 years old.
- The sample size was 5000. The average response rate was 72%.

Further information: <http://www.thl.fi/healthyfinland> and http://www.thl.fi/en_US/web/en.

France

Source: Drees - Ministry of Health.

2019: Eurostat EHIS 2019 survey.

2017: Eurostat database, European Union Survey on Income and Living Conditions (EU-SILC).

Population aged 18 years old and over. Extracted via

http://ec.europa.eu/eurostat/data/database?node_code=ilc_hch10.

2014: Eurostat EHIS 2014 survey.

2008: Eurostat EHIS/ESPS 2008 survey.

Coverage:

From 2012: Population aged 15 years old and over.

Until 2010: Population aged 16 years old and over.

Further information: <http://www.irdes.fr/EspaceRecherche/Enquetes/ESPS/EnqueteESPS.html>.

2014: European Health Interview Survey (EHIS), see

http://ec.europa.eu/eurostat/documents/203647/203710/EHIS_wave_1_guidelines.pdf/ffbeb62c-8f64-4151-938c-9ef171d148e0, Questions BMI01-BMI02.

Germany

Source: Federal Statistical Office, Microcensus survey (Questions on health, body mass index), see <https://www.destatis.de/DE/Themen/Gesellschaft-Umwelt/Gesundheit/Gesundheitszustand-Relevantes-Verhalten/Tabellen/liste-koerpermasse.html>.

Methodology:

- The Microcensus is a household survey covering 1% of the German population.
- The Microcensus is an omnibus survey containing health-related topics (among others about weight and height).
- Data from the Microcensus survey on body-height and body-weight are available for the years 1999, 2003, 2005, 2009, 2013, 2017 and 2021.
- The answers to the Questions on body-weight and body-height are optional and self-reported. In principle, every person of the household should answer for himself, but proxy interviews are also permissible in the microcensus. That means that one household member may supply information for other household members.
- Data on body-height and body-weight before 1999 are not available.

Further information: <http://www.destatis.de> or <http://www.gbe-bund.de>.

Greece

Sources:

2022: **European Survey on Income and Living Conditions (EU-SILC).**

2009, 2014 and 2019: National Health Survey conducted by the **Hellenic Statistical Authority - ELSTAT.**

2008: Eurostat EHIS 2008 survey.

2006: **University of Athens, School of Medicine**, “Hellas Health I” and “Hellas Health II” surveys.

Coverage:

2022: Data refer to the population aged 15 years and over. The EU-SILC survey covers all private households throughout the country, irrespective of their size or socioeconomic characteristics. Institutional households of all types (boarding houses, elderly homes, hospitals, prisons, rehabilitation centres, camps, etc.) are excluded from the survey. More generally, households with more than five lodgers are considered institutional households. Households with foreigners serving in diplomatic missions are also excluded.

2009, 2014 and 2019: Data refer to the population aged 15 years and over.

2006 and 2008: Data refer to the population aged 18 years old and over.

Methodology:

2022: The survey was conducted on a final sample of 10,717 households and on 22,936 members of those households – 20,177 of them aged 16 years and over. The average household size was calculated at 2.1 members per household.

2009, 2014 and 2019: Health Surveys’ samples were 6172, 8223 and 8125 individuals aged 15+, respectively.

2006 and 2008: The sample was respectively 1490 persons in 2008 and 1005 in 2006.

Break in time series in 2022 due to a change of source.

Further information:

2022: <https://www.statistics.gr/en/statistics/-/publication/SFA10/2022>.

2019: <https://www.statistics.gr/el/statistics/-/publication/SHE22/>.

2014: <http://www.statistics.gr/el/statistics/-/publication/SHE22/2014>.

2009: <http://www.statistics.gr/el/statistics/-/publication/SHE22/2009>.

Hungary

Sources:

2022: **Eurostat database**, European Union Survey on Income and Living Conditions (EU-SILC). Population aged 18 years old and over. Extracted via https://ec.europa.eu/eurostat/databrowser/view/ilc_hch10_custom_15263534/default/table?lang=en&page=time:2022.

2019: **Hungarian Central Statistical Office (KSH)**, EHIS 2019 (ELEF2019 in Hungarian).

2017: **Eurostat database**, European Union Survey on Income and Living Conditions (EU-SILC). Population aged 18 years old and over. Extracted via http://ec.europa.eu/eurostat/data/database?node_code=ilc_hch10.

2014: **Hungarian**

Central Statistical Office (KSH), EHIS 2014 (ELEF2014 in Hungarian).

2009: **Hungarian Central Statistical Office (KSH)**, EHIS 2009 (ELEF2009 in Hungarian).

2000 and 2003: **Johan Béla National Center of Epidemiology (OEK)**, National Population Health Survey (OLEF2000, OLEF2003 in Hungarian).

Coverage: Population aged 15 years old and over for 2009, 2014 and 2019 data. Population aged 18 years and over for 2000, 2003, 2017 and 2022 data.

Deviation from the definition: Data for 2000, 2003, 2017 and 2022 refer to the population aged 18+.

Methodology:

- Questionnaire survey based on representative samples, started in 2000
- The survey planned for 2006 was not conducted because of institutional changes.

Further information: <http://www.ksh.hu/elef/index.html> (in Hungarian).

Iceland**Sources:**

2019: Statistics Iceland: European Health Interview Survey 2019.

2015: Statistics Iceland: European Health Interview Survey 2015.

2012: The Directorate of Health in Iceland: *The Health and Well-being of Icelanders 2012*.

2010: The Directorate of Health in Iceland: *National Dietary Survey 2010-2011*.

2007: The Public Health Institute of Iceland: *The Health and Well-being of Icelanders 2007*.

1990 and 2002: The Icelandic Nutrition Council: *National Dietary Survey*.

Coverage:

2019: Random sample from the National Registry, excluding people in institutions. Data refer to the population aged 18 years old and over.

2015: Random sample from the National Registry, excluding people in institutions. Data refer to the population aged 18 years old and over.

2012: Stratified random sample of residents of Iceland, aged 18-84.

2010: Random sample of residents living in Iceland, aged 18-80.

2007: Stratified random sample of residents living in Iceland, aged 18-79.

2002: Random sample of residents living in Iceland, aged 15-80.

1990: Random sample of residents living in Iceland, aged 15-80.

Methodology:

2019: *European Health Interview Survey 2019*. Sample size approx. 6,500 from the National Registry. Response rate 59.7%. Height and weight self-assessed.

2015: *European Health Interview Survey 2015*. Sample size 5,700 from the National Registry. Response rate 70.2%. Height and weight self-assessed.

2012: *The Health and Well-being of Icelanders 2012*. A third wave of the survey. Sample size approx. 10,000. Response rate 67.2%. Height and weight self-assessed.

2010: *National Dietary Survey 2010-2011*, a telephone survey. Sample size 2,000. Response rate 68.6%. Height and weight self-assessed.

2007: *The Health and Well-being of Icelanders 2007*, a mail survey research project administered by the Public Health Institute of Iceland in collaboration with the Directorate of Health, the Icelandic Cancer Society, Icelandic Nutrition Council, Administration of Occupational Safety and Health in Iceland, University of Iceland, Reykjavik University, University of Akureyri, the Agricultural University of Iceland, the Iceland University of Education. Sample size 9,807. Response rate 60.3%. Height and weight self-assessed.

2002: National Dietary Survey, a telephone survey. Sample size 2,000. Response rate 70.6%. Height and weight self-assessed.

1990: National Dietary Survey, an interview survey. Sample size 2,000. Response rate 72%.

✂ **Break in time series in 2015** due to a change of source.

❗ **Deviation from definition**: Lower age limit is 18 years old.

Further information: <http://www.landlacknir.is> and <http://www.statice.is/>.

Ireland

Sources:

2022 onwards: **Annual Healthy Ireland Survey**, commissioned by the **Department of Health** as part of the Healthy Ireland initiative. The questions used were standard EHIS questions.

2015 and 2019: **EHIS Ireland**. The Irish Health Survey (IHS) was collected under Regulation (EC) No 1338/2008 of the European Parliament and of the Council of 16 December 2008 on Community statistics on public health and health and safety at work. The Irish Health Survey was designed in line with the European Health Interview Survey (EHIS).

Up until 2007: **SLÁN (Survey of Lifestyle, Attitudes and Nutrition)**, commissioned by the Health Promotion Unit of the Department of Health and Children and carried out at the Centre for Health Promotion Studies, National University of Ireland, Galway.

Coverage:

From 2015 onwards: The survey covers the population aged 15 and over.

- This survey was carried out as a module of the Quarterly National household Survey (QNHS). The QNHS is a large-scale, nationwide survey of households in Ireland. It is designed to produce quarterly labour force estimates that include the official measures of employment and unemployment in the state using the International Labour Organisation basis.

Up until 2007: Adult population aged 18 years old and over.

Methodology:

- From 2022 onwards: In addition to completing the main survey questionnaire over the phone, individuals interviewed in the Healthy Ireland Survey are asked to participate in a physical measurement module. Within this module, individuals are asked to provide measurements for their height, weight, and waist circumference.

- There were 7,621 respondents to the 2019 EHIS Ireland survey. The reference period for the survey is 2019.

- For the 2015 EHIS Ireland survey, the reference period for the survey was 2015. Respondents were sampled from quarter four of 2014, as well as quarters one, two, three and four of 2015, and this sample includes data from each of these quarters.

- Up until 2007: Published in the National Health and Lifestyle Surveys, SLÁN was first undertaken in 1998 and repeated in 2002 and 2007. The 2007 study involved face-to-face interviews with 10364 adults (62% response rate) along with a sub-study on body size of 967 younger adults (18-44 years old) and a more detailed physical examination of approximately 1250 adults over 45 years old.

✂ **Break in time series in 2022**: In addition to completing the main survey questionnaire over the phone, individuals interviewed in the Healthy Ireland Survey were asked to participate in a physical measurement module. Within this module, individuals were asked to provide measurements for their height, weight, and waist circumference. For this reason, the data are now reported under “self-reported” variables, even though citing the same source.

Further information:

- Healthy Ireland Survey: All reports are available at <https://www.gov.ie/en/collection/231c02-healthy-ireland-survey-wave/>.

- More detailed information on the 2019 EHIS Ireland survey is available at <https://www.cso.ie/en/releasesandpublications/ep/p-ihs/irishhealthsurvey2019-mainresults/backgroundnotes/>.

- The results of the 2015 Irish Health survey are available on the CSO website at <http://www.cso.ie/en/releasesandpublications/ep/p-ihs/irishhealthsurvey2015/>.

- The results of SLÁN 2007 (Survey of Lifestyle, Attitudes and Nutrition) were published in April 2008 and are available at http://www.dohc.ie/publications/slan07_report.html.

Israel

Sources:

2023-2024: Israel Center for Disease Control (ICDC), Ministry of Health. National KAP 2023-2024 surveys (Knowledge, Attitudes and Practices) conducted by the Israel Center for Disease Control (ICDC) and the Department of Health Education and Promotion, Ministry of Health.

2020: Israel Center for Disease Control (ICDC), Ministry of Health. Israel National Corona Survey (INCS), 2020.

2019: Israel Center for Disease Control (ICDC), Ministry of Health. The fourth Israel National Health Interview Survey INHIS-4, 2018-2020.

2017: Israel Center for Disease Control (ICDC), Ministry of Health. National KAP survey (Knowledge, Attitudes and Practices) conducted periodically since 2002 by the Israel Center for Disease Control (ICDC) and the Department of Health Education and Promotion, Ministry of Health.

2016: Israel Center for Disease Control (ICDC), Ministry of Health and Ministry of Culture and Sport. National Survey of Physical Activity in Adults, 2016.

2014: Israel Center for Disease Control (ICDC), Ministry of Health. The third Israel National Health Interview Survey INHIS-3, 2013-2015.

2002, 2004, 2006, 2008, 2010-2011 and 2013: The Israel Center for Disease Control (ICDC) and the Department of Health Education and Promotion, Ministry of Health. National KAP Surveys (Knowledge, Attitudes and Practices) conducted every two to three years since 2002.

Coverage:

❶ The KAP surveys for the years 2002, 2004, and 2006 were based on samples of ages 18 and over and the data for these years were presented accordingly. Since 2008, the KAP surveys, similarly to INHIS and INCS surveys, are based on samples of ages 21 and over and the data are presented accordingly.

2023-2024: The National KAP 2023-2024 Surveys (Knowledge, Attitudes and Practices) are based on nationally-representative population samples of the non-institutionalised civilian population aged 21 and above.

2020: The INCS (Israel National Corona Survey) survey is based on a nationally-representative population sample of the non-institutionalised civilian population aged 21 and above.

2019: The INHIS-4 (Israel National Health Interview Survey) survey is based on a nationally-representative population sample of the non-institutionalised civilian population aged 21 and above.

2017: The National KAP Survey (Knowledge, Attitudes and Practices) is based on a nationally-representative population sample of the non-institutionalised civilian population aged 21 and above.

2016: The National Survey of Physical Activity is based on a representative population sample aged 18 and over. However, the data presented for 2016 are for persons aged 21 and over, in order to be consistent with data reported from the KAP and INHIS surveys since 2008.

2014: The INHIS-3 survey is based on a representative population sample aged 21 and over.

2002, 2004, 2006, 2008, 2010-2011 and 2013: KAP surveys are based on national representative samples of ages 18 and over until and including KAP 2006. The KAP 2008, 2010-2011 and 2013 survey samples included population aged 21 years old and over.

Methodology:

2023-2024: The KAP 2023-2024 surveys, population-based telephone survey, were carried out on samples of respectively 2,807 and 3,001 Israelis aged 21 years and over.

The KAP 2023 survey was conducted from September 28, 2022, to October 7, 2023 (before the 2023-2024 war), while the KAP 2024 survey took place from October 7, 2023, to September 3, 2024 (during the 2023-2024 war). There was no statistically significant difference in the calculated percentages of the indicators (overweight and/or obese percentages) between the two surveys across the entire sample.

2020: The INCS, a population-based telephone survey, was carried out on a sample of 2,580 Israelis aged 21 years and over.

2019: The INHIS-4 survey is the fourth in a series of population-based National Health Interview Surveys. Previous surveys were conducted in 2003-2004 (INHIS-1), 2007-2010 (INHIS-2) and 2013-2015 (INHIS-3). The INHIS-4, a population-based telephone survey, was carried out on a sample of 4,135 Israelis aged 21 years and over.

2017: The KAP 2017 survey, a population-based telephone survey, was carried out on a sample of 6,207 Israelis aged 21 years and over.

2016: The National Physical Activity Survey was a population-based telephone survey conducted on a representative sample of 3,368 Israelis aged 18 and over. The data reported in the OECD database are based on 3,241 Israelis aged 21 and over.

🔪 **Break in time series in 2016**: The surveys in previous years were based on samples of land-line telephones only. Since 2016, the samples of the surveys include both land-lines and mobile telephones. This needs to be taken into account when performing comparisons or measuring trends over time.

2014: The INHIS-3 survey is the third in a series of population-based National Health Interview Surveys. The INHIS-3 survey is a telephone survey on a representative sample of 4,406 Israelis aged 21 and above. 2002, 2004, 2006, 2008, 2010-2011 and 2013: KAP surveys are a series of national, population-based telephone surveys generally conducted biannually. Surveys are conducted on representative samples of at least 3,000 residents, and included ages 18 and over until 2006. From 2010-2011 the sample includes ages 21 and over.

- BMI is based on self-reported height and weight.

Further information:

- For further information regarding the surveys:

INCS: https://www.gov.il/BlobFolder/reports/icdc-460609420/he/files_publications_units_ICDC_ICDC-460609420.pdf (Hebrew only).

INHIS-4: https://www.gov.il/BlobFolder/reports/inhis-4-2019/he/files_publications_units_ICDC_INHIS-4-2019.pdf (partially in English).

INHIS-3: https://www.health.gov.il/PublicationsFiles/INHIS_3.pdf (partially in English)

KAP 2004: <https://www.health.gov.il/publicationsfiles/knowledge-behavior-2004-2005.pdf> (Hebrew only)

KAP 2006: <https://www.health.gov.il/publicationsfiles/knowledge-behavior-2006.pdf> (partially in English)

KAP 2008: <https://www.health.gov.il/publicationsfiles/knowledge-behavior-2008.pdf> (partially in English)

KAP 2011: <https://www.health.gov.il/publicationsfiles/knowledge-behavior-2011.pdf> (partially in English)

KAP 2013: <https://www.health.gov.il/publicationsfiles/kap2013.pdf> (partially in English)

KAP 2017: https://www.gov.il/BlobFolder/reports/kap-2017/he/files_publications_units_ICDC_KAP2017.pdf (partially in English)

Physical Activity 2016: https://www.health.gov.il/PublicationsFiles/ICDC_380.pdf (Hebrew only)

Note: The statistical data for Israel are supplied by and under the responsibility of the relevant Israeli authorities. The use of such data by the OECD is without prejudice to the status of the Golan Heights, East Jerusalem and Israeli settlements in the West Bank under the terms of international law.

Italy

Source: ISTAT, Istituto Nazionale di Statistica (National Institute of Statistics).

From 2000: Survey “Aspect of daily living.”

1994 and 1999: Survey of health conditions and recourse to health services, 1994 and 1999-2000.

Coverage: 🇮🇹 Starting in 2001, data refer to the population aged 18 years old and over. Until 2000, data refer to the population aged 15 years old and over.

Further information: <http://dati.istat.it/Index.aspx?QueryId=42614>.

Japan

Data not available.

Korea

Source: Ministry of Health and Welfare, Korea Disease Control and Prevention Agency, *Community Health Survey*.

Methodology:

- The survey is conducted at 254 community health centers. Each center implements face-to-face survey with about 900 people in their community.

- Data represent responses on questions regarding perceived height and weight.

Coverage: Population aged 19 years old and over.

Further information: <http://chs.cdc.go.kr/chs/index.do> (in Korean).

Latvia

Sources:

2017: **Eurostat database**, European Union Survey on Income and Living Conditions (EU-SILC).

Population aged 18 years old and over. Extracted via

http://ec.europa.eu/eurostat/data/database?node_code=ilc_hch10.

Previous years: **Centre for Disease Prevention and Control of Latvia, Health Behaviour Survey among Latvian Adult Population**. Data not available after 2014.

🚩 **Deviation from the definition**: Data for 1998-2014 are for the age group 15-64 years old.

Lithuania

Sources:

2005, 2014 and 2019: **State Data Agency (Statistics Lithuania)**, Health Interview Surveys.

Coverage: Percentage of self-reported weight status in relation to height for the population aged 15+.

2017 and 2022: **Eurostat database**, European Union Survey on Income and Living Conditions (EU-SILC).

Population aged 18 years old and over. Extracted via

http://ec.europa.eu/eurostat/data/database?node_code=ilc_hch10.

Luxembourg

Sources:

2019: **European Health interview Survey (EHIS) Wave 3**.

2017: **Eurostat database**, European Union Survey on Income and Living Conditions (EU-SILC).

Extracted via http://ec.europa.eu/eurostat/data/database?node_code=ilc_hch10.

2014: **European Health interview Survey (EHIS) Wave 2**.

🚩 **Deviation from definition**: Data have been filtered on age 18+ in accordance with WHO definitions and Eurostat EHIS indicators manual or European Core Health indicators (see <https://webgate.ec.europa.eu/dyna/echi/?indlist=42>).

Mexico

Data not available.

Netherlands

Source: **Statistics Netherlands**, Annual Health Interview Survey.

2014: Eurostat EHIS 2014 survey.

Population coverage: Data for 1981-2012: age 20+; data from 2013 and onwards: age 15+.

🚩 **Break in time series in 2014** due to a redesign of the survey.

Further information: <https://www.cbs.nl/en-GB/>. Also see <https://www.cbs.nl/en-gb/our-services/methods/surveys/brief-survey-descriptions>.

New Zealand

Data not available.

Norway

Sources: **Statistics Norway**. European Health Interview Survey EHIS; EU-SILC Survey on income and living conditions for the 2022 data.

Coverage: Population aged 16 years old and over.

Methodology: The EHIS surveys are conducted as personal interviews with a random sample from the population (excluding the institutionalised population). Approximately 8150 persons are interviewed. The survey runs every three years. From 2019 it will run every six years. Data are collected through telephone interviews (CATI).

🔪 **Break in time series in 2022** due to a change in source.

Further information: <https://www.ssb.no/en/helse/statistikker/helseforhold/hvert-3-aar>.

Poland

Source: Statistics Poland.

2019: European Health Interview Survey 2019.

2017: **Eurostat database**, European Union Survey on Income and Living Conditions (EU-SILC).

Population aged 18 years old and over. Extracted via

http://ec.europa.eu/eurostat/data/database?node_code=ilc_hch10.

2014: Eurostat EHIS 2014 survey.

2009: European Health Interview Survey.

2008: Eurostat EHIS 2008 survey.

1996 and 2004: Health Interview Survey.

Coverage: 1996, 2004 and 2009 data refer to population aged 15 years old and over.

Further information: <http://stat.gov.pl/english/>.

Portugal

Sources:

2022: **Statistics Portugal**, European Union Survey on Income and Living Conditions (EU-SILC).

Population aged 18 years old and over. Extracted via

https://www.ine.pt/xportal/xmain?xpid=INE&xpgid=ine_destaques&DESTAQUESdest_boui=594414636&DESTAQUESmodo=2 (available in Portuguese).

2019: EHIS/National Health Survey, **Statistics Portugal; Ministry of Health, National Health Institute - Doutor Ricardo Jorge**.

2017: **Eurostat database**, European Union Survey on Income and Living Conditions (EU-SILC).

Population aged 18 years old and over. Extracted via

http://ec.europa.eu/eurostat/data/database?node_code=ilc_hch10.

2014: **Eurostat EHIS 2014 survey**.

2005/2006: National Health Survey, **Statistics Portugal; Ministry of Health, National Health Institute - Doutor Ricardo Jorge**.

1998/1999: National Health Survey, **Ministry of Health - National Health Institute - Doutor Ricardo Jorge**.

1995/1996: National Health Survey, **Ministry of Health - Departamento of Health Studies and Planning**.

❗ **Deviation from the OECD definition:** Data for 2014, 2017, 2019 and 2022 are for the population aged 18 years old and over.

Further information: <http://www.insa.pt> and <http://www.min-saude.pt/>.

Slovak Republic

Sources:

2019: **Statistical Office of the Slovak Republic**, European Health Interview Survey (EHIS) 2019.

2014: Eurostat EHIS 2014 survey.

2009: **Statistical Office of the Slovak Republic**, European Health Interview Survey (EHIS) 2009.

2008: Eurostat EHIS 2008 survey.

Until 2003: **Public Health Institute, CINDI** (Countrywide Integrated Non-communicable Disease Intervention Program, supervised by the WHO).

Coverage: From 2009, data refer to the population aged 15 years and over. Until 2003, data refer to the population aged 15-64 years old.

Methodology: WHO-CINDI screening program performed on a random sample of respondents (e.g. in 2003 there were 2600 respondents, and only 1582 respondents actively took part in the screening).

Further information: <http://www.uvzsr.sk/> and <http://portal.statistics.sk/showdoc.do?docid=359>.

Slovenia

Sources:

2019: **National Institute of Public Health**, Nacionalna raziskava o zdravju in zdravstvenem varstvu 2019 (Questionnaire of the European Health Interview Survey, EHIS, 3rd round).

2014: **National Institute of Public Health**, Anketa o zdravju in zdravstvenem varstvu 2014 (Questionnaire of the European Health Interview Survey, EHIS, 2nd round).

2007: **National Institute of Public Health**, Anketa o zdravju in zdravstvenem varstvu 2007 (Questionnaire of the European Health Interview Survey, EHIS, 1st round).

Coverage: Population living in private households (persons living in institutions are excluded), age 15+.

Methodology: Overweight and obese population was calculated from EHIS questions BM1: How tall are you without shoes? (in cm) and BM2: How much do you weigh without clothes and shoes? (in kg).

Further information:

2019: <https://ec.europa.eu/eurostat/web/products-manuals-and-guidelines/-/KS-02-18-240>.

2014: <http://ec.europa.eu/eurostat/documents/3859598/5926729/KS-RA-13-018-EN.PDF/26c7ea80-01d8-420e-bdc6-e9d5f6578e7c>.

2007: http://epp.eurostat.ec.europa.eu/portal/page/portal/microdata/european_health_interview_survey.

Spain

Sources: Ministerio de Sanidad (Ministry of Health) and National Statistics Institute:

2014 and 2020: Eurostat EHIS survey.

1987-2006, 2011 and 2017: Encuesta Nacional de Salud de España - ENSE (National Health Survey).

2009: Encuesta Europea de Salud en España - EESE (European Health Survey in Spain - EHIS).

Coverage: From 1987 to 2009, population aged 16 years old and over. From 2011, population aged 15 years old and over.

Methodology:

- Weighted results.

- Percentages computed excluding missing values.

🔴 From 2003, probabilistic sample.

- For the population aged 15-17 years old, overweight and obesity cut-offs as defined by Cole et al. (Br Med J 2000).

Further information: <https://www.sanidad.gob.es/estadEstudios/estadisticas/encuestaNacional/home.htm> and <https://www.sanidad.gob.es/estadEstudios/estadisticas/EncuestaEuropea/home.htm>.

Sweden

Source: Statistics Sweden. National Survey of Living Conditions (ULF/SILC).

Methodology:

- The surveys are conducted as personal interviews with a random sample from the population (including the institutionalised), aged 16 to 84 years old up until and including 2001. From 2002 onwards, the random sample is drawn from the population aged 16 years old and older.

- The main method for data collection, starting in 2007, is telephone interviews. From 2022, the method for data collection was changed to web-based questionnaires and telephone interviews.

🔴 **Breaks in time series in 2002 and 2022:** Breaks in 2002 and 2022 due to a change in methodology.

Further information: See <http://www.scb.se/ulf> for details.

Switzerland

Source: Federal Statistical Office, Neuchâtel, Swiss Health Survey 1992, 1997, 2002, 2007, 2012, 2017 and 2022.

Coverage: Population aged 15 years old and over.

Further information: Enquête suisse sur la santé (ESS), Office fédéral de la statistique, see <https://www.bfs.admin.ch/bfs/fr/home/statistiques/sante/enquetes/sgb.html> (in French).

Türkiye

Sources:

2008, 2010, 2012, 2014, 2016, 2019 and 2022: **Turkish Statistical Institute** (TURKSTAT), Türkiye Health Interview Survey.

2003: **School of Public Health of the Ministry of Health**, National Burden of Disease and Cost Effectiveness Study.

Coverage:

2008 onwards: Data refer to the population aged 15 years old and over.

2003: Data refer to the population aged 18 years old and over.

Further information: <http://www.turkstat.gov.tr/>.

United Kingdom


Sources:


2021 onwards: **Health Survey for England**. NHS England Digital, see <https://digital.nhs.uk/data-and-information/publications/statistical/health-survey-for-england>.

2017: **Eurostat database**, European Union Survey on Income and Living Conditions (EU-SILC). Population aged 18 years old and over. Extracted via

http://ec.europa.eu/eurostat/data/database?node_code=ilc_hch10.

2014: Eurostat EHIS 2014 survey.

Methodology:  2021 onwards figures are for England, from the *Health Survey for England*, where the self-reported heights and weights were adjusted to be equivalent to measured heights and weights, hence they are not comparable to estimates in other countries. Whilst not comparable to actual measured heights and weights, they do give more robust BMI data than self-reported data. More details are available in the 2021 HSE report at <https://digital.nhs.uk/data-and-information/publications/statistical/health-survey-for-england/2021/part-1-methods-and-definitions>.

 **Break in time series in 2021** due to a change of source.


United States

Source: U. S. Department of Health and Human Services/Centers for Disease Control and Prevention/National Center for Health Statistics. National Health Interview Survey (NHIS).

Unpublished data from the NHIS public use data file, various years.

Coverage: Nationally representative sample of the U.S. civilian non-institutionalised population aged 20 years old and over.

Methodology: In 2019, the NHIS questionnaire was redesigned to better meet the needs of data users. Due to changes in weighting and design methodology, direct comparisons between estimates for 2019 and earlier years should be made with caution, as the impact of these changes has not been fully evaluated at this time.

 **Deviation from the definition:** Estimates were weighted to represent the U.S. civilian non-institutionalised population for each time period. Age-adjusted estimates are standardised by the direct method to the projected 2000 U.S. Census population using age groups 20-44, 45-64, and 65+ years old.

Note: Due to the COVID-19 pandemic, the NHIS data collection switched to a telephone-only mode beginning March 19, 2020. Personal visits resumed in all areas in September 2020, but cases were still attempted by telephone first. These changes resulted in lower response rates and differences in respondent characteristics for April–December 2020. Differences observed in estimates between 2020 and earlier years may be impacted by these changes.

Further information: NHIS website, <http://www.cdc.gov/nchs>.

NON-OECD ECONOMIES

Argentina

Data not available.

Brazil

Sources:

2006 onwards: **Ministério da Saúde. Secretaria de Vigilância em Saúde.** Departamento de Vigilância de Doenças e Agravos Não Transmissíveis e Promoção da Saúde. **VIGITEL Brasil, several issues.** *Vigilância de Fatores de Risco e Proteção para Doenças - Crônicas por Inquérito Telefônico* (Surveillance of risk and protective factors for chronic diseases by telephone survey). See Tabelas 8 & 10, <https://www.gov.br/saude/pt-br/centrais-de-conteudo/publicacoes/publicacoes-svs/vigitel/vigitel-brasil-2021-estimativas-sobre-frequencia-e-distribuicao-sociodemografica-de-fatores-de-risco-e-protecao-para-doencas-cronicas/@/download/file/vigitel-brasil-2021.pdf>.

Coverage:

- For 2003, data are for the population aged 20 years old and over. From 2006 onwards, data refer to the population aged 18 years old and over, except for 2014: population aged 19 years old and over.

Bulgaria

Source: National Statistical Institute, European Health Interview Survey.

Coverage: All persons aged 15 and over living in non-institutionalised households are covered.

Methodology: Percentage of persons aged 18 and over with specific BMI.

China**Sources:**

From 2002: **The World Health Organization (WHO)**, World Health Statistics 2015 (and previous versions).

1997 (only for obese population): Wang W, Wang K, Li T. A study on the epidemiological characteristics of obesity in Chinese Adults.

Coverage:

1997: Data are for the population aged from 20 to 74 years old, and cover 11 provinces / autonomous regions / municipalities.

Methodology:

From 2002: Percentage of adults aged 15 years and over who are obese. Data for total is an average between data for men and women.

Croatia

Source: European Health Interview Survey, EHIS 2014 and 2019.

Coverage:

- Population aged 15 or over.

- Data not available before 2014 as Croatia did not participate in earlier waves of EHIS.

Methodology:

- Distribution of the population according to their body mass index.

- The methodology is in line with the common EHIS methodology. The questions were: “How tall are you without shoes? in [cm]” and “How much do you weigh without clothes and shoes? in [kg]”. Interviewer instruction was: “Check women aged 50 or younger whether they are pregnant and ask for weight before pregnancy.” The questions were identical in EHIS wave 2 and 3.

- BMI was calculated using the following formula: $\text{weight} / [(\text{height}/100) * (\text{height}/100)]$ for all participants who had valid values on both variables. Rounding BMI to 3 digits is applied in order to avoid different results due to differences in rounding between different software tools (for example 24.999941 is rounded to 25).

Further information: Publications (in Croatian) containing EHIS 2019 results are available on the website of the Croatian Institute of Public Health, see “Basic Indicators & Life Habits”.

India

Source: The World Health Organization (WHO), World Health Statistics 2015 (and previous versions)

Methodology:

- Percentage of adults aged 15 years and over who are obese.

- Data for the total is an average between data for men and women.

Indonesia

Obese population:

Source: The World Health Organization (WHO), World Health Statistics 2015 (and previous versions).

Methodology:

- Percentage of adults aged 15 years and over who are obese.
- Data for the total is an average between data for men and women.

Overweight and obese population:

Source: Indonesian Family Life Survey (IFLS). Data from Aizawa, T., and M. Helble. 2016.

Socioeconomic Inequity in Excessive Weight in Indonesia. ADBI Working Paper 572. Tokyo: Asian Development Bank Institute. Available at <http://www.adb.org/publications/socioeconomic-inequity-excessive-weight-indonesia/>.

Methodology:

- The Indonesian Family Life Survey (IFLS) is an ongoing, multipurpose household longitudinal survey that was launched in 1993/94. The IFLS currently has five waves (as of 2016) and the latest one was completed in 2014.
- Excess weight is defined as the difference between a respondent's weight minus his/her optimal weight.¹ Excess weight is nonnegative and set to be equal to 0 if a respondent's weight is below his/her optimal weight.

Coverage:

- Each wave covers around 30,000 individuals living in 13 of the 27 provinces in the country.
- Children and adolescents in the samples are not included due to difficulty in judging overweight conditions for these groups under the same criteria as that applied for adults. Therefore, the sample is composed of people aged over 20.

Peru

Data not available.

Romania

Source: Eurostat, EHIS wave 1 (2008), wave 2 (2014), and wave 3 (2019). The next survey will take place in 2025 during September-November, according to the EU regulation.

Coverage: EHIS 2008 data refer to persons aged 18+, 2014 and 2019 data refer to persons aged 15+.


Methodology: EHIS data for 2019 based on Commission Regulation (EU) 2018/255 implementing Regulation (EC) No 1338/2008 of the European Parliament and of the Council as regards statistics based on the European Health Interview Survey (EHIS).

Further information: The EHIS methodology is published by Eurostat at

https://ec.europa.eu/eurostat/cache/metadata/en/hlth_det_esms.htm.

Russian Federation

Source: The Russia Longitudinal Monitoring Survey - Higher School of Economics (RLMS-HSE) Russian Federation (see <https://www.hse.ru/en/rlms/>).

 **Break in time series in 2014:** Since 2014, the Russian Federation includes Crime Federal Okrug (Crimea).

Further information: <http://www.cpc.unc.edu/projects/rlms-hse>, <http://www.cpc.unc.edu/projects/rlms> and <http://www.hse.ru/rlms>.

Note: This document, as well as any data and any map included herein, are without prejudice to the status of or sovereignty over any territory, to the delimitation of international frontiers and boundaries and to the name of any territory, city or area.

South Africa

Source: The World Health Organization (WHO), World Health Statistics 2015 (and previous versions).

Methodology:

- Percentage of adults aged 15 years and over who are obese.
- Data for the total is an average between data for men and women.

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<https://www.oecd.org/en/data/datasets/oecd-health-statistics.html>