Report of Population Health Survey

2020-22

(Part I)

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Executive Summary

The Department of Health (DH) conducted the territory-wide Population Health Survey (PHS) 2020-22 to collect data on population health. The PHS 2020-22 aimed to strengthen the Government's information on the population health and to support effective and evidence-based decision making in health policy, resource allocation and provision of health services and public health programmes.

The PHS 2020-22 was organised into three parts, namely household questionnaire survey fieldwork, health examination fieldwork and data analysis and reporting. The DH commissioned a private research firm and a private healthcare organisation with laboratory service to conduct the fieldworks of household questionnaire survey and health examination respectively. Data analysis and reporting of the PHS 2020-22 was commissioned to the Jockey Club School of Public Health and Primary Care, the Chinese University of Hong Kong. The DH was responsible for the overall planning of the survey including the study design and development of questionnaire as well as monitoring the quality of various parts of the survey.

The fieldwork of the household survey was conducted between 2 November 2020 and 2 January 2022, with temporary suspension between 2 December 2020 and 22 February 2021 due to COVID-19 pandemic. It covered the land-based non-institutional population aged 15 or above in Hong Kong, excluding foreign domestic helpers and visitors. Systematic replicated sampling was deployed with sampling frame based on living quarters from the Frame of Quarters maintained by the Census and Statistics Department and domestic households therein for enumeration in the survey. A total of 16 655 persons aged 15 or above from 7 448 domestic households were successfully enumerated, representing an overall response rate of 73.3% at household level. Health examination was conducted between 1 March 2021 and 19 February 2022. Age-gender stratified random subsample of respondents aged between 15 and 84, who were successfully enumerated in the household survey and had signed consent for health examination, were further invited to undergo health examination. A total of 3 757 respondents out of 6 373 consented respondents were selected and invited to make appointment for health examination, including 2 072 respondents who completed physical measurements and blood tests. These represented a participation rate of 55.2%. 2 066 of the invited respondents completed spot urine test for iodine (participation rate: 55.0%), and 1 981 of the invited respondents also completed 24-hour urine tests (participation rate: 52.7%). The survey data were adjusted for the differential response rates by type of housing and grossed up to control for the age and gender profile of the study population for the second quarter (Q2) of 2021. After these adjustments, the survey estimates can represent those of the study population during the survey period.

This report is the Part I of PHS 2020-22 to present findings on household interviews. Other findings on health examination would be released in subsequent reports.

This executive summary presents the key findings of the Part I PHS on (1) health-related quality of life, (2) physical and mental health conditions, (3) health-related behaviours and life-style practices, (4) preventive health practices, and (5) use of healthcare services.

Health-related Quality of Life by WHOQOL-BREF (HK)

The Hong Kong Chinese version of World Health Organization Quality of Life - Brief Questionnaire (WHOQOL-BREF(HK)) instrument was used to measure quality of life in four domains including physical health, psychological health, social relationships and environment, each with score ranging from 4 to 20 and a higher score indicates a better quality of life. The population mean scores of the physical health, psychological health, social relationships and environment domain of WHOQOL-BREF(HK) were 15.4, 14.8, 14.3 and 14.3 respectively. The mean scores tended to be higher in younger persons and to decrease with increasing number of doctor-diagnosed chronic diseases.

Self-reported Physical and Mental Health Conditions

The PHS collected information on a range of acute health conditions, doctor-diagnosed chronic physical and mental health conditions by self-reporting in the household survey.

Doctor-diagnosed Chronic Health Conditions

Overall, 43.2% of persons aged 15 or above reported one or more doctor-diagnosed chronic health conditions. The common self-reported chronic health conditions were hypertension (19.5%), high blood cholesterol (15.0%), musculoskeletal diseases (8.4%), diabetes mellitus (6.9%), overweight and obesity (6.3%), liver diseases (4.2%), anaemia (including thalassemia) (3.1%), cancers (2.4%), coronary heart disease (1.6%) and asthma (1.6%). The prevalence was generally higher in males than females for all chronic health conditions except for musculoskeletal diseases, anaemia (including thalassemia) and cancers. The prevalence tended to increase with age for all chronic health conditions except for asthma.

- *Hypertension*

  Overall, 19.5% of persons aged 15 or above reported doctor-diagnosed hypertension. In general, the prevalence increased with age from 0.4% in the 15-24 age group to 64.8% in the 85 or above age group. Among persons who had been diagnosed with hypertension, 93.6% were taking prescribed medicines to control or lower their blood pressure; 1.5% reported to have taken over-the-counter (OTC) medications.

- *High blood cholesterol*

  Overall, 15.0% of persons aged 15 or above reported doctor-diagnosed high blood cholesterol. The prevalence of high blood cholesterol increased with age from 0.1% for those aged 15-24 and peaked at 42.5% for those aged 75-84, then dropped to 38.4% for those aged 85 or above. Among persons who were diagnosed with high blood cholesterol, 81.0% were taking prescribed medicines and 1.7% were taking OTC medications to control their blood cholesterol levels.

- *Musculoskeletal diseases*

  Overall, 8.4% of persons aged 15 or above reported doctor-diagnosed musculoskeletal diseases. The prevalence was higher in females (10.0%) than males (6.7%). The prevalence increased with age from 0.7% in the 15-24 age group to 24.6% in the 85 or above age group. Among persons who had been diagnosed with musculoskeletal diseases, 39.7% took prescribed medication, 14.1% took OTC medication, 13.0% of them received physiotherapy, and 10.0% received acupuncture.

- *Diabetes mellitus (DM)*

  Overall, 6.9% of persons aged 15 or above reported doctor-diagnosed DM, and another 1.8% had high blood sugar but no DM. In general, the prevalence of DM increased with age, from 0% among those aged 15-24 and 0.2% in the 25-34 age group to 23.5% for those aged 75-84 but dropped to 18.3% for those aged 85 or above. Among persons who had been told by a doctor that they had DMs or high blood sugar level, 87.9% were taking prescribed oral anti-diabetic drugs, 10.0% were taking insulin, and 1.3% were taking OTC medications.

- *Overweight and obesity*

  Overall, 6.3% of persons aged 15 or above reported doctor-diagnosed overweight or obesity. The prevalence increased with age from 3.0% in the 15-24 to 9.4% in the 65-74 age group and then decreased to 2.6% in the 85 or above age group. Among persons who had been diagnosed with overweight or obesity, 58.5% took actions to lose weight or keep from gaining weight in the 12 months preceding the survey.

- *Liver diseases*

  Overall, 4.2% of persons aged 15 or above reported doctor-diagnosed liver diseases. The prevalence increased with age from 0.2% among those aged 15-24 to 7.2% among those aged 55-64, then decreased to 0.7% among those aged 85 or above.

- *Anaemia (including thalassemia)*

  Overall, 3.1% of persons aged 15 or above reported doctor-diagnosed anaemia (including thalassemia). The prevalence was the lowest (1.6%) among those aged 15-24 and at the highest (5.3%) among those aged 85 or above.

- *Cancer*

  Overall, 2.4% of persons aged 15 or above reported doctor-diagnosed cancers. The prevalence was higher in females (3.1%) than males (1.8%). The prevalence of cancers had an overall increasing trend with age, from 0.1% for persons aged 15-24 with a slight drop to less than 0.05% for those aged 25-34 and raised to the highest (8.0%) for persons aged 75-84 and then slightly decreased to 5.1% for those aged 85 or above.

- *Coronary heart disease (CHD)*

  Overall, 1.6% of persons aged 15 or above reported doctor-diagnosed CHD, with a higher prevalence in males (2.1%) than in females (1.2%). The prevalence increased with age, from 0.1% for people aged 15-24 to 7.7% for people aged 85 or above.

- *Asthma*

  Overall, 1.6% of persons aged 15 or above reported doctor-diagnosed asthma. The prevalence was higher in males (1.6%) than females (1.5%). The highest prevalence of asthma was recorded for persons aged 75-84 and those aged 85 or above (2.5% for both), and the lowest for persons aged 55-64 (1.2%).

<u>Vision</u>

Overall, 79.3% of persons aged 15 or above reported that they had good or excellent eyesight, with glasses or contact lenses if they wore them. The proportion of persons reported having good or excellent eyesight in general decreased with age, which slightly increased from 92.9% for those aged 15-24 to 94.7% for persons aged 25-34, and decreased to 46.0% for persons aged 85 or above. Refractive error including myopia (short-sightedness), astigmatism, and presbyopia were commonly reported by 43.6%, 29.5% and 42.9%, respectively, of all persons aged 15 or above, while hyperopia or hypermetropia (long-sightedness)

was reported by 2.3% of persons in this age group. The commonest self-reported doctor-diagnosed eye disease was cataract (7.2%) among persons aged 15 or above. Overall, 8.1% of persons aged 15 or above reported that their eyesight problems had caused limitations some of the time or more often in their work or other daily activities.

Hearing

Hearing impairment / hearing loss diagnosed by a doctor or audiologist was reported by 2.0% of persons aged 15 or above (2.1% for females and 2.0% for males). The prevalence of hearing impairment / hearing loss generally increased with age from 0.1% among those aged 15-24 to 17.7% among those aged 85 or above. Overall, 5.7% of persons aged 15 or above reported that their hearing problems had caused limitations some of the time or more often in their work or other daily activities.

Acute Health Conditions

Overall, 9.4% of people aged 15 or above reported that they had acute health problems during the 30 days preceding the survey. Headache (2.0%), common cold / influenza (1.5%), cough (1.3%), dizziness (1.2%), stomach ache (1.0%), and problem with teeth or oral cavity (1.0%) were the six most frequently reported acute health problems encountered by the Hong Kong general population during the 30 days preceding the survey. Females (11.9%) were more likely to report such problems than males (6.6%). Among female respondents aged 15-64, menstrual pain (4.8%) was the most commonly reported acute pain in the 30 days preceding the survey.

Doctor-diagnosed Mental Health Conditions

- *Depression*

  Overall, 1.2% of persons aged 15 or above reported doctor-diagnosed depression, with a greater proportion in females (1.7%) than males (0.8%). The prevalence was the highest among people aged 55-64 (1.7%).

- *Anxiety disorders*

  Overall, 0.9% of persons aged 15 or above reported doctor-diagnosed anxiety disorders. The prevalence was higher among females (1.1%) than males (0.6%). Analysed by age group, it was most commonly reported (1.5%) among those aged 45-54.

- *Other mental illnesses*

  Overall, among people aged 15 or above, 0.5% reported doctor-diagnosed mental illnesses other than depression and anxiety disorders. Both females (0.5%) and males (0.4%) had similar proportions. Among the reported doctor-diagnosed mental illnesses, the prevalence of psychosis, dementia, bipolar disorder and schizophrenia were very similar at 0.1%. Analysed by gender, there were more reported cases in females than males for dementia; while there were more males reported doctor-diagnosed schizophrenia than females.

Health-related Behaviour and Lifestyle Practices

The PHS collected information on major health-related behaviours and lifestyle practices including smoking, alcohol consumption, physical activity, diet and nutrition, eating-out and use of medications or supplements among persons aged 15 or above in Hong Kong.

Smoking Habits

Overall, 14.4% (4.7% of females and 25.4% of males) of persons aged 15 or above reported that they had ever smoked cigarette. Among persons aged 15 or above who had ever smoked cigarette, 71.2% currently had habit of cigarette smoking at the time of the survey.

Among those who had previously smoked and have already quit, 5.7% have quit in the past 6 months and 66.9% have quit for more than 60 months. The corresponding proportion for having quit in the past 6 months was higher among males (6.0%) than females (4.1%), and for having quit for more than 60 months was also higher among males (68.9%) than females (56.7%).

Alcohol Consumption

Overall, 15.3% of the population aged 15 or above (12.6% of females and 18.3% of males) reported drinking alcoholic beverages occasionally (drank in three days or less per month) and 8.7% (4.0% of females and 14.1% of males) drank regularly (drank at least once per week) in the 12 months preceding the survey.

The average number of units (each unit is equivalent to 10 grams of pure alcohol according to the World Health Organization (WHO)) of alcohol usually consumed by the drinkers was 4.6 (4.1 for females and 4.9 for males) per day on typical drinking days in the 12 months preceding the survey.

Among persons aged 15 or above, the prevalence of binge drinking at least once per month during the 12 months preceding the survey was 2.0% (0.8% for females and 3.3% for males). Age-standardised prevalence of binge drinking at least monthly among adults aged 18 years or above was 2.2% (crude prevalence of 2.0%).

Overall, 2.7% of persons aged 15 or above were found to be drinking at increased risk (2.4%), to have harmful drinking (0.2%), or to have probable alcohol dependence (0.1%) as defined by the Alcohol Use Disorders Identification Test (AUDIT) that screens for harmful drinking during the 12 months preceding the survey. The mean age to start drinking among the ever drinkers was 20.7 years and 9.5% of drinkers said that they started drinking before the age of 18 years old.

Physical Activity

Among persons aged 15 or above, 91.9% performed physical activities for at least 10 minutes continuously in a typical week, 87.2% performed transport-related physical activity (including walking or cycling), 45.5% performed recreation-related physical activity and 15.4% performed work-related physical activity.

In a typical week, 19.3% and 90.4% of persons had undertaken vigorous and moderate physical activities respectively. Among persons aged 18 or above, 24.8% (26.5% for females and 22.8% for males) had not achieved physical activities up to or exceeding the WHO recommended level of 150 minutes of moderate-intensity physical activity per week; or 75 minutes of vigorous-intensity physical activity per week; or 600 MET-minutes per week. Age-standardised prevalence of insufficient physical activity among persons aged 18 years or above was 24.3%.

Overall, the mean duration of sedentary behaviour on a typical day was around 7 hours - 408.3 minutes (412.4 minutes for females and 403.6 minutes for males) among persons aged 15 or above; 14.9% reported spending 10 hours or longer sitting or reclining each day.

Diet and Nutrition

The PHS collected information on consumption of fruit and vegetables, salty food such as preserved vegetables, processed meat, snacks with high salt content, use of seasonings such as salt, soy sauce, oyster sauce, ketchup and chili sauce, seaweeds and ready-to-eat seaweeds.

- *Consumption of fruit and vegetables*

  Overall, daily fruit consumption was reported by 49.4% (54.5% of females and 43.6% of males) of persons aged 15 or above. The proportion of persons reported that they ate fruit daily generally increased with age from 37.0% for persons aged 15-24 to 61.6% for persons aged 75-84. Overall, 13.6% (13.9% of females and 13.4% males) of persons aged 15 or above reported that they ate two or more servings of fruit (one serving is equivalent to one piece of medium-sized fruit such as an apple or half a piece of a large sized fruit (e.g. banana)) per day on the days when they ate fruit. The estimated mean number of servings of fruit intake was 1.2 per day for females and 1.1 per day for males.

  Overall, 78.0% (81.2% of females and 74.5% of males) of persons aged 15 or above reported eating vegetables daily. 3.1% of persons aged 15 or above reported that they ate three or more servings of vegetables (one serving of vegetables was defined as equivalent to a bowl of raw leafy vegetables or half a bowl of cooked vegetables) per day on the days they ate vegetables. The estimated mean number of servings of vegetables eaten per day was 1.3.

  Overall, 97.9% (97.8% for females and 98.2% for males) of persons aged 15 or above reported consuming an average of less than five servings of fruit and vegetables per day in not meeting the recommendation made by the WHO. The proportion was the highest among those in the 75-84 age group (98.9%) and the lowest proportion was reported by persons aged 55-64 (97.1%). Age-standardised prevalence of insufficient consumption of fruit and vegetable among persons aged 18 years or above was 98.1% (crude prevalence of 97.9%).

- *Consumption of salty food and use of seasonings*

  Overall, 25.4%, 51.6% and 28.9% of persons aged 15 or above ate preserved vegetables, processed meat and snacks with high salt content, respectively, on average at least once a week. Majority (38.1% every time and 20.7% often) of persons aged 15 or above used seasonings during cooking. Only 0.9% of persons aged 15 or above reported that they added seasonings at the table every time when they ate; while 8.1% often added seasonings at the table.

- *Consumption of seaweeds and ready-to-eat seaweeds, and iodised salt*

  Overall, 9.0% of persons aged 15 or above reported that they ate seaweeds (including kelp / laver but excluding ready-to-eat seaweeds) on average at least once a week, and 7.7% of persons aged 15 or above said that they eat ready-to-eat seaweeds on average at least once a week. 21.1% of household reported using iodised salt, while 70.5% of the household did not know whether the salt they used was iodised salt.

Eating-out Habits

On average, persons aged 15 or above reported eating-out for breakfast, lunch and dinner 6.5, 10.1 and 4.5 times per month respectively. Overall, 18.6%, 36.5%, and 5.8% of persons aged 15 or above reported eating-out five times or more a week during the 30 days preceding the survey for breakfast, lunch and dinner respectively. In general, males were more likely to eat out than females, and those in the age group of 25-34 year-old were more likely to eat out at least five times per week for breakfast, lunch or dinner. Overall, 77.2% of persons aged 15 or above (82.0% for males and 73.0% for females) reported eating-out (including breakfast, lunch and dinner as a whole) at least once a week during the 30 days preceding the survey.

Use of Medications or Supplements

The PHS collected respondent's self-reported usage of medications, including health supplements, birth control pills, hormones, and slimming pills in the month preceding the survey.

Overall, 19.7% of persons aged 15 or above had taken health supplements such as vitamins and mineral supplements, which was more common in females (23.9%) than in males (15.0%), and more common among persons aged 45-54 (22.9%) or aged 55-64 (21.8%). Overall, 0.6% of persons aged 15 or above had taken slimming pills, which was more common in females (0.8%) than in males (0.4%), and was most common among persons aged 35-44 (1.0%). Overall, 1.1% of females aged 15 to 49 reported that they had taken birth control pills, and 0.4% of females aged 30 or above reported that they had taken hormones for menopausal or aging symptoms in the month preceding the survey.

Preventive Health Practices

Colorectal cancer screening (for people aged 50-75)

According to the Cancer Expert Working Group on Cancer Prevention and Screening's (CEWG) recommendation, individuals aged 50-75 years should consider screening by annual or biennial faecal occult blood test (FOBT); or sigmoidoscopy every 5 years; or colonoscopy every 10 years for asymptomatic populations at average risk of developing colorectal cancer.

28.5% of persons aged 50-75 reported that they had ever had FOBT (including 27.2% had no suspected symptoms and 1.4% had suspected symptoms of the cancer prior to the test). Among persons aged 50-75, 15.3% had their last test within 24 months prior to the survey. The average duration since their last test was 34.1 months for those who had no suspected symptoms and 40.5 months for those who had suspected

symptoms. Among persons aged 50-75 who reported to have undergone FOBT, the top 3 reasons for having the test were "I thought I need to take the test" (35.3%), "Recommended by healthcare professionals (27.4%)", and "Included in a body check-up package" (25.1%).

30.0% of persons aged 50-75 reported that they had ever had colonoscopy (including 27.3% had no suspected symptoms and 2.7% had suspected symptoms of the cancer prior to the examination). Among persons aged 50-75, 24.1% had their last examination within 10 years prior to the survey. The average duration since their last examination was 47.6 months for those who had no suspected symptoms and 46.4 months for those who had suspected symptoms. Among persons aged 50-75 who reported to have undergone colonoscopy, the top 3 reasons for having the examination were "I thought I need to take the test" (47.5%), "Recommended by healthcare professionals (34.8%), and "Included in a body check-up package" (18.7%).

Overall, 42.6% of persons aged 50-75 reported that they had ever had FOBT or colonoscopy (including 40.0% had no suspected symptoms and 2.6% had suspected symptoms of the cancer prior to the test / examination). Only 32.3% of persons aged 50-75 had their last FOBT within 24 months or colonoscopy within 10 years prior to the survey.

Cervical Screening (for females aged 25-64)

According to the latest CEWG's recommendation, women aged 25-64 who ever had sexual experience are recommended to have cervical cancer screening by cytology every three years after two consecutive normal annual screenings. HPV-based screening every five years or co-testing every five years for average risk women aged 30-64 years can be adopted as an alternative to cytology.

Overall, 52.1% of females aged 25-64 reported that they had ever had cervical screening (including 51.1% had no suspected symptoms and 1.1% had suspected symptoms of the cancer prior to the examination). 38.4% of females aged 25-64 had their last examination within 60 months prior to the survey. The average duration since their last examination was 37.2 months for those who had no suspected symptoms and 48.4 months for those who had suspected symptoms. Among females aged 25-64 who reported to have undergone cervical screening, the top three reasons for having the examination were "I thought I need to take the examination" (38.8%), "Performed during a routine medical visit" (32.8%) and "Included in a body check-up package" (19.2%).

Mammogram (for females aged 44-69)

According to the latest CEWG's recommendation, women aged 44-69 with certain combinations of personalized risk factors putting them at increased risk of developing breast cancer are recommended to consider mammography (MMG) screening every two years.

Overall, 41.6% of females aged 44-69 reported that they had ever had mammogram (including 39.0% had no suspected symptoms and 2.6% had suspected symptoms of the cancer prior to the test). 18.0% of females aged 44-69 had their last test within 24 months prior to the survey. The average duration since their examination test was 49.3 months for those who had no suspected symptoms and 66.1 months for those who had suspected symptoms. Among females aged 44-69 who have undergone mammogram, the top three reasons for having the test were "I thought I need to take the examination" (43.9%), "Performed during a routine medical visit" (23.2%) and "Recommended by healthcare professionals" (23.0%).

Screening for Cardiovascular Risk Factors

According to the recommendation of the Hong Kong Reference Framework (HKRF) for Hypertension Care for Adults in Primary Care Settings (Revised Edition 2021), blood pressure measurement in all adults from 18 years of age at least every 2 years is recommended. 52.3% of persons aged 18 or above had their blood pressure checked within 2 years. The proportion of females (54.3%) having blood pressure checked within two years was higher than that of males (50.0%).

According to the recommendation of the HKRF for Diabetes Care for Adults in Primary Care Settings (Revised Edition 2021), early identification using fasting glucose is suggested for all subjects aged ≥45 years at a minimum of 3-year intervals. 59.1% of persons aged 45 or above had their blood sugar checked within 3 years. The proportion of females (59.5%) having blood sugar tested within three years was higher than that of males (58.5%).

According to the recommendation of the HKRF for Preventive Care for Older Adults in Primary Care Settings (Revised Edition 2021), screen for hyperlipidaemia every 3 years among those aged 50-75 is recommended if previous results are within optimal range, and more frequent testing, e.g. every 12 months is recommended when risk factors of cardiovascular diseases are present. 60.1% of persons aged 50-75 had their cholesterol checked within 3 years. The proportion of females (61.4%) having blood cholesterol checked within three years was higher than that of males (58.7%).

Use of Healthcare Services

The PHS estimated the use of different types of healthcare services and absence from work, reported by persons with acute or chronic health conditions.

Health Problems and Treatment Received

In the 30 days preceding the survey, 9.4% (11.9% of females and 6.6% of males) of persons aged 15 or above reported that they had experienced some kind of acute health problems. Among those who reported the selected acute health conditions in the 30 days preceding the survey, 32.1% (28.5% for females and 39.4% for males) visited medical practitioners, 45.0% received self-treatments or prescribed medication (41.7% for females and 51.8% for males). 30.9% of those who reported problem with teeth or oral cavity in the 30 days preceding the survey visited dentists (28.1% for females and 34.3% for males). Among those working full-time / part-time or being students in the seven days preceding the survey and reported acute health conditions in the 30 days preceding the survey, 15.6% required sick leave (14.3% for females and 18.2% for males).

43.2% of persons aged 15 or above reported one or more doctor-diagnosed chronic health conditions. Among those who reported the selected chronic health conditions, 64.6% (63.8% for females and 65.5% for males) were follow-up by healthcare services, including 53.0% received treatment from public clinics or hospitals (including HA and DH), 8.7% from private clinics or hospitals, and non-governmental organisations only, and 2.9% from both public and private healthcare services.

Hospitalisation

For persons who reported chronic health conditions and required follow-up by healthcare services, 5.6% (same for both sexes) were admitted to public or private hospitals in the 12 months preceding the survey, and persons aged 85 or above had the highest proportion (9.0%) being admitted to public or private hospitals in the 12 months preceding the survey, while those aged 15-24 had the lowest corresponding proportion (1.8%).

Types of Healthcare Services Utilisation related to Chronic Health Conditions

Majority of people with doctor-diagnosed chronic health conditions visited the public clinics or hospitals (including HA and DH) for follow-up care representing 86.0%, 76.6%, 69.2%, and 66.2% for those with DM, hypertension, high blood cholesterol, and cancer respectively. On the other hand, minority of persons

with DM (6.0%), hypertension (9.9%), high blood cholesterol (10.7%), and cancer (11.1%) visited the private clinics or hospitals for follow-up care.

Chapter 1

Survey Method, Representativeness and Characteristics of the Sample

1.1 Background

The Population Health Survey (PHS) 2020-22 is the third territory-wide Population Health Survey conducted by the Department of Health (DH). The first PHS was conducted in 2003-04, with a Heart Health Survey conducted as a follow-up study in 2004-05. The second PHS was conducted in 2014-15. The objective of conducting the PHS 2020-22 is to collect up-to-date pertinent information on the patterns of health status and health-related behaviours and practices of the general population of Hong Kong, with the aim to strengthen the Government's information on population health and to support effective and evidence-based decision making in health policy, resource allocation and provision of preventive health services and programmes.

This chapter outlines (i) the survey method, and (ii) the sample representativeness, along with (iii) the characteristics of the households and the population under study.

1.2 Survey Method

The PHS 2020-22 comprised two parts, namely (I) household survey; and (II) health examination, including physical and biochemical measurements. The DH commissioned a private research firm and a private healthcare organisation with laboratory service to conduct the fieldworks of household survey and health examination respectively. Data analysis and reporting of the PHS 2020-22 was commissioned to the Jockey Club School of Public Health and Primary Care, the Chinese University of Hong Kong. The DH was responsible for the overall planning of the survey including the study design and development of questionnaire as well as monitoring the quality of various part of the survey.

1.2.1 Target Population Coverage

The household survey covered the land-based non-institutional population aged 15 or above in Hong Kong, excluding foreign domestic helpers and visitors of Hong Kong. The health examination covered persons aged between 15 and 84 (both ages inclusive) who had been enumerated in the household survey.

1.2.2 Sampling Frame and Sample Selection

The survey adopted the Frame of Quarters maintained by the Census and Statistics Department (C&SD) as the sampling frame. The Frame of Quarters consists of the Register of Quarters (RQ) and the Register of Segments (RS) which contain records of all addresses of permanent quarters in built-up areas and records of area segments in non-built-up areas respectively. Systematic replicated sampling was deployed for selecting a sample of replicates of living quarters in built-up areas from the RQ and a sample of area segments in non-built-up areas from the RS. Each replicate of living quarters is a representative sample of domestic households in Hong Kong.

1.2.3 Participants of Health Examination

All domestic households in the selected living quarters and all members aged 15 or above who met the target population coverage criteria stated in Section 1.2.1 above in the selected households were enumerated individually. All enumerated persons aged between 15 and 84 were invited to sign consent for health examination. For respondents under 18 years of age, their consent were signed by parents or guardians. Eligible and consented members of enumerated households, stratified into gender and age groups were randomly invited to undergo a follow-up health examination.

1.2.4 Data Collection Method

Household survey

For the household survey, interview was first conducted by the interviewers in Cantonese, Putonghua or English with the respondents using computer-assisted personal interview (CAPI). After the interview, the respondents were invited to complete a self-administered questionnaire. Translation service for ethnic minorities would be arranged to respondents who did not speak the three languages. As for respondents with special needs, such as hearing and speaking difficulties, assistance from their household members to facilitate the conduction of the interviews was allowed.

Intensive publicity and subject recruitment strategy were employed to increase the response rate. Announcements in the Public Interest (API) to encourage respondents' support and participation in the survey were broadcast through television and radio, and posters and pamphlets were distributed. A mini theme page was set up in the Centre for Health Protection website to publicise and provide detailed information of the survey. Two hotlines were set up for answering enquiries related to the survey and making appointments for interview. Invitation letters were sent to all sampled households about a week

before the commencement of the fieldwork. Cash coupons were presented to respondents upon completion of the interview and all parts of health examination respectively as a token of appreciation for their support and participation.

Health examination

Respondents who consented for health examination were stratified into gender and age groups. For each group, the randomly selected respondents were contacted by telephone to make appointment at designated health examination centres. Appointment confirmation letters or SMS, a health examination pamphlet and instructions for blood test were sent to respondents who accepted the invitation. Another hotline was set up for enquiries and making appointments for health examination. Identities of respondents attending health examination were verified. Respondents were requested to complete a self-administered questionnaire on the day of the health examination. Physical measurements, blood taking and spot urine collection for iodine were performed by trained staff supervised by medical practitioner in four designated health examination centres, one each in Central, Causeway Bay, Mong Kok and Tsuen Wan. If respondents were eligible for performing the 24-hour urine tests, they were given two 24-hour urine collection bottles of 3 litres each and instructions for 24-hour urine collection, and were required to return their urine samples on the same day after the collection.

Procedures of physical measurements and biochemical tests followed the WHO STEPS Surveillance Manual [1] and the Protocol for Population Level Sodium Determination in 24-hour Urine Samples [2] from the World Health Organization (WHO). Procedures for handling biochemical specimens followed the Safety Guidelines on Transport of Clinical Specimens and Infectious Substances for Courier Team and the relevant Infection Control Guidelines issued by the Centre for Health Protection of the DH.

According to the Protocol[2] from the WHO, respondents meeting any one of the following criteria were excluded from 24-hour urine tests:

(a) Respondents who were unable to sign the consent form of health examination;
(b) Those with known history of heart or kidney failure, stroke or liver disease;
(c) Those who had recently begun therapy with diuretics (for less than two weeks preceding the survey); or
(d) Those with other conditions that would make 24-hour urine collection difficult, e.g. incontinence.

Dissemination of health examination results

All laboratory reports were reviewed by registered Medical Laboratory Technologists before passing to the DH. Medical staff of DH further reviewed all laboratory results before sending to the respondents concerned. Health advice was provided to the respondents with results outside reference range.

Interview measures under COVID-19 pandemic

Due to the COVID-19 pandemic, interviewing approaches were modified and adopted in the survey to minimise the risk of infection for both interviewers and respondents and improve the acceptability by the respondents, in order of priority, (1) telephone interviews outside the sampled living quarters, (2) face-to-face interviews outside the sampled living quarters, and (3) face-to-face interviews inside the sampled living quarters. In addition, various precautionary measures were taken, including interviewers would wear surgical masks and safety goggles / spectacles; provide new surgical masks for respondents who did not have a surgical mask; keep social distance of at least one metre from respondents when conducting interviews; stay in a well-ventilated area when conducting interview in the living quarters, etc.

1.2.5 Survey Instrument

Data of the household survey were collected through the use of a structured questionnaire which covered the following areas:

(a) Health-related quality of life;
(b) Physical health status;
(c) Mental health status;
(d) Health-related behaviours and lifestyle practices;
(e) Preventive health practices;
(f) Use of healthcare services; and
(g) Demographic information.

Information was mainly collected by interviewer through interview. There were a few sensitive questions in the questionnaire, for instance questions on mental health status, which was collected via self-administered questionnaire.

The health examination includes the following items:

Self-administered questionnaire:
A self-administered questionnaire including questions on general well-being and conditions related to iron and iodine statuses, such as recent use of oral supplement or multivitamins.

Physical measurements:

(a) Measurement of blood pressure;
(b) Measurement of body height and body weight for calculation of body mass index; and
(c) Measurement of hip and waist circumferences for calculation of waist-hip ratio.

Biochemical testing:

(a) Fasting lipid profile, including total cholesterol, low density lipoprotein (LDL), high density lipoprotein (HDL) and triglyceride;
(b) Fasting plasma glucose;
(c) Glycated haemoglobin (HbA1c);
(d) Haemoglobin, tests for iron status, e.g. serum iron, serum ferritin, and C-reactive protein;
(e) Tests for viral hepatitis, e.g. hepatitis A, C & E antibodies and hepatitis B antigens;
(f) Spot urinary iodine; and
(g) 24-hour urine testing for sodium and potassium.

1.2.6 Pilot Survey

Household survey

In order to test the survey materials as well as to ensure the smooth execution of the fieldwork, a pilot survey was conducted between 6 January 2020 and 7 October 2020 with temporary suspension between 21 January 2020 and 25 September 2020 due to COVID-19 pandemic; and a total of 202 respondents aged 15 or above were successfully interviewed in the pilot survey. All respondents of the pilot survey were not counted in the sample of the main survey.

The questionnaire was fully tested in the pilot survey; and refinements were made to the questionnaire based on the observations obtained from the pilot survey.

Health examination

38 out of the 202 respondents of the pilot survey were successfully recruited to participate in the health examination from 6 October 2020 to 28 January 2021. All respondents completed all items of health examination.

All aspects of health examination, including appointment making, the protocols for physical and biochemical measurements and results dissemination, were tested thoroughly in the pilot survey. Standard scripts for appointment making and instruction for 24-hour urine collection were tested and refinements were made after pilot survey.

1.2.7 Training for the Interviewers and Health Examination Staff

Household survey

To ensure consistency among interviewers on data collection, training sessions and a survey manual were provided prior to fieldwork. Weekly debriefing sessions and further regular training sessions were arranged during the fieldwork period to provide solutions to the difficulties encountered by the interviewers and to strengthen the performance of the interviewers.

Health examination

Induction training was provided to all staff undertaking health examination services in all centres before the survey commenced and regularly throughout the fieldwork. All these staff were trained to comply with all procedures stated in the Service Protocols, including procedures of blood pressure measurement, other physical measurements and blood collection as well as instructions for spot urinary iodine and 24-hour urine collection. The Service Protocols were available for all staff involved in the survey in order to ensure consistency in all aspects of health examination.

1.2.8 Data Collection and Enumeration Results

Household survey

The fieldwork of the household survey was conducted between 2 November 2020 and 2 January 2022, with temporary suspension between 2 December 2020 and 22 February 2021 due to COVID-19 pandemic. A total of 10 160 domestic households were found in the sample of 10 113 occupied quarters. Among these 10 160 domestic households, 7 448 were successfully enumerated, representing an overall response rate of 73.3% at household level. As for the response rate for the three types of housing i.e. public rental housing,

subsidised sale flats and private housing, the respective response rates are 85.0%, 78.2% and 65.1%. As regards the response rate by District Council district, it varied from the highest of 84.8% recorded for Tuen Mun District to the lowest of 65.0% for North District. A total of 16 655 persons aged 15 or above were successfully enumerated from these 7 448 domestic households in the fieldwork.

Health examination

The fieldwork of health examination was conducted between 1 March 2021 and 19 February 2022. A total of 3 757 respondents out of 6 373 consented respondents were selected according to age-gender stratified sampling and invited to make appointment for health examination. Among these 3 757 invited respondents, 2 072 respondents completed physical measurements and blood test (participation rate: 55.2%). 2 066 of the invited respondents completed spot urine test for iodine (participation rate: 55.0%), and 1 981 of the invited respondents also completed 24-hour urine tests (participation rate: 52.7%). The participation rate in females (55.8%) was slightly higher than that in males (54.4%). As regards the participation rates by age group, they ranged from 49.6% among respondents aged 65-84 to 62.5% among those aged 55-64.

This report is the Part I of PHS 2020-22 to present findings on household interviews. Other findings on health examination would be released in subsequent reports.

1.2.9 Quality Control

Household survey

A series of quality control (QC) measures were adopted to ensure that all data collected from the fieldwork were of satisfactory quality. Such measures included training and periodic on-site supervision on the interviewers. In addition, at least 15% of the questionnaires completed by each interviewer and at least 50% of the questionnaires of respondents who participated in the health examination were checked by an independent team of quality control checkers. Moreover, QC measures on office coding and editing, computer data validation (duplication, skipping, range and consistency checks), acceptance tests for various computer data processing systems, audit trails at various stages of computing processing, other measures for detection and prevention of fake data, mechanism for monitoring and auditing the operation of the QC systems were also implemented.

Health examination

Quality control measures were adopted in various aspects of fieldwork to ensure all data collected from health examination were credible and reliable. All physical measurements and specimen collection were required to strictly follow the procedures stated in the service protocol of health examination which adopted procedures stated in the relevant manuals from the WHO. The laboratory providing laboratory services for the PHS was accredited by the Hong Kong Laboratory Accreditation Scheme in performing all the blood tests and 24-hour urine tests included in the survey. Besides, it conducted daily internal quality control checking and participated in External Quality Assurance Program. In addition, DH conducted regular quality checking by telephone calls on randomly selected participants of health examination.

1.2.10 Grossing-up Method

The data collected from the survey were adjusted by the differential response rates for the three types of housing (i.e. public rental housing, subsidised sale flats and private housing), and grossed-up to the control for the age and gender profile of the target population for the second quarter (Q2) of 2021. One set of statistical weights each was derived for (i) household survey, (ii) health examination (exclude 24-hour urine tests), (iii) 24-hour urine tests, and (iv) spot urine iodine. After these adjustments, the survey estimates can represent those of the study population during the survey period.

1.2.11 Reliability of the Estimates

The estimates of this survey are subject to sampling error and non-sampling error. For comparing the precision of the estimates of various variables related to sampling error, the coefficient of variation (CV) is obtained, by expressing the standard error (SE) as a percentage of the estimate to which it refers. The smaller the CV, the more precise is the estimate. The CVs of the estimates of selected variables presented in this report are given in Appendix.

1.2.12 Confidentiality

All questionnaires and data files were regarded as confidential documents, and the research team exercised due care in handling the records to avoid the leakage of information. At the beginning of the survey, all relevant staff of the private data collection firm commissioned for the survey were required to sign an undertaking not to disclose any confidential information related to the survey.

In accordance with the Personal Data (Privacy) Ordinance (Cap. 486) and the code of conduct of the research agency, all data collected from the survey were used only for research and statistical purposes. All

worksheets filled with households' information would be destroyed within six months after completion of the survey.

1.2.13 Ethical Approval

The survey was approved by the Ethics Committee of the DH.

1.2.14 Notes to Tables and Symbols

In general, estimated population figures presented in this survey report are rounded to the nearest 100 while percentages are rounded to one decimal place and percentages are derived from the corresponding unrounded figures. There may be a slight discrepancy between the sum of individual items and the respective total or sub-total as shown in the tables owing to rounding. Regarding the symbols, "-" denotes a nil figure, "N.A." denotes not applicable and "$" denotes Hong Kong dollar unless otherwise stated.

1.3 Sample Representativeness

The effect size[3] is used for comparing and quantifying the size of the difference between the distributions of unweighted data of the survey respondents and those of the land-based non-institutional population for Q2 of 2021 in Hong Kong. The effect sizes in respect of age, gender and highest education attainment between the two distributions were very small (i.e. 0.0633, 0.0025 and 0.1307 respectively). The very small effect sizes suggest close similarity between the unweighted data and land-based non-institutional population data, thus indicating that the survey sample of this survey was representative of the target population (Table 1.3).

Table 1.3: Distribution of unweighted sample data and the effect sizes for its comparison with estimates of land-based non-institutional population for Q2 of 2021

	PHS 2020-22 Distribution (unweighted)[#]		Effect size[†]
	No. of persons	**%**	
Age (years)			0.0633
15 - 24	1 685	10.1%	
25 - 34	2 272	13.6%	
35 - 44	2 510	15.1%	
45 - 54	2 861	17.2%	
55 - 64	3 341	20.1%	
65 - 74	2 444	14.7%	
75 - 84	1 043	6.3%	
85 or above	499	3.0%	
Total	16 655	100.0%	
Gender			0.0025
Female	8 826	53.0%	
Male	7 829	47.0%	
Total	16 655	100.0%	
Highest education attainment			0.1307
No schooling / Pre-primary	511	3.1%	
Primary	2 524	15.2%	
Secondary	8 788	52.8%	
Post-secondary	4 832	29.0%	
Total	16 655	100.0%	

Base: # All 16 655 respondents who had participated in the PHS 2020-22.

Notes: † In this calculation, effect size is the quantitative measure of strength of differences in distribution between unweighted sample data and land-based non-institutional population. Cohen's w is a measure of effect size for comparisons. Levels of effect sizes – 0.0 for 'identical', 0.1 for 'small', 0.3 for 'medium' and 0.5 for 'large'. [3]

Figures may not add up to the total due to rounding.

The PHS data were adjusted by the differential response rates for the three types of housing (i.e. public rental housing, subsidised sale flats and private housing), and grossed-up to the control for the age and gender profile of the target population. After these adjustments, the survey estimates can represent those of the Hong Kong population during the survey period.

1.4 Characteristics of the Sampled Domestic Households

Overall, a total of 7 448 domestic households were enumerated in the survey. Using the proper statistical grossing-up method to align with the distribution of domestic households by housing type, this sample of domestic households represented all the 2 656 800 domestic households in Q2 of 2021 in Hong Kong. After grossing-up, about half (53.6%) and one-third (30.8%) of the households lived in private housing and public rental housing respectively. In terms of household size, more than half (55.8%) had either two members (31.1%) or three members (24.6%), about one-fifth (21.2%) of the households were one-person households, less than one-fifth (16.4%) had four members, and 6.6% had five or more members (Table 1.4).

Table 1.4: Weighted distributions of the sampled domestic households

	No. of domestic households ('000)	%
Type of housing		
Public rental housing	818.9	30.8%
Subsidised sale flats	413.8	15.6%
Private housing	1 424.1	53.6%
Total	2 656.8	100.0%
Number of persons in the household		
1	564.2	21.2%
2	827.3	31.1%
3	654.6	24.6%
4	435.2	16.4%
5	121.9	4.6%
6 or above	53.7	2.0%
Total	2 656.8	100.0%

Base: All domestic households (N=2 656 800).
Note: Figures may not add up to the total due to rounding.

1.5 Characteristics of the Sampled Respondents

In the survey, a total of 16 655 respondents aged 15 or above were enumerated. Using the proper statistical grossing-up method to align with the age and gender profile of the land-based non-institutional population (i.e. target population), this sample of respondents represented all the 6 150 800 land-based non-institutional population aged 15 or above in Q2 of 2021, excluding foreign domestic helpers and visitors. After grossing-up, 52.9% were females and 47.1% were males. As a whole, the median age was 50 for both females and males. The largest proportion by age group for both females (19.6%) and males (19.9%) were those in the 55-64 years old group (Table 1.5.1).

Table 1.5.1: Weighted distribution of sampled respondents by age group and gender

	Female		Male		Total	
	No. of persons ('000)	**%**	**No. of persons ('000)**	**%**	**No. of persons ('000)**	**%**
15 - 24	283.0	8.7%	296.4	10.2%	579.4	9.4%
25 - 34	456.2	14.0%	436.8	15.1%	893.0	14.5%
35 - 44	548.1	16.9%	462.6	16.0%	1 010.7	16.4%
45 - 54	604.5	18.6%	478.5	16.5%	1 083.0	17.6%
55 - 64	636.8	19.6%	575.5	19.9%	1 212.3	19.7%
65 - 74	429.8	13.2%	408.1	14.1%	837.9	13.6%
75 - 84	176.6	5.4%	166.9	5.8%	343.5	5.6%
85 or above	116.8	3.6%	74.2	2.6%	191.0	3.1%
Total	3 251.8	100.0%	2 899.0	100.0%	6 150.8	100.0%
Median age	50.0		50.0		50.0	

Base: All respondents (N=6 150 800).
Note: Figures may not add up to the total due to rounding.

Regarding marital status, the majority of the people aged 15 or above (58.9% overall; 55.9% females; 62.1% males) were married / co-habiting. Never married accounted for 27.2% and 31.9% among the females and males respectively (Table 1.5.2a).

Table 1.5.2a: Weighted distribution of sampled respondents by marital status and gender

	Female		Male		Total	
	No. of persons ('000)	%	No. of persons ('000)	%	No. of persons ('000)	%
Never married	885.5	27.2%	923.6	31.9%	1 809.1	29.4%
Married / Co-habiting	1 819.0	55.9%	1 801.5	62.1%	3 620.4	58.9%
Divorced / Separated	199.3	6.1%	105.2	3.6%	304.5	4.9%
Widowed	348.0	10.7%	68.8	2.4%	416.8	6.8%
Total	3 251.8	100.0%	2 899.0	100.0%	6 150.8	100.0%

Base: All respondents (N=6 150 800).
Note: Figures may not add up to the total due to rounding.

In terms of the relation between marital status and age group, majority of individuals aged 35-84 were married / co-habiting; majority of individuals aged below 35 were never married; and majority of individuals aged 85 or above were widowed (Table 1.5.2b).

Table 1.5.2b: Weighted distribution of sampled respondents by marital status and age group

	15-24		25-34		35-44		45-54		55-64		65-74		75-84		85 or above		Total	
	No. of persons ('000)	%	No. of persons ('000)	%	No. of persons ('000)	%	No. of persons ('000)	%	No. of persons ('000)	%	No. of persons ('000)	%	No. of persons ('000)	%	No. of persons ('000)	%	No. of persons ('000)	%
Never married	569.2	98.2%	608.5	68.1%	263.2	26.0%	175.9	16.2%	132.6	10.9%	45.5	5.4%	12.9	3.8%	1.2	0.6%	1 809.1	29.4%
Married / Co-habiting	10.2	1.8%	276.5	31.0%	710.7	70.3%	815.5	75.3%	920.9	76.0%	614.4	73.3%	200.9	58.5%	71.3	37.3%	3 620.4	58.9%
Divorced/ Separated	-	-	7.6	0.9%	34.3	3.4%	77.5	7.2%	100.5	8.3%	64.7	7.7%	16.1	4.7%	3.8	2.0%	304.5	4.9%
Widowed	-	-	0.4	<0.05%	2.4	0.2%	14.1	1.3%	58.4	4.8%	113.3	13.5%	113.5	33.0%	114.8	60.1%	416.8	6.8%
Total	579.4	100.0%	893.0	100.0%	1 010.7	100.0%	1 083.0	100.0%	1 212.3	100.0%	837.9	100.0%	343.5	100.0%	191.0	100.0%	6 150.8	100.0%

Base: All respondents (N=6 150 800).
Note: Figures may not add up to the total due to rounding.

In terms of the highest educational attainment, slightly more than half of the females (50.5%) and males (53.8%) aged 15 or above had attained the secondary school level. 29.5% of females and 33.2% of males had attained higher educational level at post-secondary level (Table 1.5.3).

Table 1.5.3: Weighted distribution of sampled respondents by the highest educational attainment and gender

	Female		Male		Total	
	No. of persons ('000)	**%**	**No. of persons ('000)**	**%**	**No. of persons ('000)**	**%**
No schooling / Pre-primary	135.5	4.2%	39.7	1.4%	175.2	2.8%
Primary	514.9	15.8%	336.1	11.6%	851.0	13.8%
Secondary	1 640.6	50.5%	1 560.5	53.8%	3 201.0	52.0%
Post-secondary	960.8	29.5%	962.7	33.2%	1 923.5	31.3%
Total	3 251.8	100.0%	2 899.0	100.0%	6 150.8	100.0%

Base: All respondents (N=6 150 800).
Note: Figures may not add up to the total due to rounding.

57.5% of all respondents had paid occupation. Among respondents who had paid occupation, females were most commonly clerks (32.8%) or service and shop sales workers (31.0%), whereas males were more likely to be service and shop sales workers (22.7%) or professional (15.0%) among persons aged 15 or above who had a full-time or part-time job in the 7 days preceding the survey (Table 1.5.4).

Table 1.5.4: Weighted distribution of sampled respondents who were employed by occupation and gender

	Female		Male		Total	
	No. of persons ('000)	**%**	**No. of persons ('000)**	**%**	**No. of persons ('000)**	**%**
Managerial and administrative	105.2	6.5%	198.8	10.4%	304.0	8.6%
Professional	196.2	12.1%	287.1	15.0%	483.3	13.7%
Associate-professional	151.8	9.3%	160.8	8.4%	312.6	8.8%
Clerks	533.0	32.8%	259.0	13.6%	792.0	22.4%
Service and shop sales workers	503.6	31.0%	434.4	22.7%	938.0	26.5%
Skilled agricultural and fishery workers	5.5	0.3%	8.8	0.5%	14.3	0.4%
Craft and related workers	17.5	1.1%	187.9	9.8%	205.4	5.8%
Plant and machine operators and assemblers	5.0	0.3%	93.1	4.9%	98.1	2.8%
Elementary occupations and non-skilled workers	101.5	6.2%	265.3	13.9%	366.8	10.4%
Refusal	5.8	0.4%	15.0	0.8%	20.9	0.6%
Total	1 625.1	100.0%	1 910.3	100.0%	3 535.5	100.0%

Base: Respondents who had a full-time or part-time job in the 7 days preceding the survey. (N=3 535 500)
Note: Figures may not add up to the total due to rounding.

Among those who were employed (i.e. full-time or part-time job) in the 7 days preceding the survey, the largest proportion of persons (41.1%) earned $10,000 - $19,999 per month and 50.2% earned $20,000 or above per month. A higher proportion (59.3%) of the females than the males (41.7%) earned below $20,000 per month. The reverse gender difference was observed among those earning a monthly income of $20,000 or above (40.7% in females and 58.3% in males) (Table 1.5.5).

Table 1.5.5: Weighted distribution of sampled respondents who were employed by monthly personal income and gender

	Female		Male		Total	
	No. of persons ('000)	%	No. of persons ('000)	%	No. of persons ('000)	%
Below $5,000	45.9	2.8%	35.1	1.8%	81.0	2.3%
$5,000 - $9,999	137.1	8.4%	88.9	4.7%	225.9	6.4%
$10,000 - $19,999	781.4	48.1%	672.1	35.2%	1 453.5	41.1%
$20,000 - $29,999	355.7	21.9%	612.1	32.0%	967.8	27.4%
$30,000 - $39,999	129.7	8.0%	210.9	11.0%	340.7	9.6%
$40,000 or above	175.3	10.8%	291.2	15.2%	466.5	13.2%
Total	1 625.1	100.0%	1 910.3	100.0%	3 535.5	100.0%

Base: Respondents who had a full-time or part-time job in the 7 days preceding the survey (N=3 535 500).
Note: Figures may not add up to the total due to rounding.

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Chapter 2
Health-related Quality of Life

The PHS assessed the health status and general well-being of the local land-based non-institutional population aged 15 or above. This chapter reports the assessment results of Hong Kong Chinese version of World Health Organization Quality of Life - Brief Questionnaire (WHOQOL-BREF (HK)), which reflects the population's self-rated health-related quality of life.

Snapshot of Self-rated Quality of Life of the Population

Indicator	Female	Male	Overall
WHOQOL-BREF (HK) mean domain scores			
• Physical health	15.3	15.5	15.4
• Psychological health (culturally adjusted)	14.8	14.9	14.8
• Social relationships	14.4	14.3	14.3
• Environment	14.3	14.3	14.3

2.1 Health-related Quality of Life by WHOQOL-BREF (HK)

According to the WHO, quality of life (QOL) is defined as "an individual's perception of their position in life in the context of the culture and value systems in which they live and in relation to their goals, expectations, standards and concerns."[1]. This section reports on the population's quality of life scores using the WHOQOL-BREF (HK).

The WHOQOL-BREF is a short version of the WHOQOL-100 assessment which consists of 100 questions encompassing 24 facets of four domains (physical health, psychological health, social relations and environment) to assess QOL of individuals. The WHOQOL-BREF includes 26 questions with 24 questions representing the 4 domains of QOL and 2 overall questions on QOL and general well-being. The WHOQOL-BREF (HK) was adopted in PHS and was composed of a total of 28 questions [2]. The psychological health domain of the questionnaire has been adjusted for the local population in Hong Kong and 2 additional questions were added.

The summary WHOQOL-BREF (HK) scores for the four domains were calculated according to the scoring protocol. All the four domain scores were transformed to range from 4 to 20 – the higher the scores, the better the QOL[2].

Physical Health Domain

The mean physical health domain scores for females and males aged 15 or above were 15.3 and 15.5 respectively (Table 2.1a). The mean physical health domain scores had a tendency to decrease with age. People aged 25-34 had the highest mean physical health domain score of 16.1 while people aged 85 or above reported the lowest mean physical health domain score of 12.9 (Table 2.1b). Mean physical health domain score decreased steadily from 15.9 for those without any chronic disease to 13.8 for those with at least three doctor-diagnosed chronic diseases (Table 2.1c), from 16.3 for those with monthly personal income $40,000 or above to 14.8 for those with monthly personal income below $5,000 (Table 2.1d), from 16.1 for those with post-secondary education to 13.6 for those with no schooling / pre-primary education (Table 2.1e).

Psychological Health Domain (Culturally Adjusted)

The mean psychological health domain (culturally adjusted) scores for females and males aged 15 or above were 14.8 and 14.9 respectively (Table 2.1a). The mean psychological health domain scores generally decreased with age. People aged 15-44 had the highest mean psychological health domain score of 15.1 while older people aged 85 or above had the lowest mean psychological health domain score of 13.8 (Table 2.1b). The mean psychological health domain scores decreased with the increasing number of doctor-diagnosed chronic diseases from 15.1 for those without chronic disease to 14.0 for those with three or more chronic diseases (Table 2.1c). Mean psychological health domain score generally increased with monthly personal income, from 14.6 and 14.5 for those with monthly income below $5,000 and $5,000 - $9,999 respectively, to 15.6 for those with monthly income $40,000 or above (Table 2.1d). Mean psychological health domain score generally increased with educational attainment, from 14.0 for those with no schooling or pre-primary, to 15.3 for those with post-secondary educational attainment (Table 2.1e).

Social Relationships Domain

The mean social relationships domain scores for females and males aged 15 or above were 14.4 and 14.3 respectively (Table 2.1a). The mean social relationships domain scores had a tendency to decrease with age from the highest score of 14.7 among those aged 25-34 to 13.6 among those aged 85 or above (Table 2.1b). The mean social relationships domain scores decreased with increasing number of doctor-diagnosed chronic diseases from 14.5 among those without chronic disease to 13.8 among those with at least three chronic diseases (Table 2.1c). Mean social relationships domain score generally increased with monthly personal income, from 14.1 for those with monthly income below $10,000, to 15.1 for those with monthly income $40,000 or above (Table 2.1d). Mean social relationships domain score generally increased with educational attainment, from 13.6 for those with no schooling or pre-primary, to 14.8 for those with post-secondary educational attainment (Table 2.1e).

Environment Domain

Both females and males aged 15 or above had the same mean environment domain scores at 14.3 (Table 2.1a). People aged 15-24 had the highest mean environment domain score at 14.5 while people aged 85 or above had the lowest mean environment domain score at 13.5 (Table 2.1b). The mean environment domain score decreased with increasing number of doctor-diagnosed chronic diseases from 14.5 among those without chronic disease to 13.9 among those with at least three chronic diseases (Table 2.1c). Mean environment domain score generally increased with monthly personal income, from 14.1 for those with monthly income below $10,000, to 15.4

for those with monthly income $40,000 or above (Table 2.1d). Mean environment domain score generally increased with educational attainment, from 13.6 for those with no schooling or pre-primary, to 14.8 for those with post-secondary educational attainment (Table 2.1e).

To sum up, the population mean scores of the physical health, psychological health, social relationships and environment domain of WHOQOL-BREF (HK) were 15.4, 14.8, 14.3 and 14.3 respectively. Males and females reported comparable scores in all the four domains. Analysed by age group, younger persons tended to have better quality of life than their older counterparts with the highest mean domain scores being reported in younger persons aged 15-24 or 25-34 in all the domains while the lowest mean domain scores in all the domains were reported in those aged 85 or above. In addition, quality of life deteriorated with increasing number of doctor-diagnosed chronic diseases, decreasing monthly personal income and lower educational attainment. People without chronic disease, with monthly personal income $40,000 or above and with post-secondary education reported the highest mean domain scores in all the domains while those with three or more chronic diseases, monthly personal income generally below $10,000 and with no schooling / pre-primary education had the lowest mean domain scores in all the domains.

Table 2.1a: WHOQOL-BREF (HK) domain scores by gender

Score	Female		Male		Total	
	No. of persons ('000)	%	No. of persons ('000)	%	No. of persons ('000)	%
Physical health domain						
≤ 10	58.5	1.8%	40.9	1.4%	99.4	1.6%
> 10 - ≤ 15	1 642.3	50.5%	1 383.0	47.7%	3 025.3	49.2%
> 15	1 551.0	47.7%	1 475.1	50.9%	3 026.1	49.2%
Total	3 251.8	100.0%	2 899.0	100.0%	6 150.8	100.0%
Mean	15.3		15.5		15.4	
Psychological health domain (culturally adjusted)						
≤ 10	48.5	1.5%	41.0	1.4%	89.5	1.5%
> 10 - ≤ 15	1 900.3	58.4%	1 693.2	58.4%	3 593.5	58.4%
> 15	1 303.0	40.1%	1 164.9	40.2%	2 467.8	40.1%
Total	3 251.8	100.0%	2 899.0	100.0%	6 150.8	100.0%
Mean	14.8		14.9		14.8	
Social relationships domain						
≤ 10	56.2	1.7%	49.3	1.7%	105.6	1.7%
> 10 - ≤ 15	2 087.6	64.2%	1 904.0	65.7%	3 991.6	64.9%
> 15	1 108.0	34.1%	945.7	32.6%	2 053.6	33.4%
Total	3 251.8	100.0%	2 899.0	100.0%	6 150.8	100.0%
Mean	14.4		14.3		14.3	
Environment domain						
≤ 10	64.1	2.0%	59.3	2.0%	123.4	2.0%
> 10 - ≤ 15	2 299.7	70.7%	2 003.5	69.1%	4 303.1	70.0%
> 15	888.0	27.3%	836.2	28.8%	1 724.2	28.0%
Total	3 251.8	100.0%	2 899.0	100.0%	6 150.8	100.0%
Mean	14.3		14.3		14.3	

Base: All respondents (N=6 150 800).
Note: Figures may not add up to the total due to rounding.

Table 2.1b: WHOQOL-BREF (HK) domain scores by age group

Score	15-24		25-34		35-44		45-54		55-64		65-74		75-84		85 or above		Total	
	No. of persons ('000)	%	No. of persons ('000)	%	No. of persons ('000)	%	No. of persons ('000)	%	No. of persons ('000)	%	No. of persons ('000)	%	No. of persons ('000)	%	No. of persons ('000)	%	No. of persons ('000)	%
Physical health domain																		
≤ 10	2.7	0.5%	5.9	0.7%	2.9	0.3%	7.2	0.7%	12.8	1.1%	18.3	2.2%	23.3	6.8%	26.4	13.8%	99.4	1.6%
> 10 - ≤ 15	209.1	36.1%	303.7	34.0%	421.2	41.7%	475.5	43.9%	665.6	54.9%	551.7	65.8%	254.2	74.0%	144.4	75.6%	3 025.3	49.2%
> 15	367.6	63.5%	583.5	65.3%	586.7	58.0%	600.3	55.4%	533.9	44.0%	267.9	32.0%	66.0	19.2%	20.2	10.6%	3 026.1	49.2%
Total	579.4	100.0%	893.0	100.0%	1 010.7	100.0%	1 083.0	100.0%	1 212.3	100.0%	837.9	100.0%	343.5	100.0%	191.0	100.0%	6 150.8	100.0%
Mean	16.0		16.1		15.8		15.7		15.3		14.7		13.8		12.9		15.4	
Psychological health domain (culturally adjusted)																		
≤ 10	9.5	1.6%	12.5	1.4%	11.4	1.1%	10.3	0.9%	14.9	1.2%	12.9	1.5%	9.8	2.8%	8.3	4.3%	89.5	1.5%
> 10 - ≤ 15	292.3	50.5%	461.7	51.7%	544.0	53.8%	627.5	57.9%	748.3	61.7%	537.4	64.1%	243.4	70.9%	138.9	72.7%	3 593.5	58.4%
> 15	277.6	47.9%	418.9	46.9%	455.3	45.1%	445.3	41.1%	449.2	37.1%	287.5	34.3%	90.4	26.3%	43.8	22.9%	2 467.8	40.1%
Total	579.4	100.0%	893.0	100.0%	1 010.7	100.0%	1 083.0	100.0%	1 212.3	100.0%	837.9	100.0%	343.5	100.0%	191.0	100.0%	6 150.8	100.0%
Mean	15.1		15.1		15.1		14.9		14.8		14.6		14.1		13.8		14.8	
Social relationships domain																		
≤ 10	8.5	1.5%	13.8	1.5%	10.0	1.0%	12.3	1.1%	18.7	1.5%	19.5	2.3%	11.8	3.4%	11.0	5.8%	105.6	1.7%
> 10 - ≤ 15	353.1	60.9%	532.3	59.6%	618.6	61.2%	721.6	66.6%	849.8	70.1%	565.3	67.5%	224.6	65.4%	126.4	66.2%	3 991.6	64.9%
> 15	217.8	37.6%	346.9	38.9%	382.0	37.8%	349.0	32.2%	343.8	28.4%	253.1	30.2%	107.2	31.2%	53.6	28.1%	2 053.6	33.4%
Total	579.4	100.0%	893.0	100.0%	1 010.7	100.0%	1 083.0	100.0%	1 212.3	100.0%	837.9	100.0%	343.5	100.0%	191.0	100.0%	6 150.8	100.0%
Mean	14.6		14.7		14.6		14.3		14.1		14.0		13.8		13.6		14.3	
Environment domain																		
≤ 10	11.0	1.9%	23.0	2.6%	21.6	2.1%	18.2	1.7%	20.4	1.7%	12.3	1.5%	9.4	2.7%	7.6	4.0%	123.4	2.0%
> 10 - ≤ 15	381.2	65.8%	589.0	66.0%	677.3	67.0%	746.7	69.0%	867.7	71.6%	620.2	74.0%	269.2	78.4%	151.6	79.4%	4 303.1	70.0%
> 15	187.2	32.3%	281.0	31.5%	311.8	30.9%	318.1	29.4%	324.3	26.7%	205.4	24.5%	64.8	18.9%	31.8	16.6%	1 724.2	28.0%
Total	579.4	100.0%	893.0	100.0%	1 010.7	100.0%	1 083.0	100.0%	1 212.3	100.0%	837.9	100.0%	343.5	100.0%	191.0	100.0%	6 150.8	100.0%
Mean	14.5		14.4		14.4		14.4		14.3		14.2		13.8		13.5		14.3	

Base: All respondents (N=6 150 800).
Note: Figures may not add up to the total due to rounding.

Table 2.1c: WHOQOL-BREF (HK) domain scores by number of doctor-diagnosed chronic diseases

Score	Zero		One		Two		Three or above		Total	
	No. of persons ('000)	%	No. of persons ('000)	%	No. of persons ('000)	%	No. of persons ('000)	%	No. of persons ('000)	%
Physical health domain										
≤ 10	10.9	0.3%	12.6	1.1%	15.4	2.3%	60.6	7.4%	99.4	1.6%
> 10 - ≤ 15	1 335.9	38.2%	654.6	55.4%	423.3	64.3%	611.5	74.8%	3 025.3	49.2%
> 15	2 146.4	61.4%	515.1	43.6%	219.6	33.4%	145.0	17.8%	3 026.1	49.2%
Total	3 493.3	100.0%	1 182.2	100.0%	658.3	100.0%	817.1	100.0%	6 150.8	100.0%
Mean	15.9		15.2		14.8		13.8		15.4	
Psychological health domain (culturally adjusted)										
≤ 10	29.1	0.8%	15.2	1.3%	14.4	2.2%	30.7	3.8%	89.5	1.5%
> 10 - ≤ 15	1 852.1	53.0%	734.9	62.2%	420.0	63.8%	586.5	71.8%	3 593.5	58.4%
> 15	1 612.1	46.1%	432.0	36.5%	223.8	34.0%	199.9	24.5%	2 467.8	40.1%
Total	3 493.3	100.0%	1 182.2	100.0%	658.3	100.0%	817.1	100.0%	6 150.8	100.0%
Mean	15.1		14.7		14.6		14.0		14.8	
Social relationships domain										
≤ 10	36.4	1.0%	21.7	1.8%	15.8	2.4%	31.6	3.9%	105.6	1.7%
> 10 - ≤ 15	2 154.8	61.7%	817.5	69.2%	453.3	68.9%	566.1	69.3%	3 991.6	64.9%
> 15	1 302.1	37.3%	343.0	29.0%	189.2	28.7%	219.4	26.9%	2 053.6	33.4%
Total	3 493.3	100.0%	1 182.2	100.0%	658.3	100.0%	817.1	100.0%	6 150.8	100.0%
Mean	14.5		14.1		14.1		13.8		14.3	
Environment domain										
≤ 10	53.1	1.5%	30.6	2.6%	13.3	2.0%	26.4	3.2%	123.4	2.0%
> 10 - ≤ 15	2 338.1	66.9%	848.0	71.7%	490.5	74.5%	626.5	76.7%	4 303.1	70.0%
> 15	1 102.1	31.5%	303.5	25.7%	154.5	23.5%	164.1	20.1%	1 724.2	28.0%
Total	3 493.3	100.0%	1 182.2	100.0%	658.3	100.0%	817.1	100.0%	6 150.8	100.0%
Mean	14.5		14.2		14.2		13.9		14.3	

Base: All respondents (N=6 150 800).
Note: Figures may not add up to the total due to rounding.

Table 2.1d: WHOQOL-BREF (HK) domain scores by monthly personal income

Score	Below $5,000		$5,000-9,999		$10,000-19,999		$20,000-29,999		$30,000-39,999		$40,000 or above		Total	
	No. of persons ('000)	%	No. of persons ('000)	%	No. of persons ('000)	%	No. of persons ('000)	%	No. of persons ('000)	%	No. of persons ('000)	%	No. of persons ('000)	%
Physical health domain														
≤ 10	73.9	3.4%	12.2	2.4%	8.8	0.5%	2.0	0.2%	0.7	0.2%	1.8	0.4%	99.4	1.6%
> 10 - ≤ 15	1 242.9	58.0%	303.6	60.8%	807.9	49.7%	393.0	38.3%	133.6	36.6%	144.2	29.3%	3 025.3	49.2%
> 15	824.6	38.5%	183.4	36.7%	809.9	49.8%	631.6	61.5%	230.3	63.2%	346.3	70.3%	3 026.1	49.2%
Total	2 141.3	100.0%	499.3	100.0%	1 626.6	100.0%	1 026.6	100.0%	364.6	100.0%	492.3	100.0%	6 150.8	100.0%
Mean	14.8		14.9		15.5		15.9		16.0		16.3		15.4	
Psychological health domain (culturally adjusted)														
≤ 10	53.1	2.5%	9.7	1.9%	16.2	1.0%	6.4	0.6%	1.2	0.3%	2.9	0.6%	89.5	1.5%
> 10 - ≤ 15	1 318.0	61.6%	340.2	68.1%	1 019.7	62.7%	547.9	53.4%	175.5	48.1%	192.2	39.0%	3 593.5	58.4%
> 15	770.2	36.0%	149.4	29.9%	590.7	36.3%	472.4	46.0%	187.9	51.5%	297.3	60.4%	2 467.8	40.1%
Total	2 141.3	100.0%	499.3	100.0%	1 626.6	100.0%	1 026.6	100.0%	364.6	100.0%	492.3	100.0%	6 150.8	100.0%
Mean	14.6		14.5		14.8		15.1		15.3		15.6		14.8	
Social relationships domain														
≤ 10	56.6	2.6%	11.8	2.4%	26.6	1.6%	6.9	0.7%	2.0	0.5%	1.7	0.3%	105.6	1.7%
> 10 - ≤ 15	1 419.6	66.3%	342.0	68.5%	1 107.1	68.1%	664.2	64.7%	213.1	58.4%	245.6	49.9%	3 991.6	64.9%
> 15	665.1	31.1%	145.4	29.1%	492.9	30.3%	355.5	34.6%	149.6	41.0%	245.0	49.8%	2 053.6	33.4%
Total	2 141.3	100.0%	499.3	100.0%	1 626.6	100.0%	1 026.6	100.0%	364.6	100.0%	492.3	100.0%	6 150.8	100.0%
Mean	14.1		14.1		14.2		14.5		14.8		15.1		14.3	
Environment domain														
≤ 10	59.5	2.8%	11.7	2.4%	30.9	1.9%	11.8	1.2%	3.8	1.0%	5.6	1.1%	123.4	2.0%
> 10 - ≤ 15	1 571.9	73.4%	370.9	74.3%	1 216.1	74.8%	698.7	68.1%	219.3	60.1%	226.3	46.0%	4 303.1	70.0%
> 15	510.0	23.8%	116.6	23.4%	379.6	23.3%	316.1	30.8%	141.6	38.8%	260.4	52.9%	1 724.2	28.0%
Total	2 141.3	100.0%	499.3	100.0%	1 626.6	100.0%	1 026.6	100.0%	364.6	100.0%	492.3	100.0%	6 150.8	100.0%
Mean	14.1		14.1		14.2		14.5		14.8		15.4		14.3	

Base: All respondents (N=6 150 800).
Note: Figures may not add up to the total due to rounding.

Table 2.1e: WHOQOL-BREF (HK) domain scores by highest educational attainment

Score	No schooling / Pre-primary		Primary		Secondary		Post-secondary		Total	
	No. of persons ('000)	%	No. of persons ('000)	%	No. of persons ('000)	%	No. of persons ('000)	%	No. of persons ('000)	%
Physical health domain										
≤ 10	15.5	8.8%	36.4	4.3%	36.5	1.1%	11.0	0.6%	99.4	1.6%
> 10 - ≤ 15	132.6	75.7%	588.9	69.2%	1 647.7	51.5%	656.1	34.1%	3 025.3	49.2%
> 15	27.2	15.5%	225.7	26.5%	1 516.8	47.4%	1 256.4	65.3%	3 026.1	49.2%
Total	175.2	100.0%	851.0	100.0%	3 201.0	100.0%	1 923.5	100.0%	6 150.8	100.0%
Mean	13.6		14.3		15.3		16.1		15.4	
Psychological health domain (culturally adjusted)										
≤ 10	8.5	4.9%	16.2	1.9%	44.7	1.4%	20.2	1.0%	89.5	1.5%
> 10 - ≤ 15	124.7	71.2%	599.8	70.5%	1 978.0	61.8%	891.0	46.3%	3 593.5	58.4%
> 15	42.0	23.9%	235.1	27.6%	1 178.4	36.8%	1 012.4	52.6%	2 467.8	40.1%
Total	175.2	100.0%	851.0	100.0%	3 201.0	100.0%	1 923.5	100.0%	6 150.8	100.0%
Mean	14.0		14.3		14.7		15.3		14.8	
Social relationships domain										
≤ 10	8.2	4.7%	20.4	2.4%	56.9	1.8%	20.1	1.0%	105.6	1.7%
> 10 - ≤ 15	120.2	68.6%	601.2	70.6%	2 172.6	67.9%	1 097.6	57.1%	3 991.6	64.9%
> 15	46.8	26.7%	229.5	27.0%	971.6	30.4%	805.8	41.9%	2 053.6	33.4%
Total	175.2	100.0%	851.0	100.0%	3 201.0	100.0%	1 923.5	100.0%	6 150.8	100.0%
Mean	13.6		13.8		14.2		14.8		14.3	
Environment domain										
≤ 10	6.7	3.8%	19.0	2.2%	67.1	2.1%	30.6	1.6%	123.4	2.0%
> 10 - ≤ 15	146.7	83.7%	678.3	79.7%	2 334.5	72.9%	1 143.6	59.5%	4 303.1	70.0%
> 15	21.8	12.4%	153.8	18.1%	799.4	25.0%	749.3	39.0%	1 724.2	28.0%
Total	175.2	100.0%	851.0	100.0%	3 201.0	100.0%	1 923.5	100.0%	6 150.8	100.0%
Mean	13.6		13.8		14.2		14.8		14.3	

Base: All respondents (N=6 150 800).
Note: Figures may not add up to the total due to rounding.

References

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Chapter 3
Physical Health and Mental Health Status

Physical health status presents an important dimension of the population's health conditions. This survey collected information on physical and mental health status. For physical health status, information on self-reported doctor-diagnosed chronic health conditions, self-reported acute health conditions, vision and eye diseases, and hearing impairment were collected.

According to the WHO, mental health is a state of mental well-being that enables people to cope with the stresses of life, realize their abilities, learn well and work well, and contribute to their community [1]. In addition to evaluating the population's psychological well-being as one of the four domains in health-related quality of life through WHOQOL-BREF (HK) (please refer to Chapter 2), the survey also collected mental health problems including depression, anxiety disorders, and other mental illnesses that had been diagnosed by doctors as reported by respondents.

This chapter reports the estimated prevalences of selected self-reported doctor-diagnosed physical health conditions and mental health problems that provide a reflection on the overall health status of the population of Hong Kong. The results of physical and biochemical measurements obtained at health examination are detailed separately in Part II of the survey report.

Snapshot of Physical Health and Mental Health Status of the Population

Indicator	Female	Male	Overall
Prevalence of self-reported doctor-diagnosed chronic health conditions			
• Hypertension	19.2%	19.9%	19.5%
• High blood cholesterol	14.7%	15.4%	15.0%
• Musculoskeletal diseases	10.0%	6.7%	8.4%
• Diabetes mellitus	6.2%	7.7%	6.9%
• Overweight and obesity	6.1%	6.4%	6.3%
• Liver diseases	3.9%	4.6%	4.2%
• Anaemia (including thalassemia)	4.6%	1.5%	3.1%
• Cancer	3.1%	1.8%	2.4%

Indicator	Female	Male	Overall
Prevalence of self-reported doctor-diagnosed chronic health conditions			
• Coronary heart disease	1.2%	2.1%	1.6%
• Asthma	1.5%	1.6%	1.6%
Prevalence of self-reported doctor-diagnosed eye diseases (excluding refractive errors)	10.2%	7.7%	9.0%
Prevalence of self-reported doctor- or audiologist-diagnosed hearing impairment / hearing loss	2.1%	2.0%	2.0%
Prevalence of self-reported doctor-diagnosed mental health problems			
• Depression	1.7%	0.8%	1.2%
• Anxiety disorder	1.1%	0.6%	0.9%
• Other mental illnesses	0.5%	0.4%	0.5%
Psychosis	0.1%	0.1%	0.1%
Dementia	0.1%	<0.05%	0.1%
Bipolar disorder	0.1%	0.1%	0.1%
Schizophrenia	<0.05%	0.1%	0.1%

3.1 Doctor-diagnosed Chronic Health Conditions

The survey collected data on a variety of self-reported doctor-diagnosed chronic health conditions as well as whether the conditions were diagnosed in the 12 months preceding the survey. The prevalences of these chronic health conditions and the proportions of cases diagnosed in the 12 months prior to the survey are reported in this section. Overall, 43.2% of persons aged 15 or above reported one or more doctor-diagnosed chronic health conditions (Table 3.1).

Table 3.1: Presence of doctor-diagnosed chronic health conditions by gender

	Female		Male		Total	
	No. of persons ('000)	%	No. of persons ('000)	%	No. of persons ('000)	%
Yes *	1 456.5	44.8%	1 201.0	41.4%	2 657.5	43.2%
One chronic health condition	*646.1*	*19.9%*	*536.1*	*18.5%*	*1 182.2*	*19.2%*
Two chronic health conditions	*366.6*	*11.3%*	*291.7*	*10.1%*	*658.3*	*10.7%*
Three or more chronic health conditions	*443.8*	*13.6%*	*373.2*	*12.9%*	*817.1*	*13.3%*
No	1 795.3	55.2%	1 698.0	58.6%	3 493.3	56.8%
Total	3 251.8	100.0%	2 899.0	100.0%	6 150.8	100.0%

Bases: All respondents (N=6 150 800).

* Several chronic health conditions were selected, including hypertension, high blood cholesterol, diabetes mellitus, coronary heart disease, stroke, heart attack, chest pain from heart disease, other heart or circulatory conditions, anaemia (including thalassemia), other blood disease, cancer, chronic obstructive pulmonary diseases, asthma, other respiratory disease, arthritis / degenerative arthritis / rheumatism, chronic low back pain, chronic neck pain, other musculoskeletal disease, hepatitis, cirrhosis, fatty liver, other liver disease, kidney diseases, renal impairment, glaucoma, cataract, other eye disease, hearing impairment / hearing loss, skin diseases, diseases of ear / nose / throat, thyroid diseases, stomach and intestinal diseases, immune diseases, epilepsy, anxiety and depression.

Note: Figures may not add up to the total due to rounding.

3.1.1 Blood Pressure and Hypertension

Hypertension is a condition that can cause damages to the heart, brain, kidney and other organs. According to the WHO, hypertension can be diagnosed when one's systolic blood pressure is higher than or equal to 140 mmHg and / or the diastolic blood pressure is higher than or equal to 90 mmHg measured on two different days [2]. In the survey, respondents were asked whether they had ever been told by a doctor that they had hypertension. 19.5% of persons aged 15 or above were diagnosed by a western medicine practitioner to have hypertension (Table 3.1.1a). 7.4% of those with doctor-diagnosed hypertension were first diagnosed during the 12 months preceding the survey (Table 3.1.1b). Analysed by age group, the prevalence in general increased with age from 0.4% in the 15-24 age group to 64.8% in the 85 or above age group (Table 3.1.1c).

Table 3.1.1a: Prevalence of hypertension diagnosed by doctors by gender

	Female		Male		Total	
	No. of persons ('000)	%	No. of persons ('000)	%	No. of persons ('000)	%
Yes	624.4	19.2%	576.7	19.9%	1 201.1	19.5%
No	2 627.4	80.8%	2 322.3	80.1%	4 949.7	80.5%
Total	3 251.8	100.0%	2 899.0	100.0%	6 150.8	100.0%

Base: All respondents (N=6 150 800).
Note: Figures may not add up to the total due to rounding.

Table 3.1.1b: Proportion of hypertension diagnosed by doctors in the 12 months preceding the survey by gender

Female			Male			Total		
No. of persons ('000)	% among the cases	Rate*	No. of persons ('000)	% among the cases	Rate*	No. of persons ('000)	% among the cases	Rate*
40.3	6.5%	1.2%	49.0	8.5%	1.7%	89.3	7.4%	1.5%

Base: Respondents who had doctor-diagnosed hypertension (N=1 201 100).
Notes: * The rate is expressed as a percentage of all Hong Kong land-based non-institutional population aged 15 or above (excluding foreign domestic helpers) in the respective sex sub-groups.
Figures may not add up to the total due to rounding.

Table 3.1.1c: Prevalence of hypertension diagnosed by doctors by age group

	15-24		25-34		35-44		45-54		55-64		65-74		75-84		85 or above		Total	
	No. of persons ('000)	%	No. of persons ('000)	%	No. of persons ('000)	%	No. of persons ('000)	%	No. of persons ('000)	%	No. of persons ('000)	%	No. of persons ('000)	%	No. of persons ('000)	%	No. of persons ('000)	%
Yes	2.1	0.4%	5.8	0.7%	30.9	3.1%	131.5	12.1%	323.2	26.7%	378.6	45.2%	205.2	59.7%	123.8	64.8%	1 201.1	19.5%
No	577.3	99.6%	887.2	99.3%	979.8	96.9%	951.5	87.9%	889.1	73.3%	459.3	54.8%	138.3	40.3%	67.2	35.2%	4 949.7	80.5%
Total	579.4	100.0%	893.0	100.0%	1 010.7	100.0%	1 083.0	100.0%	1 212.3	100.0%	837.9	100.0%	343.5	100.0%	191.0	100.0%	6 150.8	100.0%

Base: All respondents (N=6 150 800).
Note: Figures may not add up to the total due to rounding.

For those who had been diagnosed to have hypertension, 93.6% were taking prescribed medicines and 1.5% reported to have taken over-the-counter (OTC) medication to control their blood pressure (Table 3.1.1d).

Table 3.1.1d: Methods to control or lower blood pressure by gender

	Female		Male		Total	
	No. of persons ('000)	**%**	**No. of persons ('000)**	**%**	**No. of persons ('000)**	**%**
Yes	590.0	94.5%	542.5	94.1%	1 132.6	94.3%
*Taking prescribed medicine **	*585.5*	*93.8%*	*538.6*	*93.4%*	*1 124.1*	*93.6%*
*Taking over-the-counter medication **	*9.1*	*1.5%*	*9.1*	*1.6%*	*18.2*	*1.5%*
No	34.4	5.5%	34.1	5.9%	68.5	5.7%
Total	624.4	100.0%	576.7	100.0%	1 201.1	100.0%

Base: Respondents who had doctor-diagnosed hypertension (N=1 201 100).
Notes: * Multiple answers were allowed.
Figures may not add up to the total due to rounding.

3.1.2 High Blood Cholesterol

High blood cholesterol increases the risk of heart disease and stroke. In this survey, respondents were asked whether they were informed by doctors that they had a high level of blood cholesterol. Overall, 15.0% of persons aged 15 or above were diagnosed by doctors to have high blood cholesterol (Table 3.1.2a). 10.9% of those with doctor-diagnosed high blood cholesterol was diagnosed in the 12 months preceding the survey (Table 3.1.2b). Analysed by age group, the prevalence of high blood cholesterol increased with age, from 0.1% for those aged 15-24 and peaked at 42.5% for those aged 75-84, then dropped to 38.4% for those aged 85 or above (Table 3.1.2c).

Table 3.1.2a: Prevalence of high blood cholesterol diagnosed by doctors by gender

	Female		Male		Total	
	No. of persons ('000)	%	No. of persons ('000)	%	No. of persons ('000)	%
Yes	476.6	14.7%	446.1	15.4%	922.7	15.0%
No	2 775.2	85.3%	2 452.9	84.6%	5 228.1	85.0%
Total	3 251.8	100.0%	2 899.0	100.0%	6 150.8	100.0%

Base: All respondents (N=6 150 800).
Note: Figures may not add up to the total due to rounding.

Table 3.1.2b: Proportion of high blood cholesterol diagnosed by doctors in the 12 months preceding the survey by gender

Female			Male			Total		
No. of persons ('000)	% among the cases	Rate*	No. of persons ('000)	% among the cases	Rate*	No. of persons ('000)	% among the cases	Rate*
52.6	11.0%	1.6%	48.1	10.8%	1.7%	100.8	10.9%	1.6%

Base: Respondents who had doctor-diagnosed high blood cholesterol (N=922 700).
Notes: * The rate is expressed as a percentage of all Hong Kong land-based non-institutional population aged 15 or above (excluding foreign domestic helpers) in the respective sex sub-groups.
Figures may not add up to the total due to rounding.

Table 3.1.2c: Prevalence of high blood cholesterol diagnosed by doctors by age group

	15-24		25-34		35-44		45-54		55-64		65-74		75-84		85 or above		Total	
	No. of persons ('000)	%	No. of persons ('000)	%	No. of persons ('000)	%	No. of persons ('000)	%	No. of persons ('000)	%	No. of persons ('000)	%	No. of persons ('000)	%	No. of persons ('000)	%	No. of persons ('000)	%
Yes	0.4	0.1%	15.2	1.7%	42.1	4.2%	102.8	9.5%	263.3	21.7%	279.7	33.4%	145.9	42.5%	73.3	38.4%	922.7	15.0%
No	579.0	99.9%	877.8	98.3%	968.6	95.8%	980.2	90.5%	949.0	78.3%	558.2	66.6%	197.6	57.5%	117.7	61.6%	5 228.1	85.0%
Total	579.4	100.0%	893.0	100.0%	1 010.7	100.0%	1 083.0	100.0%	1 212.3	100.0%	837.9	100.0%	343.5	100.0%	191.0	100.0%	6 150.8	100.0%

Base: All respondents (N=6 150 800).
Note: Figures may not add up to the total due to rounding.

Among all persons who were diagnosed with high blood cholesterol, 81.0% were taking prescribed medicines and 1.7% were taking OTC medication to control their blood cholesterol levels (Table 3.1.2d).

Table 3.1.2d: Blood cholesterol control by gender

	Female		Male		Total	
	No. of persons ('000)	%	No. of persons ('000)	%	No. of persons ('000)	%
Yes	377.0	79.1%	379.4	85.1%	756.4	82.0%
Taking prescribed medicine *	371.1	77.9%	376.3	84.4%	747.4	81.0%
Taking over-the-counter medication *	9.5	2.0%	6.0	1.3%	15.5	1.7%
No	99.6	20.9%	66.7	14.9%	166.2	18.0%
Total	476.6	100.0%	446.1	100.0%	922.7	100.0%

Base: Respondents who had doctor-diagnosed high blood cholesterol (N=922 700).
Notes: * Multiple answers were allowed.
Figures may not add up to the total due to rounding.

3.1.3 Diabetes Mellitus

Diabetes mellitus (DM) is a chronic disease caused by insufficient insulin production by the pancreas, or the insulin cannot be effectively used in the body [3]. Raised blood sugar level (hyperglycaemia) can harm the body and cause blindness, kidney failure, heart attack, stroke, etc. Respondents were asked whether they had been informed by doctors that they had DM or had high blood sugar but not diabetes. People who have high blood sugar but not DM should be monitored by a doctor since they are at an increased risk of developing DM and cardiovascular diseases. A total of 6.9% of persons aged 15 or above reported that they had doctor-diagnosed DM and another 1.8% had high blood sugar but no DM (Table 3.1.3a). Among those who had DM, 5.7% reported being diagnosed in the 12 months preceding the survey (Table 3.1.3b). The prevalence of DM in general increased with age, from none among those aged 15-24 and 0.2% in the 25-34 age group to 23.5% for those aged 75-84, and then dropped to 18.3% for those aged 85 or above (Table 3.1.3c).

Table 3.1.3a: Prevalence of diabetes mellitus diagnosed by doctors by gender

	Female		Male		Total	
	No. of persons ('000)	%	No. of persons ('000)	%	No. of persons ('000)	%
Have diabetes	201.2	6.2%	224.6	7.7%	425.7	6.9%
Have high blood sugar but no diabetes	52.5	1.6%	60.3	2.1%	112.8	1.8%
No diabetes or high blood sugar	2 998.2	92.2%	2 614.1	90.2%	5 612.3	91.2%
Total	3 251.8	100.0%	2 899.0	100.0%	6 150.8	100.0%

Base: All respondents (N=6 150 800).
Note: Figures may not add up to the total due to rounding.

Table 3.1.3b: Proportion of diabetes mellitus diagnosed by doctors in the 12 months preceding the survey by gender

Female			Male			Total		
No. of persons ('000)	% among the cases	Rate*	No. of persons ('000)	% among the cases	Rate*	No. of persons ('000)	% among the cases	Rate*
Doctor-diagnosed diabetes §								
9.5	4.7%	0.3%	14.9	6.6%	0.5%	24.4	5.7%	0.4%
Doctor-diagnosed high blood sugar or diabetes #								
18.0	7.1%	0.6%	22.4	7.9%	0.8%	40.4	7.5%	0.7%

Bases: § Respondents who had doctor-diagnosed diabetes mellitus (N=425 700).
Respondents who had doctor-diagnosed high blood sugar or diabetes (N=538 500).
Notes: * The rate is expressed as a percentage of all Hong Kong land-based non-institutional population aged 15 or above (excluding foreign domestic helpers) in the respective sex sub-groups.
Figures may not add up to the total due to rounding.

Table 3.1.3c: Prevalence of diabetes mellitus diagnosed by doctors by age group

	15-24		25-34		35-44		45-54		55-64		65-74		75-84		85 or above		Total	
	No. of persons ('000)	%	No. of persons ('000)	%	No. of persons ('000)	%	No. of persons ('000)	%	No. of persons ('000)	%	No. of persons ('000)	%	No. of persons ('000)	%	No. of persons ('000)	%	No. of persons ('000)	%
Have diabetes	-	-	2.0	0.2%	11.7	1.2%	40.5	3.7%	112.1	9.2%	143.7	17.1%	80.9	23.5%	34.9	18.3%	425.7	6.9%
Have high blood sugar but no diabetes	0.4	0.1%	1.5	0.2%	4.5	0.4%	11.2	1.0%	34.6	2.9%	33.3	4.0%	20.3	5.9%	7.1	3.7%	112.8	1.8%
No diabetes or high blood sugar	579.0	99.9%	889.5	99.6%	994.5	98.4%	1 031.4	95.2%	1 065.6	87.9%	660.9	78.9%	242.3	70.5%	149.0	78.0%	5 612.3	91.2%
Total	579.4	100.0%	893.0	100.0%	1 010.7	100.0%	1 083.0	100.0%	1 212.3	100.0%	837.9	100.0%	343.5	100.0%	191.0	100.0%	6 150.8	100.0%

Base: All respondents (N=6 150 800).
Note: Figures may not add up to the total due to rounding.

Regarding the treatment among the persons who had been told by a doctor that they had DM or high blood sugar, 87.9% were taking oral anti-diabetic drugs, 10.0% were taking insulin, and 1.3% taking OTC medication (Table 3.1.3d).

Table 3.1.3d: Diabetes or high blood sugar control by gender

	Female		Male		Total	
	No. of persons ('000)	%	No. of persons ('000)	%	No. of persons ('000)	%
Taking oral anti-diabetic drugs	223.2	88.0%	250.3	87.8%	473.5	87.9%
Taking insulin	27.9	11.0%	26.1	9.2%	54.1	10.0%
Taking over-the-counter medication	2.3	0.9%	4.9	1.7%	7.2	1.3%

Base: Respondents who had doctor-diagnosed diabetes mellitus or high blood sugar (N=538 500).
Notes: Ranked in descending order of percentages of method of diabetes control.
Multiple answers were allowed.
Figures may not add up to the total due to rounding.

3.1.4 Overweight and Obesity

Overweight is defined as abnormal or excessive fat accumulation that poses risks to health. For adults, WHO defines overweight as BMI (body mass index) greater than or equal to 25 and obesity as BMI greater than or equal to 30 [4]. Nevertheless, as recommended by the Western Pacific Regional Office of the WHO, for Asian adults, overweight is defined as BMI greater than or equal to 23 and BMI equal or above 25 is obese [5]. 6.3% of persons aged 15 or above (6.1% for females and 6.4% for males) reported to have overweight or obesity diagnosed by doctor (Table 3.1.4a). 19.8% of the reported cases were diagnosed by a doctor in the 12 months preceding the survey (Table 3.1.4b). Analysed by age group, the prevalence of overweight or obesity generally increased with age from 3.0% among those aged 15-24 to 9.4% among those aged 65-74 and then decreased to 2.6% for those aged 85 or above (Table 3.1.4c).

Table 3.1.4a: Prevalence of overweight or obesity diagnosed by doctors by gender

	Female		Male		Total	
	No. of persons ('000)	%	No. of persons ('000)	%	No. of persons ('000)	%
Yes	198.9	6.1%	186.0	6.4%	384.9	6.3%
No	3 020.6	92.9%	2 679.6	92.4%	5 700.2	92.7%
Don't know	32.3	1.0%	33.4	1.2%	65.7	1.1%
Total	3 251.8	100.0%	2 899.0	100.0%	6 150.8	100.0%

Base: All respondents (N=6 150 800).
Note: Figures may not add up to the total due to rounding.

Table 3.1.4b: Proportion of overweight or obesity diagnosed by doctors in the 12 months preceding the survey by gender

Female			Male			Total		
No. of persons ('000)	% among the cases	Rate*	No. of persons ('000)	% among the cases	Rate*	No. of persons ('000)	% among the cases	Rate*
39.1	19.6%	1.2%	37.0	19.9%	1.3%	76.1	19.8%	1.2%

Base: Respondents who had doctor-diagnosed overweight or obesity (N=384 900).
Notes: * The rate is expressed as a percentage of all Hong Kong land-based non-institutional population aged 15 or above (excluding foreign domestic helpers) in the respective sex sub-groups.
Figures may not add up to the total due to rounding.

Table 3.1.4c: Prevalence of overweight or obesity diagnosed by doctors by age group

	15-24		25-34		35-44		45-54		55-64		65-74		75-84		85 or above		Total	
	No. of persons ('000)	%	No. of persons ('000)	%	No. of persons ('000)	%	No. of persons ('000)	%	No. of persons ('000)	%	No. of persons ('000)	%	No. of persons ('000)	%	No. of persons ('000)	%	No. of persons ('000)	%
Yes	17.2	3.0%	28.3	3.2%	44.8	4.4%	74.9	6.9%	110.6	9.1%	78.4	9.4%	25.6	7.5%	5.0	2.6%	384.9	6.3%
No	560.9	96.8%	859.9	96.3%	959.2	94.9%	996.5	92.0%	1 085.1	89.5%	748.2	89.3%	311.0	90.5%	179.4	93.9%	5 700.2	92.7%
Don't know	1.3	0.2%	4.8	0.5%	6.7	0.7%	11.6	1.1%	16.6	1.4%	11.3	1.3%	6.9	2.0%	6.6	3.4%	65.7	1.1%
Total	579.4	100.0%	893.0	100.0%	1 010.7	100.0%	1 083.0	100.0%	1 212.3	100.0%	837.9	100.0%	343.5	100.0%	191.0	100.0%	6 150.8	100.0%

Base: All respondents (N=6 150 800).
Note: Figures may not add up to the total due to rounding.

Among those who had doctor-diagnosed overweight or obesity, 58.5% of them took actions to lose weight or keep from gaining weight in the 12 months preceding the survey, and the proportion for females (59.6%) was higher than for males (57.3%). 43.3% of cases chose to exercise and 41.9% of them kept a healthy diet to lose weight or keep from gaining weight in the 12 months preceding the survey (Table 3.1.4d).

Table 3.1.4d: Among those with doctor-diagnosed overweight or obesity, actions taken to lose weight or keep from gaining weight in the 12 months preceding the survey by gender

	Female		Male		Total	
	No. of persons ('000)	%	No. of persons ('000)	%	No. of persons ('000)	%
Yes	118.6	59.6%	106.6	57.3%	225.2	58.5%
*Exercise **	*87.2*	*43.9%*	*79.4*	*42.7%*	*166.6*	*43.3%*
*On healthy diet **	*86.4*	*43.4%*	*74.8*	*40.2%*	*161.2*	*41.9%*
*Took medicine / slimming product(s) over-the-counter or purchased online **	*5.5*	*2.8%*	*3.4*	*1.8%*	*8.9*	*2.3%*
*Took medication prescribed by doctor **	*2.1*	*1.1%*	*3.5*	*1.9%*	*5.6*	*1.5%*
No	80.3	40.4%	79.4	42.7%	159.7	41.5%
Total	198.9	100.0%	186.0	100.0%	384.9	100.0%

Base: Respondents who had doctor-diagnosed overweight or obesity (N=384 900).
Notes: * Multiple answers were allowed.
Figures may not add up to the total due to rounding.

3.1.5 Coronary Heart Disease

3.1.5.1 Coronary Heart Disease

Coronary heart disease (CHD) is a disease of narrowing or blockage of blood vessels known as coronary arteries supplying the heart muscle [6]. Overall, 1.6% of persons aged 15 or above had doctor-diagnosed CHD (Table 3.1.5.1a). The prevalence was higher in males (2.1%) than females (1.2%) and increased with age, from 0.1% for people aged 15-24 to 7.7% for people aged 85 or above (Tables 3.1.5.1a and 3.1.5.1b).

Table 3.1.5.1a: Prevalence of coronary heart disease diagnosed by doctors by gender

	Female		Male		Total	
	No. of persons ('000)	%	No. of persons ('000)	%	No. of persons ('000)	%
Yes	37.6	1.2%	60.8	2.1%	98.4	1.6%
No	3 205.4	98.6%	2 833.2	97.7%	6 038.6	98.2%
Don't know	8.8	0.3%	5.0	0.2%	13.8	0.2%
Total	3 251.8	100.0%	2 899.0	100.0%	6 150.8	100.0%

Base: All respondents (N=6 150 800).
Note: Figures may not add up to the total due to rounding.

Table 3.1.5.1b: Prevalence of coronary heart disease diagnosed by doctors by age group

	15-24		25-34		35-44		45-54		55-64		65-74		75-84		85 or above		Total	
	No. of persons ('000)	%	No. of persons ('000)	%	No. of persons ('000)	%	No. of persons ('000)	%	No. of persons ('000)	%	No. of persons ('000)	%	No. of persons ('000)	%	No. of persons ('000)	%	No. of persons ('000)	%
Yes	0.4	0.1%	-	-	1.6	0.2%	6.2	0.6%	23.3	1.9%	32.5	3.9%	19.6	5.7%	14.8	7.7%	98.4	1.6%
No	579.0	99.9%	893.0	100.0%	1 008.6	99.8%	1 076.8	99.4%	1 183.5	97.6%	801.9	95.7%	320.7	93.4%	175.1	91.7%	6 038.6	98.2%
Don't know	-	-	-	-	0.5	<0.05%	-	-	5.6	0.5%	3.5	0.4%	3.2	0.9%	1.1	0.6%	13.8	0.2%
Total	579.4	100.0%	893.0	100.0%	1 010.7	100.0%	1 083.0	100.0%	1 212.3	100.0%	837.9	100.0%	343.5	100.0%	191.0	100.0%	6 150.8	100.0%

Base: All respondents (N=6 150 800).
Note: Figures may not add up to the total due to rounding.

3.1.5.2 Heart Attack

A heart attack (myocardial infarction) happens when one or more areas of the heart muscle do not have enough oxygen supply. This happens when blood flow to the heart muscle is blocked by blood clot and the muscle cells of the heart begin to suffer damage and start to die [7]. Overall, 0.6% of persons aged 15 or above had doctor-diagnosed heart attack (Table 3.1.5.2).

Table 3.1.5.2: Prevalence of heart attack diagnosed by doctors by gender

	Female		Male		Total	
	No. of persons ('000)	%	No. of persons ('000)	%	No. of persons ('000)	%
Yes	10.0	0.3%	25.0	0.9%	35.0	0.6%
No	3 232.9	99.4%	2 868.6	99.0%	6 101.5	99.2%
Don't know	8.9	0.3%	5.5	0.2%	14.4	0.2%
Total	3 251.8	100.0%	2 899.0	100.0%	6 150.8	100.0%

Base: All respondents (N=6 150 800).
Note: Figures may not add up to the total due to rounding.

3.1.5.3 Chest Pain from Heart Disease (Angina)

Angina is chest pain caused by insufficient blood supply to the heart muscle and can be a symptom of CHD. Overall, 0.3% of persons aged 15 or above had doctor-diagnosed chest pain from heart disease (angina) (Table 3.1.5.3).

Table 3.1.5.3: Prevalence of chest pain from heart disease (angina) diagnosed by doctors by gender

	Female		Male		Total	
	No. of persons ('000)	%	No. of persons ('000)	%	No. of persons ('000)	%
Yes	7.9	0.2%	10.9	0.4%	18.9	0.3%
No	3 234.8	99.5%	2 882.7	99.4%	6 117.6	99.5%
Don't know	9.1	0.3%	5.3	0.2%	14.4	0.2%
Total	3 251.8	100.0%	2 899.0	100.0%	6 150.8	100.0%

Base: All respondents (N=6 150 800).
Note: Figures may not add up to the total due to rounding.

3.1.6 Other Heart and Circulatory Conditions

Overall, 1.3% of persons aged 15 or above had other doctor-diagnosed heart and circulatory conditions. The prevalence among females was 1.4% which was slightly higher than that among males (1.3%) (Table 3.1.6).

Table 3.1.6: Prevalence of other heart and circulatory conditions diagnosed by doctors by gender

	Female		Male		Total	
	No. of persons ('000)	%	No. of persons ('000)	%	No. of persons ('000)	%
Yes	45.4	1.4%	37.2	1.3%	82.6	1.3%
No	3 197.8	98.3%	2 855.1	98.5%	6 052.8	98.4%
Don't know	8.6	0.3%	6.8	0.2%	15.4	0.3%
Total	3 251.8	100.0%	2 899.0	100.0%	6 150.8	100.0%

Base: All respondents (N=6 150 800).
Note: Figures may not add up to the total due to rounding.

3.1.7 Stroke

Stroke leads to a high mortality. There are several types of stroke from the mildest transient ischaemic attacks (TIA), to the more severe ones with blockage of blood supply, or rupture of a cerebral blood vessel that cuts off the supply of oxygen and nutrients, causing damage to the brain tissue [8]. Overall, the proportion of persons aged 15 or above reporting a doctor-diagnosed stroke was 0.8% and more males (1.1%) than females (0.5%) reported to have the disease (Table 3.1.7a). While none aged 15-34 reporting a doctor-diagnosed stroke, the prevalence of stroke increased from 0.1% for people aged 35-44 to 4.8% for people aged 75-84 and 4.3% for people aged 85 or above (Table 3.1.7b).

Table 3.1.7a: Prevalence of stroke diagnosed by doctors by gender

	Female		Male		Total	
	No. of persons ('000)	%	No. of persons ('000)	%	No. of persons ('000)	%
Yes	16.2	0.5%	31.3	1.1%	47.6	0.8%
No	3 227.9	99.3%	2 863.0	98.8%	6 091.0	99.0%
Don't know	7.6	0.2%	4.6	0.2%	12.3	0.2%
Total	3 251.8	100.0%	2 899.0	100.0%	6 150.8	100.0%

Base: All respondents (N=6 150 800).
Note: Figures may not add up to the total due to rounding.

Table 3.1.7b: Prevalence of stroke diagnosed by doctors by age group

	15-24		25-34		35-44		45-54		55-64		65-74		75-84		85 or above		Total	
	No. of persons ('000)	%	No. of persons ('000)	%	No. of persons ('000)	%	No. of persons ('000)	%	No. of persons ('000)	%	No. of persons ('000)	%	No. of persons ('000)	%	No. of persons ('000)	%	No. of persons ('000)	%
Yes	-	-	-	-	1.2	0.1%	1.4	0.1%	9.6	0.8%	10.7	1.3%	16.5	4.8%	8.1	4.3%	47.6	0.8%
No	579.4	100.0%	893.0	100.0%	1 009.0	99.8%	1 081.6	99.9%	1 197.7	98.8%	823.4	98.3%	324.4	94.4%	182.4	95.5%	6 091.0	99.0%
Don't know	-	-	-	-	0.5	<0.05%	-	-	5.0	0.4%	3.8	0.5%	2.6	0.8%	0.4	0.2%	12.3	0.2%
Total	579.4	100.0%	893.0	100.0%	1 010.7	100.0%	1 083.0	100.0%	1 212.3	100.0%	837.9	100.0%	343.5	100.0%	191.0	100.0%	6 150.8	100.0%

Base: All respondents (N=6 150 800).
Note: Figures may not add up to the total due to rounding.

3.1.8 Musculoskeletal Diseases

Musculoskeletal conditions include different diseases affecting joints, bones, muscles, or multiple body areas or systems that may cause significant limitations in mobility and dexterity of individuals [9]. 8.4% of people aged 15 or above (10.0% for females and 6.7% for males) reported that they had doctor-diagnosed musculoskeletal (MSK) diseases. 3.6% of people aged 15 or above had arthritis or degenerative arthritis or rheumatism, 1.8% had chronic low back pain, 0.8% had chronic neck pain, and 3.4% had other musculoskeletal diseases (Table 3.1.8a). Among the cases reported having MSK diseases, 10.2% had the MSK diseases diagnosed by doctors in the 12 months preceding the survey (Table 3.1.8b). Analysed by age group, the prevalence of MSK diseases increased with age from 0.7% among those aged 15-24 to 25.4% for those aged 85 or above (Table 3.1.8c).

Table 3.1.8a: Prevalence of musculoskeletal diseases diagnosed by doctors by gender

	Female		Male		Total	
	No. of persons ('000)	%	No. of persons ('000)	%	No. of persons ('000)	%
Yes	324.7	10.0%	193.8	6.7%	518.5	8.4%
*Arthritis / degenerative arthritis / rheumatism **	*142.9*	*4.4%*	*77.6*	*2.7%*	*220.6*	*3.6%*
*Chronic low back pain **	*66.0*	*2.0%*	*43.5*	*1.5%*	*109.5*	*1.8%*
*Chronic neck pain **	*32.8*	*1.0%*	*17.5*	*0.6%*	*50.3*	*0.8%*
*Others **	*131.9*	*4.1%*	*77.9*	*2.7%*	*209.8*	*3.4%*
No	2 897.9	89.1%	2 685.9	92.7%	5 583.8	90.8%
Don't know	29.2	0.9%	19.3	0.7%	48.5	0.8%
Total	3 251.8	100.0%	2 899.0	100.0%	6 150.8	100.0%

Base: All respondents (N=6 150 800).
Notes: * Multiple answers were allowed.
Figures may not add up to the total due to rounding.

Table 3.1.8b: Proportion of musculoskeletal diseases diagnosed by doctors in the 12 months preceding the survey by gender

Female			Male			Total		
No. of persons ('000)	% among the cases	Rate*	No. of persons ('000)	% among the cases	Rate*	No. of persons ('000)	% among the cases	Rate*
33.6	10.4%	1.0%	19.1	9.9%	0.7%	52.7	10.2%	0.9%

Base: Respondents who had doctor-diagnosed musculoskeletal diseases (N=518 500).
Notes: * The rate is expressed as a percentage of all Hong Kong land-based non-institutional population aged 15 or above (excluding foreign domestic helpers) in the respective sex sub-groups.
Figures may not add up to the total due to rounding.

Table 3.1.8c: Prevalence of musculoskeletal diseases diagnosed by doctors by age group

	15-24		25-34		35-44		45-54		55-64		65-74		75-84		85 or above		Total	
	No. of persons ('000)	%	No. of persons ('000)	%	No. of persons ('000)	%	No. of persons ('000)	%	No. of persons ('000)	%	No. of persons ('000)	%	No. of persons ('000)	%	No. of persons ('000)	%	No. of persons ('000)	%
Yes	4.2	0.7%	8.4	0.9%	25.8	2.6%	72.5	6.7%	140.3	11.6%	141.1	16.8%	77.8	22.7%	48.5	25.4%	518.5	8.4%
*Arthritis / degenera-tive arthritis /rheuma-tism **	*0.7*	*0.1%*	*2.5*	*0.3%*	*3.2*	*0.3%*	*20.7*	*1.9%*	*56.8*	*4.7%*	*64.4*	*7.7%*	*42.6*	*12.4%*	*29.7*	*15.5%*	*220.6*	*3.6%*
*Chronic low back pain **	-	-	*1.4*	*0.2%*	*11.9*	*1.2%*	*16.6*	*1.5%*	*27.8*	*2.3%*	*27.8*	*3.3%*	*18.5*	*5.4%*	*5.6*	*3.0%*	*109.5*	*1.8%*
*Chronic neck pain **	*0.4*	*0.1%*	*1.4*	*0.2%*	*4.1*	*0.4%*	*12.0*	*1.1%*	*14.1*	*1.2%*	*10.4*	*1.2%*	*5.2*	*1.5%*	*2.7*	*1.4%*	*50.3*	*0.8%*
*Others **	*3.1*	*0.5%*	*4.1*	*0.5%*	*8.3*	*0.8%*	*34.4*	*3.2%*	*59.9*	*4.9%*	*57.8*	*6.9%*	*27.3*	*8.0%*	*14.8*	*7.8%*	*209.8*	*3.4%*
No	574.1	99.1%	883.4	98.9%	982.9	97.3%	1 005.6	92.9%	1 059.3	87.4%	682.0	81.4%	259.3	75.5%	137.2	71.8%	5 583.8	90.8%
Don't know	1.1	0.2%	1.3	0.1%	2.0	0.2%	4.9	0.5%	12.7	1.0%	14.8	1.8%	6.4	1.9%	5.3	2.8%	48.5	0.8%
Total	579.4	100.0%	893.0	100.0%	1 010.7	100.0%	1 083.0	100.0%	1 212.3	100.0%	837.9	100.0%	343.5	100.0%	191.0	100.0%	6 150.8	100.0%

Base: All respondents (N=6 150 800).
Notes: * Multiple answers were allowed.
Figures may not add up to the total due to rounding.

39.7% of those reporting MSK diseases took prescribed medication (40.9% for females and 37.6% for males), 14.1% of them took OTC medication (13.0% for females and 16.0% for males), 13.0% of them received physiotherapy (14.1% for females and 11.2% for males), and 10.0% of them received acupuncture (10.5% for females and 9.1% for males) (Table 3.1.8d). 14.1% of those who were diagnosed with MSK disease did not have limitations in working or doing other daily activities (such as housework), and 17.4% of them did not have limitations in doing exercise. 11.2% of those who had MSK disease had limitations in working or doing other daily activities most of the time and 10.2% of them had limitations in doing exercise most of the time. 2.1% of them had limitations in working or doing other daily activities all of the time, and 3.4% had limitations in doing exercise all of the time (Table 3.1.8e).

Table 3.1.8d: Treatment for musculoskeletal diseases by gender

	Female		Male		Total	
	No. of persons ('000)	**%**	**No. of persons ('000)**	**%**	**No. of persons ('000)**	**%**
Yes	196.1	60.4%	113.4	58.5%	309.5	59.7%
*Taking prescribed medication **	*133.0*	*40.9%*	*72.9*	*37.6%*	*205.9*	*39.7%*
*Taking over-the-counter medication **	*42.2*	*13.0%*	*31.0*	*16.0%*	*73.2*	*14.1%*
*Physiotherapy **	*45.6*	*14.1%*	*21.7*	*11.2%*	*67.3*	*13.0%*
*Acupuncture **	*34.1*	*10.5%*	*17.6*	*9.1%*	*51.7*	*10.0%*
No	128.7	39.6%	80.3	41.5%	209.0	40.3%
Total	324.7	100.0%	193.8	100.0%	518.5	100.0%

Base: Respondents who had doctor-diagnosed musculoskeletal diseases (N=518 500).

Notes: * Multiple answers were allowed.

Figures may not add up to the total due to rounding.

Table 3.1.8e: Limitations in working / daily activities and doing exercise due to musculoskeletal diseases by gender

		Female		Male		Total	
		No. of persons ('000)	**%**	**No. of persons ('000)**	**%**	**No. of persons ('000)**	**%**
Limited in working or doing other daily activities (such as housework)	None of the time	40.1	12.4%	33.2	17.1%	73.3	14.1%
	A little of the time	116.0	35.7%	72.1	37.2%	188.1	36.3%
	Some of the time	123.6	38.1%	64.6	33.3%	188.1	36.3%
	Most of the time	37.6	11.6%	20.3	10.5%	57.8	11.2%
	All of the time	7.4	2.3%	3.7	1.9%	11.1	2.1%
	Total	324.7	100.0%	193.8	100.0%	518.5	100.0%
Limited in doing exercise	None of the time	51.2	15.8%	39.0	20.1%	90.2	17.4%
	A little of the time	107.7	33.2%	71.8	37.0%	179.4	34.6%
	Some of the time	119.1	36.7%	59.2	30.6%	178.3	34.4%
	Most of the time	34.1	10.5%	19.0	9.8%	53.1	10.2%
	All of the time	12.6	3.9%	4.8	2.5%	17.5	3.4%
	Total	324.7	100.0%	193.8	100.0%	518.5	100.0%

Base: Respondents who had doctor-diagnosed musculoskeletal diseases (N=518 500).

Note: Figures may not add up to the total due to rounding.

3.1.9 Liver Diseases

There are several types of liver diseases such as hepatitis, cirrhosis, and fatty liver. Hepatitis can be caused by viruses or other non-infectious causes. It can lead to serious health issues or even death [10]. Cirrhosis happens as the result of long-term liver damage including chronic hepatitis [11]. Fatty liver is characterized by excessive fat storage in the liver. 4.2% of people aged 15 or above (3.9% for females and 4.6% for males) reported that they had doctor-diagnosed liver diseases. 2.4% of people aged 15 or above had hepatitis, 1.8% had fatty liver, 0.2% had cirrhosis, and 0.1% had other liver diseases (Table 3.1.9a). Among the cases reported having liver diseases, 10.1% of them had the liver diseases diagnosed by doctors in the 12 months preceding the survey (Table 3.1.9b). Analysed by age group, the prevalence of having liver diseases increased with age from 0.2% among those aged 15-24 to 7.3% among those aged 55-64, then decreased to 0.7% among those aged 85 or above. The prevalence of hepatitis (4.0%) and fatty liver (3.5%) were the highest among those aged 55-64 (Table 3.1.9c).

Table 3.1.9a: Prevalence of liver diseases diagnosed by doctors by gender

	Female		Male		Total	
	No. of persons ('000)	%	No. of persons ('000)	%	No. of persons ('000)	%
Yes	125.4	3.9%	132.4	4.6%	257.8	4.2%
*Hepatitis **	*76.8*	*2.4%*	*71.8*	*2.5%*	*148.5*	*2.4%*
*Fatty liver **	*50.1*	*1.5%*	*61.8*	*2.1%*	*111.8*	*1.8%*
*Cirrhosis **	*4.7*	*0.1%*	*4.7*	*0.2%*	*9.4*	*0.2%*
*Others **	*2.5*	*0.1%*	*2.2*	*0.1%*	*4.6*	*0.1%*
No	3 109.0	95.6%	2 758.1	95.1%	5 867.1	95.4%
Don't know	17.4	0.5%	8.5	0.3%	26.0	0.4%
Total	3 251.8	100.0%	2 899.0	100.0%	6 150.8	100.0%

Base: All respondents (N=6 150 800).
Notes: * Multiple answers were allowed
Figures may not add up to the total due to rounding.

Table 3.1.9b: Proportion of liver diseases diagnosed by doctors in the 12 months preceding the survey by gender

Female			Male			Total		
No. of persons ('000)	% among the cases	Rate*	No. of persons ('000)	% among the cases	Rate*	No. of persons ('000)	% among the cases	Rate*
10.4	8.3%	0.3%	15.7	11.8%	0.5%	26.1	10.1%	0.4%

Base: Respondents who had doctor-diagnosed liver diseases (N=257 800).
Notes: * The rate is expressed as a percentage of all Hong Kong land-based non-institutional population aged 15 or above (excluding foreign domestic helpers) in the respective sex sub-groups.
Figures may not add up to the total due to rounding.

Table 3.1.9c: Prevalence of liver diseases diagnosed by doctors by age group

	15-24		25-34		35-44		45-54		55-64		65-74		75-84		85 or above		Total	
	No. of persons ('000)	%	No. of persons ('000)	%	No. of persons ('000)	%	No. of persons ('000)	%	No. of persons ('000)	%	No. of persons ('000)	%	No. of persons ('000)	%	No. of persons ('000)	%	No. of persons ('000)	%
Yes	1.4	0.2%	9.1	1.0%	38.6	3.8%	60.4	5.6%	88.2	7.3%	48.2	5.8%	10.5	3.1%	1.3	0.7%	257.8	4.2%
*Hepatitis **	*0.4*	*0.1%*	*3.0*	*0.3%*	*27.3*	*2.7%*	*35.8*	*3.3%*	*48.2*	*4.0%*	*27.4*	*3.3%*	*5.5*	*1.6%*	*0.9*	*0.5%*	*148.5*	*2.4%*
*Fatty liver **	*0.6*	*0.1%*	*6.0*	*0.7%*	*12.4*	*1.2%*	*25.4*	*2.3%*	*42.4*	*3.5%*	*19.6*	*2.3%*	*5.0*	*1.5%*	*0.5*	*0.2%*	*111.8*	*1.8%*
*Cirrhosis **	-	-	-	-	-	-	*2.3*	*0.2%*	*2.9*	*0.2%*	*2.8*	*0.3%*	*1.0*	*0.3%*	*0.4*	*0.2%*	*9.4*	*0.2%*
*Others **	*0.4*	*0.1%*	-	-	*0.3*	*<0.05%*	*0.5*	*<0.05%*	*2.4*	*0.2%*	*0.7*	*0.1%*	*0.3*	*0.1%*	-	-	*4.6*	*0.1%*
No	577.2	99.6%	883.6	98.9%	971.3	96.1%	1 019.6	94.1%	1 116.4	92.1%	783.2	93.5%	328.1	95.5%	187.7	98.3%	5 867.1	95.4%
Don't know	0.8	0.1%	0.4	<0.05%	0.8	0.1%	3.0	0.3%	7.7	0.6%	6.5	0.8%	4.9	1.4%	1.9	1.0%	26.0	0.4%
Total	579.4	100.0%	893.0	100.0%	1 010.7	100.0%	1 083.0	100.0%	1 212.3	100.0%	837.9	100.0%	343.5	100.0%	191.0	100.0%	6 150.8	100.0%

Base: All respondents (N=6 150 800).

Notes: * Multiple answers were allowed

Figures may not add up to the total due to rounding.

3.1.10 Anaemia and Other Blood Diseases

Anaemia is a condition in which there are either too few red blood cells (RBC) or lower hemoglobin concentration than normal. Both situations would decrease the ability of blood to carry and transfer oxygen to the tissues [12]. In the survey, thalassemia, which is caused by gene abnormality or mutation and can cause anaemia, is also included. 3.1% of persons aged 15 or above were diagnosed by doctors to have anaemia including thalassemia, and the proportion in females (4.6%) was higher than that in males (1.5%) (Table 3.1.10a). 9.6% of those who had anaemia were diagnosed in 12 months preceding the survey (Table 3.1.10b). Analysed by age group, the prevalence of anaemia was the lowest (1.6%) among those aged 15-24 and at the highest (5.3%) among those aged 85 or above (Table 3.1.10c).

Table 3.1.10a: Prevalence of anaemia (including thalassemia) and other blood diseases diagnosed by doctors by gender

	Female		Male		Total	
	No. of persons ('000)	%	No. of persons ('000)	%	No. of persons ('000)	%
Yes	153.0	4.7%	46.4	1.6%	199.4	3.2%
*Anaemia (including thalassemia) **	*148.9*	*4.6%*	*42.3*	*1.5%*	*191.2*	*3.1%*
*Other blood diseases**	*4.1*	*0.1%*	*4.5*	*0.2%*	*8.6*	*0.1%*
No	3 082.6	94.8%	2 844.5	98.1%	5 927.1	96.4%
Don't know	16.2	0.5%	8.1	0.3%	24.3	0.4%
Total	3 251.8	100.0%	2 899.0	100.0%	6 150.8	100.0%

Base: All respondents (N=6 150 800).
Notes: * Multiple answers were allowed.
Figures may not add up to the total due to rounding.

Table 3.1.10b: Proportion of anaemia (including thalassemia) diagnosed by doctors in the 12 months preceding the survey by gender

Female			Male			Total		
No. of persons ('000)	% among the cases	Rate*	No. of persons ('000)	% among the cases	Rate*	No. of persons ('000)	% among the cases	Rate*
13.9	9.4%	0.4%	4.4	10.4%	0.2%	18.3	9.6%	0.3%

Base: Respondents who had doctor-diagnosed anaemia (including thalassemia) (N=191 200).
Notes: * The rate is expressed as a percentage of all Hong Kong land-based non-institutional population aged 15 or above (excluding foreign domestic helpers) in the respective sex sub-groups.
Figures may not add up to the total due to rounding.

Table 3.1.10c: Prevalence of anaemia (including thalassemia) diagnosed by doctors by age group

	15-24		25-34		35-44		45-54		55-64		65-74		75-84		85 or above		Total	
	No. of persons ('000)	%	No. of persons ('000)	%	No. of persons ('000)	%	No. of persons ('000)	%	No. of persons ('000)	%	No. of persons ('000)	%	No. of persons ('000)	%	No. of persons ('000)	%	No. of persons ('000)	%
Yes	9.4	1.6%	20.2	2.3%	29.9	3.0%	49.9	4.6%	39.7	3.3%	21.1	2.5%	11.0	3.2%	10.1	5.3%	191.2	3.1%
No	569.2	98.2%	872.4	97.7%	978.8	96.8%	1 030.0	95.1%	1 167.2	96.3%	808.2	96.5%	330.8	96.3%	180.2	94.3%	5 936.9	96.5%
Don't know	0.8	0.1%	0.4	<0.05%	2.0	0.2%	3.1	0.3%	5.4	0.4%	8.6	1.0%	1.7	0.5%	0.8	0.4%	22.8	0.4%
Total	579.4	100.0%	893.0	100.0%	1 010.7	100.0%	1 083.0	100.0%	1 212.3	100.0%	837.9	100.0%	343.5	100.0%	191.0	100.0%	6 150.8	100.0%

Base: All respondents (N=6 150 800).
Note: Figures may not add up to the total due to rounding.

3.1.11 Cancer

According to the WHO, cancer is defined as a generic term for a large group of diseases that may affect any part of the body with the features of rapid creation of abnormal cells that grow beyond their usual boundaries, and the ability to invade adjoining parts of the body and spread to other organs (metastasis) [13]. Overall, 2.4% of persons aged 15 or above reported that they had doctor-diagnosed cancer (Table 3.1.11a). Among them, 11.3% were diagnosed in the 12 months preceding the survey (Table 3.1.11b). It is noted that the prevalence of cancer had an overall increasing trend with age, from 0.1% for persons aged 15-24 with a slight drop to less than 0.05% for those aged 25-34 and raised to the highest (8.0%) for persons aged 75-84 and slightly decreased to 5.1% for those aged 85 or above (Table 3.1.11c). Breast cancer was the most prevalent type of cancer (0.7%). Among the cases who had breast cancer, 9.2% of them were diagnosed in the 12 months preceding the survey. The prevalence of colorectal cancer was 0.4% which ranked the second, and among the cases with colorectal cancer, 10.2% of them were diagnosed in the 12 months preceding the survey (Table 3.1.11d).

Table 3.1.11a: Prevalence of cancer diagnosed by doctors by gender

	Female		Male		Total	
	No. of persons ('000)	%	No. of persons ('000)	%	No. of persons ('000)	%
Yes	99.3	3.1%	51.4	1.8%	150.7	2.4%
No	3 152.5	96.9%	2 847.6	98.2%	6 000.1	97.6%
Total	3 251.8	100.0%	2 899.0	100.0%	6 150.8	100.0%

Base: All respondents (N=6 150 800).
Note: Figures may not add up to the total due to rounding.

Table 3.1.11b: Proportion of cancer diagnosed by doctors in the 12 months preceding the survey by gender

Female			Male			Total		
No. of persons ('000)	% among the cases	Rate*	No. of persons ('000)	% among the cases	Rate*	No. of persons ('000)	% among the cases	Rate*
10.2	10.3%	0.3%	6.8	13.2%	0.2%	17.0	11.3%	0.3%

Base: Respondents who ever had doctor-diagnosed cancer (N=150 700).
Notes: * The rate is expressed as a percentage of all Hong Kong land-based non-institutional population aged 15 or above (excluding foreign domestic helpers) in the respective sex sub-groups.
Figures may not add up to the total due to rounding.

Table 3.1.11c: Prevalence of cancer diagnosed by doctors by age group

	15-24		25-34		35-44		45-54		55-64		65-74		75-84		85 or above		Total	
	No. of persons ('000)	%	No. of persons ('000)	%	No. of persons ('000)	%	No. of persons ('000)	%	No. of persons ('000)	%	No. of persons ('000)	%	No. of persons ('000)	%	No. of persons ('000)	%	No. of persons ('000)	%
Yes	0.4	0.1%	0.3	<0.05%	6.7	0.7%	18.2	1.7%	43.6	3.6%	44.3	5.3%	27.5	8.0%	9.7	5.1%	150.7	2.4%
No	579.0	99.9%	892.7	100.0%	1 004.0	99.3%	1 064.8	98.3%	1 168.7	96.4%	793.6	94.7%	316.0	92.0%	181.3	94.9%	6 000.1	97.6%
Total	579.4	100.0%	893.0	100.0%	1 010.7	100.0%	1 083.0	100.0%	1 212.3	100.0%	837.9	100.0%	343.5	100.0%	191.0	100.0%	6 150.8	100.0%

Base: All respondents (N=6 150 800).

Note: Figures may not add up to the total due to rounding.

Table 3.1.11d: Prevalence of specific cancers and proportion of cases diagnosed by doctors in the 12 months preceding the survey

	Prevalence		Proportion of cancer diagnosed in the 12 months preceding the survey	
	No. of persons ('000)	% *	No. of persons ('000)	% among the cases #
Breast	41.7	0.7%	3.8	9.2%
Colon and rectum	25.6	0.4%	2.6	10.2%
Prostate (male only)	10.6	0.4%	1.0	9.5%
Cervix (female only)	10.6	0.3%	1.7	15.6%
Lung	9.4	0.2%	2.8	29.5%
Others	57.4	0.9%	5.2	9.0%

Bases: For all items except prostate and cervix cancers - All respondents (N=6 150 800).
For cancer of cervix - All female respondents (N=3 251 800).
For cancer of prostate - All male respondents (N=2 899 000).

Notes: Ranked in descending order of prevalence.
* Number of cases ever-diagnosed with the specific cancer divided by the Hong Kong land-based non-institutional population aged 15 or above (excluding foreign domestic helpers) in the respective sex sub-groups.
# Number of cases diagnosed with the specific cancer in the 12 months preceding the survey divided by number of cases ever-diagnosed with the respective cancer.
Multiple answers were allowed.

3.1.12 Asthma

Asthma is a long-term condition characterized by symptoms such as cough, wheezing, shortness of breath, and chest tightness. It can affect both children and adults in different severities and frequencies [14]. The proportion of persons aged 15 or above with doctor-diagnosed asthma was 1.6%. The corresponding proportion was slightly higher in males (1.6%) than in females (1.5%) (Table 3.1.12a). Analysed by age group, the highest prevalence of asthma was recorded for persons aged 75-84 and 85 or above (2.5% for both) and the lowest for persons aged 55-64 (1.2%) (Table 3.1.12b). Among the asthma cases, 26.4% of them had an asthma attack or other symptoms of asthma, such as night coughing, wheezing, shortness of breath, and chest tightness in the 12 months preceding the survey (Table 3.1.12c).

Table 3.1.12a: Prevalence of asthma diagnosed by doctors by gender

	Female		Male		Total	
	No. of persons ('000)	%	No. of persons ('000)	%	No. of persons ('000)	%
Yes	49.4	1.5%	47.7	1.6%	97.1	1.6%
No	3 195.7	98.3%	2 848.4	98.3%	6 044.2	98.3%
Don't know	6.7	0.2%	2.9	0.1%	9.6	0.2%
Total	3 251.8	100.0%	2 899.0	100.0%	6 150.8	100.0%

Base: All respondents (N=6 150 800).
Note: Figures may not add up to the total due to rounding.

Table 3.1.12b: Prevalence of asthma diagnosed by doctors by age group

	15-24		25-34		35-44		45-54		55-64		65-74		75-84		85 or above		Total	
	No. of persons ('000)	%	No. of persons ('000)	%	No. of persons ('000)	%	No. of persons ('000)	%	No. of persons ('000)	%	No. of persons ('000)	%	No. of persons ('000)	%	No. of persons ('000)	%	No. of persons ('000)	%
Yes	9.0	1.6%	17.4	1.9%	14.6	1.4%	16.0	1.5%	15.1	1.2%	11.6	1.4%	8.6	2.5%	4.7	2.5%	97.1	1.6%
No	569.6	98.3%	875.6	98.1%	995.6	98.5%	1 066.6	98.5%	1 194.6	98.5%	822.8	98.2%	334.2	97.3%	185.2	96.9%	6 044.2	98.3%
Don't know	0.8	0.1%	-	-	0.5	<0.05%	0.4	<0.05%	2.6	0.2%	3.5	0.4%	0.7	0.2%	1.2	0.6%	9.6	0.2%
Total	579.4	100.0%	893.0	100.0%	1 010.7	100.0%	1 083.0	100.0%	1 212.3	100.0%	837.9	100.0%	343.5	100.0%	191.0	100.0%	6 150.8	100.0%

Base: All respondents (N=6 150 800).
Note: Figures may not add up to the total due to rounding.

Table 3.1.12c: Proportion of having asthma attack or any symptom of asthma in the 12 months preceding the survey by gender

Female			Male			Total		
No. of persons ('000)	% among the cases	Rate*	No. of persons ('000)	% among the cases	Rate*	No. of persons ('000)	% among the cases	Rate*
14.7	29.7%	0.5%	10.9	22.8%	0.4%	25.6	26.4%	0.4%

Base: Respondents who ever had doctor-diagnosed asthma (N=97 100).
Notes: * The rate is expressed as a percentage of all Hong Kong land-based non-institutional population aged 15 or above (excluding foreign domestic helpers) in the respective sex sub-groups.
Figures may not add up to the total due to rounding.

3.1.13 Chronic Obstructive Pulmonary Disease

According to the WHO, 'Chronic Obstructive Pulmonary Disease (COPD) is a common, preventable, and treatable chronic lung disease causing persistent and progressive respiratory symptoms, including difficulty in breathing, cough, and phlegm production' [15]. Overall, 0.5% of persons aged 15 or above reported that they had doctor-diagnosed COPD. More males (0.6%) than females (0.4%) reported to have the disease (Table 3.1.13a). Analysed by age group, the prevalence of COPD was the highest at 2.2% for those aged 75-84 and was the lowest at 0.1% for those aged 25-34 (Table 3.1.13b).

Table 3.1.13a: Prevalence of chronic obstructive pulmonary disease diagnosed by doctors by gender

	Female		Male		Total	
	No. of persons ('000)	%	No. of persons ('000)	%	No. of persons ('000)	%
Yes	11.6	0.4%	18.8	0.6%	30.3	0.5%
No	3 233.9	99.5%	2 877.0	99.2%	6 110.9	99.4%
Don't know	6.3	0.2%	3.2	0.1%	9.5	0.2%
Total	3 251.8	100.0%	2 899.0	100.0%	6 150.8	100.0%

Base: All respondents (N=6 150 800).
Note: Figures may not add up to the total due to rounding.

Table 3.1.13b: Prevalence of chronic obstructive pulmonary disease diagnosed by doctors by age group

	15-24		25-34		35-44		45-54		55-64		65-74		75-84		85 or above		Total	
	No. of persons ('000)	%	No. of persons ('000)	%	No. of persons ('000)	%	No. of persons ('000)	%	No. of persons ('000)	%	No. of persons ('000)	%	No. of persons ('000)	%	No. of persons ('000)	%	No. of persons ('000)	%
Yes	1.1	0.2%	1.0	0.1%	1.8	0.2%	2.7	0.2%	6.3	0.5%	8.1	1.0%	7.5	2.2%	1.7	0.9%	30.3	0.5%
No	577.3	99.6%	891.6	99.8%	1 008.4	99.8%	1 079.9	99.7%	1 203.7	99.3%	826.5	98.6%	335.3	97.6%	188.1	98.5%	6 110.9	99.4%
Don't know	1.1	0.2%	0.3	<0.05%	0.5	<0.05%	0.4	<0.05%	2.2	0.2%	3.2	0.4%	0.7	0.2%	1.2	0.6%	9.5	0.2%
Total	579.4	100.0%	893.0	100.0%	1 010.7	100.0%	1 083.0	100.0%	1 212.3	100.0%	837.9	100.0%	343.5	100.0%	191.0	100.0%	6 150.8	100.0%

Base: All respondents (N=6 150 800).
Note: Figures may not add up to the total due to rounding.

3.1.14 Other Respiratory Diseases

Overall, 1.0% of persons aged 15 or above reported that they had other doctor-diagnosed respiratory diseases. More females (1.1%) than males (0.9%) reported to have the diseases (Table 3.1.14a). Analysed by age group, the prevalence of other respiratory diseases generally increased with age from 0.5% among those aged 15-24 to 2.0% among those aged 75-84 and then decreased to 1.2% for those aged 85 or above (Table 3.1.14b).

Table 3.1.14a: Prevalence of other respiratory diseases diagnosed by doctors by gender

	Female		Male		Total	
	No. of persons ('000)	%	No. of persons ('000)	%	No. of persons ('000)	%
Yes	35.6	1.1%	26.9	0.9%	62.5	1.0%
No	3 210.2	98.7%	2 867.9	98.9%	6 078.1	98.8%
Don't know	6.0	0.2%	4.2	0.1%	10.2	0.2%
Total	3 251.8	100.0%	2 899.0	100.0%	6 150.8	100.0%

Base: All respondents (N=6 150 800).
Note: Figures may not add up to the total due to rounding.

Table 3.1.14b: Prevalence of other respiratory diseases diagnosed by doctors by age group

	15-24		25-34		35-44		45-54		55-64		65-74		75-84		85 or above		Total	
	No. of persons ('000)	%	No. of persons ('000)	%	No. of persons ('000)	%	No. of persons ('000)	%	No. of persons ('000)	%	No. of persons ('000)	%	No. of persons ('000)	%	No. of persons ('000)	%	No. of persons ('000)	%
Yes	3.0	0.5%	5.2	0.6%	9.3	0.9%	9.3	0.9%	15.1	1.2%	11.3	1.4%	7.0	2.0%	2.4	1.2%	62.5	1.0%
No	575.6	99.3%	887.8	99.4%	1 001.0	99.0%	1 073.0	99.1%	1 194.5	98.5%	823.4	98.3%	335.2	97.6%	187.5	98.2%	6 078.1	98.8%
Don't know	0.8	0.1%	-	-	0.5	<0.05%	0.8	0.1%	2.6	0.2%	3.1	0.4%	1.3	0.4%	1.2	0.6%	10.2	0.2%
Total	579.4	100.0%	893.0	100.0%	1 010.7	100.0%	1 083.0	100.0%	1 212.3	100.0%	837.9	100.0%	343.5	100.0%	191.0	100.0%	6 150.8	100.0%

Base: All respondents (N=6 150 800).
Note: Figures may not add up to the total due to rounding.

3.1.15 Kidney Diseases

Kidney diseases may result in kidney damage and progressive loss of kidney function [16]. In the survey, kidney problems such as protein in urine, blood in urine, kidney stone, chronic kidney inflammation or the need of haemodialysis were included, while infection and cancer of the kidneys were excluded. 1.4% of people aged 15 or above reported that they had doctor-diagnosed kidney diseases. The proportion for females (1.2%) was slightly lower than male (1.6%) (Table 3.1.15a). Analysed by age group, the prevalence in general increased with age from 0.2% for those aged 15-24 to 3.0% for those aged 75-84 and drop to 2.5% for those aged 85 or above (Table 3.1.15b).

Table 3.1.15a: Prevalence of kidney diseases diagnosed by doctors by gender

	Female		Male		Total	
	No. of persons ('000)	%	No. of persons ('000)	%	No. of persons ('000)	%
Yes	37.9	1.2%	46.1	1.6%	84.0	1.4%
No	3 202.4	98.5%	2 841.3	98.0%	6 043.7	98.3%
Don't know	11.5	0.4%	11.6	0.4%	23.1	0.4%
Total	3 251.8	100.0%	2 899.0	100.0%	6 150.8	100.0%

Base: All respondents (N=6 150 800).
Note: Figures may not add up to the total due to rounding.

Table 3.1.15b: Prevalence of kidney diseases diagnosed by doctors by age group

	15-24		25-34		35-44		45-54		55-64		65-74		75-84		85 or above		Total	
	No. of persons ('000)	%	No. of persons ('000)	%	No. of persons ('000)	%	No. of persons ('000)	%	No. of persons ('000)	%	No. of persons ('000)	%	No. of persons ('000)	%	No. of persons ('000)	%	No. of persons ('000)	%
Yes	1.4	0.2%	3.4	0.4%	6.2	0.6%	15.9	1.5%	22.4	1.9%	19.7	2.4%	10.2	3.0%	4.7	2.5%	84.0	1.4%
No	577.0	99.6%	889.6	99.6%	1 003.0	99.2%	1 063.0	98.2%	1 182.4	97.5%	814.1	97.2%	329.3	95.9%	185.3	97.0%	6 043.7	98.3%
Don't know	1.0	0.2%	-	-	1.5	0.1%	4.1	0.4%	7.4	0.6%	4.1	0.5%	4.0	1.2%	1.0	0.5%	23.1	0.4%
Total	579.4	100.0%	893.0	100.0%	1 010.7	100.0%	1 083.0	100.0%	1 212.3	100.0%	837.9	100.0%	343.5	100.0%	191.0	100.0%	6 150.8	100.0%

Base: All respondents (N=6 150 800).
Note: Figures may not add up to the total due to rounding.

0.7% of people aged 15 or above reported that they had doctor-diagnosed renal impairment. The proportion for females (0.6%) was slightly lower than males (0.8%) (Table 3.1.15c). Analysed by age group, the prevalence generally increased with age, from 0.3% for those aged 15-24, slightly decreased to 0.1% for those aged 25-44 and then increased to 2.9% for those aged 85 or above (Table 3.1.15d).

Table 3.1.15c: Prevalence of renal impairment diagnosed by doctors by gender

	Female		Male		Total	
	No. of persons ('000)	%	No. of persons ('000)	%	No. of persons ('000)	%
Yes	18.1	0.6%	22.6	0.8%	40.7	0.7%
No	3 211.4	98.8%	2 857.5	98.6%	6 068.9	98.7%
Don't know	22.3	0.7%	18.9	0.7%	41.2	0.7%
Total	3 251.8	100.0%	2 899.0	100.0%	6 150.8	100.0%

Base: All respondents (N=6 150 800).
Note: Figures may not add up to the total due to rounding.

Table 3.1.15d: Prevalence of renal impairment diagnosed by doctors by age group

	15-24		25-34		35-44		45-54		55-64		65-74		75-84		85 or above		Total	
	No. of persons ('000)	%	No. of persons ('000)	%	No. of persons ('000)	%	No. of persons ('000)	%	No. of persons ('000)	%	No. of persons ('000)	%	No. of persons ('000)	%	No. of persons ('000)	%	No. of persons ('000)	%
Yes	1.8	0.3%	0.7	0.1%	1.3	0.1%	6.2	0.6%	7.7	0.6%	9.8	1.2%	7.8	2.3%	5.5	2.9%	40.7	0.7%
No	576.5	99.5%	889.8	99.6%	1 004.3	99.4%	1 070.5	98.8%	1 195.9	98.6%	820.2	97.9%	329.4	95.9%	182.4	95.5%	6 068.9	98.7%
Don't know	1.2	0.2%	2.5	0.3%	5.1	0.5%	6.3	0.6%	8.7	0.7%	7.9	0.9%	6.3	1.8%	3.1	1.6%	41.2	0.7%
Total	579.4	100.0%	893.0	100.0%	1 010.7	100.0%	1 083.0	100.0%	1 212.3	100.0%	837.9	100.0%	343.5	100.0%	191.0	100.0%	6 150.8	100.0%

Base: All respondents (N=6 150 800).
Note: Figures may not add up to the total due to rounding.

3.1.16 Epilepsy

Epilepsy is a chronic disease of the brain characterised by recurrent seizures. Seizures are short bursts of involuntary movement that may affect either a portion of the body (partial) or the entire body (generalised). In severe seizure attack, it can cause loss of consciousness and loss of control over bowel or bladder function [17]. 0.2% of people aged 15 or above reported that they had doctor-diagnosed epilepsy. The proportion for females (0.1%) was slightly lower than male (0.2%) (Table 3.1.16a). Analysed by age group, persons aged 45-54 had the highest prevalence of 0.3%, and the lowest proportion was 0.1% for those aged 25-34 and 65-74 and none among those aged 75-84 and 85 or above (Table 3.1.16b).

Table 3.1.16a: Prevalence of epilepsy diagnosed by doctors by gender

	Female		Male		Total	
	No. of persons ('000)	%	No. of persons ('000)	%	No. of persons ('000)	%
Yes	4.5	0.1%	5.6	0.2%	10.0	0.2%
No	3 221.8	99.1%	2 863.3	98.8%	6 085.1	98.9%
Don't know	25.6	0.8%	30.1	1.0%	55.7	0.9%
Total	3 251.8	100.0%	2 899.0	100.0%	6 150.8	100.0%

Base: All respondents (N=6 150 800).
Note: Figures may not add up to the total due to rounding.

Table 3.1.16b: Prevalence of epilepsy diagnosed by doctors by age group

	15-24		25-34		35-44		45-54		55-64		65-74		75-84		85 or above		Total	
	No. of persons ('000)	%	No. of persons ('000)	%	No. of persons ('000)	%	No. of persons ('000)	%	No. of persons ('000)	%	No. of persons ('000)	%	No. of persons ('000)	%	No. of persons ('000)	%	No. of persons ('000)	%
Yes	0.9	0.2%	1.0	0.1%	1.7	0.2%	3.2	0.3%	2.2	0.2%	1.0	0.1%	-	-	-	-	10.0	0.2%
No	571.4	98.6%	883.6	99.0%	999.6	98.9%	1 070.7	98.9%	1 198.3	98.8%	829.5	99.0%	342.1	99.6%	189.8	99.4%	6 085.1	98.9%
Don't know	7.1	1.2%	8.3	0.9%	9.5	0.9%	9.1	0.8%	11.8	1.0%	7.4	0.9%	1.4	0.4%	1.2	0.6%	55.7	0.9%
Total	579.4	100.0%	893.0	100.0%	1 010.7	100.0%	1 083.0	100.0%	1 212.3	100.0%	837.9	100.0%	343.5	100.0%	191.0	100.0%	6 150.8	100.0%

Base: All respondents (N=6 150 800).
Note: Figures may not add up to the total due to rounding.

3.1.17 Other Chronic Health Conditions

Respondents were also asked whether they had other chronic health conditions diagnosed by doctors in addition to those presented in previous subsections. If they answered yes, they were further asked whether the diseases were diagnosed in the 12 months preceding to the survey. The survey revealed that among the other chronic health conditions, skin diseases (3.9%) was the most frequently reported health problems encountered by persons aged 15 or above. 0.3% were diagnosed with skin diseases in the 12 months preceding the survey (Table 3.1.17).

Table 3.1.17: Prevalence of other chronic health conditions and proportion of cases diagnosed by doctors in the 12 months preceding the survey

	Prevalence		Proportion of other chronic health conditions diagnosed in the 12 months preceding the survey	
	No. of persons ('000)	% *	No. of persons ('000)	% #
Skin diseases	242.3	3.9%	20.3	0.3%
Diseases of ear / nose / throat	124.4	2.0%	N.A.	N.A.
Thyroid diseases	90.4	1.5%	3.2	0.1%
Stomach and intestinal diseases	52.4	0.9%	N.A.	N.A.
Immune diseases	12.2	0.2%	N.A.	N.A.
Others	68.5	1.1%	N.A.	N.A.

Base: All respondents (N=6 150 800).

Notes: Ranked in descending order of prevalence.

* Number of cases ever-diagnosed with the disease divided by the Hong Kong land-based non-institutional population aged 15 or above (excluding foreign domestic helpers).

Number of cases diagnosed with the disease in the 12 months preceding the survey divided by the Hong Kong land-based non-institutional population aged 15 or above (excluding foreign domestic helpers).

Multiple answers were allowed.

'N.A.' denotes 'Not applicable'.

3.2 Vision

The main causes of vision impairment are uncorrected refractive errors and cataracts [18]. The survey included a few questions to investigate the self-rated fitness of eyesight, the prevalence of different kinds of refractive errors, the prevalence of certain eye diseases and the extent of difficulties in doing daily activities because of poor eyesight. Overall, 79.3% of persons aged 15 or above reported that they had good or excellent eyesight, with glasses or contact lenses if they wore them (Table 3.2a). The proportion of persons reported having good or excellent eyesight in general decreased with age, which slightly increased from 92.9% for those aged 15-24 to 94.7% for persons aged 25-34, and decreased to 46.0% for persons aged 85 or above (Table 3.2b).

Table 3.2a: Fitness of eyesight by gender

	Female		Male		Total	
	No. of persons ('000)	%	No. of persons ('000)	%	No. of persons ('000)	%
Excellent	508.5	15.6%	478.7	16.5%	987.2	16.1%
Good	2 030.5	62.4%	1 861.8	64.2%	3 892.4	63.3%
Fair	633.6	19.5%	502.7	17.3%	1 136.3	18.5%
Poor	74.8	2.3%	51.4	1.8%	126.3	2.1%
Very poor	4.3	0.1%	4.3	0.1%	8.6	0.1%
Total	3 251.8	100.0%	2 899.0	100.0%	6 150.8	100.0%

Base: All respondents (N=6 150 800).
Note: Figures may not add up to the total due to rounding.

Table 3.2b: Fitness of eyesight by age group

	15-24		25-34		35-44		45-54		55-64		65-74		75-84		85 or above		Total	
	No. of persons ('000)	%	No. of persons ('000)	%	No. of persons ('000)	%	No. of persons ('000)	%	No. of persons ('000)	%	No. of persons ('000)	%	No. of persons ('000)	%	No. of persons ('000)	%	No. of persons ('000)	%
Excellent	170.1	29.4%	255.5	28.6%	253.8	25.1%	149.5	13.8%	87.8	7.2%	48.1	5.7%	13.2	3.9%	9.1	4.8%	987.2	16.1%
Good	368.2	63.5%	590.6	66.1%	673.2	66.6%	741.8	68.5%	777.0	64.1%	487.9	58.2%	174.9	50.9%	78.8	41.3%	3 892.4	63.3%
Fair	35.9	6.2%	42.5	4.8%	77.5	7.7%	176.9	16.3%	320.6	26.4%	272.8	32.6%	130.5	38.0%	79.6	41.7%	1 136.3	18.5%
Poor	5.2	0.9%	4.1	0.5%	5.3	0.5%	13.5	1.2%	25.8	2.1%	26.6	3.2%	23.0	6.7%	22.7	11.9%	126.3	2.1%
Very poor	-	-	0.3	<0.05%	0.8	0.1%	1.3	0.1%	1.0	0.1%	2.6	0.3%	1.8	0.5%	0.7	0.4%	8.6	0.1%
Total	579.4	100.0%	893.0	100.0%	1 010.7	100.0%	1 083.0	100.0%	1 212.3	100.0%	837.9	100.0%	343.5	100.0%	191.0	100.0%	6 150.8	100.0%

Base: All respondents (N=6 150 800).
Note: Figures may not add up to the total due to rounding.

A total of 43.6% of the persons aged 15 or above reported that they had myopia (short-sightedness), 2.3% reported to have hyperopia or hypermetropia (long-sightedness), 29.5% reported to have astigmatism and 42.9% reported to have presbyopia (Table 3.2c). Analysed by age group, the prevalence of myopia decreased from 60.6% in persons aged 15-24 to 12.3% in persons aged 85 or above, while the prevalence of hyperopia or hypermetropia was the highest (3.4%) in persons aged 55-64 and the lowest (1.3%) in persons aged 85 or above. Besides, the prevalence of astigmatism generally decreased with age from 33.1% in persons aged 15-24 to 12.2% in those aged 85 or above with some fluctuations across age groups. As regards presbyopia, the prevalence by age group increased from none in 15-24 age group and 0.3% in the 25-34 age group to 83.7% in the 65-74 age group, then dropped to 79.3% in the 85 or above age group (Table 3.2d).

Table 3.2c: Prevalence of refractive error (short-sightedness, long-sightedness, astigmatism and presbyopia) by gender

	Female		Male		Total	
	No. of persons ('000)	%	No. of persons ('000)	%	No. of persons ('000)	%
Myopia (short-sightedness)						
Yes	1 404.6	43.2%	1 277.8	44.1%	2 682.4	43.6%
No	1 811.7	55.7%	1 600.8	55.2%	3 412.5	55.5%
Don't know	35.5	1.1%	20.4	0.7%	55.9	0.9%
Total	3 251.8	100.0%	2 899.0	100.0%	6 150.8	100.0%
Hyperopia or hypermetropia (long-sightedness)						
Yes	84.8	2.6%	55.2	1.9%	140.0	2.3%
No	3 134.0	96.4%	2 826.6	97.5%	5 960.7	96.9%
Don't know	33.0	1.0%	17.2	0.6%	50.2	0.8%
Total	3 251.8	100.0%	2 899.0	100.0%	6 150.8	100.0%
Astigmatism						
Yes	968.0	29.8%	846.3	29.2%	1 814.4	29.5%
No	2 243.3	69.0%	2 021.8	69.7%	4 265.0	69.3%
Don't know	40.5	1.2%	30.9	1.1%	71.4	1.2%
Total	3 251.8	100.0%	2 899.0	100.0%	6 150.8	100.0%
Presbyopia						
Yes	1 431.1	44.0%	1 206.4	41.6%	2 637.5	42.9%
No	1 794.7	55.2%	1 672.5	57.7%	3 467.3	56.4%
Don't know	26.0	0.8%	20.1	0.7%	46.1	0.7%
Total	3 251.8	100.0%	2 899.0	100.0%	6 150.8	100.0%

Base: All respondents (N=6 150 800).
Note: Figures may not add up to the total due to rounding.

Table 3.2d: Prevalence of refractive error (short-sightedness, long-sightedness, astigmatism and presbyopia) by age group

	15-24		25-34		35-44		45-54		55-64		65-74		75-84		85 or above		Total	
	No. of persons ('000)	%	No. of persons ('000)	%	No. of persons ('000)	%	No. of persons ('000)	%	No. of persons ('000)	%	No. of persons ('000)	%	No. of persons ('000)	%	No. of persons ('000)	%	No. of persons ('000)	%
Myopia (short-sightedness)																		
Yes	351.0	60.6%	515.6	57.7%	522.1	51.7%	518.6	47.9%	467.8	38.6%	223.3	26.7%	60.5	17.6%	23.5	12.3%	2 682.4	43.6%
No	226.1	39.0%	373.3	41.8%	483.9	47.9%	556.9	51.4%	731.7	60.4%	606.0	72.3%	273.4	79.6%	161.1	84.4%	3 412.5	55.5%
Don't know	2.2	0.4%	4.1	0.5%	4.7	0.5%	7.5	0.7%	12.8	1.1%	8.6	1.0%	9.6	2.8%	6.4	3.3%	55.9	0.9%
Total	579.4	100.0%	893.0	100.0%	1 010.7	100.0%	1 083.0	100.0%	1 212.3	100.0%	837.9	100.0%	343.5	100.0%	191.0	100.0%	6 150.8	100.0%
Hyperopia or hypermetropia (long-sightedness)																		
Yes	10.4	1.8%	12.9	1.4%	15.1	1.5%	23.6	2.2%	41.3	3.4%	25.0	3.0%	9.3	2.7%	2.4	1.3%	140.0	2.3%
No	567.8	98.0%	878.2	98.3%	992.7	98.2%	1 052.9	97.2%	1 157.9	95.5%	805.4	96.1%	324.5	94.5%	181.3	94.9%	5 960.7	96.9%
Don't know	1.3	0.2%	1.9	0.2%	3.0	0.3%	6.4	0.6%	13.1	1.1%	7.5	0.9%	9.7	2.8%	7.3	3.8%	50.2	0.8%
Total	579.4	100.0%	893.0	100.0%	1 010.7	100.0%	1 083.0	100.0%	1 212.3	100.0%	837.9	100.0%	343.5	100.0%	191.0	100.0%	6 150.8	100.0%
Astigmatism																		
Yes	192.0	33.1%	306.0	34.3%	310.3	30.7%	348.0	32.1%	361.5	29.8%	209.2	25.0%	64.0	18.6%	23.3	12.2%	1 814.4	29.5%
No	383.0	66.1%	580.8	65.0%	693.3	68.6%	725.2	67.0%	838.0	69.1%	617.3	73.7%	267.5	77.9%	159.9	83.7%	4 265.0	69.3%
Don't know	4.5	0.8%	6.2	0.7%	7.1	0.7%	9.8	0.9%	12.7	1.0%	11.4	1.4%	11.9	3.5%	7.8	4.1%	71.4	1.2%
Total	579.4	100.0%	893.0	100.0%	1 010.7	100.0%	1 083.0	100.0%	1 212.3	100.0%	837.9	100.0%	343.5	100.0%	191.0	100.0%	6 150.8	100.0%
Presbyopia																		
Yes	-	-	2.9	0.3%	51.2	5.1%	522.7	48.3%	923.8	76.2%	701.0	83.7%	284.4	82.8%	151.5	79.3%	2 637.5	42.9%
No	578.3	99.8%	888.7	99.5%	954.9	94.5%	549.2	50.7%	276.6	22.8%	128.8	15.4%	53.5	15.6%	37.3	19.5%	3 467.3	56.4%
Don't know	1.1	0.2%	1.4	0.2%	4.6	0.5%	11.1	1.0%	11.9	1.0%	8.2	1.0%	5.6	1.6%	2.2	1.1%	46.1	0.7%
Total	579.4	100.0%	893.0	100.0%	1 010.7	100.0%	1 083.0	100.0%	1 212.3	100.0%	837.9	100.0%	343.5	100.0%	191.0	100.0%	6 150.8	100.0%

Base: All respondents (N=6 150 800).
Note: Figures may not add up to the total due to rounding.

The proportion of people aged 15 or above reporting doctor-diagnosed eye diseases (excluding refractive errors) was 9.0%. The prevalence was higher in females than in males (10.2% versus 7.7%, respectively). In particular, the prevalence of cataract, glaucoma, and other eye diseases was 7.2%, 0.9%, and 1.8% respectively (Table 3.2e). Among those who had doctor-diagnosed eye diseases, 9.3% of them had eye diseases diagnosed in the 12 months preceding the survey (Table 3.2f). The prevalence of doctor-diagnosed eye diseases increased with age from 0.3% for those aged 15-24 to 50.6% for those aged 85 or above (Table 3.2g).

Among people who had doctor-diagnosed cataracts, 63.5% had cataract surgery – 61.8% for females and 66.1% for males (Table 3.2h). Overall, 8.1% of persons aged 15 or above reported that their eyesight problems had caused limitations some of the time or more often in their work or other daily activities (Table 3.2i).

Table 3.2e: Prevalence of doctor-diagnosed eye diseases (excluding refractive errors) by gender

	Female		Male		Total	
	No. of persons ('000)	%	No. of persons ('000)	%	No. of persons ('000)	%
Yes	330.9	10.2%	223.7	7.7%	554.6	9.0%
*Cataract **	*269.1*	*8.3%*	*172.1*	*5.9%*	*441.2*	*7.2%*
*Glaucoma **	*28.2*	*0.9%*	*25.4*	*0.9%*	*53.6*	*0.9%*
*Others **	*63.2*	*1.9%*	*44.7*	*1.5%*	*107.9*	*1.8%*
No	2 892.5	89.0%	2 649.4	91.4%	5 541.8	90.1%
Don't know	28.4	0.9%	26.0	0.9%	54.4	0.9%
Total	3 251.8	100.0%	2 899.0	100.0%	6 150.8	100.0%

Base: All respondents (N=6 150 800).
Notes: * Multiple answers were allowed.
Figures may not add up to the total due to rounding.

Table 3.2f: Proportion of eye diseases diagnosed by doctors in the 12 months preceding the survey by gender

Female			Male			Total		
No. of persons ('000)	% among the cases	Rate*	No. of persons ('000)	% among the cases	Rate*	No. of persons ('000)	% among the cases	Rate*
33.0	10.0%	1.0%	18.4	8.2%	0.6%	51.4	9.3%	0.8%

Base: Respondents who had doctor-diagnosed eye diseases (N=554 600).
Notes: * The rate is expressed as a percentage of all Hong Kong land-based non-institutional population aged 15 or above (excluding foreign domestic helpers) in the respective sex sub-groups.
Figures may not add up to the total due to rounding.

Table 3.2g: Prevalence of doctor-diagnosed eye diseases (excluding refractive errors) by age group

	15-24		25-34		35-44		45-54		55-64		65-74		75-84		85 or above		Total	
	No. of persons ('000)	%	No. of persons ('000)	%	No. of persons ('000)	%	No. of persons ('000)	%	No. of persons ('000)	%	No. of persons ('000)	%	No. of persons ('000)	%	No. of persons ('000)	%	No. of persons ('000)	%
Yes	1.5	0.3%	4.6	0.5%	9.6	1.0%	26.7	2.5%	96.9	8.0%	180.0	21.5%	138.7	40.4%	96.6	50.6%	554.6	9.0%
*Cataract **	*0.4*	*0.1%*	*0.8*	*0.1%*	*0.7*	*0.1%*	*9.7*	*0.9%*	*57.7*	*4.8%*	*153.7*	*18.3%*	*126.9*	*36.9%*	*91.4*	*47.8%*	*441.2*	*7.2%*
*Glaucoma **	-	-	-	-	*1.9*	*0.2%*	*3.7*	*0.3%*	*9.7*	*0.8%*	*16.1*	*1.9%*	*15.0*	*4.4%*	*7.2*	*3.8%*	*53.6*	*0.9%*
*Others **	*1.1*	*0.2%*	*3.8*	*0.4%*	*7.8*	*0.8%*	*13.9*	*1.3%*	*35.3*	*2.9%*	*28.1*	*3.4%*	*12.5*	*3.6%*	*5.4*	*2.8%*	*107.9*	*1.8%*
No	577.2	99.6%	883.8	99.0%	998.9	98.8%	1 051.2	97.1%	1 102.4	90.9%	644.3	76.9%	196.3	57.1%	87.7	45.9%	5 541.8	90.1%
Don't know	0.7	0.1%	4.6	0.5%	2.2	0.2%	5.1	0.5%	13.0	1.1%	13.6	1.6%	8.5	2.5%	6.7	3.5%	54.4	0.9%
Total	579.4	100.0%	893.0	100.0%	1 010.7	100.0%	1 083.0	100.0%	1 212.3	100.0%	837.9	100.0%	343.5	100.0%	191.0	100.0%	6 150.8	100.0%

Base: All respondents (N=6 150 800).

Notes: * Multiple answers were allowed.

Figures may not add up to the total due to rounding.

Table 3.2h: Proportion of people who ever had cataract surgery among those aged 15 or above who had doctor-diagnosed cataract by gender

	Female		Male		Total	
	No. of persons ('000)	%	No. of persons ('000)	%	No. of persons ('000)	%
Yes	166.2	61.8%	113.8	66.1%	280.0	63.5%
No	102.2	38.0%	57.9	33.7%	160.2	36.3%
Don't know	0.7	0.3%	0.4	0.2%	1.1	0.2%
Total	269.1	100.0%	172.1	100.0%	441.2	100.0%

Base: Respondents who had doctor-diagnosed cataract (N=441 200).

Note: Figures may not add up to the total due to rounding.

Table 3.2i: Extent of difficulties in working or doing other daily activities because of eyesight problems by gender

	Female		Male		Total	
	No. of persons ('000)	%	No. of persons ('000)	%	No. of persons ('000)	%
None of the time	1 930.6	59.4%	1 777.3	61.3%	3 707.9	60.3%
A little of the time	1 032.4	31.7%	910.0	31.4%	1 942.4	31.6%
Some of the time	253.5	7.8%	187.5	6.5%	441.0	7.2%
Most of the time	31.4	1.0%	20.5	0.7%	51.9	0.8%
All of the time	3.8	0.1%	3.7	0.1%	7.5	0.1%
Total	3 251.8	100.0%	2 899.0	100.0%	6 150.8	100.0%

Base: All respondents (N=6 150 800).

Note: Figures may not add up to the total due to rounding.

3.3 Hearing

Hearing loss is defined as the inability to hear as well as others with normal hearing (hearing thresholds of 20 dB or better in both ears). Hearing loss can lead to difficulty in daily conversation [19]. A total of 2.0% of the persons aged 15 or above (2.1% for females and 2.0% for males) reported to have hearing impairment / hearing loss as diagnosed by a doctor or audiologist (Table 3.3a). Analysed by age group, the prevalence of hearing impairment / hearing loss generally increased with age from 0.1% among those aged 15-24 to 17.7% among those aged 85 or above (Table 3.3b).

Table 3.3a: Prevalence of hearing impairment / hearing loss diagnosed by doctors or audiologists by gender

	Female		Male		Total	
	No. of persons ('000)	%	No. of persons ('000)	%	No. of persons ('000)	%
Yes	68.1	2.1%	57.6	2.0%	125.7	2.0%
No	3 176.5	97.7%	2 834.2	97.8%	6 010.7	97.7%
Don't know	7.1	0.2%	7.2	0.2%	14.3	0.2%
Total	3 251.8	100.0%	2 899.0	100.0%	6 150.8	100.0%

Base: All respondents (N=6 150 800).
Note: Figures may not add up to the total due to rounding.

Table 3.3b: Prevalence of hearing impairment / hearing loss diagnosed by doctors or audiologists by age group

	15-24		25-34		35-44		45-54		55-64		65-74		75-84		85 or above		Total	
	No. of persons ('000)	%	No. of persons ('000)	%	No. of persons ('000)	%	No. of persons ('000)	%	No. of persons ('000)	%	No. of persons ('000)	%	No. of persons ('000)	%	No. of persons ('000)	%	No. of persons ('000)	%
Yes	0.4	0.1%	3.4	0.4%	3.8	0.4%	6.5	0.6%	15.6	1.3%	30.4	3.6%	32.0	9.3%	33.7	17.7%	125.7	2.0%
No	578.2	99.8%	889.6	99.6%	1 005.6	99.5%	1 075.4	99.3%	1 195.6	98.6%	803.1	95.8%	308.7	89.9%	154.6	80.9%	6 010.7	97.7%
Don't know	0.8	0.1%	-	-	1.3	0.1%	1.1	0.1%	1.1	0.1%	4.4	0.5%	2.8	0.8%	2.7	1.4%	14.3	0.2%
Total	579.4	100.0%	893.0	100.0%	1 010.7	100.0%	1 083.0	100.0%	1 212.3	100.0%	837.9	100.0%	343.5	100.0%	191.0	100.0%	6 150.8	100.0%

Base: All respondents (N=6 150 800).
Note: Figures may not add up to the total due to rounding.

Among the people who had hearing impairment / hearing loss diagnosed by doctor or audiologist, only 13.2% often used hearing aid – 13.1% in females and 13.3% in males (Table 3.3c).

Table 3.3c: Frequency of using hearing aid by gender

	Female		Male		Total	
	No. of persons ('000)	%	No. of persons ('000)	%	No. of persons ('000)	%
Yes, use it often	9.0	13.1%	7.6	13.3%	16.6	13.2%
Yes, seldom use it	5.9	8.7%	6.7	11.6%	12.6	10.0%
No, never use it	52.6	77.3%	42.6	74.0%	95.3	75.8%
Don't know	0.6	0.9%	0.7	1.2%	1.3	1.0%
Total	68.1	100.0%	57.6	100.0%	125.7	100.0%

Base: Respondents who had hearing impairment / hearing loss diagnosed by doctors or audiologists (N=125 700).
Note: Figures may not add up to the total due to rounding

Overall, 5.7% of persons aged 15 or above reported that their hearing problems had caused limitations some of the time or more often in their work or other daily activities (Table 3.3d).

Table 3.3d: Extent of difficulties in working or doing other daily activities because of hearing problems by gender

	Female		Male		Total	
	No. of persons ('000)	%	No. of persons ('000)	%	No. of persons ('000)	%
None of the time	2 451.3	75.4%	2 220.2	76.6%	4 671.5	75.9%
A little of the time	606.9	18.7%	519.0	17.9%	1 125.9	18.3%
Some of the time	158.5	4.9%	131.6	4.5%	290.1	4.7%
Most of the time	30.6	0.9%	27.1	0.9%	57.7	0.9%
All of the time	4.6	0.1%	1.0	<0.05%	5.6	0.1%
Total	3 251.8	100.0%	2 899.0	100.0%	6 150.8	100.0%

Base: All respondents (N=6 150 800).
Note: Figures may not add up to the total due to rounding.

3.4 Acute Health Conditions

In the survey, respondents were asked whether they had 17 selected acute health conditions such as headache, common cold / influenza, cough, and dizziness in the 30 days preceding the survey. Overall, 9.4% of people aged 15 or above reported that they had acute health problems during the 30 days preceding the survey. Headache (2.0%), common cold / influenza (1.5%), cough (1.3%), dizziness (1.2%), stomach ache (1.0%), and problem with teeth or oral cavity (1.0%) were the six most frequently reported acute health problems encountered by the Hong Kong general population during the 30 days preceding the survey. Females (11.9%) were more likely to report such problems than males (6.6%). Among female respondents aged 15-64, menstrual pain (4.8%) was the most commonly reported acute health condition in the 30 days preceding the survey.

3.5 Mental Health

Through a self-administered questionnaire, respondents were asked whether they had ever been told by a western medicine practitioner that they had depression, anxiety disorder, or other mental illnesses and, if yes to anyone of these, whether the condition was diagnosed within the 12 months preceding the survey.

3.5.1 Depression

Depression is a common mental illness worldwide that is different from regular mood fluctuations and transient emotional reactions to difficulties in daily life. Depression can significantly affect normal life. Apart from a depressed and irritable mood, depression can affect our daily life in ways such as inability to concentrate on work and study, deprived interest in hobbies and disruptions of appetite or sleep pattern. In severe cases, it can also lead to feeling of guilt, poor self-worth, hopelessness, and, in the extreme cases, suicide [20]. Among people aged 15 or above, 1.2% reported having depression as told by doctor. A greater proportion of females (1.7%) than males (0.8%) reported that they had doctor-diagnosed depression (Table 3.5.1a).

Table 3.5.1a: Prevalence of depression diagnosed by doctors by gender

	Female		**Male**		**Total**	
	No. of persons ('000)	**%**	**No. of persons ('000)**	**%**	**No. of persons ('000)**	**%**
Yes	53.9	1.7%	22.1	0.8%	76.0	1.2%
Yes, in the past 12 months	*11.7*	*0.4%*	*4.8*	*0.2%*	*16.6*	*0.3%*
Yes, before the past 12 months	*40.5*	*1.2%*	*17.0*	*0.6%*	*57.5*	*0.9%*
Yes, but don't know when it was diagnosed	*1.6*	*<0.05%*	*0.3*	*<0.05%*	*1.9*	*<0.05%*
No	3 170.5	97.5%	2 854.9	98.5%	6 025.4	98.0%
Don't know	27.4	0.8%	22.0	0.8%	49.4	0.8%
Total	3 251.8	100.0%	2 899.0	100.0%	6 150.8	100.0%

Base: All respondents (N=6 150 800).
Note: Figures may not add up to the total due to rounding.

The prevalence of self-reported doctor-diagnosed depression was the highest among persons aged 55-64 (1.7%) and the lowest in the age groups of 15-24 and 75-84 (0.6%) (Table 3.5.1b).

Table 3.5.1b: Prevalence of depression diagnosed by doctors by age group

	15-24		25-34		35-44		45-54		55-64		65-74		75-84		85 or above		Total	
	No. of persons ('000)	**%**	**No. of persons ('000)**	**%**	**No. of persons ('000)**	**%**	**No. of persons ('000)**	**%**	**No. of persons ('000)**	**%**	**No. of persons ('000)**	**%**	**No. of persons ('000)**	**%**	**No. of persons ('000)**	**%**	**No. of persons ('000)**	**%**
Yes	3.3	0.6%	9.6	1.1%	9.6	1.0%	17.3	1.6%	20.5	1.7%	11.8	1.4%	1.9	0.6%	1.9	1.0%	76.0	1.2%
Yes, in the past 12 months	*1.4*	*0.2%*	*3.6*	*0.4%*	*3.2*	*0.3%*	*3.6*	*0.3%*	*2.8*	*0.2%*	*0.9*	*0.1%*	*1.0*	*0.3%*	-	-	*16.6*	*0.3%*
Yes, before the past 12 months	*1.9*	*0.3%*	*5.9*	*0.7%*	*6.4*	*0.6%*	*12.8*	*1.2%*	*16.9*	*1.4%*	*10.6*	*1.3%*	*1.0*	*0.3%*	*1.9*	*1.0%*	*57.5*	*0.9%*
Yes, but don't know when it was diagnosed	-	-	-	-	-	-	*0.9*	*0.1%*	*0.7*	*0.1%*	*0.3*	*<0.05%*	-	-	-	-	*1.9*	*<0.05%*
No	567.7	98.0%	878.1	98.3%	991.8	98.1%	1 060.0	97.9%	1 181.1	97.4%	821.5	98.0%	338.1	98.4%	187.2	98.0%	6 025.4	98.0%
Don't know	8.4	1.5%	5.3	0.6%	9.3	0.9%	5.7	0.5%	10.7	0.9%	4.6	0.6%	3.5	1.0%	1.9	1.0%	49.4	0.8%
Total	579.4	100.0%	893.0	100.0%	1 010.7	100.0%	1 083.0	100.0%	1 212.3	100.0%	837.9	100.0%	343.5	100.0%	191.0	100.0%	6 150.8	100.0%

Base: All respondents (N=6 150 800).
Note: Figures may not add up to the total due to rounding.

3.5.2 Anxiety Disorders

Anxiety disorders are common mental disorders [21]. According to the WHO, excessive fear, worry, and behavioural abnormalities are characteristics of anxiety disorder. Unlike the usual fear or worry that one may have some time, the symptoms of anxiety disorders are severe enough to result in significant distress or considerable functional disability [22]. Prevalence of self-reported doctor-diagnosed anxiety disorders in persons aged 15 or above was 0.9%. Higher prevalence was found among females (1.1%) than in males (0.6%) (Table 3.5.2a).

Table 3.5.2a: Prevalence of anxiety disorders diagnosed by doctors by gender

	Female		**Male**		**Total**	
	No. of persons ('000)	**%**	**No. of persons ('000)**	**%**	**No. of persons ('000)**	**%**
Yes	37.0	1.1%	18.2	0.6%	55.2	0.9%
Yes, in the past 12 months	*11.6*	*0.4%*	*5.2*	*0.2%*	*16.8*	*0.3%*
Yes, before the past 12 months	*25.4*	*0.8%*	*11.9*	*0.4%*	*37.3*	*0.6%*
Yes, but don't know when it was diagnosed	-	-	*1.1*	*<0.05%*	*1.1*	*<0.05%*
No	3 188.5	98.1%	2 859.7	98.6%	6 048.2	98.3%
Don't know	26.3	0.8%	21.1	0.7%	47.4	0.8%
Total	3 251.8	100.0%	2 899.0	100.0%	6 150.8	100.0%

Base: All respondents (N=6 150 800).
Note: Figures may not add up to the total due to rounding.

Analysed by age, the prevalence of self-reported doctor-diagnosed anxiety disorders was the highest among persons aged 45-54 (1.5%) (Table 3.5.2b).

Table 3.5.2b: Prevalence of anxiety disorders diagnosed by doctors by age group

	15-24		25-34		35-44		45-54		55-64		65-74		75-84		85 or above		Total	
	No. of persons ('000)	%	No. of persons ('000)	%	No. of persons ('000)	%	No. of persons ('000)	%	No. of persons ('000)	%	No. of persons ('000)	%	No. of persons ('000)	%	No. of persons ('000)	%	No. of persons ('000)	%
Yes	2.8	0.5%	5.5	0.6%	9.1	0.9%	15.9	1.5%	10.1	0.8%	9.0	1.1%	1.7	0.5%	1.1	0.6%	55.2	0.9%
Yes, in the past 12 months	*1.8*	*0.3%*	*2.0*	*0.2%*	*3.7*	*0.4%*	*4.9*	*0.4%*	*3.1*	*0.3%*	*1.0*	*0.1%*	*0.3*	*0.1%*	-	-	*16.8*	*0.3%*
Yes, before the past 12 months	*1.0*	*0.2%*	*3.0*	*0.3%*	*5.0*	*0.5%*	*11.0*	*1.0%*	*7.1*	*0.6%*	*7.8*	*0.9%*	*1.4*	*0.4%*	*1.1*	*0.6%*	*37.3*	*0.6%*
Yes, but don't know when it was diagnosed	-	-	*0.4*	*<0.05%*	*0.3*	*<0.05%*	-	-	-	-	*0.3*	*<0.05%*	-	-	-	-	*1.1*	*<0.05%*
No	567.9	98.0%	882.6	98.8%	993.0	98.2%	1 061.8	98.0%	1 193.0	98.4%	823.6	98.3%	338.3	98.5%	188.0	98.4%	6 048.2	98.3%
Don't know	8.7	1.5%	5.0	0.6%	8.7	0.9%	5.3	0.5%	9.2	0.8%	5.2	0.6%	3.5	1.0%	1.9	1.0%	47.4	0.8%
Total	579.4	100.0%	893.0	100.0%	1 010.7	100.0%	1 083.0	100.0%	1 212.3	100.0%	837.9	100.0%	343.5	100.0%	191.0	100.0%	6 150.8	100.0%

Base: All respondents (N=6 150 800).
Note: Figures may not add up to the total due to rounding.

3.5.3 Other Mental Illnesses

Among people aged 15 or above, 0.5% reported having doctor-diagnosed mental illnesses other than anxiety disorders and depression. Both females (0.5%) and males (0.4%) had similar proportions. The prevalences of psychosis, dementia, bipolar disorder and schizophrenia were very similar at 0.1%. Analysed by gender, there were more reported cases in females than males for dementia; while there were more males reported having schizophrenia than females (Table 3.5.3a).

Table 3.5.3a: Prevalence of other doctor-diagnosed mental illnesses by gender

	Female		**Male**		**Total**	
	No. of persons ('000)	**%**	**No. of persons ('000)**	**%**	**No. of persons ('000)**	**%**
Yes	17.8	0.5%	10.9	0.4%	28.7	0.5%
*Psychosis **	*4.4*	*0.1%*	*2.2*	*0.1%*	*6.6*	*0.1%*
*Dementia **	*4.1*	*0.1%*	*1.3*	*<0.05%*	*5.4*	*0.1%*
*Bipolar disorder **	*2.9*	*0.1%*	*1.5*	*0.1%*	*4.4*	*0.1%*
*Schizophrenia **	*1.2*	*<0.05%*	*2.8*	*0.1%*	*4.1*	*0.1%*
*Others **	*4.9*	*0.2%*	*2.7*	*0.1%*	*7.6*	*0.1%*
*Refusal **	*0.3*	*<0.05%*	*0.3*	*<0.05%*	*0.6*	*<0.05%*
No	3 204.9	98.6%	2 866.0	98.9%	6 070.9	98.7%
Don't know	29.1	0.9%	22.1	0.8%	51.2	0.8%
Total	3 251.8	100.0%	2 899.0	100.0%	6 150.8	100.0%

Base: All respondents (N=6 150 800).
Notes: * Multiple answers were allowed.
Figures may not add up to the total due to rounding.

Analysed by age group, the prevalence of other doctor-diagnosed mental illnesses was the highest for those aged 85 or above (1.2%), followed by those aged 75-84 (0.8%). For psychosis, persons aged 25-34, 35-44 and 85 or above had the highest prevalence (0.2%). For dementia, it was most prevalent in those aged 85 or above (0.9%). For bipolar disorder, persons aged 25-34 and 35-44 had the highest prevalence (0.2%). For schizophrenia, persons aged 75-84 had the highest prevalence (0.2%) (Table 3.5.3b).

Table 3.5.3b: Prevalence of other doctor-diagnosed mental illnesses by age group

	15-24		**25-34**		**35-44**		**45-54**		**55-64**		**65-74**		**75-84**		**85 or above**		**Total**	
	No. of persons ('000)	**%**	**No. of persons ('000)**	**%**	**No. of persons ('000)**	**%**	**No. of persons ('000)**	**%**	**No. of persons ('000)**	**%**	**No. of persons ('000)**	**%**	**No. of persons ('000)**	**%**	**No. of persons ('000)**	**%**	**No. of persons ('000)**	**%**
Yes	2.1	0.4%	5.3	0.6%	5.9	0.6%	2.2	0.2%	4.5	0.4%	3.6	0.4%	2.9	0.8%	2.2	1.2%	28.7	0.5%
*Psychosis **	*0.8*	*0.1%*	*1.5*	*0.2%*	*1.6*	*0.2%*	*0.8*	*0.1%*	*0.8*	*0.1%*	*0.6*	*0.1%*	-	-	*0.5*	*0.2%*	*6.6*	*0.1%*
*Dementia **	-	-	-	-	-	-	-	-	*0.3*	*<0.05%*	*1.4*	*0.2%*	*1.9*	*0.6%*	*1.8*	*0.9%*	*5.4*	*0.1%*
*Bipolar disorder **	*0.7*	*0.1%*	*1.8*	*0.2%*	*1.5*	*0.2%*	*0.4*	*<0.05%*	-	-	-	-	-	-	-	-	*4.4*	*0.1%*
*Schizophrenia **	-	-	*0.4*	*<0.05%*	*0.8*	*0.1%*	-	-	*1.7*	*0.1%*	*0.6*	*0.1%*	*0.6*	*0.2%*	-	-	*4.1*	*0.1%*
*Others **	*0.6*	*0.1%*	*1.3*	*0.2%*	*1.6*	*0.2%*	*1.1*	*0.1%*	*1.6*	*0.1%*	*1.0*	*0.1%*	*0.4*	*0.1%*	-	-	*7.6*	*0.1%*
*Refusal **	-	-	*0.3*	*<0.05%*	*0.3*	*<0.05%*	-	-	-	-	-	-	-	-	-	-	*0.6*	*<0.05%*
No	569.2	98.2%	882.7	98.8%	995.5	98.5%	1 073.8	99.2%	1 197.6	98.8%	828.5	98.9%	336.8	98.0%	186.9	97.8%	6 070.9	98.7%
Don't know	8.1	1.4%	5.0	0.6%	9.3	0.9%	7.0	0.6%	10.3	0.8%	5.8	0.7%	3.8	1.1%	1.9	1.0%	51.2	0.8%
Total	579.4	100.0%	893.0	100.0%	1 010.7	100.0%	1 083.0	100.0%	1 212.3	100.0%	837.9	100.0%	343.5	100.0%	191.0	100.0%	6 150.8	100.0%

Base: All respondents (N=6 150 800).

Notes: * Multiple answers were allowed.

Figures may not add up to the total due to rounding.

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Chapter 4
Health-related Behaviours and Lifestyle Practices

Non-communicable diseases (NCDs) contributed to 74% of death globally in 2021 [1]. NCDs are often chronic diseases that required regular medical care and is considered as a major source of healthcare burden in the community. Health-related behaviours and lifestyle practices are the major factors on NCDs development. Tobacco smoking, physical inactivity, use of alcohol, and unhealthy diet are the common risk factors to different NCDs. Apart from these behavioural risk factors, eating-out, which is common among Hong Kong people, may impose risks on individuals for unhealthy diet. Many of these risk factors are modifiable and the burden of NCDs can thus be reduced through adopting healthier lifestyle. This chapter reports the findings on smoking, pattern of alcohol consumption, physical activity, diet and nutrition, the frequency of eating-out, and the use of health supplements in Hong Kong.

Snapshot of Health-related Behaviours and Lifestyle Practices of the Population

Indicator	Female	Male	Overall
Proportion of population who had ever smoked	4.7%	25.4%	14.4%
Proportion of daily alcohol drinkers	0.6%	3.8%	2.1%
Proportion of population who had binge drinking at least monthly	0.8%	3.3%	2.0%
Proportion of population who were drinking at increased risk, harmful drinking or probable alcohol dependent (i.e. AUDIT total score ≥ 16) in the 12 months preceding the survey	0.1%	0.5%	0.3%
Proportion of adults aged 18 or above who had insufficient physical activity according to WHO's definition	26.5%	22.8%	24.8%

Indicator	Female	Male	Overall
Proportion of population with inadequate daily intake of fruit and vegetables (less than 5 servings on average per day)	97.8%	98.2%	97.9%
Proportion of population consuming processed meat and associated products at least once per week	45.9%	57.9%	51.6%
Proportion of population using seasonings containing salt every time eating at table	1.0%	0.9%	0.9%
Proportion of domestic households using iodised salt	N.A.	N.A.	21.1%
Proportion of population eating-out for breakfast, lunch or dinner at least once a week	73.0%	82.0%	77.2%

4.1 Smoking

Tobacco use is a major cause of different types of cancer, such as cancers of the lung, larynx, oral cavity, pharynx, esophagus, cervix, etc. It damages our airways and lungs which causes respiratory diseases such as chronic bronchitis, and emphysema. Tobacco use is also regarded as a major risk factor of cardiovascular diseases such as coronary heart diseases, peripheral arterial disease and stroke [2]. Globally, tobacco causes around 8 million deaths every year, with 7 million affected by tobacco directly, and 1.2 million affected indirectly by second-hand smoking [3].

4.1.1 Pattern of Smoking (including any type of tobacco products)

14.4% of persons aged 15 or above reported that they had ever smoked (4.7% for females and 25.4% for males) (Table 4.1.1a). Analysed by age group, the proportion of persons who had ever smoked was the highest at 18.3% among persons aged 45-54 (Table 4.1.1b).

Table 4.1.1a: Distribution of population aged 15 or above by whether had ever smoked and gender

	Female		Male		Total	
Whether had ever smoked +	**No. of Persons ('000)**	**%**	**No. of persons ('000)**	**%**	**No. of persons ('000)**	**%**
Yes	151.8	4.7%	736.0	25.4%	887.8	14.4%
No (Never smoke, or tried only one or two sticks)	3 100.0	95.3%	2 163.0	74.6%	5 263.0	85.6%
Total	3 251.8	100.0%	2 899.0	100.0%	6 150.8	100.0%

Base: All respondents (N= 6 150 800).

Notes: Figures may not add up to the total due to rounding.

+ Including any type of tobacco products.

Table 4.1.1b: Distribution of population aged 15 or above by whether had ever smoked and age group

	15-24		25-34		35-44		45-54		55-64		65-74		75-84		85 or above		Total	
Whether had ever smoked +	**No. of persons ('000)**	**%**	**No. of persons ('000)**	**%**	**No. of persons ('000)**	**%**	**No. of persons ('000)**	**%**	**No. of persons ('000)**	**%**	**No. of persons ('000)**	**%**	**No. of persons ('000)**	**%**	**No. of persons ('000)**	**%**	**No. of persons ('000)**	**%**
Yes	22.2	3.8%	94.2	10.6%	170.4	16.9%	197.7	18.3%	194.1	16.0%	133.3	15.9%	53.4	15.5%	22.6	11.8%	887.8	14.4%
No (Never smoke, or tried only one or two sticks)	557.2	96.2%	798.8	89.4%	840.3	83.1%	885.3	81.7%	1 018.2	84.0%	704.6	84.1%	290.1	84.5%	168.4	88.2%	5 263.0	85.6%
Total	579.4	100.0%	893.0	100.0%	1 010.7	100.0%	1 083.0	100.0%	1 212.3	100.0%	837.9	100.0%	343.5	100.0%	191.0	100.0%	6 150.8	100.0%

Base: All respondents (N= 6 150 800).

Notes: Figures may not add up to the total due to rounding.

+ Including any type of tobacco products.

4.1.2 Persons who currently had habit of smoking

Among persons aged 15 or above who had ever smoked, 71.2% reported that they currently had habit of smoking at the time of survey (71.7% for females and 71.1% for males) (Table 4.1.2a). Analysed by age group, the proportion of persons who currently had habit of smoking among those who had ever smoked was the highest at 83.2% for those aged 25-34 and was the lowest at 30.6% for those aged 85 or above (Table 4.1.2b).

Table 4.1.2a: Distribution of population aged 15 or above who had ever smoked by whether currently had habit of smoking and gender

Whether currently had habit of smoking	Female		Male		Total	
	No. of Persons ('000)	%	No. of persons ('000)	%	No. of persons ('000)	%
Yes	108.8	71.7%	523.1	71.1%	631.9	71.2%
No	43.0	28.3%	212.9	28.9%	255.9	28.8%
Total	151.8	100.0%	736.0	100.0%	887.8	100.0%

Base: Respondents who had ever smoked (N=887 800).
Note: Figures may not add up to the total due to rounding.

Table 4.1.2b: Distribution of population aged 15 or above who had ever smoked by whether currently had smoking habit and age group

Whether currently had habit of smoking	15-24		25-34		35-44		45-54		55-64		65-74		75-84		85 or above		Total	
	No. of persons ('000)	%	No. of persons ('000)	%	No. of persons ('000)	%	No. of persons ('000)	%	No. of persons ('000)	%	No. of persons ('000)	%	No. of persons ('000)	%	No. of persons ('000)	%	No. of persons ('000)	%
Yes	18.0	81.1%	78.4	83.2%	137.8	80.9%	159.7	80.8%	139.0	71.6%	72.0	54.0%	20.1	37.7%	6.9	30.6%	631.9	71.2%
No	4.2	18.9%	15.8	16.8%	32.6	19.1%	38.0	19.2%	55.1	28.4%	61.2	46.0%	33.3	62.3%	15.7	69.4%	255.9	28.8%
Total	22.2	100.0%	94.2	100.0%	170.4	100.0%	197.7	100.0%	194.1	100.0%	133.3	100.0%	53.4	100.0%	22.6	100.0%	887.8	100.0%

Base: Respondents who had ever smoked (N=887 800).
Note: Figures may not add up to the total due to rounding.

4.1.3 Persons who have quit Smoking

Among those who had previously smoked and have already quit, 5.7% have quit in the past 6 months and 66.9% have quit for more than 60 months. The corresponding proportion for having quit in the past 6 months was higher among males (6.0%) than among females (4.1%), and for having quit more than 60 months was also higher among males (68.9%) than among females (56.7%) (Table 4.1.3a).

Analysed by age group, the proportion of persons who have quit in the past 6 months was the highest at 24.0% for those aged 15-24 and was the lowest at 2.1% for those aged 75-84. 21.1% of those aged 25-34 have quit for more than 60 months and the proportions increased with age to 95.6% for those aged 85 or above (Table 4.1.3b).

Table 4.1.3a: Pattern of duration since quit smoking by gender

	Female		Male		Total	
	No. of Persons ('000)	%	No. of persons ('000)	%	No. of persons ('000)	%
In the past 6 months	1.8	4.1%	12.8	6.0%	14.5	5.7%
In the past 7 to 12 months	3.5	8.1%	13.3	6.2%	16.7	6.5%
In the past 13 to 24 months	4.2	9.8%	13.8	6.5%	18.0	7.1%
In the past 25 to 36 months	1.7	4.0%	8.2	3.8%	9.9	3.9%
In the past 37 to 48 months	3.0	7.0%	6.7	3.2%	9.8	3.8%
In the past 49 to 60 months	4.4	10.2%	11.4	5.4%	15.8	6.2%
More than 60 months	24.4	56.7%	146.7	68.9%	171.1	66.9%
Total	43.0	100.0%	212.9	100.0%	255.9	100.0%

Base: Respondents who had habit of smoking previously but already quit at the time of survey (N=255 900).
Note: Figures may not add up to the total due to rounding.

Table 4.1.3b: Pattern of duration since quit smoking by age group

	15-24		25-34		35-44		45-54		55-64		65-74		75-84		85 or above		Total	
	No. of persons ('000)	%	No. of persons ('000)	%	No. of persons ('000)	%	No. of persons ('000)	%	No. of persons ('000)	%	No. of persons ('000)	%	No. of persons ('000)	%	No. of persons ('000)	%	No. of persons ('000)	%
In the past 6 months	1.0	24.0%	1.2	7.4%	3.5	10.7%	2.5	6.6%	3.6	6.6%	2.0	3.3%	0.7	2.1%	-	-	14.5	5.7%
In the past 7 to 12 months	1.8	42.6%	2.6	16.4%	3.7	11.4%	2.6	6.8%	1.8	3.2%	2.4	3.9%	1.9	5.7%	-	-	16.7	6.5%
In the past 13 to 24 months	1.0	24.0%	3.0	19.3%	3.0	9.3%	3.7	9.6%	2.9	5.3%	2.6	4.2%	1.4	4.3%	0.4	2.4%	18.0	7.1%
In the past 25 to 36 months	-	-	2.0	12.4%	1.7	5.1%	2.5	6.5%	1.8	3.3%	1.7	2.8%	0.3	0.9%	-	-	9.9	3.9%
In the past 37 to 48 months	0.4	9.5%	2.2	13.7%	3.8	11.7%	0.4	1.0%	1.4	2.6%	1.0	1.6%	0.3	0.9%	0.3	2.0%	9.8	3.8%
In the past 49 to 60 months	-	-	1.6	9.8%	2.5	7.6%	5.4	14.1%	1.5	2.8%	3.2	5.3%	1.7	5.0%	-	-	15.8	6.2%
More than 60 months	-	-	3.3	21.1%	14.4	44.2%	21.0	55.4%	42.0	76.2%	48.4	79.0%	27.0	81.0%	15.0	95.6%	171.1	66.9%
Total	4.2	100.0%	15.8	100.0%	32.6	100.0%	38.0	100.0%	55.1	100.0%	61.2	100.0%	33.3	100.0%	15.7	100.0%	255.9	100.0%

Base: Respondents who had habit of smoking previously but already quit at the time of survey (N=255 900).
Note: Figures may not add up to the total due to rounding.

4.2 Alcohol Consumption

The harmful use of alcohol causes 3 million deaths globally every year, particularly in the young. It is a casual factor in more than 200 diseases and injury conditions, such as cancers, mental and behavioural disorders, liver cirrhosis, and cardiovascular diseases [4]. Apart from physical and mental health problems, alcohol use is often linked to other societal problems, such as road traffic accidents and domestic violence[5]. This section reports the findings of alcohol consumption pattern, frequency of binge drinking, risks for drinking problems, and alcohol-related harms.

4.2.1 Pattern of Alcohol Consumption

Overall, 15.3% of the population aged 15 or above drank alcoholic beverages occasionally (i.e. drank in three days or less a month) and 8.7% drank regularly (i.e. drank at least once a week) in the 12 months preceding the survey. On the other hand, 71.8% of persons aged 15 or above had never consumed alcohol and 4.2% had not consumed alcohol in the 12 months preceding the survey. Analysed by gender, more females (80.2%) than males (62.4%) aged 15 or above reported to have never been a drinker. In contrast, more males (14.1%) than females (4.0%) reported to be regular drinkers (Table 4.2.1a). The proportion of persons who had never drunk alcoholic beverages were the lowest at 66.1% among those in the 35-44 age group and generally increased with fluctuation by age to the highest at 86.3% among persons aged 85 or above. The proportions of regular drinkers were relatively lower at 3.8% among the young (i.e. aged 15-24) and at 2.1% among the old (i.e. aged 85 or above), and was the highest at 11.1% among the middle age group 45-54 (Table 4.2.1b).

Table 4.2.1a: Pattern of alcohol consumption in the 12 months preceding the survey by gender

	Female		Male		Total	
	No. of persons ('000)	**%**	**No. of persons ('000)**	**%**	**No. of persons ('000)**	**%**
Never	2 607.5	80.2%	1 808.2	62.4%	4 415.8	71.8%
Not in the past year	105.7	3.3%	152.1	5.2%	257.7	4.2%
Drink alcohol occasionally	409.6	12.6%	531.2	18.3%	940.8	15.3%
Drink less than once a month	*280.5*	*8.6%*	*293.9*	*10.1%*	*574.4*	*9.3%*
Drink 1 day a month	*67.3*	*2.1%*	*122.7*	*4.2%*	*190.0*	*3.1%*
Drink 2 - 3 days a month	*61.8*	*1.9%*	*114.6*	*4.0%*	*176.4*	*2.9%*
Drink alcohol regularly	128.9	4.0%	407.5	14.1%	536.4	8.7%
Drink 1 day a week	*58.4*	*1.8%*	*147.4*	*5.1%*	*205.8*	*3.3%*
Drink 2 - 3 days a week	*41.7*	*1.3%*	*120.1*	*4.1%*	*161.8*	*2.6%*
Drink 4 - 6 days a week	*8.3*	*0.3%*	*29.2*	*1.0%*	*37.5*	*0.6%*
Drink everyday	*20.6*	*0.6%*	*110.8*	*3.8%*	*131.3*	*2.1%*
Total	3 251.8	100.0%	2 899.0	100.0%	6 150.8	100.0%

Base: All respondents (N= 6 150 800).
Note: Figures may not add up to the total due to rounding.

Table 4.2.1b: Pattern of alcohol consumption in the 12 months preceding the survey by age group

	15-24		25-34		35-44		45-54		55-64		65-74		75-84		85 or above		Total	
	No. of persons ('000)	%	No. of persons ('000)	%	No. of persons ('000)	%	No. of persons ('000)	%	No. of persons ('000)	%	No. of persons ('000)	%	No. of persons ('000)	%	No. of persons ('000)	%	No. of persons ('000)	%
Never	473.0	81.6%	608.9	68.2%	668.2	66.1%	732.6	67.6%	868.8	71.7%	616.0	73.5%	283.6	82.6%	164.8	86.3%	4 415.8	71.8%
Not in the past year	10.6	1.8%	24.7	2.8%	33.9	3.4%	43.3	4.0%	55.3	4.6%	54.3	6.5%	20.4	5.9%	15.3	8.0%	257.7	4.2%
Drink alcohol occasionally	73.7	12.7%	184.5	20.7%	200.0	19.8%	187.3	17.3%	162.6	13.4%	103.1	12.3%	22.6	6.6%	7.0	3.7%	940.8	15.3%
Drink less than once a month	*41.3*	*7.1%*	*99.3*	*11.1%*	*121.2*	*12.0%*	*114.8*	*10.6%*	*106.5*	*8.8%*	*72.6*	*8.7%*	*14.3*	*4.2%*	*4.4*	*2.3%*	*574.4*	*9.3%*
Drink 1 day a month	*16.1*	*2.8%*	*40.7*	*4.6%*	*39.8*	*3.9%*	*37.7*	*3.5%*	*32.0*	*2.6%*	*17.7*	*2.1%*	*4.8*	*1.4%*	*1.2*	*0.6%*	*190.0*	*3.1%*
Drink 2 - 3 days a month	*16.3*	*2.8%*	*44.5*	*5.0%*	*39.0*	*3.9%*	*34.8*	*3.2%*	*24.1*	*2.0%*	*12.8*	*1.5%*	*3.5*	*1.0%*	*1.3*	*0.7%*	*176.4*	*2.9%*
Drink alcohol regularly	22.1	3.8%	74.9	8.4%	108.7	10.8%	119.8	11.1%	125.6	10.4%	64.6	7.7%	16.8	4.9%	4.0	2.1%	536.4	8.7%
Drink 1 day a week	*14.5*	*2.5%*	*37.0*	*4.1%*	*44.4*	*4.4%*	*47.7*	*4.4%*	*41.5*	*3.4%*	*17.2*	*2.1%*	*2.6*	*0.8%*	*1.1*	*0.6%*	*205.8*	*3.3%*
Drink 2 - 3 days a week	*6.7*	*1.1%*	*25.6*	*2.9%*	*35.0*	*3.5%*	*35.4*	*3.3%*	*38.9*	*3.2%*	*16.5*	*2.0%*	*3.0*	*0.9%*	*0.7*	*0.4%*	*161.8*	*2.6%*
Drink 4 - 6 days a week	*0.6*	*0.1%*	*4.9*	*0.5%*	*9.9*	*1.0%*	*8.0*	*0.7%*	*8.2*	*0.7%*	*5.8*	*0.7%*	-	-	-	-	*37.5*	*0.6%*
Drink everyday	*0.4*	*0.1%*	*7.4*	*0.8%*	*19.3*	*1.9%*	*28.6*	*2.6%*	*37.1*	*3.1%*	*25.1*	*3.0%*	*11.2*	*3.3%*	*2.2*	*1.2%*	*131.3*	*2.1%*
Total	579.4	100.0%	893.0	100.0%	1 010.7	100.0%	1 083.0	100.0%	1 212.3	100.0%	837.9	100.0%	343.5	100.0%	191.0	100.0%	6 150.8	100.0%

Base: All respondents (N= 6 150 800).
Note: Figures may not add up to the total due to rounding.

Regarding the type of alcohol consumed, among persons who had drunk alcoholic beverages in the 12 months preceding the survey, most persons drank beer (69.3%), followed by table wines (47.1%). Analysed by gender, more male drinkers (76.8%) had drunk beer in the 12 months preceding the survey than female drinkers (56.4%). In contrast, a greater proportion of female drinkers (56.7%) drank table wines than male drinkers (41.7%) (Table 4.2.1c). While beer was the most popular choice among drinkers in all age groups, the proportion of drinkers who had drunk beer in the 12 months preceding the survey generally decreased with age from 78.7% for those aged 15-24 to 46.2% for those aged 75-84 with a slight increase in between for those aged 55-64 (69.3%), and bounced back among those aged 85 or above (59.2%). Table wines were

the second most popular choice of alcoholic beverages and was relatively more popular among drinkers in the middle age group 55-64 (50.5%) when compared to drinkers in other age groups (Table 4.2.1d).

Table 4.2.1c: Type of alcohol consumed in the 12 months preceding the survey by gender

	Female		Male		Total	
	No. of persons ('000)	%	No. of persons ('000)	%	No. of persons ('000)	%
Beer, table wines, spirits, rice wines or Chinese spirits	519.9	96.5%	930.7	99.1%	1 450.6	98.2%
Beer	*303.7*	*56.4%*	*720.7*	*76.8%*	*1 024.4*	*69.3%*
Table wines	*305.2*	*56.7%*	*391.1*	*41.7%*	*696.3*	*47.1%*
Spirits	*42.0*	*7.8%*	*126.7*	*13.5%*	*168.7*	*11.4%*
Rice wines	*70.8*	*13.1%*	*63.6*	*6.8%*	*134.4*	*9.1%*
Chinese spirits (Baijiu)	*5.6*	*1.0%*	*17.4*	*1.9%*	*23.0*	*1.6%*
Others *	18.7	3.5%	8.0	0.9%	26.7	1.8%
Total	538.6	100.0%	938.7	100.0%	1 477.3	100.0%

Base: Respondents who had drunk alcohol in the 12 months preceding the survey (N=1 477 300).

Notes:* Respondents who had drunk alcohol in the 12 months preceding the survey but had not drunk the five types of alcoholic beverages mentioned above.

Multiple answers were allowed.

Figures may not add up to the total due to rounding.

Table 4.2.1d: Type of alcohol consumed in the 12 months preceding the survey by age group

	15-24		25-34		35-44		45-54		55-64		65-74		75-84		85 or above		Total	
	No. of persons ('000)	%	No. of persons ('000)	%	No. of persons ('000)	%	No. of persons ('000)	%	No. of persons ('000)	%	No. of persons ('000)	%	No. of persons ('000)	%	No. of persons ('000)	%	No. of persons ('000)	%
Beer, table wines, spirits, rice wines or Chinese spirits	92.2	96.2%	255.2	98.4%	304.2	98.6%	301.3	98.1%	284.0	98.5%	165.5	98.7%	38.5	97.5%	9.8	88.9%	1 450.6	98.2%
Beer	*75.5*	*78.7%*	*195.4*	*75.3%*	*220.2*	*71.3%*	*204.9*	*66.7%*	*199.7*	*69.3%*	*103.9*	*62.0%*	*18.2*	*46.2%*	*6.5*	*59.2%*	*1 024.4*	*69.3%*
Table wines	*31.5*	*32.9%*	*120.0*	*46.2%*	*150.7*	*48.8%*	*152.0*	*49.5%*	*145.7*	*50.5%*	*78.5*	*46.8%*	*16.1*	*40.9%*	*1.8*	*16.6%*	*696.3*	*47.1%*
Spirits	*17.4*	*18.2%*	*35.5*	*13.7%*	*31.3*	*10.1%*	*30.1*	*9.8%*	*31.3*	*10.9%*	*19.3*	*11.5%*	*2.6*	*6.6%*	*1.2*	*10.7%*	*168.7*	*11.4%*
Rice wines	*8.5*	*8.9%*	*34.3*	*13.2%*	*29.0*	*9.4%*	*29.6*	*9.6%*	*17.9*	*6.2%*	*10.6*	*6.3%*	*3.6*	*9.2%*	*1.0*	*8.8%*	*134.4*	*9.1%*
Chinese spirits (Baijiu)	*0.6*	*0.6%*	*2.2*	*0.8%*	*3.1*	*1.0%*	*2.8*	*0.9%*	*3.9*	*1.4%*	*5.9*	*3.5%*	*4.2*	*10.6%*	*0.3*	*3.1%*	*23.0*	*1.6%*
Others *	3.7	3.8%	4.2	1.6%	4.5	1.4%	5.7	1.9%	4.2	1.5%	2.1	1.3%	1.0	2.5%	1.2	11.1%	26.7	1.8%
Total	95.8	100.0%	259.4	100.0%	308.6	100.0%	307.1	100.0%	288.2	100.0%	167.7	100.0%	39.5	100.0%	11.0	100.0%	1 477.3	100.0%

Base: Respondents who had drunk alcohol in the 12 months preceding the survey (N=1 477 300).

Notes:* Respondents who had drunk alcohol in the 12 months preceding the survey but had not drunk the five types of alcoholic beverages mentioned above.

Multiple answers were allowed.

Figures may not add up to the total due to rounding.

The average amount of alcohol consumed by the drinkers in a typical drinking day in the 12 months preceding the survey was 3.4 alcohol units (each unit is equivalent to 10 grams) for beer, 2.9 alcohol units for table wines, 3.9 alcohol units for spirits, 2.3 alcohol units for rice wines, 3.4 alcohol units for Chinese spirits (Baijiu), and 4.6 alcohol units for all five types of alcoholic beverages combined. Among persons who had drunk these five types of alcoholic beverages in the 12 months preceding the survey, male drinkers had drunk larger amount in terms of units of alcohol in a typical drinking day than female drinkers. The average amount drunk in one day by male drinkers was 4.9 alcohol units, higher than the average of 4.1 alcohol units for female drinkers (Table 4.2.1e). Analysed by age group, the average amount of alcohol units for the five types of alcoholic beverages as a whole drunk in one day decreased with age from 5.5 alcohol units for drinkers aged 15-24 to 2.3 alcohol units for drinkers aged 85 or above with a slight increase in between among drinkers aged 55-64 (4.4 alcohol units) (Table 4.2.1f).

Table 4.2.1e: Average amount of alcohol (number of units of alcohol) usually consumed in one day on typical drinking days in the 12 months preceding the survey by gender

	Female	Male	Total
Beer *	3.0	3.6	3.4
Table wines #	2.8	3.0	2.9
Spirits ^	4.1	3.8	3.9
Rice wines †	2.1	2.5	2.3
Chinese spirits (Baijiu) ‡	2.9	3.5	3.4
Overall average amount ‖	4.1	4.9	4.6

Bases: * Respondents who had drunk beer in the 12 months preceding the survey (N=1 024 400).
Respondents who had drunk table wines in the 12 months preceding the survey (N=696 300).
^ Respondents who had drunk spirits in the 12 months preceding the survey (N=168 700).
† Respondents who had drunk rice wines in the 12 months preceding the survey (N=134 400).
‡ Respondents who had drunk Chinese spirits (Baijiu) in the 12 months preceding the survey (N=23 000).
‖ Respondents who had drunk beer, table wines, spirits, rice wines or Chinese spirits (Baijiu) in the 12 months preceding the survey (N=1 450 600).

Table 4.2.1f: Average amount of alcohol (number of units of alcohol) usually consumed in one day on typical drinking days in the 12 months preceding the survey by age group

	15-24	25-34	35-44	45-54	55-64	65-74	75-84	85 or above	Total
Beer *	3.6	3.6	3.6	3.5	3.3	3.0	3.0	2.6	3.4
Table wines #	2.8	3.1	3.3	2.7	2.7	2.7	2.6	1.7	2.9
Spirits ^	6.7	4.0	3.6	2.9	3.9	3.7	3.1	0.7	3.9
Rice wines †	2.6	2.7	2.4	2.3	1.8	1.7	0.9	1.2	2.3
Chinese spirits (Baijiu) ‡	6.7	7.5	6.9	1.5	2.0	1.9	2.8	1.2	3.4
Overall average amount ‖	5.5	5.2	5.0	4.3	4.4	3.8	3.1	2.3	4.6

Bases: * Respondents who had drunk beer in the 12 months preceding the survey (N=1 024 400).

Respondents who had drunk table wines in the 12 months preceding the survey (N=696 300).

^ Respondents who had drunk spirits in the 12 months preceding the survey (N=168 700).

† Respondents who had drunk rice wines in the 12 months preceding the survey (N=134 400).

‡ Respondents who had drunk Chinese spirits (Baijiu) in the 12 months preceding the survey (N=23 000).

‖ Respondents who had drunk beer, table wines, spirits, rice wines or Chinese spirits (Baijiu) in the 12 months preceding the survey (N=1 450 600).

4.2.2 Binge Drinking / Heavy Episodic Drinking

Binge drinking or heavy episodic drinking can cause acute consequences such as road traffic accidents, violence, and injuries[6]. Binge drinking is a pattern of heavy drinking when consuming more than 60 grams of pure alcohol on a single occasion. In Hong Kong, 60 grams of pure alcohol is equivalent to approximately 5 cans of beers, 5 glasses of table wine or 5 pegs of spirits. One occasion refers to a period of few hours.

Among persons aged 15 or above, 5.3% had binge drinking in the 12 months preceding the survey. The corresponding proportion was higher among males (8.3%) than females (2.7%). The prevalence of binge drinking at least monthly among persons aged 15 or above was 2.0% (0.8% for females and 3.3% for males) (Table 4.2.2a). Age-standardised prevalence of binge drinking at least monthly among adults aged 18 years or above was 2.2%. Analysed by age group, the proportions of binge drinkers (at least monthly) in the 12 months preceding the survey increased with age from 1.6% among drinkers aged 15-24 to 2.9% for those aged 35-44, and then decreased to 0.5% for those aged 85 or above (Table 4.2.2b).

Table 4.2.2a: Prevalence of binge drinking[#] in the 12 months preceding the survey by gender

	Female		**Male**		**Total**	
	No. of persons ('000)	**%**	**No. of Persons ('000)**	**%**	**No. of persons ('000)**	**%**
Never in the 12 months preceding the survey	3 165.6	97.3%	2 658.2	91.7%	5 823.8	94.7%
Ever in the 12 months preceding the survey	86.2	2.7%	240.8	8.3%	327.0	5.3%
Less than monthly	*60.6*	*1.9%*	*144.4*	*5.0%*	*205.0*	*3.3%*
At least monthly	*25.6*	*0.8%*	*96.4*	*3.3%*	*122.0*	*2.0%*
Monthly	*15.9*	*0.5%*	*57.0*	*2.0%*	*72.9*	*1.2%*
Weekly	*8.9*	*0.3%*	*26.9*	*0.9%*	*35.8*	*0.6%*
Daily or almost daily	*0.8*	*<0.05%*	*12.5*	*0.4%*	*13.3*	*0.2%*
Total	3 251.8	100.0%	2 899.0	100.0%	6 150.8	100.0%

Base: All respondents (N= 6 150 800).

Notes: # Binge drinking: Drinking at least 5 cans of beers, 5 glasses of table wines or 5 pegs of spirits on one occasion.
Figures may not add up to the total due to rounding.

Table 4.2.2b: Prevalence of binge drinking[#] in the 12 months preceding the survey by age group

	15-24		25-34		35-44		45-54		55-64		65-74		75-84		85 or above		Total	
	No. of persons ('000)	**%**	**No. of persons ('000)**	**%**	**No. of persons ('000)**	**%**	**No. of persons ('000)**	**%**	**No. of persons ('000)**	**%**	**No. of persons ('000)**	**%**	**No. of persons ('000)**	**%**	**No. of persons ('000)**	**%**	**No. of persons ('000)**	**%**
Never in the 12 months preceding the survey	558.4	96.4%	828.0	92.7%	930.2	92.0%	1 014.9	93.7%	1 152.5	95.1%	812.4	97.0%	337.7	98.3%	189.7	99.3%	5 823.8	94.7%
Ever in the 12 months preceding the survey	21.0	3.6%	65.0	7.3%	80.5	8.0%	68.1	6.3%	59.8	4.9%	25.5	3.0%	5.8	1.7%	1.3	0.7%	327.0	5.3%
Less than monthly	*12.0*	*2.1%*	*43.7*	*4.9%*	*51.4*	*5.1%*	*40.3*	*3.7%*	*37.6*	*3.1%*	*16.5*	*2.0%*	*3.2*	*0.9%*	*0.3*	*0.2%*	*205.0*	*3.3%*
At least monthly	*9.0*	*1.6%*	*21.3*	*2.4%*	*29.2*	*2.9%*	*27.8*	*2.6%*	*22.3*	*1.8%*	*9.0*	*1.1%*	*2.5*	*0.7%*	*0.9*	*0.5%*	*122.0*	*2.0%*
Monthly	*6.4*	*1.1%*	*14.8*	*1.7%*	*19.6*	*1.9%*	*14.7*	*1.4%*	*10.4*	*0.9%*	*5.3*	*0.6%*	*0.8*	*0.2%*	*0.9*	*0.5%*	*72.9*	*1.2%*
Weekly	*2.3*	*0.4%*	*5.8*	*0.6%*	*6.7*	*0.7%*	*10.5*	*1.0%*	*6.4*	*0.5%*	*2.7*	*0.3%*	*1.5*	*0.4%*	-	-	*35.8*	*0.6%*
Daily or almost daily	*0.3*	*0.1%*	*0.7*	*0.1%*	*2.9*	*0.3%*	*2.6*	*0.2%*	*5.5*	*0.5%*	*1.0*	*0.1%*	*0.3*	*0.1%*	-	-	*13.3*	*0.2%*
Total	579.4	100.0%	893.0	100.0%	1 010.7	100.0%	1 083.0	100.0%	1 212.3	100.0%	837.9	100.0%	343.5	100.0%	191.0	100.0%	6 150.8	100.0%

Base: All respondents (N= 6 150 800).

Notes: # Binge drinking: Drinking at least 5 cans of beers, 5 glasses of table wines or 5 pegs of spirits on one occasion.

Figures may not add up to the total due to rounding.

4.2.3 Risk for Drinking Problems

The Alcohol Use Disorders Identification Test (AUDIT) was developed by the WHO to screen for harmful use of alcohol and specific consequences of harmful drinking [7]. AUDIT consists of ten questions, with the first three relating to drinking behaviours and the other seven identifying alcohol dependence and consequences of harmful drinking. The score of each question ranges from 0 to 4, giving the range of the total AUDIT scores from 0 to 40. The first three questions are used as a pre-screening test of harmful alcohol use. The total score of the first three questions is called AUDIT-C score (ranges from 0 to 12). Respondents with an AUDIT-C score of 3 or higher would be advised to complete the remaining questions of AUDIT to better identify their risk levels. A total AUDIT score of 0-7 indicates no or low-risk drinking, 8-15 indicates increasing risk, 16-19 indicates harmful drinking and 20 or higher indicates probable alcohol dependence. In this section, the results of both total AUDIT scores and AUDIT-C scores are presented.

Overall, 14.4% of persons aged 15 or above had a pre-screening AUDIT-C score of 3 or above (7.7% for females and 22.0% for males) (Table 4.2.3a). Analysed by age group, the proportion of persons with AUDIT-C score of 3 or above was the highest for those aged 35-44 (19.3%) and lowest for those aged 85 or above (2.5%) (Table 4.2.3b).

Table 4.2.3a: Distribution of AUDIT-C score by gender

	Female		Male		Total	
Score	**No. of persons ('000)**	**%**	**No. of persons ('000)**	**%**	**No. of persons ('000)**	**%**
0 - 2*	3 002.0	92.3%	2 260.2	78.0%	5 262.2	85.6%
3 or above	249.8	7.7%	638.8	22.0%	888.6	14.4%
Total	3 251.8	100.0%	2 899.0	100.0%	6 150.8	100.0%

Base: All respondents (N= 6 150 800).

Notes: * Respondents who had not consumed any alcoholic beverages in the 12 months preceding the survey were assigned a score of 0 in AUDIT-C score.

Figures may not add up to the total due to rounding.

Table 4.2.3b: Distribution of AUDIT-C score by age group

Score	15-24		25-34		35-44		45-54		55-64		65-74		75-84		85 or above		Total	
	No. of persons ('000)	%	No. of persons ('000)	%	No. of persons ('000)	%	No. of persons ('000)	%	No. of persons ('000)	%	No. of persons ('000)	%	No. of persons ('000)	%	No. of persons ('000)	%	No. of persons ('000)	%
0 - 2*	527.3	91.0%	726.5	81.4%	815.8	80.7%	898.3	82.9%	1 040.5	85.8%	745.9	89.0%	321.8	93.7%	186.1	97.5%	5 262.2	85.6%
3 or above	52.1	9.0%	166.5	18.6%	194.9	19.3%	184.7	17.1%	171.8	14.2%	92.0	11.0%	21.7	6.3%	4.9	2.5%	888.6	14.4%
Total	579.4	100.0%	893.0	100.0%	1 010.7	100.0%	1 083.0	100.0%	1 212.3	100.0%	837.9	100.0%	343.5	100.0%	191.0	100.0%	6 150.8	100.0%

Base: All respondents (N= 6 150 800).

Notes: * Respondents who had not consumed any alcoholic beverages in the 12 months preceding the survey were assigned a score of 0 in AUDIT-C score.

Figures may not add up to the total due to rounding.

Regarding the AUDIT score, 2.7% of persons aged 15 or above had an AUDIT score of 8 or above indicating drinking at increased risk, harmful drinking or probable alcohol dependence, while 97.3% had an AUDIT score below 8 indicating that they were either not drinking or were drinking at lower-risk, in the 12 months preceding the survey. More male drinkers (4.5%) were at increased risk of harmful drinking or had more severe drinking problems than female drinkers (1.1%) (Table 4.2.3c). Analysed by age group, more persons aged 35-44 (3.7%) were drinking at increased risk with an AUDIT score of 8 or above than those in other age groups (Table 4.2.3d).

Table 4.2.3c: Distribution of AUDIT score by gender

Score	Female		Male		Total	
	No. of persons ('000)	%	No. of persons ('000)	%	No. of persons ('000)	%
0 - 7*	3 217.2	98.9%	2 768.3	95.5%	5 985.5	97.3%
8 - 15	30.3	0.9%	116.7	4.0%	147.0	2.4%
16 - 19	3.6	0.1%	9.0	0.3%	12.7	0.2%
20 - 40	0.7	<0.05%	5.0	0.2%	5.7	0.1%
Total	3 251.8	100.0%	2 899.0	100.0%	6 150.8	100.0%

Base: All respondents (N= 6 150 800).

Notes: Interpretation of AUDIT score: 0-7: No or low-risk drinking, 8-15: Drinking at increased risk; 16-19: Harmful drinking, and 20-40: Probable alcohol dependence

* Respondents who had not consumed any alcoholic beverages in the 12 months preceding the survey were assigned a score of 0 in AUDIT total score.

Figures may not add up to the total due to rounding.

Table 4.2.3d: Distribution of AUDIT score by age group

Score	15-24		25-34		35-44		45-54		55-64		65-74		75-84		85 or above		Total	
	No. of persons ('000)	%	No. of persons ('000)	%	No. of persons ('000)	%	No. of persons ('000)	%	No. of persons ('000)	%	No. of persons ('000)	%	No. of persons ('000)	%	No. of persons ('000)	%	No. of persons ('000)	%
0 - 7*	569.6	98.3%	868.9	97.3%	973.3	96.3%	1 049.0	96.9%	1 175.2	96.9%	821.5	98.0%	338.9	98.7%	189.0	99.0%	5 985.5	97.3%
8 - 15	7.8	1.3%	22.9	2.6%	32.8	3.2%	30.1	2.8%	33.2	2.7%	15.8	1.9%	3.5	1.0%	0.7	0.4%	147.0	2.4%
16 - 19	0.3	0.1%	0.8	0.1%	3.8	0.4%	2.3	0.2%	2.9	0.2%	0.3	<0.05%	1.1	0.3%	1.3	0.7%	12.7	0.2%
20 - 40	1.7	0.3%	0.3	<0.05%	0.8	0.1%	1.6	0.1%	1.0	0.1%	0.3	<0.05%	-	-	-	-	5.7	0.1%
Total	579.4	100.0%	893.0	100.0%	1 010.7	100.0%	1 083.0	100.0%	1 212.3	100.0%	837.9	100.0%	343.5	100.0%	191.0	100.0%	6 150.8	100.0%

Base: All respondents (N= 6 150 800).

Notes: Interpretation of AUDIT score: 0-7: No or low-risk drinking, 8-15: Drinking at increased risk; 16-19: Harmful drinking, and 20-40: Probable alcohol dependence

* Respondents who had not consumed any alcoholic beverages in the 12 months preceding the survey were assigned a score of 0 in AUDIT total score.

Figures may not add up to the total due to rounding.

4.2.4 Drinking Habit Change

Regarding motivation or action to change drinking habits, 6.1% of those who had a drink containing alcohol in the 12 months preceding the survey had the intention to stop drinking or drink less (5.0% for females and 6.8% for males), while 85.6% of them had no plan to change their drinking habits (85.7% for females and 85.6% for males). 0.9% of male and female drinkers had plans to stop drinking completely (Table 4.2.4a).

Analysed by age group, the proportion of having a plan to stop drinking completely was the highest (2.5%) for those aged 75-84, while the lowest proportion (0.7%) was for those aged 25-34. The proportion of having no plan to change the drinking habit decreased generally with age from 90.6% (aged 15-24) to 77.8% (85 or above) with a slight increase among those aged 55-64 (86.7%) (Table 4.2.4b).

Table 4.2.4a: Planning to change drinking habit in the next 6 months by gender

	Female		Male		Total	
	No. of persons ('000)	%	No. of persons ('000)	%	No. of persons ('000)	%
Plan to stop drinking completely	4.6	0.9%	8.7	0.9%	13.3	0.9%
Plan to drink less	22.2	4.1%	55.0	5.9%	77.2	5.2%
No plan to change the drinking habit	461.4	85.7%	803.5	85.6%	1 264.9	85.6%
Plan to drink more	7.2	1.3%	15.1	1.6%	22.4	1.5%
Don't know / Not sure	43.1	8.0%	56.4	6.0%	99.5	6.7%
Total	538.6	100.0%	938.7	100.0%	1 477.3	100.0%

Base: Respondents who had a drink containing alcohol in the past 12 months preceding the survey (N=1 477 300).
Note: Figures may not add up to the total due to rounding.

Table 4.2.4b: Planning to change drinking habit in the next 6 months by age group

	15-24		25-34		35-44		45-54		55-64		65-74		75-84		85 or above		Total	
	No. of persons ('000)	%	No. of persons ('000)	%	No. of persons ('000)	%	No. of persons ('000)	%	No. of persons ('000)	%	No. of persons ('000)	%	No. of persons ('000)	%	No. of persons ('000)	%	No. of persons ('000)	%
Plan to stop drinking completely	-	-	1.9	0.7%	2.4	0.8%	3.9	1.3%	2.7	0.9%	1.4	0.8%	1.0	2.5%	-	-	13.3	0.9%
Plan to drink less	5.7	5.9%	11.1	4.3%	16.7	5.4%	14.1	4.6%	18.1	6.3%	9.3	5.6%	1.8	4.5%	0.3	3.1%	77.2	5.2%
No plan to change the drinking habit	86.8	90.6%	223.7	86.2%	262.2	85.0%	260.1	84.7%	250.0	86.7%	141.2	84.2%	32.4	82.0%	8.5	77.8%	1 264.9	85.6%
Plan to drink more	-	-	0.9	0.3%	5.0	1.6%	6.8	2.2%	5.1	1.8%	2.3	1.4%	0.4	1.0%	1.8	16.3%	22.4	1.5%
Don't know / Not sure	3.3	3.5%	21.8	8.4%	22.3	7.2%	22.1	7.2%	12.3	4.3%	13.4	8.0%	4.0	10.1%	0.3	2.8%	99.5	6.7%
Total	95.8	100.0%	259.4	100.0%	308.6	100.0%	307.1	100.0%	288.2	100.0%	167.7	100.0%	39.5	100.0%	11.0	100.0%	1 477.3	100.0%

Base: Respondents who had a drink containing alcohol in the past 12 months preceding the survey (N=1 477 300).
Note: Figures may not add up to the total due to rounding.

There were four main reasons for the change in drinking habits among those with planning to stop drinking completely or drink less in the next 6 months, or had stopped drinking for 6 months or more. 51.9% (44.8% for females and 56.4% for males) answered that it was 'for better health', followed by 12.0% (10.3% for females and 13.0% for males) answered 'To control my chronic disease' (Table 4.2.4c).

Analysed by age group, 61.7% of those aged 65-74 planned to change their drinking habit for a better health condition, which was the highest among all age groups, while 44.2% of those aged 35-44 gave the same reason which was the lowest among all age groups. The proportion of planning to change their drinking habit for chronic disease control generally increased with age from 3.5% (aged 15-24) to 27.2% (aged 85 or above). 21.0% of those aged 85 or above planned to change drinking behaviour because of the advice given by doctors or health professionals, which was the highest among all age groups, while 4.3% of those aged 25-34 gave the same reason which was the lowest among all age groups (Table 4.2.4d).

Table 4.2.4c: Reasons for planning to change drinking habit in the next 6 months by gender

	Female		Male		Total	
	No. of persons ('000)	%	No. of persons ('000)	%	No. of persons ('000)	%
For better health	68.8	44.8%	137.0	56.4%	205.9	51.9%
To control my chronic disease	15.9	10.3%	31.6	13.0%	47.5	12.0%
Advice by doctor or health professional	12.1	7.8%	33.0	13.6%	45.0	11.3%
Suggestion by relative(s) or friend(s)	5.0	3.3%	13.7	5.6%	18.7	4.7%
Others	62.1	40.4%	65.0	26.7%	127.1	32.0%
Don't know / Not sure	9.4	6.1%	18.0	7.4%	27.4	6.9%

Base: Respondents who had a drink containing alcohol in the past 12 months preceding the survey that planned to stop drinking or drink less in the next 6 months and respondents that did not have a drink in the past 6 months preceding the survey (N=396 900).

Notes: Multiple answers were allowed.
Figures may not add up to the total due to rounding.

Table 4.2.4d: Reasons for planning to change drinking habit in the next 6 months by age group

	15-24		25-34		35-44		45-54		55-64		65-74		75-84		85 or above		Total	
	No. of persons ('000)	%	No. of persons ('000)	%	No. of persons ('000)	%	No. of persons ('000)	%	No. of persons ('000)	%	No. of persons ('000)	%	No. of persons ('000)	%	No. of persons ('000)	%	No. of persons ('000)	%
For better health	9.1	46.7%	22.3	47.3%	26.9	44.2%	35.2	51.0%	46.4	52.6%	43.9	61.7%	13.7	55.1%	8.3	51.9%	205.9	51.9%
To control my chronic disease	0.7	3.5%	3.3	7.1%	3.3	5.4%	8.0	11.6%	11.0	12.5%	10.5	14.7%	6.4	25.7%	4.3	27.2%	47.5	12.0%
Advice by doctor or health professional	1.1	5.5%	2.0	4.3%	4.5	7.4%	8.0	11.6%	11.3	12.7%	10.9	15.3%	3.9	15.8%	3.3	21.0%	45.0	11.3%
Suggestion by relative(s) or friend(s)	0.4	2.0%	1.3	2.8%	3.3	5.3%	5.8	8.4%	4.5	5.1%	1.0	1.5%	1.1	4.2%	1.4	8.6%	18.7	4.7%
Others	7.7	39.6%	19.1	40.4%	24.2	39.6%	18.8	27.2%	27.9	31.6%	19.9	27.9%	5.1	20.6%	4.4	27.9%	127.1	32.0%
Don't know / Not sure	1.9	9.7%	2.9	6.1%	4.7	7.7%	4.6	6.6%	5.4	6.1%	5.2	7.3%	2.0	8.1%	0.7	4.5%	27.4	6.9%

Base: Respondents who had a drink containing alcohol in the past 12 months preceding the survey that planned to stop drinking or drink less in the next 6 months and respondents that did not have a drink in the past 6 months preceding the survey (N=396 900).

Notes: Multiple answers were allowed.

Figures may not add up to the total due to rounding.

Among selected drinkers reporting plan to stop drinking (those who had their last drink less than one month ago and drank at least once a month but planned to stop drinking completely in the next 6 months), 18.5% had taken steps to quit drinking, such as stop drinking immediately or drink less alcoholic beverages or drink non-alcoholic beverages as replacement. The proportion was higher among males (21.4%) than females (12.8%) (Table 4.2.4e).

Table 4.2.4e: The proportion of selected drinkers who had taken steps to quit drinking by gender

	Female		Male		Total	
	No. of persons ('000)	%	No. of persons ('000)	%	No. of persons ('000)	%
Yes	0.4	12.8%	1.2	21.4%	1.6	18.5%
No	2.6	87.2%	4.4	78.6%	6.9	81.5%
Total	2.9	100.0%	5.6	100.0%	8.5	100.0%

Base: Respondents who had the last drink less than one month ago and drank at least once a month but planned to stop drinking completely in the next 6 months (N=8 500).

Note: Figures may not add up to the total due to rounding.

4.2.5 Start of Drinking

Among persons aged 15 or above who had ever drunk alcoholic beverages and provided information on their age when started drinking, the mean age when they started drinking was 20.7 years and 9.5% started drinking at age below 18 years old. Males tended to start drinking at an earlier age (mean 20.3 years) than females (mean 21.3 years) (Table 4.2.5a). Analysed by age group, the mean starting age generally increased with age from 17.8 for drinkers aged 15-24 to 24.7 for drinkers aged 85 or above (Table 4.2.5b).

Table 4.2.5a: Age (years) when started drinking by gender

Age started drinking (years)	Female		Male		Total	
	No. of persons ('000)	%	No. of persons ('000)	%	No. of persons ('000)	%
Below 16	17.7	4.2%	42.2	5.1%	59.9	4.8%
16 - 17	14.6	3.5%	44.0	5.3%	58.5	4.7%
18 - 19	160.0	38.2%	364.9	43.9%	524.9	42.0%
20 - 21	113.0	27.0%	212.1	25.5%	325.1	26.0%
22 - 24	26.4	6.3%	39.9	4.8%	66.3	5.3%
25 or above	87.3	20.8%	127.3	15.3%	214.7	17.2%
Total	419.0	100.0%	830.4	100.0%	1 249.4	100.0%
Mean	21.3		20.3		20.7	

Base: Respondents who had ever drunk alcohol and had provided information on their age when started drinking (N=1 249 400).
Note: Figures may not add up to the total due to rounding.

Table 4.2.5b: Age (years) when started drinking by age group

Age started drinking (years)	15-24		25-34		35-44		45-54		55-64		65-74		75-84		85 or above		Total	
	No. of persons ('000)	%	No. of persons ('000)	%	No. of persons ('000)	%	No. of persons ('000)	%	No. of persons ('000)	%	No. of persons ('000)	%	No. of persons ('000)	%	No. of persons ('000)	%	No. of persons ('000)	%
Below 16	6.9	9.0%	7.8	3.7%	10.1	4.0%	11.5	4.4%	10.3	4.2%	10.0	6.6%	2.8	7.0%	0.4	2.5%	59.9	4.8%
16 - 17	11.1	14.4%	10.3	4.9%	10.4	4.1%	10.2	4.0%	9.5	3.8%	6.4	4.2%	0.7	1.7%	-	-	58.5	4.7%
18 - 19	46.2	60.1%	110.4	53.0%	108.5	43.2%	94.1	36.4%	87.4	35.6%	56.8	37.3%	15.6	38.5%	5.8	36.1%	524.9	42.0%
20 - 21	11.0	14.3%	53.2	25.5%	71.6	28.5%	80.3	31.1%	57.2	23.3%	37.7	24.7%	10.7	26.4%	3.5	21.5%	325.1	26.0%
22 - 24	1.7	2.2%	15.3	7.3%	14.3	5.7%	15.7	6.1%	13.5	5.5%	4.8	3.1%	0.6	1.5%	0.4	2.5%	66.3	5.3%
25 or above	-	-	11.5	5.5%	36.0	14.4%	46.5	18.0%	67.7	27.6%	36.8	24.1%	10.0	24.8%	6.1	37.4%	214.7	17.2%
Total	76.9	100.0%	208.4	100.0%	251.0	100.0%	258.4	100.0%	245.7	100.0%	152.5	100.0%	40.4	100.0%	16.2	100.0%	1 249.4	100.0%
Mean	17.8		19.1		19.9		20.7		22.3		22.0		22.1		24.7		20.7	

Base: Respondents who had ever drunk alcohol and had provided information on their age when started drinking (N=1 249 400).
Note: Figures may not add up to the total due to rounding.

Among persons aged 15 or above who ever had any drink containing alcohol, 82.6% drank beer when started drinking. The corresponding proportion was higher among males (87.3%) than females (74.6%). 9.8% of them drank table wine when started drinking. The corresponding proportion was higher among females (15.3%) than males (6.6%) (Table 4.2.5c).

Analysed by age group, the proportion of having beer when started drinking was the highest (85.3%) for those aged 45-54, while the proportion was the lowest (67.2%) for those aged 75-84. The proportion of having table wine when started drinking decreased with age from 12.0% (aged 15-24) to 5.8% (aged 85 or above) (Table 4.2.5d).

Table 4.2.5c: Type of alcoholic drink when started drinking by gender

	Female		Male		Total	
	No. of persons ('000)	%	No. of persons ('000)	%	No. of persons ('000)	%
Beer	480.9	74.6%	952.1	87.3%	1 433.0	82.6%
Table wines	98.5	15.3%	71.6	6.6%	170.1	9.8%
Spirits	11.6	1.8%	16.6	1.5%	28.2	1.6%
Rice wines	15.5	2.4%	14.2	1.3%	29.7	1.7%
Chinese spirits (Baijiu)	8.6	1.3%	18.8	1.7%	27.4	1.6%
Others	19.4	3.0%	9.1	0.8%	28.4	1.6%
Don't know / Not sure	9.7	1.5%	8.5	0.8%	18.2	1.0%
Total	644.3	100.0%	1 090.8	100.0%	1 735.0	100.0%

Base: Respondents who ever had any drink containing alcohol (N=1 735 000).
Note: Figures may not add up to the total due to rounding.

Table 4.2.5d: Type of alcoholic drink when started drinking by age group

	15-24		25-34		35-44		45-54		55-64		65-74		75-84		85 or above		Total	
	No. of persons ('000)	%	No. of persons ('000)	%	No. of persons ('000)	%	No. of persons ('000)	%	No. of persons ('000)	%	No. of persons ('000)	%	No. of persons ('000)	%	No. of persons ('000)	%	No. of persons ('000)	%
Beer	82.6	77.7%	240.9	84.8%	288.0	84.1%	298.9	85.3%	287.7	83.7%	175.7	79.1%	40.2	67.2%	19.0	72.4%	1 433.0	82.6%
Table wines	12.7	12.0%	29.7	10.5%	36.7	10.7%	33.6	9.6%	33.1	9.6%	18.5	8.3%	4.3	7.2%	1.5	5.8%	170.1	9.8%
Spirits	1.4	1.3%	2.4	0.9%	4.5	1.3%	5.6	1.6%	4.7	1.4%	7.0	3.1%	1.8	3.0%	0.9	3.3%	28.2	1.6%
Rice wines	1.2	1.2%	2.0	0.7%	3.8	1.1%	2.4	0.7%	6.8	2.0%	7.8	3.5%	3.4	5.7%	2.2	8.4%	29.7	1.7%
Chinese spirits (Baijiu)	-	-	0.4	0.2%	1.2	0.3%	2.1	0.6%	5.3	1.5%	10.2	4.6%	7.3	12.1%	1.0	3.8%	27.4	1.6%
Others	7.4	6.9%	5.8	2.0%	5.8	1.7%	4.9	1.4%	2.2	0.6%	0.8	0.4%	1.1	1.9%	0.5	1.8%	28.4	1.6%
Don't know / Not sure	1.0	0.9%	2.9	1.0%	2.5	0.7%	3.0	0.9%	3.8	1.1%	2.1	0.9%	1.7	2.8%	1.2	4.6%	18.2	1.0%
Total	106.4	100.0%	284.1	100.0%	342.5	100.0%	350.4	100.0%	343.5	100.0%	221.9	100.0%	59.9	100.0%	26.2	100.0%	1 735.0	100.0%

Base: Respondents who ever had any drink containing alcohol (N=1 735 000).

Note: Figures may not add up to the total due to rounding.

4.2.6 Attitude and Knowledge with Alcohol-related Harm

Attitude and knowledge with alcohol-related harm was assessed in the survey. 73.1% of respondents agreed with the statement ‘alcohol consumption can cause cancer'. The corresponding proportion was higher among females (73.4%) than males (72.8%). 57.8% of respondents agreed with the statement ‘there is no safe drinking level’ (56.8% for females and 59.0% for males). 47.2% disagreed with ‘drinking five cans of beer on a single occasion is not harmful as long as it is not a regular habit’ (47.7% for females and 46.7% for males). However, only 20.7% of respondents disagreed with the statement ‘alcohol is harmful to health only when drinking regularly or heavily’ (20.4% for females and 20.9% for males); and 19.8% disagreed with ‘moderate drinking helps protect against coronary heart disease’ (19.8% for both females and males) (Table 4.2.6a).

76.0% of those aged 15-24 agreed with the statement ‘alcohol consumption can cause cancer’, which was the highest among all age groups, while 63.1% of those aged 85 or above agreed which was the lowest among all age groups. 62.3% of those aged 35-44 agreed with the statement ‘there is no safe drinking level’ which was the highest among all age groups, while 42.1% of those aged 85 or above agreed which was the lowest among all age groups. The proportion who disagreed with the statements ‘moderate drinking helps protect against coronary heart disease’, and ‘drinking five cans of beer on a single occasion is not harmful as long as it is not a regular habit’ were the highest for those aged 25-34 and the lowest among those aged 85 or above. The proportion who disagreed with the statements ‘alcohol is harmful to health only when drinking regularly or heavily’ was the highest for those aged 25-34 and the lowest among those aged 75-84 (Table 4.2.6b).

Table 4.2.6a: Agreement on statements related to alcohol-related harm by gender

	Female		Male		Total	
	No. of persons ('000)	%	No. of persons ('000)	%	No. of persons ('000)	%
Alcohol consumption can cause cancer *(correct)*						
Agree	2 388.4	73.4%	2 109.4	72.8%	4 497.8	73.1%
Disagree	319.0	9.8%	369.7	12.8%	688.8	11.2%
Don't know	544.3	16.7%	419.9	14.5%	964.3	15.7%
Total	3 251.8	100.0%	2 899.0	100.0%	6 150.8	100.0%
Alcohol is harmful to health only when drinking regularly or heavily *(incorrect)*						
Agree	2 064.6	63.5%	1 887.1	65.1%	3 951.7	64.2%
Disagree	664.3	20.4%	606.1	20.9%	1 270.4	20.7%
Don't know	522.9	16.1%	405.8	14.0%	928.7	15.1%
Total	3 251.8	100.0%	2 899.0	100.0%	6 150.8	100.0%
There is no safe drinking level *(correct)*						
Agree	1 847.7	56.8%	1 710.3	59.0%	3 558.0	57.8%
Disagree	590.0	18.1%	559.5	19.3%	1 149.5	18.7%
Don't know	814.1	25.0%	629.2	21.7%	1 443.3	23.5%
Total	3 251.8	100.0%	2 899.0	100.0%	6 150.8	100.0%
Moderate drinking helps protect against coronary heart disease *(incorrect)*						
Agree	1 738.9	53.5%	1 619.0	55.8%	3 357.9	54.6%
Disagree	644.6	19.8%	573.9	19.8%	1 218.5	19.8%
Don't know	868.3	26.7%	706.1	24.4%	1 574.4	25.6%
Total	3 251.8	100.0%	2 899.0	100.0%	6 150.8	100.0%
Drinking five cans of beer on a single occasion is not harmful as long as it is not a regular habit *(incorrect)*						
Agree	971.6	29.9%	953.1	32.9%	1 924.8	31.3%
Disagree	1 551.9	47.7%	1 353.2	46.7%	2 905.1	47.2%
Don't know	728.2	22.4%	592.7	20.4%	1 320.9	21.5%
Total	3 251.8	100.0%	2 899.0	100.0%	6 150.8	100.0%

Base: All respondents (N= 6 150 800).

Note: Figures may not add up to the total due to rounding.

Table 4.2.6b: Agreement of statements related to alcohol-related harm by age group

	15-24		25-34		35-44		45-54		55-64		65-74		75-84		85 or above		Total	
	No. of persons ('000)	%	No. of persons ('000)	%	No. of persons ('000)	%	No. of persons ('000)	%	No. of persons ('000)	%	No. of persons ('000)	%	No. of persons ('000)	%	No. of persons ('000)	%	No. of persons ('000)	%
Alcohol consumption can cause cancer *(correct)*																		
Agree	440.3	76.0%	663.8	74.3%	766.8	75.9%	795.0	73.4%	895.1	73.8%	586.0	69.9%	230.2	67.0%	120.6	63.1%	4 497.8	73.1%
Disagree	49.6	8.6%	112.6	12.6%	118.1	11.7%	131.6	12.2%	142.1	11.7%	89.3	10.7%	28.3	8.2%	17.2	9.0%	688.8	11.2%
Don't know	89.5	15.4%	116.6	13.1%	125.8	12.4%	156.4	14.4%	175.1	14.4%	162.6	19.4%	85.0	24.8%	53.2	27.9%	964.3	15.7%
Total	579.4	100.0%	893.0	100.0%	1 010.7	100.0%	1 083.0	100.0%	1 212.3	100.0%	837.9	100.0%	343.5	100.0%	191.0	100.0%	6 150.8	100.0%
Alcohol is harmful to health only when drinking regularly or heavily *(incorrect)*																		
Agree	363.7	62.8%	575.4	64.4%	677.5	67.0%	696.8	64.3%	801.7	66.1%	533.8	63.7%	203.0	59.1%	99.8	52.3%	3 951.7	64.2%
Disagree	123.2	21.3%	203.1	22.7%	211.1	20.9%	231.7	21.4%	253.0	20.9%	152.8	18.2%	59.2	17.2%	36.1	18.9%	1 270.4	20.7%
Don't know	92.5	16.0%	114.5	12.8%	122.1	12.1%	154.4	14.3%	157.5	13.0%	151.3	18.1%	81.3	23.7%	55.0	28.8%	928.7	15.1%
Total	579.4	100.0%	893.0	100.0%	1 010.7	100.0%	1 083.0	100.0%	1 212.3	100.0%	837.9	100.0%	343.5	100.0%	191.0	100.0%	6 150.8	100.0%
There is no safe drinking level *(correct)*																		
Agree	351.8	60.7%	549.7	61.6%	630.1	62.3%	646.2	59.7%	715.7	59.0%	434.8	51.9%	149.1	43.4%	80.5	42.1%	3 558.0	57.8%
Disagree	99.1	17.1%	192.5	21.6%	200.6	19.8%	216.4	20.0%	226.7	18.7%	138.5	16.5%	51.3	14.9%	24.4	12.8%	1 149.5	18.7%
Don't know	128.5	22.2%	150.8	16.9%	180.0	17.8%	220.4	20.3%	269.8	22.3%	264.6	31.6%	143.0	41.6%	86.2	45.1%	1 443.3	23.5%
Total	579.4	100.0%	893.0	100.0%	1 010.7	100.0%	1 083.0	100.0%	1 212.3	100.0%	837.9	100.0%	343.5	100.0%	191.0	100.0%	6 150.8	100.0%
Moderate drinking helps protect against coronary heart disease *(incorrect)*																		
Agree	329.5	56.9%	516.4	57.8%	583.8	57.8%	611.2	56.4%	670.8	55.3%	415.0	49.5%	151.1	44.0%	80.2	42.0%	3 357.9	54.6%
Disagree	102.6	17.7%	189.1	21.2%	211.1	20.9%	211.4	19.5%	248.2	20.5%	163.8	19.6%	59.4	17.3%	32.8	17.2%	1 218.5	19.8%
Don't know	147.3	25.4%	187.5	21.0%	215.7	21.3%	260.4	24.0%	293.3	24.2%	259.1	30.9%	133.0	38.7%	78.0	40.9%	1 574.4	25.6%
Total	579.4	100.0%	893.0	100.0%	1 010.7	100.0%	1 083.0	100.0%	1 212.3	100.0%	837.9	100.0%	343.5	100.0%	191.0	100.0%	6 150.8	100.0%
Drinking five cans of beer on a single occasion is not harmful as long as it is not a regular habit *(incorrect)*																		
Agree	189.5	32.7%	291.8	32.7%	343.1	33.9%	347.5	32.1%	380.4	31.4%	248.7	29.7%	83.0	24.2%	40.8	21.4%	1 924.8	31.3%
Disagree	274.8	47.4%	455.4	51.0%	492.0	48.7%	521.2	48.1%	584.8	48.2%	358.9	42.8%	140.8	41.0%	77.2	40.4%	2 905.1	47.2%
Don't know	115.1	19.9%	145.9	16.3%	175.6	17.4%	214.3	19.8%	247.1	20.4%	230.3	27.5%	119.6	34.8%	73.0	38.2%	1 320.9	21.5%
Total	579.4	100.0%	893.0	100.0%	1 010.7	100.0%	1 083.0	100.0%	1 212.3	100.0%	837.9	100.0%	343.5	100.0%	191.0	100.0%	6 150.8	100.0%

Base: All respondents (N= 6 150 800).

Note: Figures may not add up to the total due to rounding.

4.2.7 Consequences with Alcohol Use

Majority (99.6%) of respondents reported not having traffic accident caused by drinking. 99.4% of the respondents did not have family or marital problem due to drinking. 99.2% of both female and male did not have job or work problem due to drinking (Table 4.2.7a).

Among those aged 85 or above, the same proportion of respondents (4.2%) reported having traffic accident or family or marital problem due to drinking respectively, which happened beyond the past 12 months preceding the survey (Table 4.2.7b).

Among those with AUDIT score 16-19, 9.6% reported having traffic accident caused by drinking which was the highest proportion among different AUDIT score subgroups. For family or marital problem, those with AUDIT score 16-19 reported the highest proportion (18.4%) having the problem, followed by those with AUDIT score 20-40 (5.3% during the past 12 months, 7.9% happened not in the past 12 months); while 26.7% of those with AUDIT score 20-40 (11.8% during the past 12 months, 14.9% happened not in the past 12 months) reported having job or work problem due to drinking (Table 4.2.7c).

Table 4.2.7a: Traffic accident / family or marital problem / job or work problem caused by drinking by gender

	Female		Male		Total	
	No. of persons ('000)	%	No. of persons ('000)	%	No. of persons ('000)	%
Traffic accident						
No	535.7	99.5%	935.3	99.6%	1 471.0	99.6%
Yes, but not in the 12 months preceding the survey	2.9	0.5%	3.4	0.4%	6.3	0.4%
Yes, during the 12 months preceding the survey	-	-	-	-	-	-
Total	538.6	100.0%	938.7	100.0%	1 477.3	100.0%
Family or marital problem						
No	535.6	99.5%	932.3	99.3%	1 468.0	99.4%
Yes, but not in the 12 months preceding the survey	2.9	0.5%	6.1	0.6%	9.0	0.6%
Yes, during the 12 months preceding the survey	-	-	0.3	<0.05%	0.3	<0.05%
Total	538.6	100.0%	938.7	100.0%	1 477.3	100.0%
Job or work problem						
No	534.1	99.2%	931.0	99.2%	1 465.1	99.2%
Yes, but not in the 12 months preceding the survey	4.0	0.7%	6.6	0.7%	10.7	0.7%
Yes, during the 12 months preceding the survey	0.4	0.1%	1.1	0.1%	1.5	0.1%
Total	538.6	100.0%	938.7	100.0%	1 477.3	100.0%

Base: Respondents who had a drink containing alcohol in the past 12 months preceding the survey (N=1 477 300).
Note: Figures may not add up to the total due to rounding.

Table 4.2.7b: Traffic accident / family or marital problem / job or work problem caused by drinking by age group

	15-24		25-34		35-44		45-54		55-64		65-74		75-84		85 or above		Total	
	No. of persons ('000)	%	No. of persons ('000)	%	No. of persons ('000)	%	No. of persons ('000)	%	No. of persons ('000)	%	No. of persons ('000)	%	No. of persons ('000)	%	No. of persons ('000)	%	No. of persons ('000)	%
Traffic accident																		
No	95.8	100.0%	258.5	99.7%	306.8	99.4%	307.1	100.0%	287.4	99.7%	166.5	99.3%	38.3	97.1%	10.5	95.8%	1 471.0	99.6%
Yes, but not in the 12 months preceding the survey	-	-	0.9	0.3%	1.8	0.6%	-	-	0.9	0.3%	1.1	0.7%	1.1	2.9%	0.5	4.2%	6.3	0.4%
Yes, during the 12 months preceding the survey	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Total	95.8	100.0%	259.4	100.0%	308.6	100.0%	307.1	100.0%	288.2	100.0%	167.7	100.0%	39.5	100.0%	11.0	100.0%	1 477.3	100.0%
Family or marital problem																		
No	95.8	100.0%	257.8	99.4%	305.1	98.8%	305.1	99.3%	287.5	99.7%	167.4	99.8%	38.8	98.2%	10.5	95.8%	1 468.0	99.4%
Yes, but not in the 12 months preceding the survey	-	-	1.6	0.6%	3.5	1.2%	2.0	0.7%	0.4	0.2%	0.3	0.2%	0.7	1.8%	0.5	4.2%	9.0	0.6%
Yes, during the 12 months preceding the survey	-	-	-	-	-	-	-	-	0.3	0.1%	-	-	-	-	-	-	0.3	<0.05%
Total	95.8	100.0%	259.4	100.0%	308.6	100.0%	307.1	100.0%	288.2	100.0%	167.7	100.0%	39.5	100.0%	11.0	100.0%	1 477.3	100.0%
Job or work problem																		
No	94.4	98.5%	256.5	98.9%	305.0	98.8%	306.3	99.7%	286.2	99.3%	166.9	99.5%	38.7	98.1%	11.0	100.0%	1 465.1	99.2%
Yes, but not in the 12 months preceding the survey	1.1	1.1%	2.4	0.9%	3.2	1.0%	0.8	0.3%	1.6	0.6%	0.8	0.5%	0.8	1.9%	-	-	10.7	0.7%
Yes, during the 12 months preceding the survey	0.3	0.3%	0.4	0.2%	0.4	0.1%	-	-	0.4	0.1%	-	-	-	-	-	-	1.5	0.1%
Total	95.8	100.0%	259.4	100.0%	308.6	100.0%	307.1	100.0%	288.2	100.0%	167.7	100.0%	39.5	100.0%	11.0	100.0%	1 477.3	100.0%

Base: Respondents who had a drink containing alcohol in the past 12 months preceding the survey (N=1 477 300).

Note: Figures may not add up to the total due to rounding.

Table 4.2.7c: Traffic accident / family or marital problem / job or work problem caused by drinking by AUDIT risk group

	0-7		8-15		16-19		20-40		Total	
	No. of persons ('000)	%	No. of persons ('000)	%	No. of persons ('000)	%	No. of persons ('000)	%	No. of persons ('000)	%
Traffic accident										
No	1 309.3	99.8%	144.5	98.3%	11.5	90.4%	5.7	100.0%	1 471.0	99.6%
Yes, but not in the 12 months preceding the survey	2.6	0.2%	2.5	1.7%	1.2	9.6%	-	-	6.3	0.4%
Yes, during the 12 months preceding the survey	-	-	-	-	-	-	-	-	-	-
Total	1 312.0	100.0%	147.0	100.0%	12.7	100.0%	5.7	100.0%	1 477.3	100.0%
Family or marital problem										
No	1 308.9	99.8%	143.8	97.8%	10.3	81.6%	4.9	86.8%	1 468.0	99.4%
Yes, but not in the 12 months preceding the survey	3.0	0.2%	3.2	2.2%	2.3	18.4%	0.4	7.9%	9.0	0.6%
Yes, during the 12 months preceding the survey	-	-	-	-	-	-	0.3	5.3%	0.3	<0.05%
Total	1 312.0	100.0%	147.0	100.0%	12.7	100.0%	5.7	100.0%	1 477.3	100.0%
Job or work problem										
No	1 307.5	99.7%	142.0	96.6%	11.5	90.9%	4.2	73.3%	1 465.1	99.2%
Yes, but not in the 12 months preceding the survey	4.1	0.3%	4.6	3.1%	1.1	9.1%	0.8	14.9%	10.7	0.7%
Yes, during the 12 months preceding the survey	0.4	<0.05%	0.4	0.3%	-	-	0.7	11.8%	1.5	0.1%
Total	1 312.0	100.0%	147.0	100.0%	12.7	100.0%	5.7	100.0%	1 477.3	100.0%

Base: Respondents who had a drink containing alcohol in the past 12 months preceding the survey (N=1 477 300).
Note: Figures may not add up to the total due to rounding.

4.3 Physical Activity

Physical activity is any bodily movement of an individual that includes walking, cycling, sports, recreational activity, etc. Regular physical activity can enhance individual's mental health and physical fitness. Being physically active is a healthy lifestyle practice which can prevent and control NCDs such as cardiovascular diseases, stroke, diabetes and some cancers [8]. The WHO recommends that adults aged 18 or above should perform at least 150-300 minutes of moderate-intensity aerobic physical activity, or 75-150 minutes of vigorous-intensity aerobic physical activity or an equivalent combination of moderate- and vigorous-intensity physical activity achieving at least 600 metabolic equivalent (MET)-minutes per week for health maintenance. According to the WHO, vigorous-intensity physical activities are defined as activities that take hard physical effort and cause large increases in breathing rate or heart rate, and moderate-intensity physical activities are defined as activities that take moderate physical effort and cause small increases in breathing rate or heart rate [9]. MET is used for expressing the intensity of physical activities. It is taken by convention as an oxygen uptake of 3.5 millilitres per kilogram of body weight per minute. One MET is the energy expended by an individual while seated at rest. Vigorous-intensity physical activity is performed at more than 6 METs while moderate-intensity physical activity is performed between 3 to 6 METs [9]. This section reports the findings of physical activity level assessed by the Global Physical Activity Questionnaire (GPAQ) developed by the WHO. The questionnaire consists of three sections (1. at work, 2. travelling to and from places and 3. recreational activities) measuring the level, duration and frequency of physical activities [10].

4.3.1 Setting-specific and Total Physical Activities

In this survey, level of physical activity is measured in 3 different settings. For the first two settings (i.e. activities at work, and recreational activities), respondents were asked to report the frequencies and length of time spent on vigorous-intensity and moderate-intensity activities that lasted for at least 10 minutes continuously in a typical week when it was performed. For the third setting (i.e. travelling to and from places / transport-related) all activities under this setting are classified as moderate-intensity physical activities, and respondents were asked to report the frequencies and length of time spent on walking or cycling for at least 10 minutes continuously in a typical week.

Among persons aged 15 or above, almost all (91.9%) performed physical activities for at least 10 minutes continuously in one of the three settings mentioned above in a typical week, including 15.4% performed work-related physical activity, 87.2% had transport-related physical activity (including walking or cycling) and 45.5% participated in recreational physical activity. On the contrary, 8.1% of persons aged 15 or above

reported that they did not engage in any of these physical activities at all. Among persons aged 15 or above who had performed setting-specific physical activities in a typical week, the average time spent on total physical activity, that is, physical activities in any of the three settings, was 68.6 minutes per day when such activities were performed. Analysed by gender, the proportion of males (92.2%) participating in total physical activity was similar to that of females (91.7%), but males (77.2 minutes per day) tended to spend more time on average on total physical activity than females (60.8 minutes per day) (Table 4.3.1a).

Among various age groups, persons in the age group 55-64 (94.3%) had the highest proportion of total physical activity participation compared to persons in other age groups, and those in the same age group (75.7 minutes on average per day) spent more time on total physical activity on average than persons in other age groups (Table 4.3.1b).

Table 4.3.1a: Time spent on work-related, transport-related, recreation-related and total physical activity, on average per day in a typical week when the respective physical activity was performed by gender

	Female		Male		Total	
	No. of persons ('000)	%	No. of persons ('000)	%	No. of persons ('000)	%
Setting-specific physical activities§ performed in a typical week						
Performed physical activity	2 980.3	91.7%	2 672.1	92.2%	5 652.4	91.9%
Work-related physical activity	*348.8*	*10.7%*	*597.0*	*20.6%*	*945.8*	*15.4%*
Transport-related physical activity	*2 853.0*	*87.7%*	*2 510.4*	*86.6%*	*5 363.4*	*87.2%*
Recreation-related physical activity	*1 409.7*	*43.4%*	*1 388.2*	*47.9%*	*2 797.9*	*45.5%*
Did not perform physical activity	271.5	8.3%	226.9	7.8%	498.4	8.1%
Total	3 251.8	100.0%	2 899.0	100.0%	6 150.8	100.0%
Average time spent on work-related physical activity per day (minutes) #	57.4		92.2		79.3	
Average time spent on transport-related physical activity per day (minutes) ^	42.6		42.7		42.6	
Average time spent on recreation-related physical activity per day (minutes) †	28.2		31.7		30.0	
Average time spent on total physical activity per day (minutes) *	60.8		77.2		68.6	

Bases: All respondents (N= 6 150 800).
Respondents who had performed work-related physical activity in a typical week (N=945 800).
^ Respondents who had performed transport-related physical activity, including walking or cycling, in a typical week (N=5 363 400).
† Respondents who had performed recreational-related physical activity in a typical week (N=2 797 900).
* Respondents who had performed physical activity, covering those in any one of the three settings, in a typical week (N=5 652 400).

Notes: § In this survey, setting-specific physical activities include activity at work, travel to and from place and recreational activity that last for at least 10 minutes continuously and total physical refers to all physical activities that lasted for at least 10 minutes continuously in the three settings as a whole.
Multiple answers were allowed.
Figures may not add up to the total due to rounding.

Table 4.3.1b: Time spent on work-related, transport-related, recreation-related and total physical activity, on average per day in a typical week when the respective physical activity was performed by age group

	15-24		25-34		35-44		45-54		55-64		65-74		75-84		85 or above		Total	
	No. of persons ('000)	%	No. of persons ('000)	%	No. of persons ('000)	%	No. of persons ('000)	%	No. of persons ('000)	%	No. of persons ('000)	%	No. of persons ('000)	%	No. of persons ('000)	%	No. of persons ('000)	%
Setting-specific physical activities[§] performed in a typical week																		
Performed physical activity	535.0	92.3%	817.4	91.5%	943.5	93.3%	996.7	92.0%	1 142.7	94.3%	778.9	93.0%	295.4	86.0%	142.8	74.8%	5 652.4	91.9%
Work-related physical activity	*63.2*	*10.9%*	*147.0*	*16.5%*	*195.2*	*19.3%*	*221.6*	*20.5%*	*234.1*	*19.3%*	*69.6*	*8.3%*	*10.3*	*3.0%*	*4.7*	*2.5%*	*945.8*	*15.4%*
Transport-related physical activity	*505.0*	*87.2%*	*772.4*	*86.5%*	*897.7*	*88.8%*	*951.6*	*87.9%*	*1 087.7*	*89.7%*	*739.8*	*88.3%*	*277.5*	*80.8%*	*131.9*	*69.0%*	*5 363.4*	*87.2%*
Recreation-related physical activity	*342.0*	*59.0%*	*431.1*	*48.3%*	*465.6*	*46.1%*	*475.2*	*43.9%*	*541.5*	*44.7%*	*373.4*	*44.6%*	*122.4*	*35.6%*	*46.7*	*24.5%*	*2 797.9*	*45.5%*
Did not perform physical activity	44.4	7.7%	75.6	8.5%	67.2	6.7%	86.3	8.0%	69.6	5.7%	59.0	7.0%	48.1	14.0%	48.2	25.2%	498.4	8.1%
Total	579.4	100.0%	893.0	100.0%	1 010.7	100.0%	1 083.0	100.0%	1 212.3	100.0%	837.9	100.0%	343.5	100.0%	191.0	100.0%	6 150.8	100.0%
Average time spent on work-related physical activity per day (minutes) [#]	59.1		83.2		79.7		87.4		85.7		52.1		32.3		29.2		79.3	
Average time spent on transport-related physical activity per day (minutes) [^]	37.9		40.1		42.6		42.8		45.2		45.9		43.5		34.0		42.6	
Average time spent on recreation-related physical activity per day (minutes) [†]	29.6		25.7		24.5		25.2		31.8		41.2		39.3		39.8		30.0	
Average time spent on total physical activity per day (minutes) [*]	61.7		66.4		69.1		72.3		75.7		68.0		58.3		45.4		68.6	

Bases: All respondents (N= 6 150 800).

Respondents who had performed work-related physical activity in a typical week (N=945 800).

^ Respondents who had performed transport-related physical activity, including walking or cycling, in a typical week (N=5 363 400).

† Respondents who had performed recreational-related physical activity in a typical week (N=2 797 900).

* Respondents who had performed physical activity, covering those in any one of the three settings, in a typical week (N=5 652 400).

Notes: § In this survey, setting-specific activities include activity at work, travel to and from place and recreational activity that last for at least 10 minutes continuously and total physical refers to all physical activities that lasted for at least 10 minutes continuously in the three settings as a whole.

Multiple answers were allowed.

Figures may not add up to the total due to rounding.

4.3.2 Vigorous Physical Activities

Vigorous physical activities are defined as physical activities that cause large increases in breathing rate or heart rate for at least 10 minutes continuously. These activities are further divided into work-related or recreational. In a typical week, 19.3% of persons aged 15 or above had performed vigorous physical activities. More males (26.1%) engaged in vigorous physical activities than females (13.3%) (Table 4.3.2a). In terms of age, the proportion of vigorous physical activity participation was the highest among younger persons aged 15-24 (30.8%) and decreased steadily with age to 3.6% among the older people aged 85 or above (Table 4.3.2b).

Table 4.3.2a: Proportion of population aged 15 or above who had performed vigorous physical activity* in a typical week by gender

	Female		Male		Total	
	No. of persons ('000)	%	No. of persons ('000)	%	No. of persons ('000)	%
Yes	431.4	13.3%	755.3	26.1%	1 186.6	19.3%
No	2 820.4	86.7%	2 143.7	73.9%	4 964.2	80.7%
Total	3 251.8	100.0%	2 899.0	100.0%	6 150.8	100.0%

Base: All respondents (N= 6 150 800).

Notes: * In this survey, vigorous physical activity includes activity at work and recreational activity that causes large increases in breathing or heart rate for at least 10 minutes continuously.

Figures may not add up to the total due to rounding.

Table 4.3.2b: Proportion of population aged 15 or above who had performed vigorous physical activity* in a typical week by age group

	15-24		25-34		35-44		45-54		55-64		65-74		75-84		85 or above		Total	
	No. of persons ('000)	%	No. of persons ('000)	%	No. of persons ('000)	%	No. of persons ('000)	%	No. of persons ('000)	%	No. of persons ('000)	%	No. of persons ('000)	%	No. of persons ('000)	%	No. of persons ('000)	%
Yes	178.2	30.8%	229.1	25.7%	229.7	22.7%	222.7	20.6%	214.8	17.7%	84.5	10.1%	20.9	6.1%	6.8	3.6%	1 186.6	19.3%
No	401.2	69.2%	663.9	74.3%	781.0	77.3%	860.3	79.4%	997.5	82.3%	753.4	89.9%	322.6	93.9%	184.2	96.4%	4 964.2	80.7%
Total	579.4	100.0%	893.0	100.0%	1 010.7	100.0%	1 083.0	100.0%	1 212.3	100.0%	837.9	100.0%	343.5	100.0%	191.0	100.0%	6 150.8	100.0%

Base: All respondents (N= 6 150 800).

Notes: * In this survey, vigorous physical activity includes activity at work and recreational activity that causes large increases in breathing or heart rate for at least 10 minutes continuously.

Figures may not add up to the total due to rounding.

Among those who had performed vigorous work-related physical activity, the mean number of days of performing such activity in a typical week was 3.5 days (2.5 days for females and 3.9 days for males); the mean duration of vigorous activity on a typical day was 99.3 minutes (71.6 minutes in females and 112.4 minutes in males). Among those who had performed vigorous recreational physical activity, the mean number of days of performing such activity were 2.6 days in a typical week for both females and males; the mean duration of vigorous recreational activity on a typical day was 73.7 minutes (65.0 minutes in females and 79.4 minutes in males) (Table 4.3.2c).

Among those who had performed vigorous work-related physical activity, the mean number of days of performing such activity in a typical week was the highest among those aged 25-34 and 45-54 (3.8 days on average per week); the mean duration of vigorous activity on a typical day was the highest among those aged 45-54 (107.4 minutes on average per day). Among those who had performed vigorous recreational physical activity, the mean number of days of performing such activity in a typical week varies with age, and the highest was 3.8 among those aged 75-84 while the lowest was 2.3 among those aged 15-24 and 35-44. The mean duration of vigorous activity on a typical day was the highest for those aged 15-24 (83.3 minutes) and the lowest for those aged 85 or above (49.2 minutes) (Table 4.3.2d).

Table 4.3.2c: Number of days in a typical week and duration of vigorous physical activity[§] on a typical day when performing the activity by gender

	Female		Male		Total	
	No. of persons ('000)	%	No. of persons ('000)	%	No. of persons ('000)	%
Vigorous work-related activity *						
Number of days in a typical week performing the activity						
1	81.6	58.4%	73.6	25.0%	155.2	35.8%
2	11.1	7.9%	23.4	8.0%	34.5	8.0%
3	7.5	5.4%	22.9	7.8%	30.4	7.0%
4	3.4	2.5%	16.2	5.5%	19.7	4.5%
5	15.2	10.9%	59.4	20.2%	74.6	17.2%
6	12.3	8.8%	82.9	28.2%	95.2	22.0%
7	8.7	6.3%	15.5	5.3%	24.2	5.6%
Total	139.8	100.0%	294.0	100.0%	433.7	100.0%
Mean	2.5		3.9		3.5	
Number of minutes on a typical day performing the activity						
Below 60	34.1	24.4%	64.9	22.1%	99.0	22.8%
60 - <120	79.6	56.9%	120.5	41.0%	200.1	46.1%
120 - <180	16.6	11.9%	45.0	15.3%	61.6	14.2%
180 or above	9.5	6.8%	63.5	21.6%	73.0	16.8%
Total	139.8	100.0%	294.0	100.0%	433.7	100.0%
Mean	71.6		112.4		99.3	
Vigorous recreational activity #						
Number of days in a typical week performing the activity						
1	169.6	44.8%	219.5	38.5%	389.1	41.0%
2	69.0	18.2%	135.2	23.7%	204.3	21.5%
3	49.3	13.0%	91.4	16.0%	140.6	14.8%
4	22.5	5.9%	30.8	5.4%	53.3	5.6%
5	15.9	4.2%	30.9	5.4%	46.8	4.9%
6	6.1	1.6%	10.8	1.9%	16.9	1.8%
7	46.2	12.2%	51.8	9.1%	98.1	10.3%
Total	378.6	100.0%	570.5	100.0%	949.1	100.0%
Mean	2.6		2.6		2.6	
Number of minutes on a typical day performing the activity						
Below 60	105.4	27.8%	104.7	18.4%	210.2	22.1%
60 - <120	211.5	55.9%	293.6	51.5%	505.1	53.2%
120 - <180	50.1	13.2%	139.4	24.4%	189.4	20.0%
180 or above	11.6	3.1%	32.8	5.7%	44.4	4.7%
Total	378.6	100.0%	570.5	100.0%	949.1	100.0%
Mean	65.0		79.4		73.7	

Bases: * Respondents who had performed work-related vigorous physical activity in a typical week (N=433 700).
Respondents who had performed recreational-related vigorous physical activity in a typical week (N=949 100).

Notes: § In this survey, vigorous physical activity includes activity at work and recreational activity that causes large increases in breathing or heart rate for at least 10 minutes continuously.
Figures may not add up to the total due to rounding.

Table 4.3.2d: Number of days in a typical week and duration of vigorous physical activity[§] on a typical day when performing the activity by age group

	15-24		25-34		35-44		45-54		55-64		65-74		75-84		85 or above		Total	
	No. of persons ('000)	%	No. of persons ('000)	%	No. of persons ('000)	%	No. of persons ('000)	%	No. of persons ('000)	%	No. of persons ('000)	%	No. of persons ('000)	%	No. of persons ('000)	%	No. of persons ('000)	%
Vigorous work-related activity *																		
Number of days in a typical week performing the activity																		
1	15.7	52.2%	18.5	27.6%	31.7	36.8%	31.7	30.4%	35.8	32.8%	15.5	55.7%	3.6	62.4%	2.6	73.8%	155.2	35.8%
2	2.4	8.0%	4.4	6.6%	9.4	10.9%	8.5	8.1%	6.7	6.1%	2.0	7.0%	0.8	13.4%	0.5	13.1%	34.5	8.0%
3	2.9	9.7%	5.5	8.3%	6.5	7.5%	4.4	4.3%	7.7	7.0%	2.6	9.2%	0.8	12.9%	-	-	30.4	7.0%
4	1.6	5.3%	3.5	5.2%	4.2	4.9%	4.9	4.7%	4.7	4.3%	0.3	1.1%	-	-	0.5	13.1%	19.7	4.5%
5	3.4	11.4%	14.2	21.3%	11.7	13.6%	20.3	19.5%	21.8	20.0%	3.1	11.0%	-	-	-	-	74.6	17.2%
6	2.6	8.7%	17.1	25.6%	20.1	23.3%	28.3	27.1%	24.4	22.4%	2.7	9.6%	-	-	-	-	95.2	22.0%
7	1.4	4.7%	3.6	5.5%	2.6	3.0%	6.2	5.9%	7.9	7.3%	1.8	6.5%	0.7	11.3%	-	-	24.2	5.6%
Total	30.1	100.0%	66.9	100.0%	86.2	100.0%	104.4	100.0%	109.0	100.0%	27.8	100.0%	5.8	100.0%	3.5	100.0%	433.7	100.0%
Mean	2.6		3.8		3.3		3.8		3.7		2.6		2.1		1.5		3.5	
Number of minutes on a typical day performing the activity																		
Below 60	5.4	18.0%	16.9	25.2%	20.3	23.6%	21.9	21.0%	24.3	22.3%	7.5	27.0%	2.2	37.3%	0.5	13.1%	99.0	22.8%
60 - <120	16.3	54.3%	24.1	36.0%	39.7	46.1%	46.8	44.8%	50.3	46.1%	16.5	59.2%	3.4	57.6%	3.1	86.9%	200.1	46.1%
120 - <180	4.6	15.4%	11.4	17.1%	14.8	17.1%	16.5	15.8%	12.5	11.5%	1.5	5.2%	0.3	5.1%	-	-	61.6	14.2%
180 or above	3.7	12.3%	14.5	21.7%	11.4	13.2%	19.1	18.3%	21.9	20.1%	2.4	8.6%	-	-	-	-	73.0	16.8%
Total	30.1	100.0%	66.9	100.0%	86.2	100.0%	104.4	100.0%	109.0	100.0%	27.8	100.0%	5.8	100.0%	3.5	100.0%	433.7	100.0%
Mean	86.3		107.1		91.9		107.4		106.9		71.1		52.5		63.9		99.3	
Vigorous recreational activity #																		
Number of days in a typical week performing the activity																		
1	67.8	40.3%	75.5	39.6%	88.1	47.4%	70.4	44.3%	57.0	38.9%	22.6	30.7%	5.0	27.3%	2.7	39.1%	389.1	41.0%
2	43.1	25.6%	44.8	23.5%	40.7	21.9%	33.4	21.0%	28.3	19.3%	9.1	12.4%	3.9	21.2%	0.9	12.8%	204.3	21.5%
3	28.2	16.7%	34.4	18.0%	26.2	14.1%	22.2	13.9%	17.2	11.7%	10.8	14.7%	1.4	7.6%	0.4	5.2%	140.6	14.8%
4	12.4	7.3%	14.2	7.5%	7.6	4.1%	9.6	6.0%	5.2	3.6%	3.9	5.3%	0.4	2.1%	-	-	53.3	5.6%
5	5.5	3.3%	10.0	5.3%	5.8	3.1%	9.2	5.8%	10.0	6.8%	4.0	5.5%	1.4	7.5%	0.8	12.4%	46.8	4.9%
6	3.2	1.9%	2.0	1.1%	3.1	1.7%	1.0	0.7%	3.0	2.0%	4.2	5.7%	0.4	2.1%	-	-	16.9	1.8%
7	8.2	4.9%	9.8	5.1%	14.3	7.7%	13.0	8.2%	25.9	17.7%	18.9	25.7%	6.0	32.2%	2.1	30.5%	98.1	10.3%
Total	168.4	100.0%	190.7	100.0%	185.8	100.0%	158.8	100.0%	146.6	100.0%	73.6	100.0%	18.5	100.0%	6.8	100.0%	949.1	100.0%
Mean	2.3		2.4		2.3		2.4		3.0		3.6		3.8		3.6		2.6	
Number of minutes on a typical day performing the activity																		
Below 60	23.3	13.8%	38.4	20.1%	40.1	21.6%	37.2	23.4%	42.1	28.7%	20.7	28.1%	5.5	29.8%	2.9	43.2%	210.2	22.1%
60 - <120	87.8	52.1%	101.5	53.2%	99.9	53.8%	87.2	54.9%	79.7	54.4%	37.0	50.3%	8.6	46.4%	3.4	50.1%	505.1	53.2%
120 - <180	44.6	26.5%	45.6	23.9%	38.9	20.9%	27.1	17.1%	18.7	12.8%	9.9	13.5%	4.1	22.0%	0.5	6.8%	189.4	20.0%
180 or above	12.7	7.5%	5.2	2.7%	6.8	3.7%	7.3	4.6%	6.1	4.2%	6.0	8.1%	0.3	1.7%	-	-	44.4	4.7%
Total	168.4	100.0%	190.7	100.0%	185.8	100.0%	158.8	100.0%	146.6	100.0%	73.6	100.0%	18.5	100.0%	6.8	100.0%	949.1	100.0%
Mean	83.3		74.4		73.9		71.3		67.1		70.9		67.5		49.2		73.7	

Bases: * Respondents who had performed work-related vigorous physical activity in a typical week (N=433 700).
Respondents who had performed recreational-related vigorous physical activity in a typical week (N=949 100).

Notes: § In this survey, vigorous physical activity includes activity at work and recreational activity that causes large increases in breathing or heart rate for at least 10 minutes continuously.
Figures may not add up to the total due to rounding.

4.3.3 Moderate Physical Activities

Moderate physical activities are defined as physical activities that cause small increase in breathing rate or heart rate for at least 10 minutes continuously. These activities are further divided into work-related, recreational, and transport-related. In a typical week, 90.4% of females and males aged 15 or above had undertaken some moderate physical activities (Table 4.3.3a). In terms of age, the proportion of persons engaged in moderate physical activity was the highest at 93.0% among persons aged 55-64 and was the lowest at 74.4% among persons aged 85 or above (Table 4.3.3b).

Table 4.3.3a: Proportion of population aged 15 or above who had performed moderate physical activity* in a typical week by gender

	Female		Male		Total	
	No. of persons ('000)	%	No. of persons ('000)	%	No. of persons ('000)	%
Yes	2 939.0	90.4%	2 621.5	90.4%	5 560.4	90.4%
No	312.8	9.6%	277.5	9.6%	590.4	9.6%
Total	3 251.8	100.0%	2 899.0	100.0%	6 150.8	100.0%

Base: All respondents (N= 6 150 800).

Notes: * In this survey, moderate physical activity includes activity at work, walking or using bicycle to get to or from places and recreational activity that causes small increases in breathing or heart rate for at least 10 minutes continuously.

Figures may not add up to the total due to rounding.

Table 4.3.3b: Proportion of population aged 15 or above who had performed moderate physical activity* in a typical week by age group

	15-24		25-34		35-44		45-54		55-64		65-74		75-84		85 or above		Total	
	No. of persons ('000)	%	No. of persons ('000)	%	No. of persons ('000)	%	No. of persons ('000)	%	No. of persons ('000)	%	No. of persons ('000)	%	No. of persons ('000)	%	No. of persons ('000)	%	No. of persons ('000)	%
Yes	523.3	90.3%	796.5	89.2%	926.0	91.6%	982.6	90.7%	1 127.9	93.0%	770.7	92.0%	291.4	84.8%	142.1	74.4%	5 560.4	90.4%
No	56.1	9.7%	96.5	10.8%	84.7	8.4%	100.4	9.3%	84.4	7.0%	67.2	8.0%	52.1	15.2%	48.9	25.6%	590.4	9.6%
Total	579.4	100.0%	893.0	100.0%	1 010.7	100.0%	1 083.0	100.0%	1 212.3	100.0%	837.9	100.0%	343.5	100.0%	191.0	100.0%	6 150.8	100.0%

Base: All respondents (N= 6 150 800).

Notes: * In this survey, moderate physical activity includes activity at work, walking or using bicycle to get to or from places (transport-related activity) and recreational activity that causes small increases in breathing or heart rate for at least 10 minutes continuously.

Figures may not add up to the total due to rounding.

Among those persons who engaged in moderate work-related physical activity, the mean number of days in performing such activity in a typical week was 3.9 days (3.6 days for females and 4.1 days for males). The mean duration of such activities was 92.4 minutes on a typical day when performing the activities (81.6 minutes in females and 99.6 minutes in males) (Table 4.3.3c). Comparing with other age groups, persons aged 25-34 had the highest mean number of days (4.2 days) of moderate work-related physical activity in a typical week and those aged 55-64 had the highest mean duration (97.1 minutes) of such activities on a typical day when performing the activities (Table 4.3.3d).

Among those who had undertaken moderate transport-related physical activity (i.e. walking or cycling to and from places), the mean numbers of days of performing such activity in a typical week were 6.0 days for both females and males. The mean duration was 50.3 minutes on a typical day (50.3 minutes in females and 50.4 minutes in males) (Table 4.3.3c). Comparing with other age groups, persons aged 35-74 had relatively higher mean number of days (6.1 days) of moderate transport-related physical activity in a typical week. The mean duration of such activity on a typical day when performing the activity was the highest among those aged 65-74 (53.4 minutes) and the lowest among those aged 85 or above (43.7 minutes) (Table 4.3.3d).

Among the persons who had participated in moderate recreational physical activity, the mean number of days in a typical week and the mean duration on a typical day of performing such activity were 3.2 days (3.3 days for females and 3.1 days for males) and 62.0 minutes (59.5 minutes for females and 65.0 minutes for males) respectively (Table 4.3.3c). Analysed by age group, the mean number of days of performing such activity in a typical week increased steadily from 2.2 days for those aged 15-24 to 5.5 days for those aged 85 or above and the mean duration of the activity on a typical day when performing such activity was the highest among those aged 15-24 (70.0 minutes) and the lowest among those aged 85 or above (48.0 minutes) (Table 4.3.3d).

Table 4.3.3c: Number of days in a typical week and duration of moderate physical activity[§] on a typical day when performing the activity by gender

	Female		Male		Total	
	No. of persons ('000)	**%**	**No. of persons ('000)**	**%**	**No. of persons ('000)**	**%**
Moderate work-related activity *						
Number of days in a typical week performing the activity						
1	91.8	28.2%	91.6	18.7%	183.4	22.5%
2	28.0	8.6%	40.9	8.3%	68.9	8.4%
3	39.3	12.1%	44.7	9.1%	84.0	10.3%
4	17.9	5.5%	24.6	5.0%	42.5	5.2%
5	75.9	23.3%	137.4	28.1%	213.3	26.2%
6	44.7	13.7%	119.3	24.4%	164.0	20.1%
7	27.8	8.5%	31.4	6.4%	59.2	7.3%
Total	325.5	100.0%	489.8	100.0%	815.3	100.0%
Mean	3.6		4.1		3.9	
Number of minutes on a typical day performing the activity						
Below 60	130.2	40.0%	164.8	33.6%	295.0	36.2%
60 - <120	125.1	38.4%	168.3	34.4%	293.4	36.0%
120 - <180	30.6	9.4%	66.3	13.5%	96.9	11.9%
180 or above	39.5	12.1%	90.4	18.5%	130.0	15.9%
Total	325.5	100.0%	489.8	100.0%	815.3	100.0%
Mean	81.6		99.6		92.4	
Moderate transport activity #						
Number of days in a typical week performing the activity						
1	108.2	3.8%	90.9	3.6%	199.1	3.7%
2	71.8	2.5%	75.8	3.0%	147.7	2.8%
3	132.1	4.6%	103.0	4.1%	235.1	4.4%
4	91.8	3.2%	70.5	2.8%	162.3	3.0%
5	338.0	11.8%	311.0	12.4%	648.9	12.1%
6	253.7	8.9%	281.2	11.2%	534.8	10.0%
7	1 857.6	65.1%	1 578.0	62.9%	3 435.6	64.1%
Total	2 853.0	100.0%	2 510.4	100.0%	5 363.4	100.0%
Mean	6.0		6.0		6.0	
Number of minutes on a typical day performing the activity						
Below 60	1 574.9	55.2%	1 378.4	54.9%	2 953.3	55.1%
60 - <120	952.8	33.4%	848.1	33.8%	1 800.9	33.6%
120 - <180	236.9	8.3%	203.1	8.1%	440.1	8.2%
180 or above	88.3	3.1%	80.8	3.2%	169.1	3.2%
Total	2 853.0	100.0%	2 510.4	100.0%	5 363.4	100.0%
Mean	50.3		50.4		50.3	

(To be continued)

Table 4.3.3c: Number of days in a typical week and duration of moderate physical activity[§] on a typical day when performing the activity by gender (continued)

	Female		Male		Total	
	No. of persons ('000)	%	No. of persons ('000)	%	No. of persons ('000)	%
Moderate recreational activity ^						
Number of days in a typical week performing the activity						
1	394.6	32.7%	342.5	32.9%	737.1	32.8%
2	229.6	19.0%	226.5	21.7%	456.1	20.3%
3	168.1	13.9%	146.5	14.1%	314.7	14.0%
4	56.6	4.7%	55.3	5.3%	111.9	5.0%
5	65.3	5.4%	54.5	5.2%	119.9	5.3%
6	27.1	2.2%	18.8	1.8%	45.9	2.0%
7	267.2	22.1%	197.6	19.0%	464.8	20.7%
Total	1 208.5	100.0%	1 041.7	100.0%	2 250.3	100.0%
Mean	3.3		3.1		3.2	
Number of minutes on a typical day performing the activity						
Below 60	458.0	37.9%	329.0	31.6%	787.0	35.0%
60 - <120	576.4	47.7%	521.2	50.0%	1 097.6	48.8%
120 - <180	141.2	11.7%	155.1	14.9%	296.3	13.2%
180 or above	32.9	2.7%	36.5	3.5%	69.4	3.1%
Total	1 208.5	100.0%	1 041.7	100.0%	2 250.3	100.0%
Mean	59.5		65.0		62.0	

Bases: * Respondents who had performed work-related moderate physical activity in a typical week (N=815 300).
Respondents who had performed transport-related moderate physical activity in a typical week (N=5 363 400).
^ Respondents who had performed recreational-related moderate physical activity in a typical week (N=2 250 300).

Notes: § In this survey, moderate physical activity includes activity at work, walking or using bicycle to get to or from places (transport-related activity) and recreational activity that causes small increases in breathing or heart rate for at least 10 minutes continuously.
Figures may not add up to the total due to rounding.

Table 4.3.3d: Number of days in a typical week and duration of moderate physical activity[§] on a typical day when performing the activity by age group

	15-24		25-34		35-44		45-54		55-64		65-74		75-84		85 or above		Total	
	No. of person ('000)	%	No. of persons ('000)	%	No. of persons ('000)	%	No. of persons ('000)	%	No. of persons ('000)	%	No. of persons ('000)	%	No. of persons ('000)	%	No. of persons ('000)	%	No. of persons ('000)	%
Moderate work-related activity *																		
Number of days in a typical week performing the activity																		
1	20.5	36.0%	21.8	17.3%	38.3	22.3%	39.9	21.2%	39.9	20.4%	15.9	24.8%	4.6	50.9%	2.6	60.8%	183.4	22.5%
2	6.2	10.8%	10.7	8.5%	15.6	9.1%	12.3	6.5%	17.0	8.7%	6.0	9.4%	0.7	8.0%	0.4	9.5%	68.9	8.4%
3	7.9	13.9%	14.6	11.6%	18.9	11.0%	13.7	7.3%	19.0	9.7%	8.5	13.2%	1.1	11.7%	0.5	10.8%	84.0	10.3%
4	3.1	5.5%	3.8	3.0%	9.7	5.7%	9.8	5.2%	10.3	5.3%	4.7	7.4%	1.0	10.9%	-	-	42.5	5.2%
5	10.5	18.3%	38.6	30.7%	48.6	28.3%	57.4	30.5%	46.1	23.6%	11.3	17.7%	0.3	3.3%	0.5	10.8%	213.3	26.2%
6	5.8	10.1%	27.3	21.7%	31.0	18.0%	43.5	23.1%	47.8	24.5%	8.3	13.0%	0.4	4.3%	-	-	164.0	20.1%
7	3.0	5.3%	9.0	7.1%	9.7	5.7%	11.7	6.2%	15.1	7.7%	9.4	14.6%	1.0	10.9%	0.4	8.2%	59.2	7.3%
Total	57.0	100.0%	125.7	100.0%	171.8	100.0%	188.3	100.0%	195.1	100.0%	64.2	100.0%	9.0	100.0%	4.3	100.0%	815.3	100.0%
Mean	3.1		4.2		3.9		4.1		4.1		3.8		2.6		2.2		3.9	
Number of minutes on a typical day performing the activity																		
Below 60	21.3	37.3%	47.8	38.1%	63.3	36.8%	69.0	36.7%	63.3	32.4%	25.4	39.6%	3.1	34.9%	1.7	40.5%	295.0	36.2%
60 - <120	21.3	37.5%	39.4	31.4%	56.4	32.8%	65.0	34.5%	77.3	39.6%	26.4	41.1%	5.0	55.2%	2.5	59.5%	293.4	36.0%
120 - <180	7.5	13.2%	18.1	14.4%	22.8	13.3%	21.0	11.1%	21.2	10.8%	6.0	9.3%	0.3	3.3%	-	-	96.9	11.9%
180 or above	6.8	11.9%	20.3	16.1%	29.3	17.1%	33.2	17.6%	33.3	17.1%	6.4	10.1%	0.6	6.6%	-	-	130.0	15.9%
Total	57.0	100.0%	125.7	100.0%	171.8	100.0%	188.3	100.0%	195.1	100.0%	64.2	100.0%	9.0	100.0%	4.3	100.0%	815.3	100.0%
Mean	85.5		90.9		96.3		96.0		97.1		73.3		58.8		51.1		92.4	
Moderate transport-related activity #																		
Number of days in a typical week performing the activity																		
1	18.6	3.7%	24.5	3.2%	37.2	4.1%	40.0	4.2%	40.5	3.7%	22.5	3.0%	8.5	3.1%	7.2	5.4%	199.1	3.7%
2	18.4	3.7%	16.7	2.2%	25.2	2.8%	20.8	2.2%	26.0	2.4%	18.1	2.4%	12.6	4.6%	9.8	7.4%	147.7	2.8%
3	23.1	4.6%	29.7	3.9%	29.1	3.2%	29.6	3.1%	49.6	4.6%	39.7	5.4%	16.9	6.1%	17.3	13.1%	235.1	4.4%
4	17.3	3.4%	18.5	2.4%	22.8	2.5%	19.8	2.1%	32.0	2.9%	32.7	4.4%	13.0	4.7%	6.3	4.8%	162.3	3.0%
5	104.3	20.6%	127.4	16.5%	105.6	11.8%	110.2	11.6%	109.6	10.1%	59.2	8.0%	22.3	8.0%	10.3	7.8%	648.9	12.1%
6	59.8	11.8%	101.3	13.1%	102.2	11.4%	108.9	11.4%	110.5	10.2%	39.4	5.3%	8.3	3.0%	4.4	3.3%	534.8	10.0%
7	263.5	52.2%	454.2	58.8%	575.5	64.1%	622.3	65.4%	719.5	66.1%	528.1	71.4%	195.8	70.6%	76.6	58.1%	3 435.6	64.1%
Total	505.0	100.0%	772.4	100.0%	897.7	100.0%	951.6	100.0%	1 087.7	100.0%	739.8	100.0%	277.5	100.0%	131.9	100.0%	5 363.4	100.0%
Mean	5.8		6.0		6.1		6.1		6.1		6.1		6.0		5.4		6.0	
Number of minutes on a typical day performing the activity																		
Below 60	293.8	58.2%	446.5	57.8%	502.1	55.9%	532.0	55.9%	576.6	53.0%	374.6	50.6%	148.0	53.4%	79.5	60.3%	2 953.3	55.1%
60 - <120	158.5	31.4%	252.8	32.7%	293.2	32.7%	313.2	32.9%	375.8	34.6%	272.0	36.8%	93.2	33.6%	42.3	32.1%	1 800.9	33.6%
120 - <180	37.6	7.4%	49.6	6.4%	75.3	8.4%	79.4	8.3%	99.0	9.1%	64.4	8.7%	26.7	9.6%	8.1	6.1%	440.1	8.2%
180 or above	15.2	3.0%	23.5	3.0%	27.1	3.0%	27.0	2.8%	36.2	3.3%	28.7	3.9%	9.5	3.4%	2.0	1.5%	169.1	3.2%
Total	505.0	100.0%	772.4	100.0%	897.7	100.0%	951.6	100.0%	1 087.7	100.0%	739.8	100.0%	277.5	100.0%	131.9	100.0%	5 363.4	100.0%
Mean	47.3		47.7		50.2		49.8		52.5		53.4		51.8		43.7		50.3	

(To be continued)

Table 4.3.3d: Number of days in a typical week and duration of moderate physical activity§ on a typical day when performing the activity by age group (continued)

	15-24		25-34		35-44		45-54		55-64		65-74		75-84		85 or above		Total	
	No. of person ('000)	%	No. of persons ('000)	%	No. of persons ('000)	%	No. of persons ('000)	%	No. of persons ('000)	%	No. of persons ('000)	%	No. of persons ('000)	%	No. of persons ('000)	%	No. of persons ('000)	%
Moderate recreational activity ^																		
Number of days in a typical week performing the activity																		
1	101.6	41.7%	136.3	45.1%	150.9	42.4%	155.3	40.5%	120.7	25.7%	55.0	16.3%	12.6	11.1%	4.7	10.5%	737.1	32.8%
2	72.8	29.9%	75.5	25.0%	91.4	25.7%	86.7	22.6%	77.6	16.5%	40.2	11.9%	9.8	8.7%	2.2	4.8%	456.1	20.3%
3	33.0	13.6%	41.6	13.8%	57.0	16.0%	50.8	13.2%	73.5	15.7%	45.7	13.5%	8.9	7.8%	4.2	9.3%	314.7	14.0%
4	11.6	4.8%	11.2	3.7%	13.3	3.7%	14.6	3.8%	31.4	6.7%	21.2	6.3%	5.3	4.7%	3.3	7.5%	111.9	5.0%
5	11.1	4.6%	12.3	4.1%	13.8	3.9%	21.7	5.7%	28.9	6.2%	24.0	7.1%	6.6	5.8%	1.5	3.4%	119.9	5.3%
6	1.7	0.7%	4.0	1.3%	4.2	1.2%	5.4	1.4%	13.2	2.8%	15.7	4.6%	1.3	1.1%	0.4	0.9%	45.9	2.0%
7	11.6	4.8%	21.5	7.1%	25.4	7.1%	48.8	12.7%	124.1	26.4%	136.2	40.3%	68.7	60.8%	28.4	63.5%	464.8	20.7%
Total	243.5	100.0%	302.4	100.0%	355.9	100.0%	383.3	100.0%	469.4	100.0%	338.0	100.0%	113.1	100.0%	44.7	100.0%	2 250.3	100.0%
Mean	2.2		2.3		2.3		2.7		3.7		4.5		5.3		5.5		3.2	
Number of minutes on a typical day performing the activity																		
Below 60	51.8	21.3%	81.6	27.0%	121.5	34.1%	141.1	36.8%	187.0	39.8%	126.0	37.3%	56.2	49.7%	21.8	48.6%	787.0	35.0%
60 - <120	135.0	55.5%	163.2	54.0%	170.2	47.8%	174.3	45.5%	224.8	47.9%	163.1	48.2%	46.7	41.3%	20.3	45.3%	1 097.6	48.8%
120 - <180	50.6	20.8%	47.5	15.7%	51.1	14.4%	54.5	14.2%	44.7	9.5%	37.7	11.2%	8.1	7.2%	2.0	4.5%	296.3	13.2%
180 or above	6.0	2.5%	10.1	3.3%	13.1	3.7%	13.4	3.5%	12.9	2.8%	11.1	3.3%	2.0	1.8%	0.7	1.6%	69.4	3.1%
Total	243.5	100.0%	302.4	100.0%	355.9	100.0%	383.3	100.0%	469.4	100.0%	338.0	100.0%	113.1	100.0%	44.7	100.0%	2 250.3	100.0%
Mean	70.0		66.5		63.7		62.3		58.1		61.3		50.8		48.0		62.0	

Bases: * Respondents who had performed work-related moderate physical activity in a typical week (N=815 300).
Respondents who had performed transport-related moderate physical activity in a typical week (N=5 363 400).
^ Respondents who had performed recreational-related moderate physical activity in a typical week (N=2 250 300).

Notes: § In this survey, moderate physical activity includes activity at work, walking or using bicycle to get to or from places (transport-related activity) and recreational activity that causes small increases in breathing or heart rate for at least 10 minutes continuously.
Figures may not add up to the total due to rounding.

4.3.4 Sedentary Behaviour

Sedentary behaviour refers to sitting or reclining at work, at home, with friends, or getting to and from places in a car, bus or train, but does not include sleeping. Overall, the mean duration of sedentary behaviour on a typical day were 408.3 minutes (412.4 minutes for females and 403.6 minutes for males) among persons aged 15 or above (Table 4.3.4a). Analysed by age, the mean duration spent on sitting or reclining was the longest (512.8 minutes) for persons aged 85 or above, while the shortest was 386.6 minutes for persons aged 55-64. 14.9% of persons aged 15 or above spent 10 hours or longer on average per day on sitting or reclining, while only 1.7% of them spent less than two hours on average per day on sitting or reclining (Tables 4.3.4a and 4.3.4b).

Table 4.3.4a: Time (in minutes) spent on sitting or reclining* on a typical day by gender

	Female		Male		Total	
	No. of persons ('000)	%	No. of persons ('000)	%	No. of persons ('000)	%
Below 120	53.7	1.7%	50.8	1.8%	104.5	1.7%
120 or above	3 198.1	98.3%	2 848.2	98.2%	6 046.3	98.3%
120 - <240	*327.3*	*10.1%*	*319.8*	*11.0%*	*647.2*	*10.5%*
240 - <360	*595.7*	*18.3%*	*569.3*	*19.6%*	*1 165.0*	*18.9%*
360 - <480	*961.2*	*29.6%*	*842.3*	*29.1%*	*1 803.5*	*29.3%*
480 - <600	*814.8*	*25.1%*	*697.9*	*24.1%*	*1 512.6*	*24.6%*
600 or above	*499.0*	*15.3%*	*419.0*	*14.5%*	*918.0*	*14.9%*
Total	3 251.8	100.0%	2 899.0	100.0%	6 150.8	100.0%
Mean	412.4		403.6		408.3	

Base: All respondents (N= 6 150 800).

Notes: * Time spent on sitting or reclining does not include time spent on sleeping.
Figures may not add up to the total due to rounding.

Table 4.3.4b: Time (in minutes) spent on sitting or reclining* on a typical day by age group

	15-24		25-34		35-44		45-54		55-64		65-74		75-84		85 or above		Total	
	No. of persons ('000)	%	No. of persons ('000)	%	No. of persons ('000)	%	No. of persons ('000)	%	No. of persons ('000)	%	No. of persons ('000)	%	No. of persons ('000)	%	No. of persons ('000)	%	No. of persons ('000)	%
Below 120	5.2	0.9%	9.3	1.0%	19.4	1.9%	25.1	2.3%	24.1	2.0%	14.6	1.7%	5.0	1.4%	1.9	1.0%	104.5	1.7%
120 or above	574.2	99.1%	883.7	99.0%	991.3	98.1%	1 057.9	97.7%	1 188.2	98.0%	823.3	98.3%	338.5	98.6%	189.1	99.0%	6 046.3	98.3%
120 - <240	*47.9*	*8.3%*	*79.4*	*8.9%*	*106.1*	*10.5%*	*124.8*	*11.5%*	*155.1*	*12.8%*	*93.2*	*11.1%*	*27.4*	*8.0%*	*13.4*	*7.0%*	*647.2*	*10.5%*
240 - <360	*100.9*	*17.4%*	*150.7*	*16.9%*	*189.4*	*18.7%*	*217.9*	*20.1%*	*264.0*	*21.8%*	*165.0*	*19.7%*	*52.2*	*15.2%*	*25.0*	*13.1%*	*1 165.0*	*18.9%*
360 - <480	*157.6*	*27.2%*	*265.9*	*29.8%*	*291.9*	*28.9%*	*329.0*	*30.4%*	*369.1*	*30.4%*	*262.8*	*31.4%*	*92.7*	*27.0%*	*34.6*	*18.1%*	*1 803.5*	*29.3%*
480 - <600	*182.2*	*31.5%*	*249.8*	*28.0%*	*264.6*	*26.2%*	*260.7*	*24.1%*	*245.4*	*20.2%*	*182.6*	*21.8%*	*83.7*	*24.4%*	*43.6*	*22.8%*	*1 512.6*	*24.6%*
600 or above	*85.6*	*14.8%*	*137.9*	*15.4%*	*139.4*	*13.8%*	*125.6*	*11.6%*	*154.6*	*12.8%*	*119.7*	*14.3%*	*82.6*	*24.0%*	*72.6*	*38.0%*	*918.0*	*14.9%*
Total	579.4	100.0%	893.0	100.0%	1 010.7	100.0%	1 083.0	100.0%	1 212.3	100.0%	837.9	100.0%	343.5	100.0%	191.0	100.0%	6 150.8	100.0%
Mean	423.6		418.9		404.7		392.2		386.6		401.1		451.0		512.8		408.3	

Base: All respondents (N= 6 150 800).

Notes: * Time spent on sitting or reclining does not include time spent on sleeping.
Figures may not add up to the total due to rounding.

4.3.5 Level of Physical Activity

The WHO recommends that adults aged 18 or above should perform at least 150-300 minutes of moderate-intensity aerobic physical activity, or 75-150 minutes of vigorous-intensity aerobic physical activity or an equivalent combination of moderate- and vigorous-intensity physical activity achieving at least 600 metabolic equivalent (MET)-minutes per week for health maintenance [9]. For persons aged 65 or above who cannot perform the recommended amounts of physical activity due to health conditions, the WHO further recommends that they should be as physically active as their abilities and health conditions allow.

Among persons aged 18 or above, 24.8% (26.5% for females and 22.8% for males) had not performed sufficient physical activities (i.e. not meeting the WHO recommendation) (Table 4.3.5a). Age-standardised prevalence of insufficient physical activity among persons aged 18 years or above was 24.3%. Analysed by age, the lowest proportion of having not met the WHO recommendation was 21.6% in persons aged 55-64, while the highest proportion was 53.3% among persons aged 85 or above (Table 4.3.5b).

Table 4.3.5a: Proportion of population aged 18 or above meeting WHO recommendations of physical activity level by gender

	Female		Male		Total	
	No. of persons ('000)	%	No. of persons ('000)	%	No. of persons ('000)	%
Yes	2 334.3	73.5%	2 175.7	77.2%	4 510.0	75.2%
No	842.6	26.5%	643.4	22.8%	1 486.0	24.8%
Total	3 176.9	100.0%	2 819.1	100.0%	5 996.0	100.0%

Base: Respondents aged 18 or above (N=5 996 000).

Notes: WHO recommendation of physical activity level

150 minutes of moderate-intensity physical activity per week, or

75 minutes of vigorous-intensity physical activity per week, or

An equivalent combination of moderate- and vigorous-intensity physical activity accumulating at least 600 MET-minutes per week

Figures may not add up to the total due to rounding.

Caution must be taken when interpreting the figures relating to population aged 18 or above meeting WHO recommendations of sufficient physical activity reported in the report. The figures were estimated purely based on the level of physical activity reported by the respondents.

Table 4.3.5b: Proportion of population aged 18 or above meeting WHO recommendations of physical activity level by age group

	18-24		25-34		35-44		45-54		55-64		65-74		75-84		85 or above		Total	
	No. of persons ('000)	%	No. of persons ('000)	%	No. of persons ('000)	%	No. of persons ('000)	%	No. of persons ('000)	%	No. of persons ('000)	%	No. of persons ('000)	%	No. of persons ('000)	%	No. of persons ('000)	%
Yes	325.2	76.6%	661.3	74.0%	773.8	76.6%	833.0	76.9%	950.2	78.4%	651.7	77.8%	225.7	65.7%	89.2	46.7%	4 510.0	75.2%
No	99.4	23.4%	231.7	26.0%	236.9	23.4%	250.0	23.1%	262.1	21.6%	186.2	22.2%	117.8	34.3%	101.8	53.3%	1 486.0	24.8%
Total	424.6	100.0%	893.0	100.0%	1 010.7	100.0%	1 083.0	100.0%	1 212.3	100.0%	837.9	100.0%	343.5	100.0%	191.0	100.0%	5 996.0	100.0%

Base: Respondents aged 18 or above (N=5 996 000).

Notes: WHO recommendation of physical activity level

150 minutes of moderate-intensity physical activity per week, or

75 minutes of vigorous-intensity physical activity per week, or

An equivalent combination of moderate- and vigorous-intensity physical activity accumulating at least 600 MET-minutes per week

Figures may not add up to the total due to rounding.

Caution must be taken when interpreting the figures relating to population aged 18 or above meeting WHO recommendations of sufficient physical activity reported in the report. The figures were estimated purely based on the level of physical activity reported by the respondents.

4.3.6 Attitude to Physical Activity

Among respondents who did not perform recreational physical activities, 38.7% reasoned that was because they were too tired and exhausted after work, study, or doing household chores, and the corresponding proportion was higher for males (40.2%) than females (37.5%). 36.4% of respondents were too busy and had no spare time for physical activity (35.1% for females and 38.0% for males) (Table 4.3.6a).

52.9% of those aged 35-44 did not do physical activities because they were too tired and exhausted after work, study, or doing household chores, which was the highest proportion among all age groups, while the lowest proportion was among those aged 85 or above (1.8%). The highest proportion of not doing physical activities because they were too busy and not having spare time was 51.7% among those aged 35-44, while the lowest proportion was 3.9% among those aged 85 or above (Table 4.3.6b).

Table 4.3.6a: Reasons for not doing moderate- or vigorous-intensity sports, fitness or recreational physical activities by gender

	Female		Male		Total	
	No. of Persons ('000)	%	No. of Persons ('000)	%	No. of persons ('000)	%
Too tired and exhausted after work / study / doing household chores	690.4	37.5%	607.1	40.2%	1 297.5	38.7%
Too busy / no spare time	647.5	35.1%	574.6	38.0%	1 222.1	36.4%
I was lazy	533.9	29.0%	403.0	26.7%	936.9	27.9%
I am too old	447.8	24.3%	354.3	23.5%	802.1	23.9%
Because of health problems	151.7	8.2%	114.1	7.6%	265.8	7.9%
Don't know what type of sports or recreational physical activities I can do	6.6	0.4%	7.1	0.5%	13.8	0.4%
Don't know where I can go to do sports or recreational physical activities	5.4	0.3%	3.3	0.2%	8.6	0.3%
Others	22.8	1.2%	13.6	0.9%	36.3	1.1%

Base: Respondents who did not perform recreational physical activities (N=3 352 900).
Notes: Multiple answers were allowed.
Figures may not add up to the total due to rounding.

Table 4.3.6b: Reasons for not doing moderate- or vigorous-intensity sports, fitness or recreational physical activities by age group

	15-24		25-34		35-44		45-54		55-64		65-74		75-84		85 or above		Total	
	No. of persons ('000)	%	No. of persons ('000)	%	No. of persons ('000)	%	No. of persons ('000)	%	No. of persons ('000)	%	No. of persons ('000)	%	No. of persons ('000)	%	No. of persons ('000)	%	No. of persons ('000)	%
Too tired and exhausted after work / study / doing household chores	104.7	44.1%	220.9	47.8%	288.2	52.9%	316.8	52.1%	269.6	40.2%	82.9	17.9%	11.9	5.4%	2.6	1.8%	1 297.5	38.7%
Too busy / no spare time	79.8	33.6%	236.8	51.3%	282.0	51.7%	270.1	44.4%	237.9	35.5%	89.4	19.2%	20.5	9.3%	5.6	3.9%	1 222.1	36.4%
I was lazy	112.2	47.3%	151.0	32.7%	149.2	27.4%	183.6	30.2%	192.6	28.7%	100.1	21.5%	35.0	15.8%	13.2	9.2%	936.9	27.9%
I am too old	0.7	0.3%	5.0	1.1%	4.3	0.8%	36.3	6.0%	162.7	24.3%	286.0	61.6%	177.7	80.4%	129.4	89.7%	802.1	23.9%
Because of health problems	3.6	1.5%	4.4	0.9%	12.2	2.2%	19.8	3.3%	58.3	8.7%	75.1	16.2%	54.4	24.6%	37.9	26.3%	265.8	7.9%
Don't know what type of sports or recreational physical activities I can do	2.0	0.8%	1.3	0.3%	1.6	0.3%	3.2	0.5%	2.5	0.4%	1.9	0.4%	1.2	0.6%	-	-	13.8	0.4%
Don't know where I can go to do sports or recreational physical activities	1.4	0.6%	0.4	0.1%	0.8	0.1%	2.4	0.4%	1.1	0.2%	2.6	0.6%	-	-	-	-	8.6	0.3%
Others	2.2	0.9%	5.4	1.2%	7.7	1.4%	3.5	0.6%	8.7	1.3%	7.1	1.5%	1.7	0.8%	-	-	36.3	1.1%

Base: Respondents who did not perform recreational physical activities (N=3 352 900).

Notes: Multiple answers were allowed.

Figures may not add up to the total due to rounding.

Overall, the most important motivating factor for people to do sports, fitness or recreational physical activities was encouragement and company from relatives or friends (47.7%), with higher corresponding proportion in females (49.1%) than males (46.2%). 42.9% of respondents would be motivated due to the positive public perception regarding physical activities as healthy behaviours ('do sports, fitness or recreational activities regularly is considered as a healthy behaviour by the public') (42.3% for females and 43.6% for males) (Table 4.3.6c).

Analysed by age group, the effect of motivation to physical activities from the encouragement and company by relatives or friends decreased with age from 53.7% among those aged 15-24 to 36.9% among those aged 85 or above. For those who were motivated by the positive public perception regarding physical activities as healthy behaviour, the highest proportion was 44.1% among those aged 25-34, while the lowest proportion was 37.3% among those aged 85 or above (Table 4.3.6d).

Table 4.3.6c: Factors to motivate someone to do sports, fitness or recreational physical activities by gender

	Female		Male		Total	
	No. of persons ('000)	%	No. of persons ('000)	%	No. of persons ('000)	%
Encouraged or accompanied by relatives or friends	1 596.1	49.1%	1 339.4	46.2%	2 935.5	47.7%
Do sports, fitness or recreational activities regularly is considered as a healthy behaviour by the public	1 376.4	42.3%	1 263.1	43.6%	2 639.6	42.9%
Health professionals or doctors recommended to do exercise	896.3	27.6%	814.2	28.1%	1 710.5	27.8%
Physical activities and fitness programmes are organized in the community	340.7	10.5%	277.2	9.6%	617.9	10.0%
Improve accessibility of open public space	286.3	8.8%	264.9	9.1%	551.2	9.0%
Physical activities and fitness programmes are organized in school or workplace settings	134.0	4.1%	156.5	5.4%	290.5	4.7%
Physical activities and fitness programmes available for persons with chronic health problems, disabilities or the elderlies	88.3	2.7%	77.8	2.7%	166.1	2.7%
Others	60.2	1.9%	52.3	1.8%	112.6	1.8%

Base: All respondents (N=6 150 800).
Notes: Multiple answers were allowed.
Figures may not add up to the total due to rounding.

Table 4.3.6d - Factors to motivate someone to do sports, fitness or recreational physical activities by age group

	15-24		25-34		35-44		45-54		55-64		65-74		75-84		85 or above		Total	
	No. of persons ('000)	%	No. of persons ('000)	%	No. of persons ('000)	%	No. of persons ('000)	%	No. of persons ('000)	%	No. of persons ('000)	%	No. of persons ('000)	%	No. of persons ('000)	%	No. of persons ('000)	%
Encouraged or accompanied by relatives or friends	311.0	53.7%	449.4	50.3%	500.1	49.5%	520.5	48.1%	561.1	46.3%	376.5	44.9%	146.5	42.6%	70.5	36.9%	2 935.5	47.7%
Do sports, fitness or recreational activities regularly is considered as a healthy behaviour by the public	246.9	42.6%	393.6	44.1%	433.4	42.9%	472.6	43.6%	523.2	43.2%	357.5	42.7%	141.1	41.1%	71.2	37.3%	2 639.6	42.9%
Health professionals or doctors recommended to do exercise	112.9	19.5%	197.0	22.1%	244.7	24.2%	309.2	28.5%	368.4	30.4%	278.4	33.2%	124.7	36.3%	75.3	39.4%	1 710.5	27.8%
Physical activities and fitness programmes are organized in the community	52.5	9.1%	81.8	9.2%	95.1	9.4%	108.7	10.0%	128.2	10.6%	93.6	11.2%	42.4	12.3%	15.5	8.1%	617.9	10.0%
Improve accessibility of open public space	45.1	7.8%	86.3	9.7%	94.4	9.3%	96.2	8.9%	108.6	9.0%	80.5	9.6%	30.3	8.8%	9.8	5.2%	551.2	9.0%
Physical activities and fitness programmes are organized in school or workplace settings	57.2	9.9%	47.4	5.3%	50.7	5.0%	47.4	4.4%	47.5	3.9%	26.8	3.2%	9.2	2.7%	4.1	2.2%	290.5	4.7%
Physical activities and fitness programmes available for persons with chronic health problems, disabilities or the elderlies	4.1	0.7%	9.5	1.1%	13.5	1.3%	18.2	1.7%	36.7	3.0%	37.6	4.5%	27.2	7.9%	19.4	10.2%	166.1	2.7%
Others	7.2	1.2%	10.1	1.1%	16.4	1.6%	16.3	1.5%	29.2	2.4%	14.9	1.8%	7.4	2.2%	11.1	5.8%	112.6	1.8%

Base: All respondents (N=6 150 800).

Notes: Multiple answers were allowed.

Figures may not add up to the total due to rounding.

Overall, the most important factor to motivate people to walk was 'daily necessities are available within walking distance' (31.4%), the corresponding proportion in females (33.5%) was higher than males (29.1%). 30.1% of respondents would be motivated if there is a comfortable and pleasant walking environment (30.7% for females and 29.4% for males) (Table 4.3.6e). Analysed by age group, 33.1% of those aged 45 to 64 would be motivated to walk if daily necessities are available within walking distance, while 22.2% of those aged 85 or above would be motivated by the same reason, which was the lowest proportion among all age groups. For comfortable and pleasant walking environment, 32.4% of those aged 65-74 would be motivated which was the highest proportion among all age groups, while the lowest proportion was 28.1% of those aged 25-34 (Table 4.3.6f).

Table 4.3.6e - Factors to motivate someone to walk by gender

	Female		Male		Total	
	No. of persons ('000)	%	No. of persons ('000)	%	No. of persons ('000)	%
Daily necessities are available within walking distance	1 089.0	33.5%	844.6	29.1%	1 933.6	31.4%
There is a comfortable and pleasant walking environment	998.5	30.7%	852.0	29.4%	1 850.5	30.1%
Relatives or friends encouraged or accompanied to walk together	837.8	25.8%	757.1	26.1%	1 594.9	25.9%
There is a safe pedestrian network	755.8	23.2%	688.2	23.7%	1 444.0	23.5%
There is enough space on the street for pedestrians	741.9	22.8%	654.4	22.6%	1 396.3	22.7%
There are proper directional signage leading to different places	550.1	16.9%	478.5	16.5%	1 028.6	16.7%
Health professionals or doctors recommended more walking	397.7	12.2%	366.4	12.6%	764.1	12.4%
Others	28.9	0.9%	27.4	0.9%	56.4	0.9%

Base: All respondents (N=6 150 800).

Notes: Multiple answers were allowed.
Figures may not add up to the total due to rounding.

Table 4.3.6f - Factors to motivate someone to walk by age group

	15-24		25-34		35-44		45-54		55-64		65-74		75-84		85 or above		Total	
	No. of persons ('000)	%	No. of persons ('000)	%	No. of persons ('000)	%	No. of persons ('000)	%	No. of persons ('000)	%	No. of persons ('000)	%	No. of persons ('000)	%	No. of persons ('000)	%	No. of persons ('000)	%
Daily necessities are available within walking distance	159.7	27.6%	280.2	31.4%	311.7	30.8%	358.5	33.1%	401.8	33.1%	268.5	32.0%	110.8	32.3%	42.4	22.2%	1 933.6	31.4%
There is a comfortable and pleasant walking environment	174.4	30.1%	250.5	28.1%	290.2	28.7%	322.8	29.8%	383.1	31.6%	271.3	32.4%	103.0	30.0%	55.1	28.9%	1 850.5	30.1%
Relatives or friends encouraged or accompanied to walk together	187.4	32.3%	260.6	29.2%	285.5	28.2%	268.3	24.8%	282.7	23.3%	181.2	21.6%	81.9	23.8%	47.3	24.7%	1 594.9	25.9%
There is a safe pedestrian network	135.6	23.4%	213.3	23.9%	232.6	23.0%	264.0	24.4%	273.9	22.6%	188.7	22.5%	88.5	25.8%	47.3	24.8%	1 444.0	23.5%
There is enough space on the street for pedestrians	131.3	22.7%	195.4	21.9%	225.8	22.3%	255.8	23.6%	273.2	22.5%	190.9	22.8%	86.6	25.2%	37.2	19.5%	1 396.3	22.7%
There are proper directional signage leading to different places	92.6	16.0%	154.5	17.3%	167.3	16.6%	186.7	17.2%	201.0	16.6%	141.5	16.9%	56.5	16.5%	28.5	14.9%	1 028.6	16.7%
Health professionals or doctors recommended more walking	39.6	6.8%	73.1	8.2%	99.1	9.8%	114.1	10.5%	168.7	13.9%	147.1	17.6%	73.0	21.3%	49.3	25.8%	764.1	12.4%
Others	4.4	0.8%	5.2	0.6%	4.5	0.4%	6.7	0.6%	15.8	1.3%	9.9	1.2%	4.0	1.2%	5.9	3.1%	56.4	0.9%

Base: All respondents (N=6 150 800).
Notes: Multiple answers were allowed.
Figures may not add up to the total due to rounding.

91.7% of the respondents agreed with the statement 'performing more physical activities increases your chance of longevity', and the proportions were similar for females (91.8%) and males (91.5%). 88.7% and 83.5% of respondents believed physical activity could reduce the chance of having a depressed mood and physical inactivity could increase the chance of developing heart diseases respectively, with similar proportions among males (88.5% and 84.1%) and females (88.8% and 83.0%). The proportion who disagreed with the statement 'You don't need to perform muscle-strengthening activities if you perform aerobic physical activities daily' was 30.9% (30.6% for females and 31.3% for males (Table 4.3.6g).

Analysed by age group, 93.5% of those aged 15-24 agreed with the statement 'performing more physical activities increases your chance of longevity', which generally decreased with increasing age to 83.6% of those aged 85 or above with fluctuations in some age groups in between. The highest proportion of respondents who agreed with being physically active could reduce the chance of having depressed mood was 91.1% among those aged 15-24, while the lowest proportion was in those aged 85 or above (75.2%). 86.1% of the respondents aged 15-24 believed being physically inactive increases the chance of developing heart disease, which was the highest proportion, while the lowest proportion was 68.6% of those aged 85 or above. Less than half (35.7%) of the respondents aged 25-34 disagreed that there is no need to perform muscle-strengthening activities if aerobic physical activities daily have been performed, which was the highest proportion, while the lowest proportion (20.7%) was of those aged 85 or above (Table 4.3.6h).

Table 4.3.6g: **Agreement on statements related to performing physical activities by gender**

	Female		Male		Total	
	No. of Persons ('000)	**%**	**No. of persons ('000)**	**%**	**No. of persons ('000)**	**%**
Performing more physical activities increases your chance of longevity *(correct)*						
Agree	2 984.8	91.8%	2 653.5	91.5%	5 638.3	91.7%
Disagree	130.7	4.0%	136.4	4.7%	267.2	4.3%
Don't Know	136.3	4.2%	109.0	3.8%	245.3	4.0%
Total	3 251.8	100.0%	2 899.0	100.0%	6 150.8	100.0%
Being physically active reduces your chance of having depressed mood *(correct)*						
Agree	2 888.9	88.8%	2 565.6	88.5%	5 454.5	88.7%
Disagree	169.6	5.2%	163.6	5.6%	333.2	5.4%
Don't Know	193.3	5.9%	169.7	5.9%	363.1	5.9%
Total	3 251.8	100.0%	2 899.0	100.0%	6 150.8	100.0%
Being physically inactive increases your chance of developing heart diseases *(correct)*						
Agree	2 697.7	83.0%	2 436.9	84.1%	5 134.6	83.5%
Disagree	249.5	7.7%	226.3	7.8%	475.8	7.7%
Don't Know	304.6	9.4%	235.7	8.1%	540.4	8.8%
Total	3 251.8	100.0%	2 899.0	100.0%	6 150.8	100.0%
You don't need to perform muscle-strengthening activities if you perform aerobic physical activities daily *(incorrect)*						
Agree	1 631.1	50.2%	1 525.1	52.6%	3 156.2	51.3%
Disagree	994.9	30.6%	908.3	31.3%	1 903.1	30.9%
Don't Know	625.8	19.2%	465.7	16.1%	1 091.5	17.7%
Total	3 251.8	100.0%	2 899.0	100.0%	6 150.8	100.0%

Base: All respondents (N=6 150 800).
Note: Figures may not add up to the total due to rounding.

Table 4.3.6h: **Agreement of statements related to performing physical activities by age group**

	15-24		25-34		35-44		45-54		55-64		65-74		75-84		85 or above		Total	
	No. of persons ('000)	%	No. of persons ('000)	%	No. of persons ('000)	%	No. of persons ('000)	%	No. of persons ('000)	%	No. of persons ('000)	%	No. of persons ('000)	%	No. of persons ('000)	%	No. of persons ('000)	%
Performing more physical activities increases your chance of longevity *(correct)*																		
Agree	541.9	93.5%	829.0	92.8%	937.1	92.7%	997.2	92.1%	1 122.0	92.6%	752.2	89.8%	299.3	87.1%	159.6	83.6%	5 638.3	91.7%
Disagree	20.6	3.6%	42.5	4.8%	41.5	4.1%	47.7	4.4%	54.0	4.5%	35.8	4.3%	15.7	4.6%	9.2	4.8%	267.2	4.3%
Don't Know	16.9	2.9%	21.5	2.4%	32.1	3.2%	38.1	3.5%	36.3	3.0%	49.8	5.9%	28.5	8.3%	22.1	11.6%	245.3	4.0%
Total	579.4	100.0%	893.0	100.0%	1 010.7	100.0%	1 083.0	100.0%	1 212.3	100.0%	837.9	100.0%	343.5	100.0%	191.0	100.0%	6 150.8	100.0%
Being physically active reduces your chance of having depressed mood *(correct)*																		
Agree	528.1	91.1%	808.7	90.6%	916.5	90.7%	968.9	89.5%	1 081.1	89.2%	728.4	86.9%	279.1	81.3%	143.7	75.2%	5 454.5	88.7%
Disagree	25.1	4.3%	49.2	5.5%	47.1	4.7%	59.5	5.5%	75.4	6.2%	42.7	5.1%	23.4	6.8%	10.7	5.6%	333.2	5.4%
Don't Know	26.2	4.5%	35.1	3.9%	47.0	4.7%	54.6	5.0%	55.8	4.6%	66.8	8.0%	41.0	11.9%	36.6	19.1%	363.1	5.9%
Total	579.4	100.0%	893.0	100.0%	1 010.7	100.0%	1 083.0	100.0%	1 212.3	100.0%	837.9	100.0%	343.5	100.0%	191.0	100.0%	6 150.8	100.0%
Being physically inactive increases your chance of developing heart diseases *(correct)*																		
Agree	498.8	86.1%	754.7	84.5%	868.8	86.0%	922.1	85.1%	1 013.4	83.6%	683.6	81.6%	262.1	76.3%	131.1	68.6%	5 134.6	83.5%
Disagree	38.9	6.7%	80.9	9.1%	67.4	6.7%	75.7	7.0%	106.9	8.8%	64.2	7.7%	26.4	7.7%	15.5	8.1%	475.8	7.7%
Don't Know	41.6	7.2%	57.4	6.4%	74.5	7.4%	85.3	7.9%	92.0	7.6%	90.1	10.8%	55.0	16.0%	44.4	23.3%	540.4	8.8%
Total	579.4	100.0%	893.0	100.0%	1 010.7	100.0%	1 083.0	100.0%	1 212.3	100.0%	837.9	100.0%	343.5	100.0%	191.0	100.0%	6 150.8	100.0%
You don't need to perform muscle-strengthening activities if you perform aerobic physical activities daily *(incorrect)*																		
Agree	321.8	55.5%	468.6	52.5%	529.9	52.4%	557.6	51.5%	623.5	51.4%	415.3	49.6%	156.8	45.7%	82.6	43.3%	3 156.2	51.3%
Disagree	189.3	32.7%	318.6	35.7%	343.6	34.0%	348.7	32.2%	364.1	30.0%	221.7	26.5%	77.6	22.6%	39.5	20.7%	1 903.1	30.9%
Don't Know	68.4	11.8%	105.7	11.8%	137.3	13.6%	176.6	16.3%	224.7	18.5%	200.9	24.0%	109.1	31.7%	68.9	36.1%	1 091.5	17.7%
Total	579.4	100.0%	893.0	100.0%	1 010.7	100.0%	1 083.0	100.0%	1 212.3	100.0%	837.9	100.0%	343.5	100.0%	191.0	100.0%	6 150.8	100.0%

Base: All respondents (N=6 150 800).

Note: Figures may not add up to the total due to rounding.

4.4 Diet and Nutrition

A healthy diet is considered as a protective factor for malnutrition, obesity and NCDs. The WHO recommends a healthy diet to contain more fruit, vegetables, legumes, nuts and whole grains, and limit the consumption of salt, sugar and fat [11]. To reduce the risk of NCDs and help to ensure an adequate daily intake of dietary fibre, eating at least 400 g, or five portions, of fruit and vegetables per day is also recommended. In the survey, respondents were asked about their dietary habit, including consumption of fruit and vegetables, preserved vegetables, processed meat and associated products, snacks with high salt content, seaweeds, ready-to-eat seaweeds, dried beans and soybean products, seeds and nuts, and red meat. The respondents were further asked about usage of different types of salt.

4.4.1 Consumption of Fruit

Overall, daily fruit consumption was reported by 49.4% of persons aged 15 or above. The corresponding proportion for females and males were 54.5% and 43.6% respectively (Table 4.4.1a). The proportion of persons reported that they ate fruit at least once a day increased with age in general, from 37.0% for persons aged 15-24 to 61.6% for persons aged 75-84 but dropped slightly to 60.6% for those aged 85 or above (Table 4.4.1b).

Table 4.4.1a: Frequency of eating fruit by gender

	Female		Male		Total	
	No. of persons ('000)	%	No. of persons ('000)	%	No. of persons ('000)	%
None / Less than once a week	70.2	2.2%	189.8	6.5%	260.0	4.2%
Less than once a day	1 408.0	43.3%	1 444.7	49.8%	2 852.7	46.4%
Once a week	*258.9*	*8.0%*	*400.2*	*13.8%*	*659.1*	*10.7%*
2 - 4 times a week	*678.6*	*20.9%*	*654.4*	*22.6%*	*1 333.0*	*21.7%*
5 - 6 times a week	*470.4*	*14.5%*	*390.1*	*13.5%*	*860.6*	*14.0%*
At least once a day	1 772.5	54.5%	1 264.5	43.6%	3 037.0	49.4%
Once a day	*1 571.1*	*48.3%*	*1 131.5*	*39.0%*	*2 702.6*	*43.9%*
Twice a day	*140.4*	*4.3%*	*94.6*	*3.3%*	*235.0*	*3.8%*
3 or more times a day	*60.9*	*1.9%*	*38.5*	*1.3%*	*99.4*	*1.6%*
Don't know	1.1	<0.05%	-	-	1.1	<0.05%
Total	3 251.8	100.0%	2 899.0	100.0%	6 150.8	100.0%

Base: All respondents (N=6 150 800).
Note: Figures may not add up to the total due to rounding.

Table 4.4.1b: Frequency of eating fruit by age group

	15-24		25-34		35-44		45-54		55-64		65-74		75-84		85 or above		Total	
	No. of persons ('000)	%	No. of persons ('000)	%	No. of persons ('000)	%	No. of persons ('000)	%	No. of persons ('000)	%	No. of persons ('000)	%	No. of persons ('000)	%	No. of persons ('000)	%	No. of persons ('000)	%
None / Less than once a week	37.8	6.5%	60.6	6.8%	49.7	4.9%	41.8	3.9%	35.4	2.9%	21.1	2.5%	8.2	2.4%	5.4	2.8%	260.0	4.2%
Less than once a day	327.3	56.5%	487.9	54.6%	520.5	51.5%	494.6	45.7%	496.4	41.0%	333.0	39.7%	123.2	35.9%	69.7	36.5%	2 852.7	46.4%
Once a week	*97.4*	*16.8%*	*130.3*	*14.6%*	*125.9*	*12.5%*	*109.4*	*10.1%*	*100.6*	*8.3%*	*56.2*	*6.7%*	*26.2*	*7.6%*	*13.0*	*6.8%*	*659.1*	*10.7%*
2 - 4 times a week	*153.3*	*26.5%*	*236.1*	*26.4%*	*250.2*	*24.8%*	*226.2*	*20.9%*	*231.8*	*19.1%*	*145.2*	*17.3%*	*53.1*	*15.5%*	*37.0*	*19.4%*	*1 333.0*	*21.7%*
5 - 6 times a week	*76.5*	*13.2%*	*121.5*	*13.6%*	*144.4*	*14.3%*	*159.0*	*14.7%*	*164.0*	*13.5%*	*131.7*	*15.7%*	*43.8*	*12.7%*	*19.7*	*10.3%*	*860.6*	*14.0%*
At least once a day	214.3	37.0%	344.5	38.6%	440.1	43.5%	546.6	50.5%	680.5	56.1%	483.5	57.7%	211.7	61.6%	115.8	60.6%	3 037.0	49.4%
Once a day	*192.5*	*33.2%*	*314.9*	*35.3%*	*388.2*	*38.4%*	*488.1*	*45.1%*	*603.3*	*49.8%*	*424.7*	*50.7%*	*188.9*	*55.0%*	*101.9*	*53.4%*	*2 702.6*	*43.9%*
Twice a day	*14.8*	*2.6%*	*19.9*	*2.2%*	*29.4*	*2.9%*	*41.9*	*3.9%*	*50.7*	*4.2%*	*46.1*	*5.5%*	*19.1*	*5.6%*	*13.0*	*6.8%*	*235.0*	*3.8%*
3 or more times a day	*6.9*	*1.2%*	*9.6*	*1.1%*	*22.5*	*2.2%*	*16.6*	*1.5%*	*26.5*	*2.2%*	*12.6*	*1.5%*	*3.7*	*1.1%*	*0.9*	*0.5%*	*99.4*	*1.6%*
Don't know	-	-	-	-	0.4	<0.05%	-	-	-	-	0.3	<0.05%	0.4	0.1%	-	-	1.1	<0.05%
Total	579.4	100.0%	893.0	100.0%	1 010.7	100.0%	1 083.0	100.0%	1 212.3	100.0%	837.9	100.0%	343.5	100.0%	191.0	100.0%	6 150.8	100.0%

Base: All respondents (N=6 150 800).
Note: Figures may not add up to the total due to rounding.

Respondents were further asked how many servings of fruit they ate a day on the days when they ate fruit. In the survey, one serving of fruit was defined as equivalent to half a piece of a large sized fruit (e.g. banana) or one piece of a medium-sized fruit (e.g. apple, orange and pear). Overall, 13.6% of persons aged 15 or above reported that they ate two or more servings of fruit per day on the days when they ate fruit. While the estimated mean numbers of servings of fruit eaten per day were 1.2 and 1.1 for females and males respectively, around the same proportion of females (13.9%) and males (13.4%) ate two or more servings of fruit per day (Table 4.4.1c). Analysed by age group, the highest proportion of persons who reported eating two or more servings of fruit per day on the days they ate fruit was among the 65-74 age group (15.5%) and the lowest was among the 85 or above age group (11.2%) (Table 4.4.1d).

Table 4.4.1c: Number of servings of fruit eaten per day on the days when persons ate fruit by gender

	Female		Male		Total	
	No. of persons ('000)	%	No. of persons ('000)	%	No. of persons ('000)	%
Less than 1	13.4	0.4%	26.0	0.9%	39.4	0.6%
1 to less than 2	2 787.8	85.7%	2 485.7	85.7%	5 273.5	85.7%
2 or more	450.6	13.9%	387.2	13.4%	837.9	13.6%
Total	3 251.8	100.0%	2 899.0	100.0%	6 150.8	100.0%
Mean #	1.2		1.1		1.2	

Bases: All respondents (N=6 150 800).
Respondents with valid response on the number of servings of fruit eaten per day.
Note: Figures may not add up to the total due to rounding.

Table 4.4.1d: Number of servings of fruit eaten per day on the days when persons ate fruit by age group

	15-24		25-34		35-44		45-54		55-64		65-74		75-84		85 or above		Total	
	No. of persons ('000)	%	No. of persons ('000)	%	No. of persons ('000)	%	No. of persons ('000)	%	No. of persons ('000)	%	No. of persons ('000)	%	No. of persons ('000)	%	No. of persons ('000)	%	No. of persons ('000)	%
Less than 1	4.4	0.8%	5.2	0.6%	7.8	0.8%	5.3	0.5%	5.9	0.5%	5.8	0.7%	2.3	0.7%	2.6	1.4%	39.4	0.6%
1 to less than 2	498.1	86.0%	773.3	86.6%	861.5	85.2%	929.4	85.8%	1 047.9	86.4%	702.5	83.8%	293.9	85.6%	167.0	87.4%	5 273.5	85.7%
2 or more	76.9	13.3%	114.5	12.8%	141.4	14.0%	148.3	13.7%	158.5	13.1%	129.6	15.5%	47.3	13.8%	21.4	11.2%	837.9	13.6%
Total	579.4	100.0%	893.0	100.0%	1 010.7	100.0%	1 083.0	100.0%	1 212.3	100.0%	837.9	100.0%	343.5	100.0%	191.0	100.0%	6 150.8	100.0%
Mean #	1.1		1.1		1.2		1.2		1.1		1.2		1.2		1.1		1.2	

Bases: All respondents (N=6 150 800).
Respondents with valid response on the number of servings of fruit eaten per day.
Note: Figures may not add up to the total due to rounding.

4.4.2 Consumption of Vegetables

Daily vegetables consumption (at least once a day) was reported by 81.2% of females and 74.5% of males aged 15 or above, giving an overall proportion of 78.0% (Table 4.4.2a). The proportion of persons aged 15 or above reported that they ate vegetables at least once a day was the highest at 85.8% for persons aged 75-84, followed by persons aged 85 or above (84.2%) and the lowest at 67.9% for those aged 15-24 (Table 4.4.2b).

Table 4.4.2a: Frequency of eating vegetables by gender

	Female		Male		Total	
	No. of persons ('000)	%	No. of persons ('000)	%	No. of persons ('000)	%
None / Less than once a week	14.4	0.4%	20.8	0.7%	35.2	0.6%
Less than once a day	598.0	18.4%	717.0	24.7%	1 315.0	21.4%
Once a week	*23.8*	*0.7%*	*30.7*	*1.1%*	*54.5*	*0.9%*
2 - 4 times a week	*194.8*	*6.0%*	*266.0*	*9.2%*	*460.8*	*7.5%*
5 - 6 times a week	*379.4*	*11.7%*	*420.3*	*14.5%*	*799.8*	*13.0%*
At least once a day	2 638.9	81.2%	2 160.4	74.5%	4 799.3	78.0%
Once a day	*1 765.5*	*54.3%*	*1 576.2*	*54.4%*	*3 341.6*	*54.3%*
Twice a day	*819.6*	*25.2%*	*532.7*	*18.4%*	*1 352.4*	*22.0%*
3 or more times a day	*53.8*	*1.7%*	*51.5*	*1.8%*	*105.3*	*1.7%*
Don't know	0.4	<0.05%	0.8	<0.05%	1.3	<0.05%
Total	3 251.8	100.0%	2 899.0	100.0%	6 150.8	100.0%

Base: All respondents (N=6 150 800).
Note: Figures may not add up to the total due to rounding.

Table 4.4.2b: Frequency of eating vegetables by age group

	15-24		25-34		35-44		45-54		55-64		65-74		75-84		85 or above		Total	
	No. of persons ('000)	%	No. of persons ('000)	%	No. of persons ('000)	%	No. of persons ('000)	%	No. of persons ('000)	%	No. of persons ('000)	%	No. of persons ('000)	%	No. of persons ('000)	%	No. of persons ('000)	%
None / Less than once a week	3.0	0.5%	6.4	0.7%	5.3	0.5%	4.9	0.5%	5.2	0.4%	4.0	0.5%	2.7	0.8%	3.7	1.9%	35.2	0.6%
Less than once a day	183.2	31.6%	255.5	28.6%	236.0	23.3%	228.4	21.1%	210.2	17.3%	129.7	15.5%	45.6	13.3%	26.5	13.9%	1 315.0	21.4%
Once a week	*7.5*	*1.3%*	*8.9*	*1.0%*	*8.9*	*0.9%*	*9.5*	*0.9%*	*9.3*	*0.8%*	*7.4*	*0.9%*	*2.3*	*0.7%*	*0.8*	*0.4%*	*54.5*	*0.9%*
2 - 4 times a week	*67.9*	*11.7%*	*93.2*	*10.4%*	*78.2*	*7.7%*	*78.3*	*7.2%*	*73.7*	*6.1%*	*43.7*	*5.2%*	*15.9*	*4.6%*	*9.9*	*5.2%*	*460.8*	*7.5%*
5 - 6 times a week	*107.7*	*18.6%*	*153.4*	*17.2%*	*148.9*	*14.7%*	*140.7*	*13.0%*	*127.2*	*10.5%*	*78.6*	*9.4%*	*27.3*	*8.0%*	*15.8*	*8.3%*	*799.8*	*13.0%*
At least once a day	393.2	67.9%	631.2	70.7%	769.0	76.1%	849.2	78.4%	996.9	82.2%	704.2	84.0%	294.8	85.8%	160.8	84.2%	4 799.3	78.0%
Once a day	*289.6*	*50.0%*	*473.2*	*53.0%*	*535.4*	*53.0%*	*596.9*	*55.1%*	*686.5*	*56.6%*	*466.9*	*55.7%*	*194.3*	*56.6%*	*98.9*	*51.8%*	*3 341.6*	*54.3%*
Twice a day	*96.4*	*16.6%*	*147.6*	*16.5%*	*215.6*	*21.3%*	*228.6*	*21.1%*	*288.9*	*23.8%*	*223.1*	*26.6%*	*94.4*	*27.5%*	*57.8*	*30.2%*	*1 352.4*	*22.0%*
3 or more times a day	*7.3*	*1.3%*	*10.4*	*1.2%*	*18.0*	*1.8%*	*23.7*	*2.2%*	*21.6*	*1.8%*	*14.1*	*1.7%*	*6.1*	*1.8%*	*4.2*	*2.2%*	*105.3*	*1.7%*
Don't know	-	-	-	-	0.4	<0.05%	0.4	<0.05%	-	-	-	-	0.4	0.1%	-	-	1.3	<0.05%
Total	579.4	100.0%	893.0	100.0%	1 010.7	100.0%	1 083.0	100.0%	1 212.3	100.0%	837.9	100.0%	343.5	100.0%	191.0	100.0%	6 150.8	100.0%

Base: All respondents (N=6 150 800).
Note: Figures may not add up to the total due to rounding.

Respondents were asked how many servings of vegetables they ate a day on the days when they ate vegetables. In the survey, one serving of vegetables was defined as equivalent to a bowl of raw leafy vegetables or half a bowl of cooked vegetables. 3.1% of persons aged 15 or above reported that they ate three or more servings of vegetables per day on the days they ate vegetables (3.0% for females and 3.2% for males). The estimated mean number of servings of vegetables eaten per day was the same between females (1.3) and males (1.3) (Table 4.4.2c). Analysed by age group, the highest proportion of persons who had reported eating three or more servings of vegetables per day on the days they ate vegetables was found in the 55-64 age group (3.7%), and followed by those in the 65-74 age group (3.5%) (Table 4.4.2d).

Table 4.4.2c: Number of servings of vegetables eaten per day on the days when persons ate vegetables by gender

	Female		Male		Total	
	No. of persons ('000)	%	No. of persons ('000)	%	No. of persons ('000)	%
Less than 1	4.6	0.1%	7.4	0.3%	12.0	0.2%
1 to less than 2	2 423.9	74.5%	2 170.0	74.9%	4 593.8	74.7%
2 to less than 3	724.7	22.3%	629.3	21.7%	1 354.0	22.0%
3 or more	98.6	3.0%	92.3	3.2%	191.0	3.1%
Total	3 251.8	100.0%	2 899.0	100.0%	6 150.8	100.0%
Mean #	1.3		1.3		1.3	

Bases: All respondents (N=6 150 800).
Respondents with valid response on the number of servings of vegetables eaten per day.
Note: Figures may not add up to the total due to rounding.

Table 4.4.2d: Number of servings of vegetables eaten per day on the days when persons ate vegetables by age group

	15-24		25-34		35-44		45-54		55-64		65-74		75-84		85 or above		Total	
	No. of persons ('000)	%	No. of persons ('000)	%	No. of persons ('000)	%	No. of persons ('000)	%	No. of persons ('000)	%	No. of persons ('000)	%	No. of persons ('000)	%	No. of persons ('000)	%	No. of persons ('000)	%
Less than 1	1.6	0.3%	1.6	0.2%	1.1	0.1%	1.2	0.1%	2.3	0.2%	2.0	0.2%	1.0	0.3%	1.2	0.6%	12.0	0.2%
1 to less than 2	445.4	76.9%	680.9	76.2%	753.6	74.6%	815.4	75.3%	893.7	73.7%	603.7	72.1%	257.5	75.0%	143.7	75.3%	4 593.8	74.7%
2 to less than 3	114.6	19.8%	185.3	20.8%	227.5	22.5%	231.2	21.3%	271.7	22.4%	203.3	24.3%	77.9	22.7%	42.4	22.2%	1 354.0	22.0%
3 or more	17.8	3.1%	25.2	2.8%	28.5	2.8%	35.2	3.3%	44.6	3.7%	28.9	3.5%	7.1	2.1%	3.6	1.9%	191.0	3.1%
Total	579.4	100.0%	893.0	100.0%	1 010.7	100.0%	1 083.0	100.0%	1 212.3	100.0%	837.9	100.0%	343.5	100.0%	191.0	100.0%	6 150.8	100.0%
Mean #	1.3		1.3		1.3		1.3		1.3		1.3		1.3		1.3		1.3	

Bases: All respondents (N=6 150 800).
Respondents with valid response on the number of servings of vegetables eaten per day.
Note: Figures may not add up to the total due to rounding.

4.4.3 Consumption of Fruit and Vegetables

The WHO recommends consuming at least 400 grams or five portions of fruit and vegetable per day in order to reduce the risk of NCDs [11]. In the survey, the number of servings of fruit and vegetables eaten as a whole on average per day was calculated by summing the average daily servings of fruit eaten and that of vegetables. Overall, 97.9% of persons aged 15 or above reported consuming less than five servings of fruit and vegetables per day (97.8% for females and 98.2% for males) (Table 4.4.3a). Age-standardised prevalence of insufficient consumption of fruit and vegetable among persons aged 18 years or above was 98.1%. Analysed by age group, the corresponding proportion was the highest among those in the 75-84 age group (98.9%) and the lowest proportion was observed among persons aged 55-64 (97.1%) (Table 4.4.3b).

Table 4.4.3a: Number of servings of fruit and vegetables eaten on average per day by gender

	Female		Male		Total	
	No. of persons ('000)	%	No. of persons ('000)	%	No. of persons ('000)	%
Less than 5 servings a day	3 179.2	97.8%	2 845.5	98.2%	6 024.7	97.9%
5 or more servings a day	72.2	2.2%	53.5	1.8%	125.7	2.0%
Unknown / Missing	0.4	<0.05%	-	-	0.4	<0.05%
Total	3 251.8	100.0%	2 899.0	100.0%	6 150.8	100.0%

Base: All respondents (N=6 150 800).
Note: Figures may not add up to the total due to rounding.

Table 4.4.3b: Number of servings of fruit and vegetables on average day by age group

	15-24		25-34		35-44		45-54		55-64		65-74		75-84		85 or above		Total	
	No. of persons ('000)	%	No. of persons ('000)	%	No. of persons ('000)	%	No. of persons ('000)	%	No. of persons ('000)	%	No. of persons ('000)	%	No. of persons ('000)	%	No. of persons ('000)	%	No. of persons ('000)	%
Less than 5 servings a day	571.9	98.7%	881.3	98.7%	990.5	98.0%	1 058.5	97.7%	1 177.7	97.1%	817.2	97.5%	339.6	98.9%	187.9	98.4%	6 024.7	97.9%
5 or more servings a day	7.5	1.3%	11.7	1.3%	19.8	2.0%	24.5	2.3%	34.6	2.9%	20.7	2.5%	3.9	1.1%	3.1	1.6%	125.7	2.0%
Unknown / Missing	-	-	-	-	0.4	<0.05%	-	-	-	-	-	-	-	-	-	-	0.4	<0.05%
Total	579.4	100.0%	893.0	100.0%	1 010.7	100.0%	1 083.0	100.0%	1 212.3	100.0%	837.9	100.0%	343.5	100.0%	191.0	100.0%	6 150.8	100.0%

Base: All respondents (N=6 150 800).
Note: Figures may not add up to the total due to rounding.

DH recommends adults and adolescents aged 12-17 to consume at least 2 servings of fruit and at least 3 servings of vegetables per day to ensure an adequate daily intake of dietary fibre and reduce the risk of chronic NCDs. Overall, a total of 98.5% of the respondents did not have at least 2 servings of fruit and 3 servings of vegetables daily (98.4% in females and 98.6% in males) (Table 4.4.3c). Analysed by age group, the corresponding proportion was the highest among those aged 25-34 (99.1%) and the lowest proportion was observed among persons aged 55-64 (98.1%) (Table 4.4.3d).

Table 4.4.3c: Proportion with daily intake of at least 2 servings of fruit and 3 servings of vegetables by gender

	Female		Male		Total	
	No. of persons ('000)	%	No. of persons ('000)	%	No. of persons ('000)	%
No	3 200.4	98.4%	2 859.3	98.6%	6 059.7	98.5%
Yes	51.0	1.6%	39.7	1.4%	90.7	1.5%
Unknown / Missing	0.4	<0.05%	-	-	0.4	<0.05%
Total	3 251.8	100.0%	2 899.0	100.0%	6 150.8	100.0%

Base: All respondents (N=6 150 800).
Note: Figures may not add up to the total due to rounding.

Table 4.4.3d: Proportion with daily intake of at least 2 servings of fruit and 3 servings of vegetables by age group

	15-24		25-34		35-44		45-54		55-64		65-74		75-84		85 or above		Total	
	No. of persons ('000)	%	No. of persons ('000)	%	No. of persons ('000)	%	No. of persons ('000)	%	No. of persons ('000)	%	No. of persons ('000)	%	No. of persons ('000)	%	No. of persons ('000)	%	No. of persons ('000)	%
No	572.7	98.8%	884.8	99.1%	996.3	98.6%	1 064.8	98.3%	1 189.2	98.1%	823.0	98.2%	339.8	98.9%	189.1	99.0%	6 059.7	98.5%
Yes	6.7	1.2%	8.2	0.9%	14.0	1.4%	18.2	1.7%	23.1	1.9%	14.9	1.8%	3.7	1.1%	1.9	1.0%	90.7	1.5%
Unknown / Missing	-	-	-	-	0.4	<0.05%	-	-	-	-	-	-	-	-	-	-	0.4	<0.05%
Total	579.4	100.0%	893.0	100.0%	1 010.7	100.0%	1 083.0	100.0%	1 212.3	100.0%	837.9	100.0%	343.5	100.0%	191.0	100.0%	6 150.8	100.0%

Base: All respondents (N=6 150 800).
Note: Figures may not add up to the total due to rounding.

4.4.4 Consumption of Preserved Vegetables

Overall, 25.4% of persons aged 15 or above ate preserved vegetables such as Chinese preserved vegetables, pickled cucumber and olive on average at least once a week. The corresponding proportion was slightly higher in males (25.7%) than in females (25.1%) (Table 4.4.4a). Analysed by age group, the highest proportion of persons who consumed preserved vegetables at least once a week was among those aged 45-54 (27.6%) (Table 4.4.4b).

Table 4.4.4a: Frequency of consumption of preserved vegetables by gender

	Female		Male		Total	
	No. of persons ('000)	%	No. of persons ('000)	%	No. of persons ('000)	%
None / Less than once a week	2 434.8	74.9%	2 151.6	74.2%	4 586.4	74.6%
Less than once a day	792.7	24.4%	722.6	24.9%	1 515.3	24.6%
Once a week	*486.9*	*15.0%*	*453.3*	*15.6%*	*940.2*	*15.3%*
2 - 4 times a week	*226.0*	*7.0%*	*197.2*	*6.8%*	*423.2*	*6.9%*
5 - 6 times a week	*79.7*	*2.5%*	*72.1*	*2.5%*	*151.8*	*2.5%*
At least once a day	23.1	0.7%	23.7	0.8%	46.8	0.8%
Once a day	*22.0*	*0.7%*	*21.2*	*0.7%*	*43.1*	*0.7%*
Twice a day	*1.1*	*<0.05%*	*2.5*	*0.1%*	*3.7*	*0.1%*
3 or more times a day	-	-	-	-	-	-
Don't know	1.2	<0.05%	1.1	<0.05%	2.4	<0.05%
Total	3 251.8	100.0%	2 899.0	100.0%	6 150.8	100.0%

Base: All respondents (N=6 150 800).
Note: Figures may not add up to the total due to rounding.

Table 4.4.4b: Frequency of consumption of preserved vegetables by age group

	15-24		25-34		35-44		45-54		55-64		65-74		75-84		85 or above		Total	
	No. of persons ('000)	%	No. of persons ('000)	%	No. of persons ('000)	%	No. of persons ('000)	%	No. of persons ('000)	%	No. of persons ('000)	%	No. of persons ('000)	%	No. of persons ('000)	%	No. of persons ('000)	%
None / Less than once a week	445.9	77.0%	652.2	73.0%	740.9	73.3%	783.4	72.3%	906.7	74.8%	635.1	75.8%	272.4	79.3%	149.8	78.4%	4 586.4	74.6%
Less than once a day	127.9	22.1%	235.9	26.4%	260.4	25.8%	290.9	26.9%	295.0	24.3%	198.2	23.7%	68.0	19.8%	38.8	20.3%	1 515.3	24.6%
Once a week	*74.1*	*12.8%*	*144.7*	*16.2%*	*156.0*	*15.4%*	*180.0*	*16.6%*	*192.7*	*15.9%*	*123.7*	*14.8%*	*48.3*	*14.1%*	*20.7*	*10.8%*	*940.2*	*15.3%*
2 - 4 times a week	*40.9*	*7.1%*	*72.0*	*8.1%*	*75.0*	*7.4%*	*80.0*	*7.4%*	*67.9*	*5.6%*	*58.1*	*6.9%*	*15.4*	*4.5%*	*14.0*	*7.4%*	*423.2*	*6.9%*
5 - 6 times a week	*13.0*	*2.2%*	*19.2*	*2.2%*	*29.4*	*2.9%*	*30.9*	*2.9%*	*34.5*	*2.8%*	*16.4*	*2.0%*	*4.3*	*1.3%*	*4.1*	*2.1%*	*151.8*	*2.5%*
At least once a day	4.8	0.8%	4.9	0.5%	8.5	0.8%	7.9	0.7%	10.6	0.9%	4.6	0.5%	3.1	0.9%	2.4	1.3%	46.8	0.8%
Once a day	*4.4*	*0.8%*	*4.9*	*0.5%*	*8.1*	*0.8%*	*6.6*	*0.6%*	*9.8*	*0.8%*	*4.3*	*0.5%*	*2.7*	*0.8%*	*2.4*	*1.3%*	*43.1*	*0.7%*
Twice a day	*0.4*	*0.1%*	-	-	*0.5*	*<0.05%*	*1.4*	*0.1%*	*0.8*	*0.1%*	*0.3*	*<0.05%*	*0.4*	*0.1%*	-	-	*3.7*	*0.1%*
3 or more times a day	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Don't know	0.8	0.1%	-	-	0.8	0.1%	0.7	0.1%	-	-	-	-	-	-	-	-	2.4	<0.05%
Total	579.4	100.0%	893.0	100.0%	1 010.7	100.0%	1 083.0	100.0%	1 212.3	100.0%	837.9	100.0%	343.5	100.0%	191.0	100.0%	6 150.8	100.0%

Base: All respondents (N=6 150 800).

Note: Figures may not add up to the total due to rounding.

4.4.5 Consumption of Processed Meat and Associated Products

Overall, 51.6% of persons aged 15 or above ate processed meat and associated products such as canned meat, ham and sausages on average at least once a week. Relatively more males (57.9%) reported such consumption frequency than females (45.9%) (Table 4.4.5a). Analysed by age group, the highest proportions consuming processed meat and associated products on average at least once a week was among those aged 15-24 (65.4%) (Table 4.4.5b).

Table 4.4.5a: Frequency of consumption of processed meat and associated products by gender

	Female		Male		Total	
	No. of persons ('000)	%	No. of persons ('000)	%	No. of persons ('000)	%
None / Less than once a week	1 757.2	54.0%	1 219.0	42.1%	2 976.2	48.4%
Less than once a day	1 468.7	45.2%	1 639.8	56.6%	3 108.5	50.5%
Once a week	*849.3*	*26.1%*	*808.2*	*27.9%*	*1 657.4*	*26.9%*
2 - 4 times a week	*542.9*	*16.7%*	*711.9*	*24.6%*	*1 254.8*	*20.4%*
5 - 6 times a week	*76.5*	*2.4%*	*119.8*	*4.1%*	*196.3*	*3.2%*
At least once a day	24.8	0.8%	39.3	1.4%	64.1	1.0%
Once a day	*23.2*	*0.7%*	*36.8*	*1.3%*	*60.0*	*1.0%*
Twice a day	*1.6*	*<0.05%*	*2.3*	*0.1%*	*3.8*	*0.1%*
3 or more times a day	-	-	*0.3*	*<0.05%*	*0.3*	*<0.05%*
Don't know	1.2	<0.05%	0.8	<0.05%	2.0	<0.05%
Total	3 251.8	100.0%	2 899.0	100.0%	6 150.8	100.0%

Base: All respondents (N=6 150 800).
Note: Figures may not add up to the total due to rounding.

Table 4.4.5b: Frequency of consumption of processed meat and associated products by age group

	15-24		25-34		35-44		45-54		55-64		65-74		75-84		85 or above		Total	
	No. of persons ('000)	%	No. of persons ('000)	%	No. of persons ('000)	%	No. of persons ('000)	%	No. of persons ('000)	%	No. of persons ('000)	%	No. of persons ('000)	%	No. of persons ('000)	%	No. of persons ('000)	%
None / Less than once a week	200.6	34.6%	341.4	38.2%	402.7	39.8%	487.7	45.0%	650.3	53.6%	507.4	60.6%	244.0	71.0%	142.2	74.4%	2 976.2	48.4%
Less than once a day	372.9	64.4%	542.1	60.7%	593.8	58.8%	581.6	53.7%	546.9	45.1%	325.1	38.8%	98.2	28.6%	47.9	25.1%	3 108.5	50.5%
Once a week	*176.1*	*30.4%*	*263.4*	*29.5%*	*299.6*	*29.6%*	*317.9*	*29.4%*	*301.4*	*24.9%*	*201.7*	*24.1%*	*65.2*	*19.0%*	*32.1*	*16.8%*	*1 657.4*	*26.9%*
2 - 4 times a week	*170.2*	*29.4%*	*241.8*	*27.1%*	*255.5*	*25.3%*	*226.1*	*20.9%*	*209.7*	*17.3%*	*107.6*	*12.8%*	*30.5*	*8.9%*	*13.3*	*7.0%*	*1 254.8*	*20.4%*
5 - 6 times a week	*26.5*	*4.6%*	*36.9*	*4.1%*	*38.7*	*3.8%*	*37.5*	*3.5%*	*35.7*	*2.9%*	*15.8*	*1.9%*	*2.5*	*0.7%*	*2.5*	*1.3%*	*196.3*	*3.2%*
At least once a day	5.9	1.0%	9.5	1.1%	12.9	1.3%	13.8	1.3%	14.3	1.2%	5.4	0.6%	1.3	0.4%	0.9	0.5%	64.1	1.0%
Once a day	*5.3*	*0.9%*	*9.5*	*1.1%*	*11.7*	*1.2%*	*12.3*	*1.1%*	*13.5*	*1.1%*	*5.4*	*0.6%*	*1.3*	*0.4%*	*0.9*	*0.5%*	*60.0*	*1.0%*
Twice a day	*0.3*	*0.1%*	-	-	*1.2*	*0.1%*	*1.5*	*0.1%*	*0.8*	*0.1%*	-	-	-	-	-	-	*3.8*	*0.1%*
3 or more times a day	*0.3*	*0.1%*	-	-	-	-	-	-	-	-	-	-	-	-	-	-	*0.3*	*<0.05%*
Don't know	-	-	-	-	1.2	0.1%	-	-	0.8	0.1%	-	-	-	-	-	-	2.0	<0.05%
Total	579.4	100.0%	893.0	100.0%	1 010.7	100.0%	1 083.0	100.0%	1 212.3	100.0%	837.9	100.0%	343.5	100.0%	191.0	100.0%	6 150.8	100.0%

Base: All respondents (N=6 150 800).

Note: Figures may not add up to the total due to rounding.

4.4.6 Consumption of Red Meat (including beef, pork, mutton, etc.)

Meats are good sources of essential nutrients. However, excessive meat consumption, in particular red and processed meat, is associated with an increased risk of obesity, cardiovascular diseases, type 2 diabetes and colorectal cancer. Therefore, it is important to limit red and processed meat consumption and maintain a healthy balanced diet with a variety of food. Choosing leaner cut or removing visible fat from the meat can also reduce fat consumption. According to the recommendations of World Cancer Research Fund International, eating no more than moderate amounts of red meat, i.e. 350–500g per week, and little processed meat is advised for health benefit [12]. Overall, 34.4% of respondents reported consuming red meat once a day (32.3% for females and 36.8% for males), which was the commonest reported consumption frequency, followed by 28.1% consuming 5-6 times a week (28.6% for females and 27.4% for males) and 23.1% consuming 2-4 times a week (25.1% for females and 20.9% for males) (Table 4.4.6a). Analysed by age group, person aged 35-44 reported the highest proportion (42.5%) of consuming red meat at least once a day, person aged 15-24 reported the highest proportion (30.8%) of consuming red meat 5-6 times a week and person aged 85 or above reported the highest proportion (30.2%) of consuming red meat 2-4 times a week (Table 4.4.6b). Analysed by household income, the highest proportion (47.8%) of consuming red meat at least once a day was in the $40,000 - $49,999 group, the highest proportion (30.1%) of consuming red meat 5-6 times a week was in the $20,000 - $29,999 group and the highest proportion (29.7%) of consuming red meat 2-4 times a week was in the $5,000 - $9,999 group (Table 4.4.6c).

Table 4.4.6a: Frequency of consumption of red meat (including beef, pork, mutton, etc.) by gender

	Female		Male		Total	
	No. of persons ('000)	%	No. of persons ('000)	%	No. of persons ('000)	%
None / Less than once a week	108.8	3.3%	77.6	2.7%	186.4	3.0%
Less than once a day	1 998.2	61.4%	1 560.7	53.8%	3 558.8	57.9%
Once a week	*252.0*	*7.7%*	*160.1*	*5.5%*	*412.1*	*6.7%*
2 - 4 times a week	*814.7*	*25.1%*	*606.2*	*20.9%*	*1 420.9*	*23.1%*
5 - 6 times a week	*931.4*	*28.6%*	*794.4*	*27.4%*	*1 725.9*	*28.1%*
At least once a day	1 143.6	35.2%	1 260.7	43.5%	2 404.3	39.1%
Once a day	*1 050.8*	*32.3%*	*1 068.0*	*36.8%*	*2 118.8*	*34.4%*
Twice a day	*88.7*	*2.7%*	*187.5*	*6.5%*	*276.2*	*4.5%*
3 or more times a day	*4.1*	*0.1%*	*5.2*	*0.2%*	*9.3*	*0.2%*
Don't know	1.2	<0.05%	-	-	1.2	<0.05%
Total	3 251.8	100.0%	2 899.0	100.0%	6 150.8	100.0%

Base: All respondents (N=6 150 800).
Note: Figures may not add up to the total due to rounding.

Table 4.4.6b: Frequency of consumption of red meat (including beef, pork, mutton, etc.) by age group

	15-24		25-34		35-44		45-54		55-64		65-74		75-84		85 or above		Total	
	No. of persons ('000)	%	No. of persons ('000)	%	No. of persons ('000)	%	No. of persons ('000)	%	No. of persons ('000)	%	No. of persons ('000)	%	No. of persons ('000)	%	No. of persons ('000)	%	No. of persons ('000)	%
None / Less than once a week	7.4	1.3%	19.4	2.2%	23.1	2.3%	20.6	1.9%	39.4	3.2%	36.4	4.3%	22.6	6.6%	17.6	9.2%	186.4	3.0%
Less than once a day	333.7	57.6%	494.6	55.4%	557.1	55.1%	608.2	56.2%	703.0	58.0%	525.1	62.7%	214.6	62.5%	122.4	64.1%	3 558.8	57.9%
Once a week	*29.5*	*5.1%*	*47.9*	*5.4%*	*58.7*	*5.8%*	*72.3*	*6.7%*	*84.3*	*7.0%*	*69.5*	*8.3%*	*28.8*	*8.4%*	*21.2*	*11.1%*	*412.1*	*6.7%*
2 - 4 times a week	*125.6*	*21.7%*	*190.2*	*21.3%*	*208.2*	*20.6%*	*219.7*	*20.3%*	*295.3*	*24.4%*	*231.0*	*27.6%*	*93.2*	*27.1%*	*57.7*	*30.2%*	*1 420.9*	*23.1%*
5 - 6 times a week	*178.7*	*30.8%*	*256.6*	*28.7%*	*290.3*	*28.7%*	*316.1*	*29.2%*	*323.4*	*26.7%*	*224.6*	*26.8%*	*92.6*	*27.0%*	*43.5*	*22.8%*	*1 725.9*	*28.1%*
At least once a day	238.2	41.1%	379.0	42.4%	429.3	42.5%	454.3	41.9%	469.9	38.8%	276.4	33.0%	106.2	30.9%	51.0	26.7%	2 404.3	39.1%
Once a day	*206.0*	*35.6%*	*326.6*	*36.6%*	*378.8*	*37.5%*	*400.2*	*36.9%*	*415.2*	*34.2%*	*251.9*	*30.1%*	*96.4*	*28.1%*	*43.8*	*22.9%*	*2 118.8*	*34.4%*
Twice a day	*30.1*	*5.2%*	*50.5*	*5.7%*	*49.5*	*4.9%*	*54.1*	*5.0%*	*53.3*	*4.4%*	*22.0*	*2.6%*	*9.4*	*2.7%*	*7.2*	*3.8%*	*276.2*	*4.5%*
3 or more times a day	*2.1*	*0.4%*	*1.9*	*0.2%*	*0.9*	*0.1%*	-	-	*1.5*	*0.1%*	*2.5*	*0.3%*	*0.4*	*0.1%*	-	-	*9.3*	*0.2%*
Don't know	-	-	-	-	1.2	0.1%	-	-	-	-	-	-	-	-	-	-	1.2	<0.05%
Total	579.4	100.0%	893.0	100.0%	1 010.7	100.0%	1 083.0	100.0%	1 212.3	100.0%	837.9	100.0%	343.5	100.0%	191.0	100.0%	6 150.8	100.0%

Base: All respondents (N=6 150 800).

Note: Figures may not add up to the total due to rounding.

Table 4.4.6c: Frequency of consumption of red meat (including beef, pork, mutton, etc.) by household income

	Below $5,000		$5,000 - $9,999		$10,000 - $19,999		$20,000 - $29,999		$30,000 - $39,999		$40,000 - $49,999		$50,000 or above		Total	
	No. of persons ('000)	%	No. of persons ('000)	%	No. of persons ('000)	%	No. of persons ('000)	%	No. of persons ('000)	%	No. of persons ('000)	%	No. of persons ('000)	%	No. of persons ('000)	%
None / Less than once a week	22.1	6.5%	23.0	5.8%	32.6	3.9%	32.6	2.7%	23.1	2.5%	9.7	1.4%	43.4	2.5%	186.4	3.0%
Less than once a day	208.8	61.8%	258.0	65.1%	508.2	60.0%	721.8	59.6%	499.0	54.6%	352.1	50.8%	1 010.9	57.7%	3 558.8	57.9%
Once a week	*45.9*	*13.6%*	*26.1*	*6.6%*	*48.8*	*5.8%*	*76.1*	*6.3%*	*58.4*	*6.4%*	*37.1*	*5.3%*	*119.7*	*6.8%*	*412.1*	*6.7%*
2 - 4 times a week	*96.1*	*28.4%*	*117.4*	*29.7%*	*206.1*	*24.3%*	*281.4*	*23.2%*	*197.8*	*21.6%*	*120.0*	*17.3%*	*402.1*	*23.0%*	*1 420.9*	*23.1%*
5 - 6 times a week	*66.8*	*19.8%*	*114.4*	*28.9%*	*253.3*	*29.9%*	*364.3*	*30.1%*	*242.8*	*26.6%*	*195.0*	*28.1%*	*489.2*	*27.9%*	*1 725.9*	*28.1%*
At least once a day	107.1	31.7%	115.2	29.1%	305.7	36.1%	456.8	37.7%	392.2	42.9%	331.5	47.8%	695.9	39.8%	2 404.3	39.1%
Once a day	*95.8*	*28.3%*	*106.1*	*26.8%*	*277.4*	*32.8%*	*399.2*	*32.9%*	*350.8*	*38.4%*	*293.9*	*42.4%*	*595.8*	*34.0%*	*2 118.8*	*34.4%*
Twice a day	*11.3*	*3.4%*	*7.7*	*1.9%*	*27.7*	*3.3%*	*55.8*	*4.6%*	*40.1*	*4.4%*	*35.7*	*5.1%*	*97.8*	*5.6%*	*276.2*	*4.5%*
3 or more times a day	-	-	*1.4*	*0.4%*	*0.6*	*0.1%*	*1.7*	*0.1%*	*1.4*	*0.2%*	*1.9*	*0.3%*	*2.3*	*0.1%*	*9.3*	*0.2%*
Don't know	-	-	-	-	-	-	0.8	0.1%	-	-	-	-	0.4	<0.05%	1.2	<0.05%
Total	338.0	100.0%	396.1	100.0%	846.5	100.0%	1 211.9	100.0%	914.3	100.0%	693.4	100.0%	1 750.6	100.0%	6 150.8	100.0%

Base: All respondents (N=6 150 800).

Note: Figures may not add up to the total due to rounding.

4.4.7 Consumption of Snacks with High Salt Content

Overall, 28.9% of persons aged 15 or above ate snacks with high salt content such as potato crisps, prawn crackers, squid floss and dried pork on average at least once a week. The corresponding proportions for both females and males were 29.8% and 27.9% (Table 4.4.7a). Analysis by age group showed that younger persons aged 15-24 reported a much higher proportion (54.3%) of consuming snacks with high salt content at least once a week than older persons and the corresponding proportion decreased sharply with age to 8.7% among persons aged 75-84 and 9.3% among those aged 85 or above (Table 4.4.7b).

Table 4.4.7a: Frequency of consumption of snacks with high salt content by gender

	Female		Male		Total	
	No. of persons ('000)	**%**	**No. of persons ('000)**	**%**	**No. of persons ('000)**	**%**
None / Less than once a week	2 281.2	70.2%	2 090.0	72.1%	4 371.1	71.1%
Less than once a day	916.3	28.2%	775.4	26.7%	1 691.7	27.5%
Once a week	*495.6*	*15.2%*	*440.9*	*15.2%*	*936.5*	*15.2%*
2 - 4 times a week	*343.4*	*10.6%*	*265.4*	*9.2%*	*608.8*	*9.9%*
5 - 6 times a week	*77.4*	*2.4%*	*69.1*	*2.4%*	*146.4*	*2.4%*
At least once a day	52.8	1.6%	32.7	1.1%	85.5	1.4%
Once a day	*50.8*	*1.6%*	*30.0*	*1.0%*	*80.9*	*1.3%*
Twice a day	*1.9*	*0.1%*	*1.6*	*0.1%*	*3.5*	*0.1%*
3 or more times a day	-	-	*1.2*	*<0.05%*	*1.2*	*<0.05%*
Don't know	1.6	<0.05%	0.9	<0.05%	2.5	<0.05%
Total	3 251.8	100.0%	2 899.0	100.0%	6 150.8	100.0%

Base: All respondents (N=6 150 800).
Note: Figures may not add up to the total due to rounding.

Table 4.4.7b: Frequency of consumption of snacks with high salt content by age group

	15-24		25-34		35-44		45-54		55-64		65-74		75-84		85 or above		Total	
	No. of persons ('000)	%	No. of persons ('000)	%	No. of persons ('000)	%	No. of persons ('000)	%	No. of persons ('000)	%	No. of persons ('000)	%	No. of persons ('000)	%	No. of persons ('000)	%	No. of persons ('000)	%
None / Less than once a week	265.0	45.7%	456.2	51.1%	622.1	61.6%	803.2	74.2%	1 000.7	82.5%	736.9	87.9%	313.8	91.3%	173.3	90.7%	4 371.1	71.1%
Less than once a day	300.5	51.9%	421.1	47.2%	372.6	36.9%	264.7	24.4%	195.9	16.2%	94.2	11.2%	27.3	7.9%	15.4	8.1%	1 691.7	27.5%
Once a week	*149.7*	*25.8%*	*241.1*	*27.0%*	*223.4*	*22.1%*	*140.1*	*12.9%*	*110.8*	*9.1%*	*49.7*	*5.9%*	*14.6*	*4.2%*	*7.1*	*3.7%*	*936.5*	*15.2%*
2 - 4 times a week	*128.7*	*22.2%*	*154.8*	*17.3%*	*117.7*	*11.6%*	*100.4*	*9.3%*	*59.8*	*4.9%*	*31.9*	*3.8%*	*9.8*	*2.8%*	*5.8*	*3.0%*	*608.8*	*9.9%*
5 - 6 times a week	*22.1*	*3.8%*	*25.3*	*2.8%*	*31.6*	*3.1%*	*24.1*	*2.2%*	*25.3*	*2.1%*	*12.6*	*1.5%*	*3.0*	*0.9%*	*2.5*	*1.3%*	*146.4*	*2.4%*
At least once a day	13.9	2.4%	15.7	1.8%	14.8	1.5%	14.2	1.3%	15.3	1.3%	6.9	0.8%	2.4	0.7%	2.3	1.2%	85.5	1.4%
Once a day	*13.6*	*2.3%*	*14.1*	*1.6%*	*14.4*	*1.4%*	*13.4*	*1.2%*	*14.6*	*1.2%*	*6.5*	*0.8%*	*2.4*	*0.7%*	*2.0*	*1.0%*	*80.9*	*1.3%*
Twice a day	*-*	*-*	*1.2*	*0.1%*	*0.4*	*<0.05%*	*0.4*	*<0.05%*	*0.7*	*0.1%*	*0.4*	*<0.05%*	*-*	*-*	*0.3*	*0.2%*	*3.5*	*0.1%*
3 or more times a day	*0.4*	*0.1%*	*0.3*	*<0.05%*	*-*	*-*	*0.4*	*<0.05%*	*-*	*-*	*-*	*-*	*-*	*-*	*-*	*-*	*1.2*	*<0.05%*
Don't know	-	-	-	-	1.2	0.1%	0.9	0.1%	0.4	<0.05%	-	-	-	-	-	-	2.5	<0.05%
Total	579.4	100.0%	893.0	100.0%	1 010.7	100.0%	1 083.0	100.0%	1 212.3	100.0%	837.9	100.0%	343.5	100.0%	191.0	100.0%	6 150.8	100.0%

Base: All respondents (N=6 150 800).

Note: Figures may not add up to the total due to rounding.

4.4.8 Consumption of Seaweeds and Ready-to-eat Seaweeds

Seaweeds are rich in iodine which is the essential micronutrient for maintaining normal thyroid function. Overall, 9.0% of persons aged 15 or above ate seaweeds (including kelp / laver but excluding ready-to-eat seaweeds) on average at least once a week, with slightly higher proportion in males (9.1%) than females (8.9%). Among persons aged 15 or above with intake of seaweeds, the estimated average quantities of seaweeds consumed per day were 2.4g and 2.7g for females and males respectively (Table 4.4.8a). Across all age group, person aged 35-44 had the higher proportion (11.0%) consumed on average at least once a week, and the proportion decreased with age. Compared with other age groups, persons aged 35-44 and 45-54 reported that they ate more seaweeds (both at 2.9g) than others (Table 4.4.8b).

Table 4.4.8a: Frequency of consumption of seaweeds including kelp / laver (but excluding ready-to-eat seaweed snacks) by gender

	Female		Male		Total	
	No. of persons ('000)	%	No. of persons ('000)	%	No. of persons ('000)	%
None / Less than once a week	2 959.5	91.0%	2 633.9	90.9%	5 593.5	90.9%
Less than once a day	276.5	8.5%	248.3	8.6%	524.8	8.5%
Once a week	*176.1*	*5.4%*	*154.4*	*5.3%*	*330.5*	*5.4%*
2 - 4 times a week	*61.1*	*1.9%*	*60.4*	*2.1%*	*121.4*	*2.0%*
5 - 6 times a week	*39.3*	*1.2%*	*33.5*	*1.2%*	*72.8*	*1.2%*
At least once a day	14.2	0.4%	16.1	0.6%	30.2	0.5%
Once a day	*12.7*	*0.4%*	*14.5*	*0.5%*	*27.2*	*0.4%*
Twice a day	*1.5*	*<0.05%*	*1.2*	*<0.05%*	*2.7*	*<0.05%*
3 or more times a day	-	-	*0.3*	*<0.05%*	*0.3*	*<0.05%*
Don't know	1.6	<0.05%	0.7	<0.05%	2.4	<0.05%
Total	3 251.8	100.0%	2 899.0	100.0%	6 150.8	100.0%
Mean (g per day) #	2.4		2.7		2.6	

Bases: All respondents (N=6 150 800).
Respondents with valid response on the quantity of seaweeds eaten per day.
Note: Figures may not add up to the total due to rounding.

Table 4.4.8b: Frequency of consumption of seaweeds including kelp / laver (but excluding ready-to-eat seaweed snacks) by age group

	15-24		25-34		35-44		45-54		55-64		65-74		75-84		85 or above		Total	
	No. of persons ('000)	%	No. of persons ('000)	%	No. of persons ('000)	%	No. of persons ('000)	%	No. of persons ('000)	%	No. of persons ('000)	%	No. of persons ('000)	%	No. of persons ('000)	%	No. of persons ('000)	%
None / Less than once a week	528.5	91.2%	803.3	90.0%	898.6	88.9%	970.9	89.7%	1 115.5	92.0%	774.1	92.4%	321.1	93.5%	181.5	95.0%	5 593.5	90.9%
Less than once a day	47.5	8.2%	86.3	9.7%	105.1	10.4%	103.4	9.5%	91.7	7.6%	60.4	7.2%	21.2	6.2%	9.2	4.8%	524.8	8.5%
Once a week	*29.8*	*5.1%*	*54.5*	*6.1%*	*66.6*	*6.6%*	*63.2*	*5.8%*	*56.7*	*4.7%*	*38.9*	*4.6%*	*15.2*	*4.4%*	*5.6*	*2.9%*	*330.5*	*5.4%*
2 - 4 times a week	*11.2*	*1.9%*	*21.2*	*2.4%*	*21.3*	*2.1%*	*24.5*	*2.3%*	*20.6*	*1.7%*	*16.8*	*2.0%*	*4.7*	*1.4%*	*1.1*	*0.6%*	*121.4*	*2.0%*
5 - 6 times a week	*6.5*	*1.1%*	*10.5*	*1.2%*	*17.2*	*1.7%*	*15.7*	*1.4%*	*14.4*	*1.2%*	*4.7*	*0.6%*	*1.4*	*0.4%*	*2.5*	*1.3%*	*72.8*	*1.2%*
At least once a day	3.2	0.6%	3.4	0.4%	6.3	0.6%	8.2	0.8%	4.6	0.4%	3.0	0.4%	1.1	0.3%	0.3	0.2%	30.2	0.5%
Once a day	*2.6*	*0.4%*	*2.7*	*0.3%*	*5.4*	*0.5%*	*7.9*	*0.7%*	*4.2*	*0.3%*	*3.0*	*0.4%*	*1.1*	*0.3%*	*0.3*	*0.2%*	*27.2*	*0.4%*
Twice a day	*0.6*	*0.1%*	*0.4*	*<0.05%*	*0.8*	*0.1%*	*0.4*	*<0.05%*	*0.4*	*<0.05%*	-	-	-	-	-	-	*2.7*	*<0.05%*
3 or more times a day	-	-	*0.3*	*<0.05%*	-	-	-	-	-	-	-	-	-	-	-	-	*0.3*	*<0.05%*
Don't know	0.3	<0.05%	-	-	0.8	0.1%	0.4	<0.05%	0.4	<0.05%	0.4	<0.05%	-	-	-	-	2.4	<0.05%
Total	579.4	100.0%	893.0	100.0%	1 010.7	100.0%	1 083.0	100.0%	1 212.3	100.0%	837.9	100.0%	343.5	100.0%	191.0	100.0%	6 150.8	100.0%
Mean (g per day) #	2.6		2.5		2.9		2.9		2.4		2.3		1.8		2.1		2.6	

Bases: All respondents (N=6 150 800).

Respondents with valid response on the quantity of seaweeds eaten per day.

Note: Figures may not add up to the total due to rounding.

Overall, 7.7% of persons aged 15 or above ate ready-to-eat seaweeds including pre-packed snacks and ready-to-eat seaweed snacks on average at least once a week. The corresponding proportion was slightly higher among females (8.0%) than in males (7.3%). Among persons aged 15 or above who had reported the intake of ready-to-eat seaweeds, the estimated mean quantity of ready-to-eat seaweeds consumed per day was 0.1g for females and 0.2g for males (Table 4.4.8c). Analysed by age group, 10.9% of persons aged 15-24 and 25-34 reported that they ate ready-to-eat seaweeds on average at least once a week. The corresponding proportion decreased sharply with age to 2.4% among persons in the oldest age group of 85 or above. Compared with other age groups, persons aged 15-24, 25-34, 35-44 and 45-54 reported the consumption of a slightly higher mean daily quantity of ready-to-eat seaweeds taken (all at 0.2g) than others (Table 4.4.8d).

Table 4.4.8c: Frequency of consumption of ready-to-eat seaweeds (including pre-packed snack / nori sheet) by gender

	Female		**Male**		**Total**	
	No. of persons ('000)	**%**	**No. of persons ('000)**	**%**	**No. of persons ('000)**	**%**
None / Less than once a week	2 990.8	92.0%	2 688.1	92.7%	5 678.8	92.3%
Less than once a day	248.1	7.6%	198.9	6.9%	447.0	7.3%
Once a week	*155.4*	*4.8%*	*124.9*	*4.3%*	*280.4*	*4.6%*
2 - 4 times a week	*67.9*	*2.1%*	*52.6*	*1.8%*	*120.5*	*2.0%*
5 - 6 times a week	*24.8*	*0.8%*	*21.4*	*0.7%*	*46.1*	*0.8%*
At least once a day	11.8	0.4%	11.8	0.4%	23.6	0.4%
Once a day	*9.7*	*0.3%*	*11.0*	*0.4%*	*20.7*	*0.3%*
Twice a day	*2.1*	*0.1%*	*0.8*	*<0.05%*	*2.9*	*<0.05%*
3 or more times a day	-	-	-	-	-	-
Don't know	1.1	<0.05%	0.3	<0.05%	1.4	<0.05%
Total	3 251.8	100.0%	2 899.0	100.0%	6 150.8	100.0%
Mean (g per day) #	0.1		0.2		0.1	

Bases: All respondents (N=6 150 800).
Respondents with valid response on the quantity of ready-to-eat seaweeds eaten per day.
Note: Figures may not add up to the total due to rounding.

Table 4.4.8d: Frequency of consumption of ready-to-eat seaweeds (including pre-packed snack / nori sheet) by age group

	15-24		25-34		35-44		45-54		55-64		65-74		75-84		85 or above		Total	
	No. of persons ('000)	%	No. of persons ('000)	%	No. of persons ('000)	%	No. of persons ('000)	%	No. of persons ('000)	%	No. of persons ('000)	%	No. of persons ('000)	%	No. of persons ('000)	%	No. of persons ('000)	%
None / Less than once a week	516.2	89.1%	795.9	89.1%	910.0	90.0%	995.0	91.9%	1 144.2	94.4%	800.3	95.5%	330.7	96.3%	186.5	97.6%	5 678.8	92.3%
Less than once a day	60.8	10.5%	91.2	10.2%	94.6	9.4%	82.9	7.7%	64.1	5.3%	36.9	4.4%	12.4	3.6%	4.1	2.1%	447.0	7.3%
Once a week	*39.7*	*6.9%*	*62.6*	*7.0%*	*58.1*	*5.7%*	*48.7*	*4.5%*	*37.6*	*3.1%*	*23.5*	*2.8%*	*7.3*	*2.1%*	*2.9*	*1.5%*	*280.4*	*4.6%*
2 - 4 times a week	*15.4*	*2.7%*	*23.5*	*2.6%*	*26.1*	*2.6%*	*24.2*	*2.2%*	*16.3*	*1.3%*	*10.0*	*1.2%*	*4.8*	*1.4%*	*0.3*	*0.2%*	*120.5*	*2.0%*
5 - 6 times a week	*5.7*	*1.0%*	*5.0*	*0.6%*	*10.4*	*1.0%*	*10.1*	*0.9%*	*10.2*	*0.8%*	*3.5*	*0.4%*	*0.4*	*0.1%*	*0.9*	*0.5%*	*46.1*	*0.8%*
At least once a day	2.1	0.4%	5.9	0.7%	5.7	0.6%	4.7	0.4%	3.6	0.3%	0.7	0.1%	0.4	0.1%	0.5	0.2%	23.6	0.4%
Once a day	*1.7*	*0.3%*	*5.4*	*0.6%*	*5.3*	*0.5%*	*3.1*	*0.3%*	*3.6*	*0.3%*	*0.7*	*0.1%*	*0.4*	*0.1%*	*0.5*	*0.2%*	*20.7*	*0.3%*
Twice a day	*0.4*	*0.1%*	*0.4*	*<0.05%*	*0.4*	*<0.05%*	*1.6*	*0.2%*	-	-	-	-	-	-	-	-	*2.9*	*<0.05%*
3 or more times a day	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Don't know	0.3	<0.05%	-	-	0.4	<0.05%	0.3	<0.05%	0.4	<0.05%	-	-	-	-	-	-	1.4	<0.05%
Total	579.4	100.0%	893.0	100.0%	1 010.7	100.0%	1 083.0	100.0%	1 212.3	100.0%	837.9	100.0%	343.5	100.0%	191.0	100.0%	6 150.8	100.0%
Mean (g per day) #	0.2		0.2		0.2		0.2		0.1		0.1		0.1		0.1		0.1	

Bases: All respondents (N=6 150 800).
Respondents with valid response on the quantity of ready-to-eat seaweeds eaten per day.
Note: Figures may not add up to the total due to rounding.

4.4.9 Consumption of Dried Beans and Soybean Products

Dry beans, nuts, seeds and soybean products like bean curd, dried bean curd and bean curd sheets are rich in protein, unsaturated fatty acid, iron and dietary fibre for balanced nutrition. Overall, 51.5% of respondents ate dried beans and soybean products at least once a week. The proportion was slightly higher in females (52.4%) than in males (50.5%) (Table 4.4.9a). Analysed by age group, 53.0% of persons aged 35-44 and 45-54 reported that they ate dried beans and soybean products at least once a week, which was the highest among all age groups (Table 4.4.9b).

Table 4.4.9a: Frequency of consumption of dried beans and soybean products by gender

	Female		Male		Total	
	No. of persons ('000)	%	No. of persons ('000)	%	No. of persons ('000)	%
None / Less than once a week	1 545.8	47.5%	1 431.1	49.4%	2 976.9	48.4%
Less than once a day	1 602.8	49.3%	1 389.2	47.9%	2 992.0	48.6%
Once a week	*920.5*	*28.3%*	*807.9*	*27.9%*	*1 728.5*	*28.1%*
2 - 4 times a week	*536.2*	*16.5%*	*447.1*	*15.4%*	*983.3*	*16.0%*
5 - 6 times a week	*146.1*	*4.5%*	*134.2*	*4.6%*	*280.3*	*4.6%*
At least once a day	101.2	3.1%	75.7	2.6%	176.9	2.9%
Once a day	*88.9*	*2.7%*	*68.6*	*2.4%*	*157.5*	*2.6%*
Twice a day	*10.0*	*0.3%*	*5.4*	*0.2%*	*15.4*	*0.3%*
3 or more times a day	*2.3*	*0.1%*	*1.7*	*0.1%*	*4.0*	*0.1%*
Don't know	1.9	0.1%	3.0	0.1%	4.9	0.1%
Total	3 251.8	100.0%	2 899.0	100.0%	6 150.8	100.0%

Base: All respondents (N=6 150 800).
Note: Figures may not add up to the total due to rounding.

Table 4.4.9b: Frequency of consumption of dried beans and soybean products by age group

	15-24		25-34		35-44		45-54		55-64		65-74		75-84		85 or above		Total	
	No. of persons ('000)	%	No. of persons ('000)	%	No. of persons ('000)	%	No. of persons ('000)	%	No. of persons ('000)	%	No. of persons ('000)	%	No. of persons ('000)	%	No. of persons ('000)	%	No. of persons ('000)	%
None / Less than once a week	275.9	47.6%	435.4	48.8%	474.7	47.0%	507.1	46.8%	600.5	49.5%	414.3	49.4%	170.8	49.7%	98.2	51.4%	2 976.9	48.4%
Less than once a day	289.8	50.0%	433.9	48.6%	500.9	49.6%	540.6	49.9%	575.6	47.5%	397.6	47.5%	167.4	48.7%	86.2	45.1%	2 992.0	48.6%
Once a week	*163.2*	*28.2%*	*240.2*	*26.9%*	*282.1*	*27.9%*	*313.4*	*28.9%*	*336.7*	*27.8%*	*243.0*	*29.0%*	*95.7*	*27.9%*	*54.1*	*28.3%*	*1 728.5*	*28.1%*
2 - 4 times a week	*96.3*	*16.6%*	*148.6*	*16.6%*	*162.1*	*16.0%*	*175.2*	*16.2%*	*194.3*	*16.0%*	*123.1*	*14.7%*	*59.1*	*17.2%*	*24.5*	*12.8%*	*983.3*	*16.0%*
5 - 6 times a week	*30.2*	*5.2%*	*45.0*	*5.0%*	*56.8*	*5.6%*	*51.9*	*4.8%*	*44.6*	*3.7%*	*31.5*	*3.8%*	*12.6*	*3.7%*	*7.6*	*4.0%*	*280.3*	*4.6%*
At least once a day	13.3	2.3%	23.3	2.6%	34.3	3.4%	33.7	3.1%	35.4	2.9%	25.3	3.0%	4.9	1.4%	6.6	3.4%	176.9	2.9%
Once a day	*11.1*	*1.9%*	*20.9*	*2.3%*	*30.9*	*3.1%*	*30.2*	*2.8%*	*32.1*	*2.6%*	*22.3*	*2.7%*	*4.9*	*1.4%*	*5.0*	*2.6%*	*157.5*	*2.6%*
Twice a day	*1.9*	*0.3%*	*2.0*	*0.2%*	*2.5*	*0.2%*	*2.3*	*0.2%*	*2.5*	*0.2%*	*2.7*	*0.3%*	-	-	*1.6*	*0.8%*	*15.4*	*0.3%*
3 or more times a day	*0.3*	*0.1%*	*0.4*	*<0.05%*	*0.9*	*0.1%*	*1.3*	*0.1%*	*0.8*	*0.1%*	*0.3*	*<0.05%*	-	-	-	-	*4.0*	*0.1%*
Don't know	0.4	0.1%	0.4	<0.05%	0.8	0.1%	1.5	0.1%	0.8	0.1%	0.6	0.1%	0.3	0.1%	-	-	4.9	0.1%
Total	579.4	100.0%	893.0	100.0%	1 010.7	100.0%	1 083.0	100.0%	1 212.3	100.0%	837.9	100.0%	343.5	100.0%	191.0	100.0%	6 150.8	100.0%

Base: All respondents (N=6 150 800).

Note: Figures may not add up to the total due to rounding.

4.4.10 Consumption of Seeds and Nuts

Overall, 34.6% of respondents reported consuming seeds and nuts at least once a week. The corresponding proportion was slightly higher in females (35.1%) than males (34.1%) (Table 4.4.10a). Analysed by age group, person aged 45-54 reported the highest proportion (36.7%) of consuming seeds and nuts at least once a week (Table 4.4.10b).

Table 4.4.10a: Frequency of consumption of seeds and nuts by gender

	Female		Male		Total	
	No. of persons ('000)	%	No. of persons ('000)	%	No. of persons ('000)	%
None / Less than once a week	2 110.1	64.9%	1 908.8	65.8%	4 018.9	65.3%
Less than once a day	1 048.1	32.2%	925.1	31.9%	1 973.2	32.1%
Once a week	*615.2*	*18.9%*	*530.7*	*18.3%*	*1 145.9*	*18.6%*
2 - 4 times a week	*327.3*	*10.1%*	*305.0*	*10.5%*	*632.4*	*10.3%*
5 - 6 times a week	*105.5*	*3.2%*	*89.4*	*3.1%*	*194.9*	*3.2%*
At least once a day	92.4	2.8%	64.0	2.2%	156.5	2.5%
Once a day	*87.6*	*2.7%*	*63.4*	*2.2%*	*151.0*	*2.5%*
Twice a day	*4.4*	*0.1%*	*0.4*	*<0.05%*	*4.8*	*0.1%*
3 or more times a day	*0.4*	*<0.05%*	*0.3*	*<0.05%*	*0.7*	*<0.05%*
Don't know	1.2	<0.05%	1.0	<0.05%	2.2	<0.05%
Total	3 251.8	100.0%	2 899.0	100.0%	6 150.8	100.0%

Base: All respondents (N=6 150 800).
Note: Figures may not add up to the total due to rounding.

Table 4.4.10b: Frequency of consumption of seeds and nuts by age group

	15-24		25-34		35-44		45-54		55-64		65-74		75-84		85 or above		Total	
	No. of persons ('000)	%	No. of persons ('000)	%	No. of persons ('000)	%	No. of persons ('000)	%	No. of persons ('000)	%	No. of persons ('000)	%	No. of persons ('000)	%	No. of persons ('000)	%	No. of persons ('000)	%
None / Less than once a week	393.9	68.0%	581.4	65.1%	640.2	63.3%	685.5	63.3%	796.8	65.7%	546.0	65.2%	234.8	68.4%	140.3	73.5%	4 018.9	65.3%
Less than once a day	179.6	31.0%	300.4	33.6%	349.5	34.6%	367.1	33.9%	376.9	31.1%	255.6	30.5%	95.6	27.8%	48.6	25.4%	1 973.2	32.1%
Once a week	*98.8*	*17.1%*	*180.7*	*20.2%*	*211.1*	*20.9%*	*205.5*	*19.0%*	*211.1*	*17.4%*	*155.3*	*18.5%*	*57.7*	*16.8%*	*25.7*	*13.4%*	*1 145.9*	*18.6%*
2 - 4 times a week	*57.3*	*9.9%*	*94.6*	*10.6%*	*100.9*	*10.0%*	*124.0*	*11.5%*	*131.1*	*10.8%*	*79.5*	*9.5%*	*29.2*	*8.5%*	*15.8*	*8.3%*	*632.4*	*10.3%*
5 - 6 times a week	*23.5*	*4.1%*	*25.1*	*2.8%*	*37.5*	*3.7%*	*37.6*	*3.5%*	*34.6*	*2.9%*	*20.8*	*2.5%*	*8.7*	*2.5%*	*7.1*	*3.7%*	*194.9*	*3.2%*
At least once a day	5.9	1.0%	11.3	1.3%	20.2	2.0%	30.0	2.8%	37.9	3.1%	35.9	4.3%	13.1	3.8%	2.1	1.1%	156.5	2.5%
Once a day	*5.5*	*1.0%*	*10.9*	*1.2%*	*19.4*	*1.9%*	*28.9*	*2.7%*	*36.9*	*3.0%*	*34.6*	*4.1%*	*12.7*	*3.7%*	*2.1*	*1.1%*	*151.0*	*2.5%*
Twice a day	*0.4*	*0.1%*	*0.3*	*<0.05%*	*0.8*	*0.1%*	*0.8*	*0.1%*	*1.1*	*0.1%*	*1.0*	*0.1%*	*0.4*	*0.1%*	-	-	*4.8*	*0.1%*
3 or more times a day	-	-	-	-	-	-	*0.4*	*<0.05%*	-	-	*0.3*	*<0.05%*	-	-	-	-	*0.7*	*<0.05%*
Don't know	-	-	-	-	0.8	0.1%	0.3	<0.05%	0.7	0.1%	0.3	<0.05%	-	-	-	-	2.2	<0.05%
Total	579.4	100.0%	893.0	100.0%	1 010.7	100.0%	1 083.0	100.0%	1 212.3	100.0%	837.9	100.0%	343.5	100.0%	191.0	100.0%	6 150.8	100.0%

Base: All respondents (N=6 150 800).

Note: Figures may not add up to the total due to rounding.

4.4.11 Usage of Salt

Overall, 38.1% of persons aged 15 or above used seasonings such as salt, soy sauce, chicken powder or cube, flavour enhancer or monosodium glutamate (MSG), oyster sauce, fish source, shrimp paste, tomato paste or ketchup, Chinese Lo Sui marinade, curry sauce, chili sauce and bean chili paste during cooking every time. The usage was more common among females (39.4%) than in males (36.5%). 20.7% often used such seasonings during cooking (Table 4.4.11a). Compared with other age groups, a higher proportion of persons aged 25-34 (41.1%) reported that they used seasonings containing salt during cooking every time (Table 4.4.11b).

Table 4.4.11a: Frequency of using seasonings containing salt during cooking by gender

	Female		Male		Total	
	No. of persons ('000)	%	No. of persons ('000)	%	No. of persons ('000)	%
Never	91.9	2.8%	105.9	3.7%	197.7	3.2%
Rarely	652.6	20.1%	553.5	19.1%	1 206.1	19.6%
Sometimes	553.4	17.0%	498.9	17.2%	1 052.3	17.1%
Often	643.5	19.8%	631.4	21.8%	1 274.9	20.7%
Every time	1 282.3	39.4%	1 058.9	36.5%	2 341.1	38.1%
Do not cook at home	28.1	0.9%	50.5	1.7%	78.6	1.3%
Total	3 251.8	100.0%	2 899.0	100.0%	6 150.8	100.0%

Base: All respondents (N=6 150 800).
Note: Figures may not add up to the total due to rounding.

Table 4.4.11b: Frequency of using seasonings containing salt during cooking by age group

	15-24		25-34		35-44		45-54		55-64		65-74		75-84		85 or above		Total	
	No. of persons ('000)	%	No. of persons ('000)	%	No. of persons ('000)	%	No. of persons ('000)	%	No. of persons ('000)	%	No. of persons ('000)	%	No. of persons ('000)	%	No. of persons ('000)	%	No. of persons ('000)	%
Never	29.5	5.1%	30.5	3.4%	29.6	2.9%	36.3	3.4%	25.6	2.1%	23.1	2.8%	11.6	3.4%	11.6	6.1%	197.7	3.2%
Rarely	98.1	16.9%	144.5	16.2%	192.1	19.0%	197.4	18.2%	246.1	20.3%	191.0	22.8%	83.6	24.3%	53.2	27.8%	1 206.1	19.6%
Sometimes	108.6	18.7%	151.5	17.0%	172.0	17.0%	197.4	18.2%	205.2	16.9%	136.4	16.3%	50.6	14.7%	30.7	16.1%	1 052.3	17.1%
Often	123.2	21.3%	187.2	21.0%	227.6	22.5%	211.2	19.5%	260.6	21.5%	172.1	20.5%	61.0	17.7%	32.1	16.8%	1 274.9	20.7%
Every time	199.7	34.5%	367.4	41.1%	382.4	37.8%	433.7	40.0%	464.9	38.3%	305.8	36.5%	128.6	37.4%	58.6	30.7%	2 341.1	38.1%
Do not cook at home	20.4	3.5%	11.9	1.3%	6.9	0.7%	7.0	0.6%	9.9	0.8%	9.4	1.1%	8.2	2.4%	4.8	2.5%	78.6	1.3%
Total	579.4	100.0%	893.0	100.0%	1 010.7	100.0%	1 083.0	100.0%	1 212.3	100.0%	837.9	100.0%	343.5	100.0%	191.0	100.0%	6 150.8	100.0%

Base: All respondents (N=6 150 800).
Note: Figures may not add up to the total due to rounding.

Overall, 0.9% of persons aged 15 or above used seasonings containing salt such as salt, soy sauce, oyster sauce, fish sauce, shrimp paste, tomato paste or ketchup, curry sauce, chili sauce and bean chili paste at the table every time when they ate. The usage was approximately the same for both females (1.0%) and males (0.9%). 8.1% often added such seasonings at the table (Table 4.4.11c). Compared with other age groups, a higher proportion of persons aged 25-34 (1.3%) reported that they used seasonings containing salt at table every time when they ate (Table 4.4.11d).

Table 4.4.11c: Frequency of adding seasonings containing salt at the table by gender

	Female		Male		Total	
	No. of persons ('000)	%	No. of persons ('000)	%	No. of persons ('000)	%
Never	662.0	20.4%	557.9	19.2%	1 219.8	19.8%
Rarely	1 660.4	51.1%	1 318.2	45.5%	2 978.6	48.4%
Sometimes	638.4	19.6%	757.1	26.1%	1 395.5	22.7%
Often	259.3	8.0%	239.2	8.3%	498.5	8.1%
Every time	31.7	1.0%	26.6	0.9%	58.4	0.9%
Total	3 251.8	100.0%	2 899.0	100.0%	6 150.8	100.0%

Base: All respondents (N=6 150 800).
Note: Figures may not add up to the total due to rounding.

Table 4.4.11d: Frequency of adding seasonings containing salt at the table by age group

	15-24		25-34		35-44		45-54		55-64		65-74		75-84		85 or above		Total	
	No. of persons ('000)	%	No. of persons ('000)	%	No. of persons ('000)	%	No. of persons ('000)	%	No. of persons ('000)	%	No. of persons ('000)	%	No. of persons ('000)	%	No. of persons ('000)	%	No. of persons ('000)	%
Never	103.5	17.9%	161.0	18.0%	171.6	17.0%	213.3	19.7%	240.8	19.9%	181.1	21.6%	88.0	25.6%	60.5	31.7%	1 219.8	19.8%
Rarely	252.5	43.6%	385.0	43.1%	479.4	47.4%	522.4	48.2%	624.3	51.5%	454.1	54.2%	172.9	50.3%	87.9	46.0%	2 978.6	48.4%
Sometimes	163.5	28.2%	250.6	28.1%	266.2	26.3%	247.0	22.8%	242.6	20.0%	141.0	16.8%	56.2	16.4%	28.4	14.9%	1 395.5	22.7%
Often	54.5	9.4%	85.0	9.5%	85.8	8.5%	91.0	8.4%	92.0	7.6%	54.1	6.5%	22.8	6.6%	13.4	7.0%	498.5	8.1%
Every time	5.5	0.9%	11.2	1.3%	7.6	0.8%	9.3	0.9%	12.7	1.0%	7.7	0.9%	3.6	1.0%	0.8	0.4%	58.4	0.9%
Total	579.4	100.0%	893.0	100.0%	1 010.7	100.0%	1 083.0	100.0%	1 212.3	100.0%	837.9	100.0%	343.5	100.0%	191.0	100.0%	6 150.8	100.0%

Base: All respondents (N=6 150 800).
Note: Figures may not add up to the total due to rounding.

Respondents were asked whether they used iodised salt at home. 21.1% of domestic households had at least one member reporting that they used iodised salt at home and 8.4% said otherwise (including those who used non-iodised salt only and those who did not use any salt at home). However, in more than two-thirds (70.5%) of the domestic households, all members aged 15 or above reported that they did not know whether the salt they used was iodised or not (Table 4.4.11e). Analysed by monthly household income, in general, relatively more domestic households with higher monthly household income used iodised salt at home (Table 4.4.11f).

Table 4.4.11e: Proportion of domestic households that used iodised salt

	Domestic households	
	No. of households ('000)	%
Yes	560.4	21.1%
No	223.1	8.4%
Don't know	1 873.3	70.5%
Total	2 656.8	100.0%

Base: All domestic households (N=2 656 800).
Note: Figures may not add up to the total due to rounding.

Table 4.4.11f: Proportion of domestic households that used iodised salt by monthly household income

	Below $5,000		$5,000 - $9,999		$10,000 - $19,999		$20,000 - $29,999		$30,000 - $39,999		$40,000 - $49,999		$50,000 or above		Total	
	No. of house-holds ('000)	%	No. of house-holds ('000)	%	No. of house-holds ('000)	%	No. of house-holds ('000)	%	No. of house-holds ('000)	%	No. of house-holds ('000)	%	No. of house-holds ('000)	%	No. of house-holds ('000)	%
Yes	39.0	14.2%	38.8	16.4%	77.8	17.5%	101.2	20.1%	72.9	21.1%	63.8	25.4%	166.9	27.8%	560.4	21.1%
No	24.4	8.9%	17.4	7.4%	43.2	9.7%	50.4	10.0%	28.3	8.2%	26.9	10.7%	32.5	5.4%	223.1	8.4%
Don't know	211.7	76.9%	179.9	76.2%	323.3	72.8%	353.1	70.0%	243.8	70.7%	160.9	64.0%	400.6	66.8%	1 873.3	70.5%
Total	275.1	100.0%	236.1	100.0%	444.2	100.0%	504.7	100.0%	345.0	100.0%	251.5	100.0%	600.1	100.0%	2 656.8	100.0%

Base: All domestic households (N=2 656 800).
Note: Figures may not add up to the total due to rounding.

4.4.12 Proportion of Vegetarians

The respondents were asked whether they are vegetarian or not. Overall, 0.5% reported to be vegetarian, slightly more common in females (0.7%) than males (0.4%) (Table 4.4.12a). Analysed by age group, the proportion of vegetarian slightly increased with age (Table 4.4.12b).

Table 4.4.12a: Proportion of vegetarian by gender

	Female		Male		Total	
	No. of persons ('000)	%	No. of persons ('000)	%	No. of persons ('000)	%
Yes	22.6	0.7%	11.1	0.4%	33.7	0.5%
No	3 229.2	99.3%	2 887.9	99.6%	6 117.1	99.5%
Total	3 251.8	100.0%	2 899.0	100.0%	6 150.8	100.0%

Base: All respondents (N=6 150 800).
Note: Figures may not add up to the total due to rounding.

Table 4.4.12b: Proportion of vegetarian by age group

	15-24		25-34		35-44		45-54		55-64		65-74		75-84		85 or above		Total	
	No. of persons ('000)	%	No. of persons ('000)	%	No. of persons ('000)	%	No. of persons ('000)	%	No. of persons ('000)	%	No. of persons ('000)	%	No. of persons ('000)	%	No. of persons ('000)	%	No. of persons ('000)	%
Yes	1.5	0.3%	3.4	0.4%	6.3	0.6%	4.8	0.4%	8.1	0.7%	6.1	0.7%	2.3	0.7%	1.2	0.6%	33.7	0.5%
No	577.9	99.7%	889.6	99.6%	1 004.4	99.4%	1 078.2	99.6%	1 204.2	99.3%	831.8	99.3%	341.2	99.3%	189.8	99.4%	6 117.1	99.5%
Total	579.4	100.0%	893.0	100.0%	1 010.7	100.0%	1 083.0	100.0%	1 212.3	100.0%	837.9	100.0%	343.5	100.0%	191.0	100.0%	6 150.8	100.0%

Base: All respondents (N=6 150 800).
Note: Figures may not add up to the total due to rounding.

Respondents that reported to be vegetarian were further asked whether they ate dairy products (e.g. milk, cheese, yogurt, etc.) and egg yolk, which are good source of nutrients such as iron and protein for them. Overall, 78.1% of persons that were vegetarian ate dairy products and 49.8% of the reported vegetarians ate egg yolk (Table 4.4.12c). Analysed by age group, all (100%) reported vegetarian aged 15-24 and 35-44 ate dairy products. Compared with other age groups, vegetarians aged 65-74 had the highest proportion (75.8%) ate egg yolk (Table 4.4.12d).

Table 4.4.12c: Proportion of vegetarians eating dairy products and egg yolk by gender

	Female		Male		Total	
	No. of persons ('000)	%	No. of persons ('000)	%	No. of persons ('000)	%
Dairy products						
Yes	17.7	78.3%	8.6	77.7%	26.3	78.1%
No	4.9	21.7%	2.5	22.3%	7.4	21.9%
Total	22.6	100.0%	11.1	100.0%	33.7	100.0%
Egg yolk						
Yes	12.5	55.1%	4.3	39.0%	16.8	49.8%
No	10.1	44.9%	6.7	61.0%	16.9	50.2%
Total	22.6	100.0%	11.1	100.0%	33.7	100.0%

Base: Respondents that are vegetarian (N=33 700).
Note: Figures may not add up to the total due to rounding.

Table 4.4.12d: Proportion of vegetarians eating dairy products and egg yolk by age group

	15-24		25-34		35-44		45-54		55-64		65-74		75-84		85 or above		Total	
	No. of persons ('000)	%	No. of persons ('000)	%	No. of persons ('000)	%	No. of persons ('000)	%	No. of persons ('000)	%	No. of persons ('000)	%	No. of persons ('000)	%	No. of persons ('000)	%	No. of persons ('000)	%
Dairy products																		
Yes	1.5	100.0%	3.1	89.4%	6.3	100.0%	3.3	68.7%	5.1	63.1%	4.5	73.8%	1.8	74.6%	0.9	73.6%	26.3	78.1%
No	-	-	0.4	10.6%	-	-	1.5	31.3%	3.0	36.9%	1.6	26.2%	0.6	25.4%	0.3	26.4%	7.4	21.9%
Total	1.5	100.0%	3.4	100.0%	6.3	100.0%	4.8	100.0%	8.1	100.0%	6.1	100.0%	2.3	100.0%	1.2	100.0%	33.7	100.0%
Egg yolk																		
Yes	0.4	26.4%	1.3	37.7%	2.1	34.2%	1.6	33.1%	5.4	65.9%	4.6	75.8%	0.7	29.0%	0.7	60.9%	16.8	49.8%
No	1.1	73.6%	2.1	62.3%	4.1	65.8%	3.2	66.9%	2.8	34.1%	1.5	24.2%	1.7	71.0%	0.5	39.1%	16.9	50.2%
Total	1.5	100.0%	3.4	100.0%	6.3	100.0%	4.8	100.0%	8.1	100.0%	6.1	100.0%	2.3	100.0%	1.2	100.0%	33.7	100.0%

Base: Respondents that are vegetarian (N=33 700).
Note: Figures may not add up to the total due to rounding.

4.5 Eating-out Habits

In this survey, respondents were asked about their eating-out habit. "Eating-out" refers to a meal that is not made at home for breakfast, lunch or dinner, and "eating-out for breakfast" excludes the bread that is bought from a bakery. Overall, 80.7% of respondents have eaten out or had meal not prepared at home in the 30 days preceding the survey, with higher proportion in males (84.3%) than female (77.5%) (Table 4.5a). Analysed by age group, the proportion of having meals not prepared at home in the 30 days preceding the survey gradually decreased with age (from 90.8% in person aged 25-34 to 43.8% in person aged 85 or above) (Table 4.5b).

Table 4.5a: Pattern of eating-out in the 30 days preceding the survey by gender

	Female		Male		Total	
	No. of persons ('000)	%	No. of persons ('000)	%	No. of persons ('000)	%
Eating-out or having meal not prepared at home in the 30 days preceding the survey						
Yes	2 518.9	77.5%	2 444.0	84.3%	4 963.0	80.7%
No	732.9	22.5%	455.0	15.7%	1 187.8	19.3%
Total	3 251.8	100.0%	2 899.0	100.0%	6 150.8	100.0%

Base: All respondents (N=6 150 800).
Note: Figures may not add up to the total due to rounding.

Table 4.5b: Pattern of eating-out in the 30 days preceding the survey by age group

	15-24		25-34		35-44		45-54		55-64		65-74		75-84		85 or above		Total	
	No. of persons ('000)	%	No. of persons ('000)	%	No. of persons ('000)	%	No. of persons ('000)	%	No. of persons ('000)	%	No. of persons ('000)	%	No. of persons ('000)	%	No. of persons ('000)	%	No. of persons ('000)	%
Eating-out or having meal not prepared at home in the 30 days preceding the survey																		
Yes	515.0	88.9%	810.7	90.8%	893.5	88.4%	932.9	86.1%	982.0	81.0%	564.4	67.4%	181.0	52.7%	83.6	43.8%	4 963.0	80.7%
No	64.4	11.1%	82.3	9.2%	117.2	11.6%	150.1	13.9%	230.3	19.0%	273.5	32.6%	162.5	47.3%	107.4	56.2%	1 187.8	19.3%
Total	579.4	100.0%	893.0	100.0%	1 010.7	100.0%	1 083.0	100.0%	1 212.3	100.0%	837.9	100.0%	343.5	100.0%	191.0	100.0%	6 150.8	100.0%

Base: All respondents (N=6 150 800).
Note: Figures may not add up to the total due to rounding.

It was estimated that the average number of times of eating-out for breakfast per month was 6.5 for persons aged 15 or above. Analysed by gender, the corresponding number was 5.4 times per month for females and 7.7 times for males. Overall, 18.6% of persons aged 15 or above reported eating-out for breakfast 5 times or more a week during the 30 days preceding the survey, which was more frequent in males (23.8%) than in females (13.9%) (Table 4.5c). Compared with other age groups, a higher proportion of persons aged 25-34 (24.5%) reported that they ate out for breakfast 5 times or more a week (Table 4.5d).

Regarding average number of times of eating-out for lunch per month, it was estimated to be 10.1 for persons aged 15 or above (8.8 times for females and 11.7 times for males). Overall, 36.5% of persons aged 15 or above reported eating-out for lunch 5 times or more a week during the 30 days preceding the survey. The corresponding proportion was much higher in males (44.9%) than in females (29.1%) (Table 4.5c). Analysed by age group, a higher proportion of persons aged 25-34 (55.1%) reported that they ate out for lunch 5 times or more a week (Table 4.5d).

Regarding dinner, the estimated average number of times of eating-out per month was 4.5 for persons aged 15 or above (3.9 times for females and 5.1 times for males). Overall, 5.8% of persons aged 15 or above reported eating-out for dinner 5 times or more a week during the 30 days preceding the survey. Males recorded a higher corresponding proportion (7.7%) than females (4.0%) (Table 4.5c). Among various age groups, a higher proportion of persons aged 25-34 (8.6%) reported that they ate out for dinner 5 times or more a week (Table 4.5d).

Table 4.5c: Frequency of eating-out for breakfast, lunch or dinner in the 30 days preceding the survey by gender

	Female		Male		Total	
	No. of persons ('000)	%	No. of persons ('000)	%	No. of persons ('000)	%
Breakfast						
5 times or more a week	452.1	13.9%	690.4	23.8%	1 142.6	18.6%
2 - 4 times a week	517.7	15.9%	554.3	19.1%	1 071.9	17.4%
Once a week	356.3	11.0%	282.5	9.7%	638.8	10.4%
2 - 3 times per month	347.6	10.7%	279.2	9.6%	626.8	10.2%
Once per month	104.8	3.2%	83.1	2.9%	187.9	3.1%
Did not eat out for breakfast	1 374.6	42.3%	915.0	31.6%	2 289.6	37.2%
Skipped breakfast	98.8	3.0%	94.4	3.3%	193.2	3.1%
Total	3 251.8	100.0%	2 899.0	100.0%	6 150.8	100.0%
Mean (Times per month) *	5.4		7.7		6.5	
Lunch						
5 times or more a week	945.0	29.1%	1 302.1	44.9%	2 247.1	36.5%
2 - 4 times a week	621.5	19.1%	539.1	18.6%	1 160.6	18.9%
Once a week	335.1	10.3%	218.9	7.6%	554.0	9.0%
2 - 3 times per month	283.2	8.7%	179.2	6.2%	462.4	7.5%
Once per month	73.2	2.2%	45.9	1.6%	119.1	1.9%
Did not eat out for lunch	978.4	30.1%	597.8	20.6%	1 576.2	25.6%
Skipped lunch	15.4	0.5%	16.1	0.6%	31.5	0.5%
Total	3 251.8	100.0%	2 899.0	100.0%	6 150.8	100.0%
Mean (Times per month) *	8.8		11.7		10.1	
Dinner						
5 times or more a week	131.3	4.0%	224.5	7.7%	355.8	5.8%
2 - 4 times a week	527.8	16.2%	575.7	19.9%	1 103.5	17.9%
Once a week	570.8	17.6%	507.7	17.5%	1 078.5	17.5%
2 - 3 times per month	563.6	17.3%	461.0	15.9%	1 024.6	16.7%
Once per month	188.1	5.8%	168.6	5.8%	356.8	5.8%
Did not eat out for dinner	1 263.6	38.9%	955.7	33.0%	2 219.3	36.1%
Skipped dinner	6.6	0.2%	5.8	0.2%	12.3	0.2%
Total	3 251.8	100.0%	2 899.0	100.0%	6 150.8	100.0%
Mean (Times per month) *	3.9		5.1		4.5	

Base: All respondents (N=6 150 800).

Notes: * The mean refer to the average number of times of eating-out for breakfast, lunch or dinner in the 30 days preceding the survey.
Figures may not add up to the total due to rounding.

Table 4.5d: Frequency of eating-out for breakfast, lunch or dinner in the 30 days preceding the survey by age group

	15-24		25-34		35-44		45-54		55-64		65-74		75-84		85 or above		Total	
	No. of persons ('000)	%	No. of persons ('000)	%	No. of persons ('000)	%	No. of persons ('000)	%	No. of persons ('000)	%	No. of persons ('000)	%	No. of persons ('000)	%	No. of persons ('000)	%	No. of persons ('000)	%
Breakfast																		
5 times or more a week	85.1	14.7%	218.4	24.5%	228.0	22.6%	233.6	21.6%	221.8	18.3%	103.3	12.3%	36.8	10.7%	15.6	8.2%	1 142.6	18.6%
2 - 4 times a week	108.5	18.7%	173.6	19.4%	199.6	19.7%	191.4	17.7%	208.8	17.2%	138.2	16.5%	38.6	11.2%	13.2	6.9%	1 071.9	17.4%
Once a week	60.2	10.4%	84.6	9.5%	122.8	12.2%	127.9	11.8%	126.0	10.4%	83.6	10.0%	22.7	6.6%	10.9	5.7%	638.8	10.4%
2 - 3 times per month	55.4	9.6%	101.2	11.3%	108.1	10.7%	113.0	10.4%	128.8	10.6%	80.8	9.6%	25.2	7.3%	14.4	7.5%	626.8	10.2%
Once per month	14.4	2.5%	27.8	3.1%	27.5	2.7%	33.9	3.1%	40.5	3.3%	27.7	3.3%	9.7	2.8%	6.3	3.3%	187.9	3.1%
Did not eat out for breakfast	209.1	36.1%	240.9	27.0%	287.1	28.4%	355.8	32.8%	462.6	38.2%	396.5	47.3%	207.7	60.5%	129.9	68.0%	2 289.6	37.2%
Skipped breakfast	46.7	8.1%	46.6	5.2%	37.6	3.7%	27.3	2.5%	23.7	2.0%	7.7	0.9%	2.8	0.8%	0.8	0.4%	193.2	3.1%
Total	579.4	100.0%	893.0	100.0%	1 010.7	100.0%	1 083.0	100.0%	1 212.3	100.0%	837.9	100.0%	343.5	100.0%	191.0	100.0%	6 150.8	100.0%
Mean (Times per month) *	5.9		7.9		7.7		7.2		6.4		5.1		4.0		2.9		6.5	
Lunch																		
5 times or more a week	233.4	40.3%	492.2	55.1%	490.9	48.6%	497.2	45.9%	396.9	32.7%	103.2	12.3%	26.3	7.7%	7.1	3.7%	2 247.1	36.5%
2 - 4 times a week	172.1	29.7%	157.9	17.7%	179.7	17.8%	204.1	18.8%	242.3	20.0%	153.0	18.3%	36.0	10.5%	15.4	8.1%	1 160.6	18.9%
Once a week	45.2	7.8%	65.3	7.3%	93.2	9.2%	82.1	7.6%	119.0	9.8%	103.8	12.4%	30.7	8.9%	14.7	7.7%	554.0	9.0%
2 - 3 times per month	36.5	6.3%	54.9	6.1%	62.3	6.2%	70.8	6.5%	96.4	7.9%	87.3	10.4%	36.5	10.6%	17.8	9.3%	462.4	7.5%
Once per month	4.3	0.7%	8.6	1.0%	15.4	1.5%	15.5	1.4%	29.1	2.4%	29.3	3.5%	10.2	3.0%	6.6	3.5%	119.1	1.9%
Did not eat out for lunch	87.9	15.2%	113.3	12.7%	165.6	16.4%	209.2	19.3%	318.4	26.3%	352.0	42.0%	201.9	58.8%	127.8	66.9%	1 576.2	25.6%
Skipped lunch	-	-	0.9	0.1%	3.5	0.4%	4.1	0.4%	10.1	0.8%	9.4	1.1%	1.9	0.5%	1.6	0.8%	31.5	0.5%
Total	579.4	100.0%	893.0	100.0%	1 010.7	100.0%	1 083.0	100.0%	1 212.3	100.0%	837.9	100.0%	343.5	100.0%	191.0	100.0%	6 150.8	100.0%
Mean (Times per month) *	12.1		13.6		12.4		11.9		9.6		5.4		3.4		2.3		10.1	
Dinner																		
5 times or more a week	44.4	7.7%	76.5	8.6%	61.9	6.1%	68.9	6.4%	69.0	5.7%	25.3	3.0%	8.0	2.3%	1.7	0.9%	355.8	5.8%
2 - 4 times a week	132.0	22.8%	262.6	29.4%	236.7	23.4%	203.5	18.8%	172.8	14.3%	73.9	8.8%	15.9	4.6%	6.2	3.3%	1 103.5	17.9%
Once a week	113.9	19.7%	188.6	21.1%	214.2	21.2%	211.2	19.5%	208.0	17.2%	103.9	12.4%	25.6	7.4%	13.1	6.8%	1 078.5	17.5%
2 - 3 times per month	103.7	17.9%	148.0	16.6%	185.8	18.4%	181.1	16.7%	209.1	17.2%	128.2	15.3%	47.3	13.8%	21.5	11.2%	1 024.6	16.7%
Once per month	34.6	6.0%	40.5	4.5%	59.5	5.9%	68.6	6.3%	76.7	6.3%	51.5	6.1%	18.5	5.4%	6.8	3.6%	356.8	5.8%
Did not eat out for dinner	150.1	25.9%	176.1	19.7%	251.1	24.8%	347.2	32.1%	473.4	39.1%	454.0	54.2%	226.2	65.8%	141.3	74.0%	2 219.3	36.1%
Skipped dinner	0.7	0.1%	0.9	0.1%	1.6	0.2%	2.5	0.2%	3.3	0.3%	1.0	0.1%	2.0	0.6%	0.4	0.2%	12.3	0.2%
Total	579.4	100.0%	893.0	100.0%	1 010.7	100.0%	1 083.0	100.0%	1 212.3	100.0%	837.9	100.0%	343.5	100.0%	191.0	100.0%	6 150.8	100.0%
Mean (Times per month) *	5.6		6.5		5.4		4.8		4.0		2.6		1.7		1.2		4.5	

Base: All respondents (N=6 150 800).

Notes: * The mean refer to the average number of times of eating-out for breakfast, lunch or dinner in the 30 days preceding the survey.
Figures may not add up to the total due to rounding.

Overall, 77.2% of persons aged 15 or above reported eating-out (including breakfast, lunch and dinner as a whole) at least once a week during the 30 days preceding the survey. A higher proportion was recorded among males (82.0%) than females (73.0%) (Table 4.5e). Analysed by age group, persons aged 25-34 recorded the highest proportion of 89.8%, followed by persons aged 15-24 (86.4%) and persons aged 85 or above recorded the lowest proportion of 37.1% of eating-out at least once a week (Table 4.5f).

Table 4.5e: Prevalence of eating-out for breakfast, lunch or dinner at least once a week by gender

	Female	Male	Total
Proportion of population eating-out for breakfast, lunch or dinner at least once a week	73.0%	82.0%	77.2%

Base: All respondents (N=6 150 800).

Table 4.5f: Prevalence of eating-out for breakfast, lunch or dinner at least once a week by age group

	15-24	25-34	35-44	45-54	55-64	65-74	75-84	85 or above	Total
Proportion of population eating-out for breakfast, lunch or dinner at least once a week	86.4%	89.8%	86.3%	83.8%	76.7%	61.1%	45.7%	37.1%	77.2%

Base: All respondents (N=6 150 800).

4.6 Use of Medication or Supplements

People may take medications for various reasons. This survey collected respondent's self-reported usage of medications, including nutritional supplements, birth control pills, hormones and slimming pills in the month preceding the survey.

Overall, 19.7% of persons aged 15 or above took nutritional supplements such as vitamin and mineral supplements in the month preceding the survey. The corresponding proportion was higher among females (23.9%) than males (15.0%) (Table 4.6a). Analysed by age group, a higher proportion of persons aged 45-54 (22.9%) reported taking nutritional supplements in the month preceding the survey and it was followed by persons aged 55-64 (21.8%) (Table 4.6b).

Overall, 0.6% of persons aged 15 or above took slimming pills in the month preceding the survey. The usage was more common in females (0.8%) than males (0.4%) (Table 4.6a). Compared with other age groups, a higher proportion of persons aged 35-44 (1.0%) reported taking slimming pills in the month preceding the survey (Table 4.6b).

Table 4.6a: Proportion of persons aged 15 or above who had taken nutritional supplements or slimming pills in the month preceding the survey by gender

	Female		Male		Total	
	No. of persons ('000)	%	No. of persons ('000)	%	No. of persons ('000)	%
Nutritional supplement such as vitamin and mineral supplement						
Yes	777.4	23.9%	435.8	15.0%	1 213.1	19.7%
No	2 442.6	75.1%	2 438.7	84.1%	4 881.3	79.4%
Don't know	31.8	1.0%	24.5	0.8%	56.3	0.9%
Total	3 251.8	100.0%	2 899.0	100.0%	6 150.8	100.0%
Slimming pills						
Yes	25.9	0.8%	11.8	0.4%	37.8	0.6%
No	3 195.8	98.3%	2 861.8	98.7%	6 057.7	98.5%
Don't know	30.1	0.9%	25.3	0.9%	55.4	0.9%
Total	3 251.8	100.0%	2 899.0	100.0%	6 150.8	100.0%

Base: All respondents (N=6 150 800).
Note: Figures may not add up to the total due to rounding.

Table 4.6b: Proportion of persons aged 15 or above who had taken nutritional supplements or slimming pills in the month preceding the survey by age group

	15-24		25-34		35-44		45-54		55-64		65-74		75-84		85 or above		Total	
	No. of persons ('000)	%	No. of persons ('000)	%	No. of persons ('000)	%	No. of persons ('000)	%	No. of persons ('000)	%	No. of persons ('000)	%	No. of persons ('000)	%	No. of persons ('000)	%	No. of persons ('000)	%
Nutritional supplement such as vitamin and mineral supplement																		
Yes	66.7	11.5%	167.6	18.8%	213.6	21.1%	248.4	22.9%	264.6	21.8%	152.6	18.2%	66.5	19.4%	33.0	17.3%	1 213.1	19.7%
No	503.7	86.9%	720.0	80.6%	790.5	78.2%	824.5	76.1%	939.8	77.5%	677.6	80.9%	273.1	79.5%	152.1	79.6%	4 881.3	79.4%
Don't know	8.9	1.5%	5.4	0.6%	6.6	0.7%	10.1	0.9%	7.9	0.6%	7.7	0.9%	3.9	1.1%	5.9	3.1%	56.3	0.9%
Total	579.4	100.0%	893.0	100.0%	1 010.7	100.0%	1 083.0	100.0%	1 212.3	100.0%	837.9	100.0%	343.5	100.0%	191.0	100.0%	6 150.8	100.0%
Slimming pills																		
Yes	3.3	0.6%	5.1	0.6%	9.8	1.0%	9.5	0.9%	6.2	0.5%	2.9	0.3%	0.6	0.2%	0.4	0.2%	37.8	0.6%
No	568.9	98.2%	881.2	98.7%	988.8	97.8%	1 063.0	98.2%	1 196.4	98.7%	829.9	99.0%	340.4	99.1%	189.1	99.0%	6 057.7	98.5%
Don't know	7.2	1.3%	6.7	0.8%	12.1	1.2%	10.5	1.0%	9.7	0.8%	5.2	0.6%	2.5	0.7%	1.5	0.8%	55.4	0.9%
Total	579.4	100.0%	893.0	100.0%	1 010.7	100.0%	1 083.0	100.0%	1 212.3	100.0%	837.9	100.0%	343.5	100.0%	191.0	100.0%	6 150.8	100.0%

Base: All respondents (N=6 150 800).
Note: Figures may not add up to the total due to rounding.

A total of 1.1% of females aged 15 to 49 reported that they had taken birth control pills in the month preceding the survey. Analysed by age group, females aged 25-34 recorded the highest proportion (1.5%) of using birth control pills in this period (Table 4.6c).

The survey asked females aged 30 or above whether they took hormones for menopause or aging symptoms in the month preceding the survey. Overall, 0.4% of females aged 30 or above reported that they had taken hormones for these purposes. Compared with other age groups, a higher proportion of females aged 55-64 (0.6%) reported having used hormones in the month preceding the survey. The mean starting age of taking hormones among females aged 30 or above was estimated to be 37.7 years old (Table 4.6d).

Table 4.6c: Proportion of females aged 15 to 49 who had taken birth control pills in the month preceding the survey by age group

	15-24		25-34		35-44		45-49		Total	
	No. of persons ('000)	%	No. of persons ('000)	%	No. of persons ('000)	%	No. of persons ('000)	%	No. of persons ('000)	%
Yes	1.7	0.6%	6.7	1.5%	6.2	1.1%	3.3	1.1%	18.0	1.1%
No	281.3	99.4%	449.5	98.5%	541.9	98.9%	295.3	98.9%	1 567.9	98.9%
Total	283.0	100.0%	456.2	100.0%	548.1	100.0%	298.6	100.0%	1 585.9	100.0%

Base: Female respondents aged 15-49 (N=1 585 900).
Note: Figures may not add up to the total due to rounding.

Table 4.6d: Proportion of females aged 30 or above who had taken hormones for menopause or aging symptoms in the month preceding the survey by age group

	30-34		35-44		45-54		55-64		65-74		75-84		85 or above		Total	
	No. of persons ('000)	%	No. of persons ('000)	%	No. of persons ('000)	%	No. of persons ('000)	%	No. of persons ('000)	%	No. of persons ('000)	%	No. of persons ('000)	%	No. of persons ('000)	%
Yes	0.8	0.3%	2.6	0.5%	3.0	0.5%	3.8	0.6%	1.0	0.2%	0.6	0.3%	0.5	0.4%	12.3	0.4%
No	241.0	99.7%	545.5	99.5%	601.5	99.5%	633.0	99.4%	428.8	99.8%	176.0	99.7%	116.3	99.6%	2 742.1	99.6%
Total	241.8	100.0%	548.1	100.0%	604.5	100.0%	636.8	100.0%	429.8	100.0%	176.6	100.0%	116.8	100.0%	2 754.4	100.0%
Mean age (in years) when started taking hormones †	27.8		33.1		37.8		37.4		44.6		51.8		50.0		37.7	

Bases: Female respondents aged 30 or above (N=2 754 400).
† Female respondents aged 30 or above who had taken hormones before (N=12 300).
Note: Figures may not add up to the total due to rounding.

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Chapter 5
Preventive Health Practices

Preventive health practices play an essential role for diseases prevention and early identification for treatment to reduce morbidity and premature mortality. This chapter reports screening practices for specific cancers among the high-risk age groups and screening for cardiovascular risk factors such as blood pressure, blood sugar and blood cholesterol levels with reference to the recommendations made by Cancer Expert Working Group on Cancer Prevention and Screening (CEWG) under the Cancer Coordinating Committee and the Hong Kong Reference Frameworks (HKRF) of the Working Group on Primary Care.

Snapshot of Preventive Practices of the Population

Indicator	Female	Male	Overall
Proportion of population aged 50-75 who ever had faecal occult blood test (Proportion of who had faecal occult blood test in the 2 years preceding the survey among population aged 50-75)	28.3% (15.1%)	28.8% (15.4%)	28.5% (15.3%)
Proportion of population aged 50-75 who ever had colonoscopy (Proportion of who had colonoscopy in the 10 years preceding the survey among population aged 50-75)	29.5% (23.8%)	30.4% (24.5%)	30.0% (24.1%)
Proportion of population aged 50-75 who ever had faecal occult blood test or colonoscopy (Proportion of who had faecal occult blood test in the 2 years or colonoscopy in the 10 years preceding the survey among population aged 50-75)	42.5% (32.2%)	42.7% (32.4%)	42.6% (32.3%)

Indicator	Female	Male	Overall
Proportion of females aged 25-64 who ever had cervical screening	52.1%	N.A.	N.A.
(Proportion of who had cervical screening within 3 years among female population aged 25-64)	(33.7%)	N.A.	N.A.
(Proportion of who had cervical screening within 5 years among female population aged 25-64)	(38.4%)	N.A.	N.A.
Proportion of females aged 44-69 who ever had mammogram (Proportion of who had mammogram within 2 years among female population aged 44-69)	41.6% (18.0%)	N.A.	N.A.
Proportion of population who had screening for cardiovascular risk factors:			
• Aged 18 or above and had blood pressure checked in the 2 years preceding the survey	54.3%	50.0%	52.3%
• Aged 45 or above and had blood sugar checked in the 3 years preceding the survey	59.5%	58.5%	59.1%
• Aged 50-75 ever had blood cholesterol checked in the 3 years preceding the survey	61.4%	58.7%	60.1%

Note: 'N.A.' denotes 'Not applicable'.

5.1 Regular Health Assessment

Health assessment helps detect some health conditions before symptoms occur and allows early medical interventions or treatments to prevent the diseases from deteriorating. In the survey, the respondents were asked whether they had regular health assessments and if they answered yes, the frequency of the health assessments.

As a whole, 30.0% of persons aged 15 or above reported that they had regular health assessments. More females (31.1%) than males (28.8%) reported having done so (Table 5.1a). The proportion of the population having regular health assessments was the highest among those aged 85 or above (44.4%) and the lowest in those aged 15-24 (6.7%) (Table 5.1b).

Table 5.1a: Proportion of population aged 15 or above who had regular health assessment by gender

	Female		**Male**		**Total**	
	No. of persons ('000)	**%**	**No. of persons ('000)**	**%**	**No. of persons ('000)**	**%**
Yes	1 009.9	31.1%	835.4	28.8%	1 845.3	30.0%
No	2 241.9	68.9%	2 063.6	71.2%	4 305.5	70.0%
Total	3 251.8	100.0%	2 899.0	100.0%	6 150.8	100.0%

Base: All respondents (N=6 150 800).
Note: Figures may not add up to the total due to rounding.

Table 5.1b: Proportion of population aged 15 or above who had regular health assessment by age group

	15-24		**25-34**		**35-44**		**45-54**		**55-64**		**65-74**		**75-84**		**85 or above**		**Total**	
	No. of persons ('000)	**%**	**No. of persons ('000)**	**%**	**No. of persons ('000)**	**%**	**No. of persons ('000)**	**%**	**No. of persons ('000)**	**%**	**No. of persons ('000)**	**%**	**No. of persons ('000)**	**%**	**No. of persons ('000)**	**%**	**No. of persons ('000)**	**%**
Yes	38.5	6.7%	161.3	18.1%	293.1	29.0%	336.4	31.1%	437.4	36.1%	348.5	41.6%	145.3	42.3%	84.8	44.4%	1 845.3	30.0%
No	540.9	93.3%	731.7	81.9%	717.6	71.0%	746.6	68.9%	774.9	63.9%	489.4	58.4%	198.2	57.7%	106.2	55.6%	4 305.5	70.0%
Total	579.4	100.0%	893.0	100.0%	1 010.7	100.0%	1 083.0	100.0%	1 212.3	100.0%	837.9	100.0%	343.5	100.0%	191.0	100.0%	6 150.8	100.0%

Base: All respondents (N=6 150 800).
Note: Figures may not add up to the total due to rounding.

Among persons aged 15 or above who had reported that they had regular health assessment, 94.5% had their health assessment at least once every 24 months (94.8% for females and 94.0% for males), with an overall mean duration of 14.4 months between each regular health assessment. The average duration in terms of number of months between each regular health assessment was longer in females (14.7 months) than in males (14.1 months) (Table 5.1c). Across all age groups, persons aged 85 or above had the most frequent regular health assessment with an average duration of once every 9.7 months and those aged 35-44 had the least frequent regular health assessment with an average duration of once every 17.0 months (Table 5.1d).

Table 5.1c: Duration (in number of months) between regular health assessment by gender

Duration (months)	Female		Male		Total	
	No. of persons ('000)	%	No. of persons ('000)	%	No. of persons ('000)	%
Less than 13	739.6	73.2%	637.7	76.3%	1 377.2	74.6%
13 - 24	218.1	21.6%	147.8	17.7%	365.9	19.8%
More than 24	52.2	5.2%	50.0	6.0%	102.2	5.5%
Total	1 009.9	100.0%	835.4	100.0%	1 845.3	100.0%
Mean	14.7		14.1		14.4	

Base: Respondents who had regular health assessment (N=1 845 300).
Note: Figures may not add up to the total due to rounding.

Table 5.1d: Duration (in number of months) between regular health assessment by age group

	15-24		25-34		35-44		45-54		55-64		65-74		75-84		85 or above		Total	
Duration (months)	No. of persons ('000)	%	No. of persons ('000)	%	No. of persons ('000)	%	No. of persons ('000)	%	No. of persons ('000)	%	No. of persons ('000)	%	No. of persons ('000)	%	No. of persons ('000)	%	No. of persons ('000)	%
Less than 13	31.8	82.5%	109.6	67.9%	181.1	61.8%	234.3	69.7%	327.0	74.8%	286.3	82.2%	129.8	89.3%	77.4	91.2%	1 377.2	74.6%
13 - 24	6.0	15.5%	39.3	24.4%	92.8	31.7%	79.4	23.6%	83.9	19.2%	47.0	13.5%	11.3	7.8%	6.3	7.5%	365.9	19.8%
More than 24	0.8	2.0%	12.4	7.7%	19.3	6.6%	22.6	6.7%	26.5	6.1%	15.2	4.4%	4.2	2.9%	1.1	1.3%	102.2	5.5%
Total	38.5	100.0%	161.3	100.0%	293.1	100.0%	336.4	100.0%	437.4	100.0%	348.5	100.0%	145.3	100.0%	84.8	100.0%	1 845.3	100.0%
Mean	13.9		16.9		17.0		15.9		14.5		12.5		10.7		9.7		14.4	

Base: Respondents who had regular health assessment (N=1 845 300).
Note: Figures may not add up to the total due to rounding.

5.2 Faecal Occult Blood Test (for aged 50-75)

According to the revised CEWG recommendations on colorectal cancer (CRC) screening (June 2022), individuals aged 50 to 75 years should consider screening by one of the screening methods including: annual or biennial faecal occult blood test (FOBT); or sigmoidoscopy every 5 years; or colonoscopy every 10 years[1].

An FOBT is a test to check whether the stool contains blood invisible to the naked eye which may be an early sign of CRC. Common FOBT includes guaiac-based faecal occult blood test (gFOBT) and faecal immunochemical test (FIT). In the survey, respondents were asked whether they ever had a FOBT, and if their answer was yes, further information were collected including whether they had any suspected symptoms prior to the test, type of organisations / doctors from whom they consulted for the test, number of months from the last test, how often they had the test, reasons for having FOBT, and the proportion of joining CRC Screening Programme.

Among respondents aged 50-75, 28.5% (28.3% for females and 28.8% for males) reported they had ever screened by FOBT, including 27.2% had a FOBT with no suspected symptoms and 1.4% had suspected symptoms prior to the test, with similar proportions in both females (27.1% and 1.2% respectively) and males (27.2% and 1.5% respectively) (Table 5.2a). Analysed by age group, the proportions of persons ever had a FOBT with no suspected symptoms prior to the test increased with age, from 23.1% for persons aged 50-54 to 32.7% for persons aged 70-75 (Table 5.2b).

Table 5.2a: Proportion of population aged 50-75 who ever had a FOBT by gender

	Female		Male		Total	
	No. of persons ('000)	%	No. of persons ('000)	%	No. of persons ('000)	%
Yes	396.6	28.3%	360.2	28.8%	756.9	28.5%
With no suspected symptoms prior to test	*379.5*	*27.1%*	*340.9*	*27.2%*	*720.4*	*27.2%*
Had test because of suspected symptoms	*17.1*	*1.2%*	*19.4*	*1.5%*	*36.5*	*1.4%*
No	1 004.5	71.7%	891.6	71.2%	1 896.1	71.5%
Total	1 401.1	100.0%	1 251.8	100.0%	2 652.9	100.0%

Base: Respondents aged 50-75 (N=2 652 900).
Note: Figures may not add up to the total due to rounding.

Table 5.2b: Proportion of population aged 50-75 who ever had a FOBT by age group

	50-54		55-59		60-64		65-69		70-75		Total	
	No. of persons ('000)	**%**	**No. of persons ('000)**	**%**	**No. of persons ('000)**	**%**	**No. of persons ('000)**	**%**	**No. of persons ('000)**	**%**	**No. of persons ('000)**	**%**
Yes	132.8	24.3%	156.4	25.5%	169.6	28.3%	153.3	32.0%	144.8	34.8%	756.9	28.5%
With no suspected symptoms prior to test	*126.1*	*23.1%*	*150.8*	*24.6%*	*162.0*	*27.0%*	145.2	30.3%	136.3	32.7%	*720.4*	*27.2%*
Had test because of suspected symptoms	*6.7*	*1.2%*	*5.6*	*0.9%*	*7.6*	*1.3%*	8.1	1.7%	8.5	2.0%	*36.5*	*1.4%*
No	412.9	75.7%	456.2	74.5%	430.1	71.7%	325.2	68.0%	271.6	65.2%	1 896.1	71.5%
Total	545.7	100.0%	612.6	100.0%	599.7	100.0%	478.5	100.0%	416.4	100.0%	2 652.9	100.0%

Base: Respondents aged 50-75 (N=2 652 900).
Note: Figures may not add up to the total due to rounding.

Regarding the type of organisations / doctors consulted for FOBT, among those aged 50-75 who had received the test when there were no suspected symptoms prior to test, more persons consulted private clinics or hospitals (52.4%) than public clinics or hospitals of the Hospital Authority (36.3%). On the contrary, among those aged 50-75 who had received the test because of suspected symptoms, more persons consulted doctors in public clinics or hospitals of the Hospital Authority (50.9%) than private clinics or hospitals (40.3%) (Table 5.2c).

Table 5.2c: Type of organisations consulted for FOBT among those aged 50-75 by gender

	Female		Male		Total	
	No. of persons ('000)	%	No. of persons ('000)	%	No. of persons ('000)	%
With no suspected symptoms prior to test *						
Private clinics or hospitals	198.1	52.2%	179.1	52.6%	377.2	52.4%
Public clinics and / or hospitals of the Hospital Authority (e.g. General Out-patient Clinics, Specialist Out-patient Clinics)	136.2	35.9%	125.1	36.7%	261.3	36.3%
Health centres or clinics of the Department of Health (e.g. Elderly Health Centres, Woman Health Centres, Social Hygiene Clinics)	35.4	9.3%	25.9	7.6%	61.3	8.5%
Non-governmental organisations, including clinics in universities	5.2	1.4%	6.3	1.8%	11.5	1.6%
Hospitals or clinics in Mainland China	2.4	0.6%	2.4	0.7%	4.8	0.7%
Hospitals or clinics in other countries	2.3	0.6%	1.6	0.5%	3.8	0.5%
Others	-	-	0.4	0.1%	0.4	0.1%
Total	379.5	100.0%	340.9	100.0%	720.4	100.0%
Because of suspected symptoms ^						
Private clinics or hospitals	6.1	35.4%	8.7	44.7%	14.7	40.3%
Public clinics and / or hospitals of the Hospital Authority (e.g. General Out-patient Clinics, Specialist Out-patient Clinics)	9.5	55.7%	9.0	46.5%	18.6	50.9%
Health centres or clinics of the Department of Health (e.g. Elderly Health Centres, Woman Health Centres, Social Hygiene Clinics)	1.5	8.9%	1.7	8.7%	3.2	8.8%
Non-governmental organisations, including clinics in universities	-	-	-	-	-	-
Hospitals or clinics in Mainland China	-	-	-	-	-	-
Hospitals or clinics in other countries	-	-	-	-	-	-
Others	-	-	-	-	-	-
Total	17.1	100.0%	19.4	100.0%	36.5	100.0%

Bases: * Respondents aged 50-75 who had received FOBT and with no suspected symptoms prior to the test (N=720 400).
^ Respondents aged 50-75 who had received FOBT because of suspected symptoms (N=36 500).
Note: Figures may not add up to the total due to rounding.

Among those aged 50-75, 15.3% (15.1% for females and 15.4% for males) had the last FOBT within 24 months preceding the survey. The mean duration since their last FOBT was 34.1 months (33.2 months for females and 35.2 months for males) among those with no suspected symptoms prior to the test (Table 5.2d).

Table 5.2d - Number of months since last FOBT for population aged 50-75 by gender

	Female		Male		Total	
Duration (months)	**No. of persons ('000)**	**%**	**No. of persons ('000)**	**%**	**No. of persons ('000)**	**%**
Among population aged 50-75						
Proportion of who had the last FOBT within 24 months (including those with no suspected symptoms prior to test and because of suspected symptoms) *	211.9	15.1%	192.9	15.4%	404.8	15.3%
With no suspected symptoms prior to test [1]						
Within 24 months	203.2	53.6%	184.9	54.2%	388.1	53.9%
Less than 13	*123.0*	*32.4%*	*121.1*	*35.5%*	*244.1*	*33.9%*
13 – 24	*80.3*	*21.1%*	*63.8*	*18.7%*	*144.1*	*20.0%*
More than 24 months	112.5	29.6%	101.4	29.8%	213.9	29.7%
Unknown / missing	63.8	16.8%	54.5	16.0%	118.3	16.4%
Total	379.5	100.0%	340.9	100.0%	720.4	100.0%
Mean [2]	33.2		35.2		34.1	
Because of suspected symptoms [3]						
Within 24 months	8.6	50.5%	8.0	41.3%	16.6	45.6%
Less than 13	*4.0*	*23.2%*	*4.7*	*24.5%*	*8.7*	*23.9%*
13 – 24	*4.7*	*27.2%*	*3.3*	*16.8%*	*7.9*	*21.7%*
More than 24 months	6.5	37.8%	7.7	39.9%	14.2	38.9%
Unknown / missing	2.0	11.8%	3.7	18.9%	5.7	15.5%
Total	17.1	100.0%	19.4	100.0%	36.5	100.0%
Mean [4]	40.9		40.0		40.5	

Bases: * Respondents aged 50-75 (N=2 652 900).
1. Respondents aged 50-75 who had received FOBT and with no suspected symptoms prior to the test (N=720 400).
2. Respondents aged 50-75 who had received FOBT and with no suspected symptoms prior to the test and had valid answer on how long ago since the last test (N=602 000).
3. Respondents aged 50-75 who had received FOBT because of suspected symptoms (N=36 500).
4. Respondents aged 50-75 who had received FOBT because of suspected symptoms and had valid answer on how long ago since the last test (N=30 800).

Note: Figures may not add up to the total due to rounding.

Among persons aged 50-75 who received FOBT and with no suspected symptoms prior to the test, 64.6% had no regular schedule of FOBT tests and 19.2% reported that the most recent test taken was their first FOBT. 7.0% received the test once a year generally, 5.2% had the test once every two years generally and 2.8% took the test once every 3 or more years. Among those who had FOBT because of suspected symptoms, 54.0% of them had no regular schedule of FOBT tests and 32.3% reported that the most recent test taken was their first FOBT. 0.9% received the test once a year generally, 3.7% had the test once every two years generally and 7.6% took the test once every 3 or more years (Table 5.2e).

Table 5.2e: Frequency of regular FOBT among population aged 50-75 by gender

	Female		Male		Total	
	No. of persons ('000)	%	No. of persons ('000)	%	No. of persons ('000)	%
With no suspected symptoms prior to test *						
More than once per year generally	4.4	1.1%	3.9	1.1%	8.3	1.1%
Once a year generally	23.4	6.2%	27.1	7.9%	50.5	7.0%
Once every 2 years generally	20.3	5.4%	17.1	5.0%	37.4	5.2%
Once every 3 years generally	8.5	2.2%	8.4	2.5%	16.9	2.3%
Once every 4 years or more generally	1.7	0.4%	1.8	0.5%	3.4	0.5%
The most recent one was the first FOBT	67.5	17.8%	70.9	20.8%	138.4	19.2%
No fixed schedule for taking FOBT	253.8	66.9%	211.7	62.1%	465.5	64.6%
Total	379.5	100.0%	340.9	100.0%	720.4	100.0%
Because of suspected symptoms ^						
More than once per year generally	0.3	1.7%	0.3	1.6%	0.6	1.6%
Once a year generally	-	-	0.3	1.7%	0.3	0.9%
Once every 2 years generally	0.7	4.2%	0.6	3.3%	1.3	3.7%
Once every 3 years generally	1.2	7.0%	0.4	2.0%	1.6	4.4%
Once every 4 years or more generally	0.7	4.2%	0.4	2.3%	1.2	3.2%
The most recent one was the first FOBT	5.9	34.5%	5.9	30.3%	11.8	32.3%
No fixed schedule for taking FOBT	8.3	48.4%	11.4	58.8%	19.7	54.0%
Total	17.1	100.0%	19.4	100.0%	36.5	100.0%

Bases: * Respondents aged 50-75 who had received FOBT and with no suspected symptoms prior to the test (N=720 400).
^ Respondents aged 50-75 who had received FOBT because of suspected symptoms (N=36 500).
Note: Figures may not add up to the total due to rounding.

Among respondents aged 50-75 who had received FOBT, 35.3% of them had it because they thought that they needed to take the test, with equal proportion between females and males. 27.4% had the test because of recommendations from healthcare professionals, with equal proportion between females and males. 25.1% (25.2% in females and 25.0% in males) had the test because it was included in a body check-up package. 13.0% (14.9% in females and 10.9% in males) had the test because they had joined the CRC Screening Programme. 8.1% (7.6% in females and 8.6% in males) had the test performed during routine medical visit. 3.1% (2.4% in females and 3.8% in males) had FOBT because they were aware that they were at older age. 2.3% (2.0% in females and 2.5% in males) were requested by insurance companies to have the test. Lastly, 0.8% (1.0% in females and 0.5% in males) had the test because of family history of CRC (Table 5.2f).

Table 5.2f: Among those aged 50-75 ever had FOBT, reasons for having FOBT by gender

	Female		Male		Total	
	No. of persons ('000)	%	No. of persons ('000)	%	No. of persons ('000)	%
I thought I need to take the test	140.2	35.3%	127.0	35.3%	267.2	35.3%
Recommended by healthcare professionals	108.7	27.4%	98.8	27.4%	207.5	27.4%
Included in a body check-up package	99.9	25.2%	90.0	25.0%	189.8	25.1%
Joined the Colorectal Cancer (CRC) Screening Programme	59.1	14.9%	39.2	10.9%	98.4	13.0%
Performed during a routine medical visit (e.g. medical follow up of chronic diseases)	30.2	7.6%	31.0	8.6%	61.2	8.1%
Old age	9.4	2.4%	13.7	3.8%	23.1	3.1%
Requested by insurance companies	8.1	2.0%	9.1	2.5%	17.2	2.3%
Family history of colorectal cancer	3.9	1.0%	2.0	0.5%	5.9	0.8%
Others	1.1	0.3%	1.5	0.4%	2.6	0.3%

Base: Respondents aged 50-75 who ever had FOBT (N=756 900).
Notes: Ranked in descending order of percentages of reasons.
Multiple answers were allowed.
Figures may not add up to the total due to rounding.

The overall proportion of persons aged 50-75, who reported to have FOBT under the CRC Screening Programme, was 26.1%. In terms of gender, similar proportions of females (26.6%) and males (25.6%) had joined the programme (Table 5.2g).

Table 5.2g: Among those aged 50-75 and had FOBT, proportions of having joined the CRC Screening Programme by gender

	Female		Male		Total	
	No. of persons ('000)	%	No. of persons ('000)	%	No. of persons ('000)	%
Joined CRC Screening Programme	105.5	26.6%	92.2	25.6%	197.7	26.1%
Didn't join CRC Screening Programme	291.1	73.4%	268.1	74.4%	559.2	73.9%
Total	396.6	100.0%	360.2	100.0%	756.9	100.0%

Base: Respondents aged 50-75 who had received FOBT (N=756 900).
Note: Figures may not add up to the total due to rounding.

For persons aged 50-75 who did not have a FOBT before, both females and males had the same top 4 reasons for not having a FOBT. 43.7% (43.1% in females and 44.4% in males) claimed that they were never recommended by a doctor or health professional to have these tests. 28.5% (28.6% in females and 28.4% in males) thought that they were healthy and asymptomatic so they did not take the test. 13.4% (13.5% in females and 13.4% in males) thought that they did not have the need to take the test, and 7.4% (7.2% in females and 7.6% in males) thought that they were too old and did not want to take the test (Table 5.2h).

Table 5.2h: Among those aged 50-75 who did not have FOBT, reasons for not having FOBT by gender

	Female		Male		Total	
	No. of persons ('000)	%	No. of persons ('000)	%	No. of persons ('000)	%
Never recommended by a doctor or health professional to have these tests	432.5	43.1%	395.9	44.4%	828.3	43.7%
I am healthy and have no symptom of colorectal cancer	287.8	28.6%	253.2	28.4%	541.0	28.5%
No need to take the test	135.2	13.5%	119.4	13.4%	254.6	13.4%
Too old, did not want to take the test	72.4	7.2%	67.6	7.6%	140.0	7.4%
Not reaching the age/ too young to have the test	39.7	3.9%	36.9	4.1%	76.6	4.0%
Don't know what these tests are about	30.1	3.0%	29.8	3.3%	59.9	3.2%
Had colonoscopy done in the past 10 years	32.7	3.3%	27.1	3.0%	59.8	3.2%
Don't know where I can take the test	26.7	2.7%	21.3	2.4%	48.0	2.5%
No time to take the test	18.5	1.8%	25.5	2.9%	44.0	2.3%
Too expensive	14.3	1.4%	11.8	1.3%	26.1	1.4%
I am too lazy and delayed having the test	9.1	0.9%	8.1	0.9%	17.2	0.9%
Fear of pain or discomfort	8.5	0.8%	1.4	0.2%	9.9	0.5%
No medical insurance coverage	5.4	0.5%	3.0	0.3%	8.4	0.4%
Long waiting time to arrange the test	2.2	0.2%	3.5	0.4%	5.7	0.3%
Don’t want to know the test result or diagnosis	2.7	0.3%	1.5	0.2%	4.1	0.2%
Never heard of the CRC Screening Programme organised by the government	1.8	0.2%	1.8	0.2%	3.5	0.2%
Too embarrassed	3.1	0.3%	0.4	<0.05%	3.5	0.2%
Others	2.7	0.3%	2.8	0.3%	5.5	0.3%

Base: Respondents aged 50-75 who did not have FOBT (N=1 896 100).
Notes: Ranked in descending order of percentages of reasons.
Multiple answers were allowed.
Figures may not add up to the total due to rounding.

In summary, 28.5% of persons aged 50 to 75 had received FOBT (28.3% for females and 28.8% for males), including 27.2% with no suspected symptoms prior to the test and 1.4% because of suspected symptoms (Table 5.2a). According to the revised CEWG's recommendations, individuals aged 50 to 75 years should consider screening for CRC by annual or biennial FOBT as one of the three screening methods, and 15.3% of the respondents (15.1% for females and 15.4% for males) had the last FOBT within 24 months preceding the survey (Table 5.2d).

5.3 Colonoscopy (for aged 50-75)

According to the revised CEWG recommendations on colorectal cancer screening (June 2022), individuals aged 50 to 75 years should consider screening by one of the screening methods including: annual or biennial faecal occult blood test (FOBT); or sigmoidoscopy every 5 years; or colonoscopy every 10 years [1].

Colonoscopy is an examination using an endoscope in the colon to check for abnormal changes and signs of cancer or other health problems. The examination helps detect health conditions such as adenoma and CRC in the early stage and allows early intervention or treatment. In the survey, respondents were asked whether they had ever had the examination. And if the answer received was yes, further information was collected including whether they had any suspected symptoms prior to the examination, type of organisations / doctors from whom they had consulted for the examination, when was their last examination, how often they had the examination, and reasons for having a colonoscopy.

Overall, 30.0% of the persons aged 50-75 (29.5% for females and 30.4% for males) had received colonoscopy examination, with 27.3% had no suspected symptoms prior to the examination (26.9% for females and 27.7% for males), and 2.7% had their colonoscopies because of suspected symptoms (Table 5.3a). Analysed by age group, the proportions of persons ever had colonoscopy without suspected symptoms increased with age in general from 22.8% in those aged 50-54 to 31.2% in those aged 65-69, and then decreased to 30.5% for persons aged 70-75 (Table 5.3b).

Table 5.3a: Proportion of population aged 50-75 who ever had colonoscopy by gender

	Female		**Male**		**Total**	
	No. of persons ('000)	**%**	**No. of persons ('000)**	**%**	**No. of persons ('000)**	**%**
Yes	413.8	29.5%	381.1	30.4%	794.9	30.0%
With no suspected symptoms prior to examination	*377.0*	*26.9%*	*346.6*	*27.7%*	*723.6*	*27.3%*
Had examination because of suspected symptoms	*36.9*	*2.6%*	*34.5*	*2.8%*	*71.3*	*2.7%*
No	987.3	70.5%	870.7	69.6%	1 858.0	70.0%
Total	1 401.1	100.0%	1 251.8	100.0%	2 652.9	100.0%

Base: Respondents aged 50-75 (N=2 652 900).
Note: Figures may not add up to the total due to rounding.

Table 5.3b: Proportion of population aged 50-75 who ever had colonoscopy by age group

	50-54		55-59		60-64		65-69		70-75		Total	
	No. of persons ('000)	**%**	**No. of persons ('000)**	**%**	**No. of persons ('000)**	**%**	**No. of persons ('000)**	**%**	**No. of persons ('000)**	**%**	**No. of persons ('000)**	**%**
Yes	133.8	24.5%	168.8	27.6%	185.8	31.0%	164.2	34.3%	142.3	34.2%	794.9	30.0%
With no suspected symptoms prior to examination	*124.5*	*22.8%*	*153.5*	*25.1%*	*169.1*	*28.2%*	*149.3*	*31.2%*	*127.2*	*30.5%*	*723.6*	*27.3%*
Had examination because of suspected symptoms	*9.3*	*1.7%*	*15.3*	*2.5%*	*16.7*	*2.8%*	*14.9*	*3.1%*	*15.1*	*3.6%*	*71.3*	*2.7%*
No	411.9	75.5%	443.8	72.4%	413.9	69.0%	314.3	65.7%	274.1	65.8%	1 858.0	70.0%
Total	545.7	100.0%	612.6	100.0%	599.7	100.0%	478.5	100.0%	416.4	100.0%	2 652.9	100.0%

Base: Respondents aged 50-75 (N=2 652 900).
Note: Figures may not add up to the total due to rounding.

Regarding the type of organisations / doctors consulted for the colonoscopy, more persons aged 50-75 consulted private health service providers (including clinics, endoscopy centres or hospitals) than public clinics and / or hospitals of the Hospital Authority when they had no suspected symptoms prior to the examination (58.9% vs 38.4% respectively). And the proportion of consulting private sector was higher in females (59.4%) than in males (58.3%), while the opposite was observed for public sector with higher proportion in males (38.8%) than females (38.1%). For those who took colonoscopy because of suspected symptoms, the proportions of consulting private sector and public sector were the same (48.3%). Males (51.1%) who had suspected symptoms were more likely to consult private health service providers than females (45.7%), while females (50.6%) were more likely to consult public clinics and / or hospitals than males (45.9%) (Table 5.3c).

Table 5.3c: Type of organisations consulted for colonoscopy among those aged 50-75 by gender

	Female		Male		Total	
	No. of persons ('000)	%	No. of persons ('000)	%	No. of persons ('000)	%
With no suspected symptoms prior to examination *						
Private clinics, endoscopy centres or hospitals	224.0	59.4%	202.0	58.3%	426.0	58.9%
Public clinics and / or hospitals of the Hospital Authority	143.5	38.1%	134.4	38.8%	277.8	38.4%
Non-governmental organisations, including clinics in universities	4.8	1.3%	6.4	1.9%	11.2	1.5%
Hospitals or clinics in Mainland China	3.7	1.0%	2.7	0.8%	6.4	0.9%
Hospitals or clinics in other countries	1.1	0.3%	1.1	0.3%	2.2	0.3%
Total	377.0	100.0%	346.6	100.0%	723.6	100.0%
Because of suspected symptoms ^						
Private clinics, endoscopy centres or hospitals	16.8	45.7%	17.6	51.1%	34.4	48.3%
Public clinics and / or hospitals of the Hospital Authority	18.7	50.6%	15.8	45.9%	34.5	48.3%
Non-governmental organisations, including clinics in universities	0.4	1.0%	1.1	3.0%	1.4	2.0%
Hospitals or clinics in Mainland China	1.0	2.7%	-	-	1.0	1.4%
Hospitals or clinics in other countries	-	-	-	-	-	-
Total	36.9	100.0%	34.5	100.0%	71.3	100.0%

Bases: * Respondents aged 50-75 who had received colonoscopy and with no suspected symptoms prior to the examination (N=723 600).
^ Respondents aged 50-75 who had received colonoscopy because of suspected symptoms (N=71 300).
Note: Figures may not add up to the total due to rounding.

Among those aged 50-75, 24.1% had their last colonoscopy within 10 years (i.e. 120 months) preceding the survey (23.8% for females and 24.5% for males). The average duration since the last colonoscopy was 47.6 months (47.7 months for females and 47.4 months for males) among those with no suspected symptoms prior to the examination. Among those who had received the examination because of suspected symptoms, the average duration since the last examination was 46.4 months (49.7 months for females and 42.9 months for males) (Table 5.3d).

Table 5.3d: Number of months since the last colonoscopy among those aged 50-75 by gender

Duration (months)	Female No. of persons ('000)	Female %	Male No. of persons ('000)	Male %	Total No. of persons ('000)	Total %
Among population aged 50-75						
Proportion of who had the last colonoscopy within 120 months (including those with no suspected symptoms prior to examination and because of suspected symptoms) *	332.8	23.8%	306.6	24.5%	639.4	24.1%
With no suspected symptoms prior to examination [1]						
Within 120 months	301.8	80.0%	277.4	80.0%	579.1	80.0%
Less than 13	*75.1*	*19.9%*	*77.7*	*22.4%*	*152.8*	*21.1%*
13 - 24	*57.7*	*15.3%*	*59.9*	*17.3%*	*117.6*	*16.3%*
25 - 60	*115.4*	*30.6%*	*95.4*	*27.5%*	*210.7*	*29.1%*
61 - 120	*53.6*	*14.2%*	*44.4*	*12.8%*	*98.0*	*13.5%*
More than 120 months	10.1	2.7%	12.7	3.7%	22.8	3.1%
Unknown / missing	65.1	17.3%	56.5	16.3%	121.7	16.8%
Total	377.0	100.0%	346.6	100.0%	723.6	100.0%
Mean [2]	47.7		47.4		47.6	
Because of suspected symptoms [3]						
Within 120 months	31.1	84.3%	29.2	84.6%	60.3	84.5%
Less than 13	*7.0*	*18.9%*	*8.4*	*24.5%*	*15.4*	*21.6%*
13 - 24	*9.2*	*25.1%*	*6.0*	*17.4%*	*15.2*	*21.4%*
25 - 60	*9.5*	*25.9%*	*10.9*	*31.5%*	*20.4*	*28.6%*
61 - 120	*5.3*	*14.4%*	*3.8*	*11.1%*	*9.2*	*12.8%*
More than 120 months	1.6	4.4%	1.5	4.4%	3.1	4.4%
Unknown / missing	4.2	11.3%	3.8	11.0%	8.0	11.2%
Total	36.9	100.0%	34.5	100.0%	71.3	100.0%
Mean [4]	49.7		42.9		46.4	

Bases: * Respondents aged 50-75 (N=2 652 900).
1. Respondents aged 50-75 who had received colonoscopy and with no suspected symptoms prior to the examination (N=723 600).
2. Respondents aged 50-75 who had received colonoscopy and with no suspected symptoms prior to the examination and had valid answer on how long ago since the last examination (N=601 900).
3. Respondents aged 50-75 who had received colonoscopy because of suspected symptoms (N=71 300).
4. Respondents aged 50-75 who had received colonoscopy because of suspected symptoms and had valid answer on how long ago since the last examination (N=63 400).

Note: Figures may not add up to the total due to rounding.

Among those aged 50-75 who ever had colonoscopy before, nearly half (47.5%) of them had the examination because they thought that they needed to take the test, with more females (48.8%) than males (46.1%) choosing this reason. 34.8% had colonoscopy because they were recommended by healthcare professional, and the proportion in females (35.3%) was higher than in males (34.1%). 2.0% of those aged 50-75 had colonoscopy for a positive stool test result under the CRC Screening Programme (2.3% for females and 1.6% for males), while 1.6% had the examination because of the family history of CRC (1.6% for females and 1.5% for males) (Table 5.3e).

Table 5.3e: Among those aged 50-75 ever had colonoscopy, reasons for having colonoscopy by gender

	Female		Male		Total	
	No. of persons ('000)	%	No. of persons ('000)	%	No. of persons ('000)	%
I thought I need to take the test	202.0	48.8%	175.8	46.1%	377.8	47.5%
Recommended by healthcare professionals	146.2	35.3%	130.1	34.1%	276.3	34.8%
Included in a body check-up package	75.4	18.2%	73.1	19.2%	148.5	18.7%
Performed during a routine medical visit (e.g. medical follow up of chronic diseases)	31.5	7.6%	29.8	7.8%	61.3	7.7%
Old age	19.2	4.6%	17.5	4.6%	36.7	4.6%
Requested by insurance companies	11.2	2.7%	15.3	4.0%	26.5	3.3%
Had a positive stool test result under the CRC Screening Programme	9.4	2.3%	6.1	1.6%	15.6	2.0%
Family history of colorectal cancer	6.8	1.6%	5.7	1.5%	12.5	1.6%

Base: Respondents aged 50-75 ever had colonoscopy (N=794 900).
Notes: Multiple answers were allowed.
Figures may not add up to the total due to rounding.

Among those aged 50-75 who had never had a colonoscopy before, nearly half (43.3%) of them did not have the examination because they were never recommended by a doctor or health professional to have this examination, with more males (43.6%) than females (43.1%) choosing this reason. 29.5% never had colonoscopy before because they thought that they were healthy and had no symptoms of CRC, and the proportion in females (29.5%) was slightly higher than in males (29.4%). 0.1% of them had never heard of the CRC Screening Programme organised by the government (Table 5.3f).

Table 5.3f: Among respondent aged 50-75 who has never had a colonoscopy before, reasons for not having colonoscopy by gender

	Female		Male		Total	
	No. of persons ('000)	%	No. of persons ('000)	%	No. of persons ('000)	%
Never recommended by a doctor or health professional to have this examination	425.2	43.1%	379.4	43.6%	804.5	43.3%
I am healthy and have no symptom of colorectal cancer	291.3	29.5%	256.0	29.4%	547.3	29.5%
No need to take the examination	130.8	13.3%	113.1	13.0%	243.9	13.1%
Too old, did not want to have this examination	71.9	7.3%	63.7	7.3%	135.6	7.3%
Not reaching the age/too young to have this examination	41.5	4.2%	46.6	5.4%	88.1	4.7%
Had faecal occult blood test or faecal immunochemical test every one to two years, and the results were normal	20.0	2.0%	19.5	2.2%	39.5	2.1%
Don't know what this examination is about	19.3	2.0%	19.4	2.2%	38.7	2.1%
No time to have this examination	15.4	1.6%	23.2	2.7%	38.6	2.1%
Don't know where I can have this examination	23.0	2.3%	13.7	1.6%	36.7	2.0%
Too expensive	12.0	1.2%	11.4	1.3%	23.5	1.3%
I am too lazy, delayed having this examination	7.8	0.8%	6.1	0.7%	13.9	0.7%
Fear of pain or discomfort	10.3	1.0%	1.5	0.2%	11.8	0.6%
No medical insurance coverage	5.2	0.5%	5.0	0.6%	10.1	0.5%
Don’t want to know examination result or diagnosis	3.7	0.4%	1.8	0.2%	5.5	0.3%
Long waiting time to arrange the examination	2.4	0.2%	2.4	0.3%	4.8	0.3%
Too embarrassed	4.2	0.4%	-	-	4.2	0.2%
Never heard of the CRC Screening Programme organised by the government	1.0	0.1%	1.1	0.1%	2.1	0.1%
Others	2.9	0.3%	4.1	0.5%	7.0	0.4%

Base: Respondents aged 50-75 who has never had a colonoscopy before (N=1 858 000).
Notes: Multiple answers were allowed.
Figures may not add up to the total due to rounding.

In summary, 30.0% of persons aged 50 to 75 had ever received colonoscopy (29.5% for females and 30.4% for males), including 27.3% with no suspected symptoms prior to the examination and 2.7% because of suspected symptoms (Table 5.3a). According to the revised CEWG's recommendations, individuals aged 50 to 75 years should consider screening for CRC by colonoscopy every 10 years as one of the three screening methods, and 24.1% of the respondents (23.8% for females and 24.5% for males) had their last colonoscopy within 10 years preceding the survey (Table 5.3d).

5.4 Screening with FOBT or Colonoscopy (for aged 50-75)

According to the revised CEWG recommendations on colorectal cancer screening (June 2022), individuals aged 50 to 75 years should consider screening by one of the screening methods including: annual or biennial faecal occult blood test (FOBT); or sigmoidoscopy every 5 years; or colonoscopy every 10 years [1]. Among those aged 50-75, 42.6% of them had ever received FOBT or colonoscopy, and the proportions were similar between females (42.5%) and males (42.7%) (Table 5.4a). Analysed by age group, the proportions of those without suspected symptoms receiving FOBT or colonoscopy increased with age from 34.2% in the age group 50-54 to 45.0% in the age group 70-75 (Table 5.4b).

Table 5.4a: Proportion of population aged 50-75 who ever received FOBT or colonoscopy by gender

	Female		Male		Total	
	No. of persons ('000)	%	No. of persons ('000)	%	No. of persons ('000)	%
Yes	595.1	42.5%	534.5	42.7%	1 129.6	42.6%
With no suspected symptoms prior to test / examination	*559.4*	*39.9%*	*501.4*	*40.1%*	*1 060.8*	*40.0%*
Had test / examination because of suspected symptoms	*35.8*	*2.6%*	*33.1*	*2.6%*	*68.9*	*2.6%*
No	806.0	57.5%	717.3	57.3%	1 523.3	57.4%
Total	1 401.1	100.0%	1 251.8	100.0%	2 652.9	100.0%

Base: Respondents aged 50-75 (N=2 652 900).
Note: Figures may not add up to the total due to rounding.

Table 5.4b: Proportion of population aged 50-75 who ever received FOBT or colonoscopy by age group

	50-54		55-59		60-64		65-69		70-75		Total	
	No. of persons ('000)	%	No. of persons ('000)	%	No. of persons ('000)	%	No. of persons ('000)	%	No. of persons ('000)	%	No. of persons ('000)	%
Yes	195.6	35.8%	244.8	40.0%	263.1	43.9%	223.9	46.8%	202.3	48.6%	1 129.6	42.6%
With no suspected symptoms prior to test / examination	*186.7*	*34.2%*	*229.9*	*37.5%*	*247.3*	*41.2%*	*209.4*	*43.8%*	*187.5*	*45.0%*	*1 060.8*	*40.0%*
Had test / examination because of suspected symptoms	*8.9*	*1.6%*	*14.9*	*2.4%*	*15.8*	*2.6%*	*14.5*	*3.0%*	*14.7*	*3.5%*	*68.9*	*2.6%*
No	350.1	64.2%	367.8	60.0%	336.6	56.1%	254.6	53.2%	214.2	51.4%	1 523.3	57.4%
Total	545.7	100.0%	612.6	100.0%	599.7	100.0%	478.5	100.0%	416.4	100.0%	2 652.9	100.0%

Base: Respondents aged 50-75 (N=2 652 900).
Note: Figures may not add up to the total due to rounding.

Among the population aged 50-75, 32.3% had received FOBT within 2 years or colonoscopy within 10 years preceding the survey (32.2% for females and 32.4% for males) (Table 5.4c).

Among those aged 50-75 who had received FOBT or colonoscopy, 75.8% had received FOBT within 2 years or colonoscopy within 10 years preceding the survey, and the proportions were similar between females (75.8%) and males (75.9%). (Table 5.4c). Analysed by age group, the proportions of receiving FOBT within 2 years or colonoscopy within 10 years preceding the survey fluctuated across different age groups, with the highest proportion among those aged 65-69 (78.4%) and the lowest proportion among those aged 70-75 (71.1%) (Table 5.4d).

Table 5.4c: Proportion of population aged 50-75 who had last FOBT in the past 2 years or colonoscopy in the past 10 years by gender

	Female		Male		Total	
	No. of persons ('000)	%	No. of persons ('000)	%	No. of persons ('000)	%
Among population aged 50-75 *						
Proportion of who had the last FOBT within 2 years or last colonoscopy within 10 years	450.8	32.2%	405.4	32.4%	856.3	32.3%
Among population aged 50-75 who had received the FOBT / colonoscopy ^						
Proportion of who had the last FOBT within 2 years or last colonoscopy within 10 years	450.8	75.8%	405.4	75.9%	856.3	75.8%
Not within specific period / unknown / missing	144.3	24.2%	129.0	24.1%	273.3	24.2%
Total	595.1	100.0%	534.5	100.0%	1 129.6	100.0%

Bases: * Respondents aged 50-75 (N=2 652 900).
^ Respondents aged 50-75 who had received the FOBT / colonoscopy (N=1 129 600).
Note: Figures may not add up to the total due to rounding.

Table 5.4d: Among population aged 50-75 who had FOBT / colonoscopy before, proportion of those who had last FOBT in the past 2 years or colonoscopy in the past 10 years by age group

	50-54		55-59		60-64		65-69		70-75		Total	
	No. of persons ('000)	%	No. of persons ('000)	%	No. of persons ('000)	%	No. of persons ('000)	%	No. of persons ('000)	%	No. of persons ('000)	%
Proportion of who had the last FOBT within 2 years or last colonoscopy within 10 years	144.3	73.8%	190.0	77.6%	202.7	77.1%	175.4	78.4%	143.8	71.1%	856.3	75.8%
Not within specific period / unknown / missing	51.3	26.2%	54.8	22.4%	60.4	22.9%	48.5	21.6%	58.5	28.9%	273.3	24.2%
Total	195.6	100.0%	244.8	100.0%	263.1	100.0%	223.9	100.0%	202.3	100.0%	1 129.6	100.0%

Base: Respondents aged 50-75 who had received the FOBT / colonoscopy (N=1 129 600).
Note: Figures may not add up to the total due to rounding.

In summary, 42.6% of persons aged 50 to 75 had ever received FOBT or colonoscopy (42.5% for females and 42.7% for males), including 40.0% with no suspected symptoms prior to the test or examination and 2.6% because of suspected symptoms (Table 5.4a). According to the revised CEWG's recommendation (June 2022), among the three screening methods for CRC, individuals aged 50 to 75 years should consider screening by annual or biennial FOBT or colonoscopy every 10 years, and 32.3% of the respondents (32.2% for females and 32.4% for males) were screened according to the recommendation (Table 5.4c).

5.5 Prostate-specific Antigen (PSA) Test (for males only)

The prostate-specific antigen (PSA) test is a blood test used to screen for prostate cancer by detecting the specific antigen in the blood. According to the CEWG's recommendation, there is insufficient scientific evidence to recommend for or against population-based prostate cancer screening in asymptomatic men by PSA [2]. In the survey, male respondents were asked whether they had ever had the test before and if yes, whether there were any symptoms or discomfort prior to the test.

Overall, 10.6% of males aged 15 or above reported that they had ever had a PSA test without (9.2%) or with (1.4%) suspected symptoms prior to the test. Among those who had the test with no suspected symptoms, the proportions increased from 0.1% in males aged 15-24 to 26.3% in males aged 75-84. Among those who had the test because of suspected symptoms, the proportions increased from 0.1% among males aged 15-24 to 6.4% among males aged 85 or above (Table 5.5a).

Table 5.5a: Proportion of males aged 15 or above who ever had PSA test by age group

	15-24		**25-34**		**35-44**		**45-54**		**55-64**		**65-74**		**75-84**		**85 or above**		**Total**	
	No. of persons ('000)	**%**	**No. of persons ('000)**	**%**	**No. of persons ('000)**	**%**	**No. of persons ('000)**	**%**	**No. of persons ('000)**	**%**	**No. of persons ('000)**	**%**	**No. of persons ('000)**	**%**	**No. of persons ('000)**	**%**	**No. of persons ('000)**	**%**
Yes	0.6	0.2%	9.2	2.1%	25.5	5.5%	44.3	9.3%	72.0	12.5%	80.4	19.7%	53.1	31.8%	22.0	29.6%	307.0	10.6%
With no suspected symptoms prior to test	*0.3*	*0.1%*	*9.2*	*2.1%*	*25.0*	*5.4%*	*43.3*	*9.0%*	*65.4*	*11.4%*	*63.4*	*15.5%*	*44.0*	*26.3%*	*17.2*	*23.2%*	*267.8*	*9.2%*
Had test because of suspected symptoms	*0.3*	*0.1%*	*-*	*-*	*0.5*	*0.1%*	*1.0*	*0.2%*	*6.6*	*1.1%*	*16.9*	*4.2%*	*9.2*	*5.5%*	*4.7*	*6.4%*	*39.2*	*1.4%*
No	295.8	99.8%	427.6	97.9%	437.1	94.5%	434.2	90.7%	503.5	87.5%	327.7	80.3%	113.8	68.2%	52.2	70.4%	2 592.0	89.4%
Total	296.4	100.0%	436.8	100.0%	462.6	100.0%	478.5	100.0%	575.5	100.0%	408.1	100.0%	166.9	100.0%	74.2	100.0%	2 899.0	100.0%

Base: All male respondents (N=2 899 000).
Note: Figures may not add up to the total due to rounding.

5.6 Cervical Screening Examinations (for females aged between 25 and 64)

According to the revised recommendation by the CEWG for asymptomatic population at average risk (June 2021), women aged 25 to 29 who ever had sexual experience are recommended to have cervical screening by cytology every three years after two consecutive normal annual screenings and women aged 30 to 64 who ever had sexual experience are recommended to have cervical screening by cytology every three years after two consecutive normal annual screenings; or primary human papillomavirus (HPV) testing every five years; or co-testing every five years. For women aged 65 or above who ever had sexual experience, screening may be discontinued if routine screening within 10 years are normal. Women at or above 65 years of age who have never had cervical screening should be screened [3].

In the survey, female respondents aged between 25 and 64 were asked whether they ever had cervical screening examinations and if yes, whether there were suspected symptoms prior to the examinations and they were further asked the type of organisations / doctors from whom they had consulted for such examinations, when they had the last examinations, and reasons for having cervical screening.

Overall, 52.1% of females aged between 25 and 64 reported that they ever had a cervical screening examination – 51.1% had the examination with no suspected symptoms prior to the examination and 1.1% had it because of suspected symptoms. The highest proportion of those who had ever had a cervical screening examination was among females aged between 45 and 54 (60.0%). The overall proportion of women aged 30-49 who had ever had a cervical screening (an indicator defined by the WHO NCD Global Monitoring Framework) was 53.5% (Table 5.6a).

Table 5.6a: Proportion of females aged between 25 and 64 who ever had a cervical screening by age group

	25-34		35-44		45-54		55-64		30-49		Total	
	No. of persons ('000)	%	No. of persons ('000)	%	No. of persons ('000)	%	No. of persons ('000)	%	No. of persons ('000)	%	No. of persons ('000)	%
Yes	133.1	29.2%	314.1	57.3%	362.8	60.0%	360.8	56.7%	582.4	53.5%	1 170.8	52.1%
With no suspected symptoms prior to examination	*131.9*	*28.9%*	*309.6*	*56.5%*	*355.7*	*58.8%*	*349.5*	*54.9%*	*574.5*	*52.8%*	*1 146.6*	*51.1%*
Had examination because of suspected symptoms	*1.2*	*0.3%*	*4.5*	*0.8%*	*7.1*	*1.2%*	*11.4*	*1.8%*	*7.8*	*0.7%*	*24.2*	*1.1%*
No	323.1	70.8%	234.0	42.7%	241.7	40.0%	276.0	43.3%	506.1	46.5%	1 074.8	47.9%
Total	456.2	100.0%	548.1	100.0%	604.5	100.0%	636.8	100.0%	1 088.5	100.0%	2 245.6	100.0%

Base: Female respondents aged 25-64 (N=2 245 600).
Note: Figures may not add up to the total due to rounding.

Regarding the type of organisation / doctor consulted for the cervical screening examination among those aged 25-64 who had received the examination when there were no suspected symptoms, more females consulted private clinics or hospitals (59.1%) than health centres or clinics of the Department of Health (20.0%) and public clinics and / or hospitals of the Hospital Authority (18.7%). On the other hand, among those who had received the examination because of suspected symptoms, a higher proportion of females consulted doctors in public clinics or hospitals of the Hospital Authority (42.8%) than private clinics or hospitals (41.4%) (Table 5.6b).

Table 5.6b: Type of organisations consulted for cervical screening by age group

	25-34		35-44		45-54		55-64		Total	
	No. of persons ('000)	%	No. of persons ('000)	%	No. of persons ('000)	%	No. of persons ('000)	%	No. of persons ('000)	%
With no suspected symptoms prior to examination *										
Private clinics or hospitals	91.8	69.6%	196.8	63.6%	213.3	60.0%	176.3	50.4%	678.1	59.1%
Health centres or clinics of the Department of Health (e.g. Maternal and Child Health Centres, Woman Health Centres or Social Hygiene Clinics)	25.8	19.5%	57.4	18.5%	65.9	18.5%	79.7	22.8%	228.8	20.0%
Public clinics and / or hospitals of the Hospital Authority (e.g. General Out-patient Clinics or Special Out-patient Clinics)	12.1	9.2%	48.7	15.7%	69.2	19.5%	84.2	24.1%	214.2	18.7%
Non-governmental organisations, including clinics in universities	-	-	2.0	0.7%	3.6	1.0%	5.2	1.5%	10.8	0.9%
Hospitals or clinics in Mainland China	1.8	1.3%	3.7	1.2%	3.7	1.0%	2.9	0.8%	12.1	1.1%
Hospitals or clinics in other countries	0.5	0.4%	0.9	0.3%	-	-	1.2	0.4%	2.6	0.2%
Others	-	-	-	-	-	-	-	-	-	-
Total	131.9	100.0%	309.6	100.0%	355.7	100.0%	349.5	100.0%	1 146.6	100.0%
Because of suspected symptoms ^										
Private clinics or hospitals	0.9	71.5%	1.5	33.1%	3.3	46.5%	4.3	38.2%	10.0	41.4%
Health centres or clinics of the Department of Health (e.g. Maternal and Child Health Centres, Woman Health Centres or Social Hygiene Clinics)	-	-	1.6	36.1%	1.1	14.8%	0.7	6.5%	3.4	14.1%
Public clinics and / or hospitals of the Hospital Authority (e.g. General Out-patient Clinics or Special Out-patient Clinics)	0.4	28.5%	1.4	30.8%	2.8	38.7%	5.9	51.8%	10.4	42.8%
Non-governmental organisations, including clinics in universities	-	-	-	-	-	-	-	-	-	-
Hospitals or clinics in Mainland China	-	-	-	-	-	-	0.4	3.4%	0.4	1.6%
Hospitals or clinics in other countries	-	-	-	-	-	-	-	-	-	-
Others	-	-	-	-	-	-	-	-	-	-
Total	1.2	100.0%	4.5	100.0%	7.1	100.0%	11.4	100.0%	24.2	100.0%

Bases: * Female respondents aged 25-64 who had received cervical screening and with no suspected symptoms prior to the examination (N=1 146 600).

^ Female respondents aged 25-64 who had received cervical screening because of suspected symptoms (N=24 200).

Note: Figures may not add up to the total due to rounding.

Among female population aged 25-64, 33.7% and 38.4% had the last cervical screening within 36 months and within 60 months preceding the survey respectively.

Among females aged between 25 and 64 who had received a cervical screening examination when they had no suspected symptoms, 74.0% had their last examinations within 60 months preceding the survey, including 9.2% had the examination between 37 and 60 months, while 11.4% had the examinations more than 60 months preceding the survey. The average duration since their last cervical screening examinations was 37.2 months among those with no suspected symptoms prior to the examination, as compared to 48.4 months for those who had the examinations because of suspected symptoms (Table 5.6c).

Table 5.6c: Number of months since the last cervical screening (aged 25-64) by age group

Duration (months)	25-34		35-44		45-54		55-64		Total	
	No. of persons ('000)	%	No. of persons ('000)	%	No. of persons ('000)	%	No. of persons ('000)	%	No. of persons ('000)	%
Among women aged 25-64										
Proportion of who had the last cervical screening within 36 months (including those with no suspected symptoms prior to examination and because of suspected symptoms) *	107.4	23.5%	215.2	39.3%	230.9	38.2%	202.4	31.8%	755.9	33.7%
Proportion of who had the last cervical screening within 60 months (including those with no suspected symptoms prior to examination and because of suspected symptoms) *	116.3	25.5%	244.7	44.6%	269.3	44.5%	232.8	36.6%	863.0	38.4%
With no suspected symptoms prior to examination [1]										
Within 60 months	115.5	87.6%	240.9	77.8%	264.1	74.2%	227.8	65.2%	848.2	74.0%
Less than 13	*63.2*	*47.9%*	*102.8*	*33.2%*	*113.8*	*32.0%*	*78.7*	*22.5%*	*358.4*	*31.3%*
13 - 24	*29.2*	*22.1%*	*74.4*	*24.0%*	*75.3*	*21.2%*	*70.8*	*20.3%*	*249.7*	*21.8%*
25 - 36	*14.2*	*10.8%*	*34.2*	*11.0%*	*37.4*	*10.5%*	*48.3*	*13.8%*	*134.1*	*11.7%*
37 - 60	*8.9*	*6.7%*	*29.4*	*9.5%*	*37.6*	*10.6%*	*30.1*	*8.6%*	*106.0*	*9.2%*
More than 60	2.3	1.7%	28.0	9.0%	41.8	11.7%	58.9	16.8%	130.9	11.4%
Unknown / missing	14.1	10.7%	40.7	13.1%	49.9	14.0%	62.8	18.0%	167.5	14.6%
Total	131.9	100.0%	309.6	100.0%	355.7	100.0%	349.5	100.0%	1 146.6	100.0%
Mean [2]	20.5		31.1		36.5		50.5		37.2	
Because of suspected symptoms [3]										
Within 60 months	0.8	64.3%	3.8	83.9%	5.3	73.7%	5.0	43.9%	14.8	61.1%
Less than 13	*0.4*	*35.7%*	*1.7*	*36.8%*	*2.3*	*32.4%*	*2.5*	*22.0%*	*6.9*	*28.5%*
13 - 24	*0.4*	*28.5%*	*2.1*	*47.1%*	*1.1*	*15.3%*	*1.3*	*11.8%*	*4.9*	*20.3%*
25 - 36	-	-	-	-	*1.0*	*14.5%*	*0.8*	*7.2%*	*1.8*	*7.6%*
37 - 60	-	-	-	-	*0.8*	*11.5%*	*0.3*	*2.9%*	*1.2*	*4.7%*
More than 60	-	-	0.7	16.1%	1.1	15.8%	3.0	26.6%	4.9	20.1%
Unknown / missing	0.4	35.7%	-	-	0.8	10.6%	3.4	29.5%	4.5	18.8%
Total	1.2	100.0%	4.5	100.0%	7.1	100.0%	11.4	100.0%	24.2	100.0%
Mean [4]	8.3		30.9		37.4		71.0		48.4	

Bases: * Female respondents aged 25-64 (N=2 245 600).
1. Female respondents aged 25-64 who had received cervical screening and with no suspected symptoms prior to the examination (N=1 146 600).
2. Female respondents aged 25-64 who had received cervical screening and with no suspected symptoms prior to the examination and had valid answer on how long ago since the last examination (N=979 100).
3. Female respondents aged 25-64 who had received cervical screening because of suspected symptoms (N=24 200).
4. Female respondents aged 25-64 who had received cervical screening because of suspected symptoms and had valid answer on how long ago since the last examination (N=19 700).

Note: Figures may not add up to the total due to rounding.

Among females aged 25-64 who had cervical screening before, 38.8% had the examination because they thought that they needed to take the examination, which was the commonest among all the reasons. Analysed by age group, the proportions giving this reason fluctuated across age groups from the highest (41.5%) among those aged 25-34 to the lowest (36.4%) among those aged 55-64. And 32.8% of females aged 25-64 had cervical screening because of routine medical visits. Analysed by age group, the proportions fluctuated across age groups from the highest (34.1%) in those aged 45-54 to the lowest (30.7%) in those aged 35-44. Overall, the least common reasons for having cervical screening among the females aged 25-64 were joining the Cervical Screening Programme organised by the government (2.0%) and old age (1.4%). The proportion choosing the reason 'Joined the Cervical Screening Programme organised by the government' increased with age from 0.7% among those aged 25-34 to 2.9% among those aged 55-64 (Table 5.6d).

Table 5.6d: Among females aged 25-64 who had cervical screening before, reasons for having cervical screening by age group

	25-34		35-44		45-54		55-64		Total	
	No. of persons ('000)	%	No. of persons ('000)	%	No. of persons ('000)	%	No. of persons ('000)	%	No. of persons ('000)	%
I thought I need to take the examination	55.3	41.5%	122.7	39.1%	145.0	40.0%	131.4	36.4%	454.3	38.8%
Performed during a routine medical visit	43.5	32.7%	96.3	30.7%	123.7	34.1%	121.1	33.6%	384.5	32.8%
Included in a body check-up package	26.9	20.2%	64.9	20.7%	69.9	19.3%	63.1	17.5%	224.8	19.2%
Recommended by healthcare professionals	15.3	11.5%	55.6	17.7%	58.5	16.1%	69.3	19.2%	198.7	17.0%
Requested by insurance companies	3.2	2.4%	11.0	3.5%	10.4	2.9%	12.0	3.3%	36.5	3.1%
Joined the Cervical Screening Programme organized by the government	0.9	0.7%	3.1	1.0%	8.6	2.4%	10.6	2.9%	23.3	2.0%
Old age	0.4	0.3%	3.2	1.0%	2.9	0.8%	10.1	2.8%	16.6	1.4%
Others	-	-	0.8	0.2%	-	-	1.8	0.5%	2.5	0.2%

Base: Female respondents aged 25-64 had cervical screening before (N=1 170 800).
Notes: Multiple answers were allowed.
Figures may not add up to the total due to rounding.

Among females aged 25-64 who never had or did not have cervical screening regularly, 33.3% of them reported the reason that they were never recommended by a doctor or health professional to have this test, which was the commonest among all reasons. Analysed by age group, the proportion fluctuated across age groups from the highest (34.3%) among those aged 55-64 to the lowest (32.6%) among those aged 25-34. 30.0% of females aged 25-64 who did not have cervical screening because they thought that they were healthy and had no symptoms of cervical cancer. Analysed by age group, the proportions fluctuated across age groups from the highest (32.1%) among those aged 55-64 to the lowest (29.0%) among those aged 45-54. Overall, the least common reasons for not having cervical screening among the females aged 25-64 were 'never had sexual experience' (0.2%), 'do not want to know the test result or diagnosis' (0.2%) and 'never heard of the Cervical Screening Programme organised by the government' (0.2%) (Table 5.6e).

Table 5.6e: Among females aged 25-64 years, reasons for never having or not having cervical screening regularly by age group

	25-34		35-44		45-54		55-64		Total	
	No. of persons ('000)	%	No. of persons ('000)	%	No. of persons ('000)	%	No. of persons ('000)	%	No. of persons ('000)	%
Never recommended by a doctor or health professional to have this test	108.9	32.6%	97.1	33.2%	106.2	32.9%	126.1	34.3%	438.3	33.3%
I am healthy and have no symptom of cervical cancer	97.8	29.3%	86.2	29.5%	93.8	29.0%	118.1	32.1%	395.8	30.0%
No need to take the test	49.9	14.9%	42.5	14.6%	48.3	15.0%	52.0	14.1%	192.7	14.6%
Not reaching the age/ too young to take the test	55.8	16.7%	31.5	10.8%	18.6	5.8%	16.1	4.4%	122.0	9.3%
No time to take this test	20.9	6.2%	22.6	7.7%	26.7	8.3%	10.2	2.8%	80.4	6.1%
Don't know where I can have this test	9.8	2.9%	12.0	4.1%	15.8	4.9%	12.1	3.3%	49.6	3.8%
Too old, did not want to take the test	3.9	1.2%	4.5	1.5%	10.9	3.4%	27.1	7.4%	46.4	3.5%
Don't know what this test is about	8.0	2.4%	13.5	4.6%	13.2	4.1%	10.9	3.0%	45.6	3.5%
I am too lazy, delayed taking the test	9.2	2.8%	6.5	2.2%	13.8	4.3%	9.8	2.7%	39.3	3.0%
Too expensive	3.9	1.2%	6.8	2.3%	7.2	2.2%	7.8	2.1%	25.7	2.0%
Has undergone a total hysterectomy (referring to a surgical operation to remove the uterus)	-	-	0.7	0.2%	2.2	0.7%	12.1	3.3%	15.0	1.1%
Too embarrassed	1.8	0.5%	2.4	0.8%	2.7	0.8%	3.3	0.9%	10.2	0.8%
Fear of pain or discomfort	2.0	0.6%	1.5	0.5%	2.5	0.8%	3.7	1.0%	9.7	0.7%
No medical insurance coverage	2.0	0.6%	1.4	0.5%	3.7	1.2%	2.1	0.6%	9.2	0.7%
Long waiting time to arrange inspection	1.5	0.5%	1.0	0.3%	1.9	0.6%	0.3	0.1%	4.7	0.4%
Never had sexual experience	0.7	0.2%	-	-	1.0	0.3%	1.2	0.3%	2.9	0.2%
Don't want to know the test result or diagnosis	-	-	0.3	0.1%	1.5	0.5%	0.8	0.2%	2.6	0.2%
Never heard of the Cervical Screening Programme organised by the government	0.7	0.2%	0.4	0.1%	1.2	0.4%	-	-	2.2	0.2%
Others	0.4	0.1%	1.2	0.4%	2.2	0.7%	1.1	0.3%	4.9	0.4%

Base: Female respondents aged 25-64 who never had a cervical screening before or did not have a screening in the past 3 years (i.e. 36 months) (N=1 317 600).
Notes: Multiple answers were allowed.
Figures may not add up to the total due to rounding.

The knowledge on cervical screening among the female respondents aged 25-64 was also assessed. Overall, 88.6% of females aged 25-64 agreed with the statement 'women aged 25-64 years who ever had sex should receive cervical screening'. Analysed by age group, respondents aged 35-44 had the highest proportions (90.3%) agreeing with the statement, while respondents aged 55-64 had the lowest proportion (86.7%). 86.0% agreed with 'women who have no symptoms also need to receive regular cervical screening' and 85.0% agreed with 'cervical screening has to be done regularly to be effective'. Analysed by age group, for those agreeing the statement 'women who have no symptoms also need to receive regular cervical screening', respondents aged 35-44 had the highest proportion (87.9%), while respondents aged 55-64 had the lowest proportion (84.7%). For those agreeing the statement 'cervical screening has to be done regularly

to be effective', respondents aged 35-44 had the highest proportion (87.2%), while respondents aged 45-64 had the lowest proportion (83.9%) (Table 5.6f).

Table 5.6f: Knowledge on cervical screening among females aged 25-64 years by age group

Statements		25-34		35-44		45-54		55-64		Total	
		No. of persons ('000)	%	No. of persons ('000)	%	No. of persons ('000)	%	No. of persons ('000)	%	No. of persons ('000)	%
Women aged 25-64 years who ever had sex should receive cervical screening (correct)	Agree	408.8	89.6%	494.7	90.3%	534.5	88.4%	552.3	86.7%	1 990.3	88.6%
	Disagree	14.5	3.2%	11.6	2.1%	18.8	3.1%	23.0	3.6%	68.0	3.0%
	Don't know	32.9	7.2%	41.8	7.6%	51.1	8.5%	61.5	9.7%	187.3	8.3%
	Total	456.2	100.0%	548.1	100.0%	604.5	100.0%	636.8	100.0%	2 245.6	100.0%
Women who have no symptom also need to receive regular cervical screening (correct)	Agree	393.1	86.2%	482.0	87.9%	517.3	85.6%	539.5	84.7%	1 931.8	86.0%
	Disagree	15.1	3.3%	15.6	2.9%	22.3	3.7%	26.6	4.2%	79.7	3.5%
	Don't know	48.0	10.5%	50.4	9.2%	64.9	10.7%	70.7	11.1%	234.1	10.4%
	Total	456.2	100.0%	548.1	100.0%	604.5	100.0%	636.8	100.0%	2 245.6	100.0%
Cervical screening has to be done regularly to be effective (correct)	Agree	389.5	85.4%	477.9	87.2%	507.2	83.9%	534.3	83.9%	1 908.8	85.0%
	Disagree	16.8	3.7%	16.5	3.0%	26.2	4.3%	27.4	4.3%	86.9	3.9%
	Don't know	49.9	10.9%	53.7	9.8%	71.1	11.8%	75.1	11.8%	249.9	11.1%
	Total	456.2	100.0%	548.1	100.0%	604.5	100.0%	636.8	100.0%	2 245.6	100.0%

Base: Female respondents aged 25-64 (N=2 245 600).
Note: Figures may not add up to the total due to rounding.

In summary, 52.1% of females aged 25-64 reported ever had cervical screening examinations, including 51.1% who had no suspected symptoms prior to the examination and 1.1% who had examination because of suspected symptoms (Table 5.6a). According to the revised CEWG's recommendation, the proportion of women aged 25-64 received regular cervical screening examinations (i.e. within 5 years) was 38.4% (Table 5.6c).

5.7 Mammogram (for females aged 44-69)

Mammogram is an examination of the breast using special X-ray machine for detecting early signs of breast cancer. According to the revised CEWG's recommendation (January 2021), women aged 44-69 with personalised risk factors putting them at increased risk of breast cancer (such as presence of history of breast cancer among first-degree relative, a prior diagnosis of benign breast disease, nulliparity and late age of first live birth, etc.) are recommended to consider mammography (MMG) screening every two years [4].

To establish the proportion of females who ever had mammogram, the PHS asked females aged 44-69 whether they ever had mammogram and if yes, whether there were any suspected symptoms prior to the examination and they were further asked the type of organisations / doctors from whom they had consulted for mammogram, when they had the last examination, and reasons for having the mammogram.

Overall, 41.6% of females aged between 44 and 69 reported that they had mammogram before, with 39.0% had no suspected symptoms prior to the examination and 2.6% had the examination because of suspected symptoms. Among those who had examination when there were no suspected symptoms, more females in the age group of 54-63 (40.7%) had mammogram than those in the other age groups (Table 5.7a).

Table 5.7a: Proportion of females aged 44-69 who ever had mammogram by age group

	44-53		54-63		64-69		Total	
	No. of persons ('000)	%	No. of persons ('000)	%	No. of persons ('000)	%	No. of persons ('000)	%
Yes	241.5	40.6%	275.4	43.5%	119.4	39.6%	636.2	41.6%
With no suspected symptoms prior to examination	227.3	38.2%	257.7	40.7%	111.4	36.9%	596.4	39.0%
Had examination because of suspected symptoms	14.1	2.4%	17.7	2.8%	8.0	2.6%	39.8	2.6%
No	353.7	59.4%	358.0	56.5%	182.3	60.4%	894.0	58.4%
Total	595.1	100.0%	633.4	100.0%	301.7	100.0%	1 530.2	100.0%

Base: Female respondents aged 44-69 (N=1 530 200).
Note: Figures may not add up to the total due to rounding.

Regarding the type of organisations / doctors consulted for the mammogram examination, there were generally more females consulted private doctors than public clinics or hospitals of the Hospital Authority regardless of whether they had no suspected symptoms prior to the examination (63.6% vs 22.5% respectively) or they had the examination because of suspected symptoms (47.3% vs 42.8% respectively) (Table 5.7b).

Table 5.7b: Type of organisations consulted for mammogram among females aged 44-69 by age group

	44-53		54-63		64-69		Total	
	No. of persons ('000)	%	No. of persons ('000)	%	No. of persons ('000)	%	No. of persons ('000)	%
With no suspected symptoms prior to examination *								
Private clinics, screening or diagnostic centres or hospitals	169.0	74.3%	157.6	61.2%	53.0	47.5%	379.6	63.6%
Public clinics and / or hospitals of the Hospital Authority (e.g. General Out-patient Clinics or Specialist Out-patient Clinics)	35.1	15.4%	60.5	23.5%	38.7	34.7%	134.3	22.5%
Woman Health Centres or other health centres or clinics of the Department of Health (e.g. Maternal and Child Health Centres or Families Clinics)	18.0	7.9%	30.1	11.7%	16.3	14.7%	64.4	10.8%
Non-governmental organisations, including clinics in universities	1.4	0.6%	3.7	1.4%	2.1	1.9%	7.1	1.2%
Hospitals or clinics in Mainland China	3.9	1.7%	3.9	1.5%	0.9	0.8%	8.7	1.5%
Hospitals or clinics in other countries	-	-	1.6	0.6%	-	-	1.6	0.3%
Others	-	-	0.3	0.1%	0.4	0.4%	0.7	0.1%
Total	227.3	100.0%	257.7	100.0%	111.4	100.0%	596.4	100.0%
Because of suspected symptoms ^								
Private clinics, screening or diagnostic centres or hospitals	7.0	49.8%	9.4	52.9%	2.4	30.6%	18.8	47.3%
Public clinics and / or hospitals of the Hospital Authority (e.g. General Out-patient Clinics or Specialist Out-patient Clinics)	6.0	42.3%	5.9	33.1%	5.2	65.2%	17.0	42.8%
Woman Health Centres or other health centres or clinics of the Department of Health (e.g. Maternal and Child Health Centres or Families Clinics)	0.7	4.7%	1.8	10.3%	0.3	4.2%	2.8	7.1%
Non-governmental organisations, including clinics in universities	-	-	0.3	1.9%	-	-	0.3	0.8%
Hospitals or clinics in Mainland China	0.5	3.3%	-	-	-	-	0.5	1.2%
Hospitals or clinics in other countries	-	-	0.3	1.9%	-	-	0.3	0.8%
Others	-	-	-	-	-	-	-	-
Total	14.1	100.0%	17.7	100.0%	8.0	100.0%	39.8	100.0%

Bases: * Female respondents aged 44-69 who had mammogram and with no suspected symptoms prior to the examination (N=596 400).
^ Female respondents aged 44-69 who had mammogram because of suspected symptoms (N=39 800).
Note: Figures may not add up to the total due to rounding.

Among female population aged 44-69, 18.0% had undergone a mammogram examination within 24 months preceding the survey (Table 5.7c). Among females aged between 44 and 69 who had their last examinations when they had no suspected symptoms, 43.2% had the examination within 24 months preceding the survey and 38.8% had the examination more than 24 months preceding the survey. The average duration since their last mammogram was 49.3 months among those with no suspected symptoms prior to the examination, as compared to 66.1 months for those who had the examinations because of suspected symptoms (Table 5.7c).

Table 5.7c: Number of months since the last mammograms among females aged 44-69 by age group

Duration (months)	44-53		54-63		64-69		Total	
	No. of persons ('000)	%	No. of persons ('000)	%	No. of persons ('000)	%	No. of persons ('000)	%
Among women aged 44-69								
Proportion of who had the last mammogram within 24 months (including those with no suspected symptoms prior to examination and because of suspected symptoms)*	125.1	21.0%	111.1	17.5%	39.1	13.0%	275.3	18.0%
With no suspected symptoms prior to examination [1]								
Within 24 months	115.7	50.9%	104.5	40.6%	37.3	33.4%	257.5	43.2%
Less than 13	*68.0*	*29.9%*	*60.4*	*23.5%*	*20.7*	*18.6%*	*149.1*	*25.0%*
13 – 24	*47.7*	*21.0%*	*44.1*	*17.1%*	*16.6*	*14.9%*	*108.4*	*18.2%*
More than 24	80.5	35.4%	104.2	40.4%	46.7	41.9%	231.3	38.8%
Unknown / missing	31.2	13.7%	49.0	19.0%	27.5	24.7%	107.6	18.0%
Total	227.3	100.0%	257.7	100.0%	111.4	100.0%	596.4	100.0%
Mean [2]	38.0		52.0		68.7		49.3	
Because of suspected symptoms [3]								
Within 24 months	9.4	66.4%	6.6	37.4%	1.9	23.2%	17.8	44.8%
Less than 13	*7.6*	*53.9%*	*4.7*	*26.3%*	*1.2*	*15.1%*	*13.5*	*33.9%*
13 - 24	*1.8*	*12.4%*	*2.0*	*11.1%*	*0.6*	*8.1%*	*4.4*	*11.0%*
More than 24	3.9	27.8%	8.9	50.3%	4.4	55.1%	17.2	43.3%
Unknown / missing	0.8	5.8%	2.2	12.3%	1.7	21.7%	4.7	11.9%
Total	14.1	100.0%	17.7	100.0%	8.0	100.0%	39.8	100.0%
Mean [4]	29.6		80.7		107.8		66.1	

Bases: * Female respondents aged 44-69 (N=1 530 200).
1. Female respondents aged 44-69 who had mammogram and with no suspected symptoms prior to the examination (N=596 400).
2. Female respondents aged 44-69 who had mammogram and with no suspected symptoms prior to the examination and had valid answer on how long ago since the last examination (N=488 800).
3. Female respondents aged 44-69 who had mammogram because of suspected symptoms (N=39 800).
4. Female respondents aged 44-69 who had mammogram because of suspected symptoms and had valid answer on how long ago since the last examination (N=35 100).

Note: Figures may not add up to the total due to rounding.

Among females aged 44-69 who had mammogram before, 43.9% of them did the examination because they thought that they needed to take it, and the proportion increased with age from 42.1% among those aged 44-53 to 47.5% among those aged 64-69. 23.2% of them had the examination because they had the test performed during a routine medical visit, and the highest proportion was 24.4% among those aged 44-53 and the lowest proportion was 21.9% among those aged 54-63 (Table 5.7d).

Table 5.7d: Among females aged 44-69 who had mammogram, reasons for having mammogram by age group

	44-53		54-63		64-69		Total	
	No. of persons ('000)	%	No. of persons ('000)	%	No. of persons ('000)	%	No. of persons ('000)	%
I thought I need to take the examination	101.6	42.1%	120.8	43.9%	56.7	47.5%	279.1	43.9%
Performed during a routine medical visit (e.g. medical follow up of chronic diseases, women's health check, etc.)	58.9	24.4%	60.4	21.9%	28.4	23.8%	147.7	23.2%
Recommended by healthcare professionals	46.2	19.1%	67.0	24.3%	33.1	27.7%	146.3	23.0%
Included in a body check-up package	59.5	24.7%	62.5	22.7%	18.3	15.4%	140.4	22.1%
Requested by insurance companies	8.3	3.4%	7.4	2.7%	3.3	2.8%	19.0	3.0%
Old age	2.3	0.9%	6.3	2.3%	5.3	4.4%	13.8	2.2%
Family history of breast cancer	0.4	0.1%	3.0	1.1%	1.1	0.9%	4.5	0.7%
Others	-	-	2.1	0.7%	1.4	1.2%	3.4	0.5%

Base: Female respondents aged 44-69 who had mammogram (N=636 200).
Notes: Multiple answers were allowed.
Figures may not add up to the total due to rounding.

Among females aged 44-69 who never had mammogram before, 41.3% of them reported because they were never recommended by a doctor or health professional to have this examination. Analysed by age group, the proportion of giving this reason increased with age from 40.9% among those aged 44-63 to 43.0% among those aged 64-69. 32.2% did not have the examination because they thought that they were healthy and had no symptoms of breast cancer. Analysed by age group, respondents aged 54-63 had the highest proportion (33.8%) answering this reason and those aged 44-53 had the lowest proportion (30.7%) (Table 5.7e).

Table 5.7e: Among females aged 44-69 who never had mammogram, reasons for not having mammogram by age group

	44-53		54-63		64-69		Total	
	No. of persons ('000)	%	No. of persons ('000)	%	No. of persons ('000)	%	No. of persons ('000)	%
Never recommended by a doctor or health professional to have this examination	144.8	40.9%	146.4	40.9%	78.4	43.0%	369.5	41.3%
I am healthy and have no symptom of breast cancer	108.6	30.7%	120.9	33.8%	58.1	31.9%	287.6	32.2%
No need to take the examination	36.2	10.2%	31.5	8.8%	17.3	9.5%	84.9	9.5%
Too old, did not want to have this examination	11.5	3.3%	20.2	5.6%	20.6	11.3%	52.2	5.8%
Not reaching the age/ too young to have this examination	23.6	6.7%	20.1	5.6%	4.5	2.4%	48.1	5.4%
No time to have this examination	22.3	6.3%	14.0	3.9%	4.1	2.3%	40.4	4.5%
Don't know where I can have this examination	14.7	4.2%	13.2	3.7%	5.1	2.8%	33.0	3.7%
Too expensive	9.5	2.7%	7.7	2.2%	5.5	3.0%	22.8	2.5%
Don't know what this examination is about	11.4	3.2%	8.3	2.3%	1.8	1.0%	21.6	2.4%
I am too lazy, delayed having this examination	3.9	1.1%	3.3	0.9%	0.3	0.2%	7.6	0.8%
Fear of pain or discomfort	3.1	0.9%	2.1	0.6%	2.0	1.1%	7.2	0.8%
Don’t want to know examination result or diagnosis	2.1	0.6%	1.7	0.5%	0.7	0.4%	4.5	0.5%
No medical insurance coverage	2.2	0.6%	2.2	0.6%	-	-	4.5	0.5%
Too embarrassed	1.5	0.4%	0.8	0.2%	-	-	2.3	0.3%
Long waiting time to arrange the examination	0.4	0.1%	0.3	0.1%	1.3	0.7%	2.0	0.2%
Others	-	-	0.7	0.2%	-	-	0.7	0.1%

Base: Female respondents aged 44-69 who never had mammogram (N=894 000).
Notes: Multiple answers were allowed.
Figures may not add up to the total due to rounding.

According to the CEWG's recommendations (January 2021) on breast cancer prevention and screening, subject to actual risk level, females aged 44-69 are recommended to have or consider to have a mammogram at least every two years for early detection and treatment. In the survey, the proportion of women aged 44-69 who ever had a mammogram was 41.6%, including 39.0% with no suspected symptoms prior to the examination and 2.6% with suspected symptoms (Table 5.7a). Among females aged 44-69, 18.0% received regular mammogram (i.e. within 2 years) (Table 5.7c).

5.8 Health Screening for Cardiovascular Risk Factors

The risk of cardiovascular diseases and renal dysfunction increases with elevated blood pressure. According to the HKRF for Hypertension Care for Adults in Primary Care Settings (Revised Edition 2021), blood pressure measurement in all adults from 18 years of age at least every 2 years is recommended [5]. The PHS included questions on blood pressure measurement. Respondents were asked whether they ever had blood pressure checked by a doctor or other health professional. If an affirmative response was given, they were further asked when they last had their blood pressure checked.

The survey revealed that more than half (56.8%) of the persons aged 15 or above ever had their blood pressure checked by a doctor or other health professionals. The proportion was higher in females (58.8%) than in males (54.5%) (Table 5.8a). The proportion increased from 19.5% for those aged 15-24 to 84.7% for those aged 75-84 (Table 5.8b). Among those persons who reported that they had their blood pressure checked, 90.4% reported that they had their blood pressure last checked within the past two years (Table 5.8c).

Blood sugar measurement can detect the presence of diabetes mellitus or a predisposition to the development of diabetes mellitus. Many persons are not aware that they have high blood sugar or diabetes mellitus until screened or signs of complications appear. According to the HKRF for Diabetes Care for Adults in Primary Care Settings (Revised Edition 2021), early identification using fasting glucose is suggested for all subjects aged ≥45 years at a minimum of 3-year intervals [6]. Survey respondents were asked whether they ever had their blood sugar checked. If an affirmative response was given, they were further asked when they last had their blood sugar checked.

About 48.1% of persons aged 15 or above had their blood sugar checked before. The proportion was higher in females (50.1%) than in males (45.8%) (Table 5.8a). The proportion of persons who had their blood sugar checked increased from 7.7% in the 15-24 age group to 74.6% in the 85 or above age group with persons in the 75-84 age group (78.2%) recording the highest proportion (Table 5.8b). 93.6% of persons who reported that they had their blood sugar checked before had the last test done within the past three years (Table 5.8c).

High blood cholesterol is a risk factor for cardiovascular diseases. The survey included questions on measurement of blood cholesterol. According to the HKRF for Preventive Care for Older Adults in Primary Care Settings (Revised Edition 2021)[7], screen for hyperlipidaemia every 3 years among those aged 50-75 is recommended if previous results are within optimal range, and more frequent testing e.g. every 12 months is recommended when risk factors of cardiovascular diseases are present. Respondents were asked whether

they ever had blood cholesterol checked. If an affirmative response was given, they were further asked when they last had their blood cholesterol checked.

Overall, 47.3% of persons aged 15 or above had their blood cholesterol measured before. The proportion of respondents who ever had their blood cholesterol checked was higher in females (49.0%) than in males (45.3%) (Table 5.8a). The proportion of persons who ever had cholesterol checked before tended to increase with age and persons in the 75-84 age group recorded the highest proportion (78.0%) ever had their blood cholesterol checked (Table 5.8b). Among those persons who reported that they had blood cholesterol checked before, 92.5% had the last test done within 36 months (Table 5.8c).

Table 5.8a: Proportion of population aged 15 or above who ever had screening for cardiovascular risk factors (blood pressure, blood sugar and blood cholesterol) by gender

	Female		Male		Total	
	No. of persons ('000)	%	No. of persons ('000)	%	No. of persons ('000)	%
Blood pressure						
Yes	1 912.3	58.8%	1 579.3	54.5%	3 491.7	56.8%
No	1 062.8	32.7%	1 079.8	37.2%	2 142.6	34.8%
Don't know / Not sure	276.7	8.5%	239.8	8.3%	516.5	8.4%
Total	3 251.8	100.0%	2 899.0	100.0%	6 150.8	100.0%
Blood sugar						
Yes	1 630.0	50.1%	1 326.7	45.8%	2 956.7	48.1%
No	1 379.7	42.4%	1 354.2	46.7%	2 733.8	44.4%
Don't know / Not sure	242.1	7.4%	218.2	7.5%	460.3	7.5%
Total	3 251.8	100.0%	2 899.0	100.0%	6 150.8	100.0%
Blood cholesterol						
Yes	1 594.0	49.0%	1 314.3	45.3%	2 908.3	47.3%
No	1 401.9	43.1%	1 359.6	46.9%	2 761.5	44.9%
Don't know / Not sure	255.9	7.9%	225.1	7.8%	481.0	7.8%
Total	3 251.8	100.0%	2 899.0	100.0%	6 150.8	100.0%

Base: All respondents (N=6 150 800).
Note: Figures may not add up to the total due to rounding.

Table 5.8b: Proportion of population aged 15 or above who ever had screening for cardiovascular risk factors (blood pressure, blood sugar and blood cholesterol) by age group

	15-24		25-34		35-44		45-54		55-64		65-74		75-84		85 or above		Total	
	No. of persons ('000)	%	No. of persons ('000)	%	No. of persons ('000)	%	No. of persons ('000)	%	No. of persons ('000)	%	No. of persons ('000)	%	No. of persons ('000)	%	No. of persons ('000)	%	No. of persons ('000)	%
Blood pressure																		
Yes	112.7	19.5%	318.9	35.7%	476.5	47.1%	613.4	56.6%	853.4	70.4%	666.5	79.5%	290.9	84.7%	159.3	83.4%	3 491.7	56.8%
No	416.9	72.0%	497.0	55.7%	441.6	43.7%	374.0	34.5%	265.1	21.9%	109.3	13.0%	23.6	6.9%	15.0	7.8%	2 142.6	34.8%
Don't know	49.8	8.6%	77.1	8.6%	92.6	9.2%	95.6	8.8%	93.8	7.7%	62.1	7.4%	28.9	8.4%	16.8	8.8%	516.5	8.4%
Total	579.4	100.0%	893.0	100.0%	1 010.7	100.0%	1 083.0	100.0%	1 212.3	100.0%	837.9	100.0%	343.5	100.0%	191.0	100.0%	6 150.8	100.0%
Blood sugar																		
Yes	44.4	7.7%	223.6	25.0%	399.7	39.5%	523.1	48.3%	752.9	62.1%	602.1	71.9%	268.5	78.2%	142.4	74.6%	2 956.7	48.1%
No	510.0	88.0%	609.0	68.2%	532.1	52.7%	474.2	43.8%	365.6	30.2%	172.9	20.6%	41.8	12.2%	28.2	14.8%	2 733.8	44.4%
Don't know	25.0	4.3%	60.4	6.8%	78.9	7.8%	85.7	7.9%	93.8	7.7%	62.9	7.5%	33.2	9.7%	20.4	10.7%	460.3	7.5%
Total	579.4	100.0%	893.0	100.0%	1 010.7	100.0%	1 083.0	100.0%	1 212.3	100.0%	837.9	100.0%	343.5	100.0%	191.0	100.0%	6 150.8	100.0%
Blood cholesterol																		
Yes	27.1	4.7%	196.3	22.0%	371.2	36.7%	520.4	48.1%	762.5	62.9%	616.9	73.6%	268.1	78.0%	145.8	76.4%	2 908.3	47.3%
No	524.1	90.5%	630.8	70.6%	559.5	55.4%	471.0	43.5%	358.0	29.5%	153.4	18.3%	41.2	12.0%	23.6	12.3%	2 761.5	44.9%
Don't know	28.2	4.9%	65.9	7.4%	80.0	7.9%	91.6	8.5%	91.8	7.6%	67.6	8.1%	34.3	10.0%	21.6	11.3%	481.0	7.8%
Total	579.4	100.0%	893.0	100.0%	1 010.7	100.0%	1 083.0	100.0%	1 212.3	100.0%	837.9	100.0%	343.5	100.0%	191.0	100.0%	6 150.8	100.0%

Base: All respondents (N=6 150 800).
Notes: Figures may not add up to the total due to rounding.

Table 5.8c: Number of months since last screening for cardiovascular risk factors (blood pressure, blood sugar and blood cholesterol) by gender

	Female		Male		Total	
	No. of persons ('000)	%	No. of persons ('000)	%	No. of persons ('000)	%
Blood pressure ^						
24 and less	1 738.8	90.9%	1 418.8	89.8%	3 157.6	90.4%
Less than 13	*1 549.7*	*81.0%*	*1 265.3*	*80.1%*	*2 815.0*	*80.6%*
13 - 24	*189.2*	*9.9%*	*153.5*	*9.7%*	*342.6*	*9.8%*
25 - 36	71.2	3.7%	72.0	4.6%	143.2	4.1%
37 - 48	19.2	1.0%	14.2	0.9%	33.4	1.0%
49 - 60	34.9	1.8%	32.3	2.0%	67.2	1.9%
More than 60	48.2	2.5%	42.1	2.7%	90.3	2.6%
Total	1 912.3	100.0%	1 579.3	100.0%	3 491.7	100.0%
Mean	11.9		12.6		12.2	
Blood sugar #						
36 and less	1 516.9	93.1%	1 250.8	94.3%	2 767.7	93.6%
Less than 13	*1 263.3*	*77.5%*	*1 032.0*	*77.8%*	*2 295.3*	*77.6%*
13 - 24	*180.7*	*11.1%*	*152.7*	*11.5%*	*333.4*	*11.3%*
25 - 36	72.9	4.5%	66.1	5.0%	139.0	4.7%
37 - 48	18.8	1.2%	12.9	1.0%	31.7	1.1%
49 - 60	40.0	2.5%	29.3	2.2%	69.2	2.3%
More than 60	54.3	3.3%	33.8	2.5%	88.1	3.0%
Total	1 630.0	100.0%	1 326.7	100.0%	2 956.7	100.0%
Mean	14.3		13.2		13.8	
Blood cholesterol *						
36 and less	1 471.8	92.3%	1 218.5	92.7%	2 690.3	92.5%
Less than 13	*1 212.5*	*76.1%*	*988.7*	*75.2%*	*2 201.2*	*75.7%*
13 - 24	*181.8*	*11.4%*	*162.7*	*12.4%*	*344.4*	*11.8%*
25 - 36	*77.5*	*4.9%*	*67.1*	*5.1%*	*144.7*	*5.0%*
37 - 48	19.5	1.2%	14.4	1.1%	33.9	1.2%
49 - 60	39.8	2.5%	35.0	2.7%	74.8	2.6%
More than 60	62.9	3.9%	46.5	3.5%	109.4	3.8%
Total	1 594.0	100.0%	1 314.3	100.0%	2 908.3	100.0%
Mean	15.6		15.3		15.5	

Bases: ^ Respondents who had blood pressure checked (N=3 491 700).
Respondents who had blood sugar checked (N=2 956 700).
* Respondents who had blood cholesterol checked (N=2 908 300).
Note: Figures may not add up to the total due to rounding.

In accordance with the HKRF for Hypertension Care for Adults in Primary Care Settings (Revised Edition 2021)[5], 52.3% of persons aged 18 or above had their blood pressure checked within 2 years. The proportion of females (54.3%) having blood pressure checked within two years was higher than that of males (50.0%) (Table 5.8d).

Table 5.8d: Proportion of population aged 18 or above measuring blood pressure at least once by a doctor (western medical practitioner) or other health care workers within 2 years by gender

	Female		Male		Total	
	No. of persons ('000)	%	No. of persons ('000)	%	No. of persons ('000)	%
Ever screened	1 897.0	59.7%	1 567.2	55.6%	3 464.2	57.8%
Within 2 years (i.e. ≤24 months)	*1 725.4*	*54.3%*	*1 408.5*	*50.0%*	*3 133.9*	*52.3%*
More than 2 years	*171.6*	*5.4%*	*158.7*	*5.6%*	*330.3*	*5.5%*
No	1 009.4	31.8%	1 018.1	36.1%	2 027.5	33.8%
Don't know / Not sure	270.5	8.5%	233.8	8.3%	504.4	8.4%
Total	3 176.9	100.0%	2 819.1	100.0%	5 996.0	100.0%

Base: Respondents aged 18 or above (N=5 996 000).
Note: Figures may not add up to the total due to rounding.

In accordance with the HKRF for Diabetes Care for Adults in Primary Care Settings (Revised Edition 2021)[6], 59.1% of persons aged 45 or above had their blood sugar checked within 3 years. The proportion of females (59.5%) having blood sugar tested within three years was higher than that of males (58.5%) (Table 5.8e).

Table 5.8e: Proportion of population aged 45 or above having blood sugar checked within 3 years by gender

	Female		Male		Total	
	No. of persons ('000)	%	No. of persons ('000)	%	No. of persons ('000)	%
Ever screened	1 240.8	63.2%	1 048.1	61.5%	2 289.0	62.4%
Within 3 years (i.e. ≤36 months)	*1 169.7*	*59.5%*	*996.7*	*58.5%*	*2 166.4*	*59.1%*
More than 3 years	*71.2*	*3.6%*	*51.4*	*3.0%*	*122.6*	*3.3%*
No	566.6	28.8%	516.2	30.3%	1 082.7	29.5%
Don't know / Not sure	157.1	8.0%	138.9	8.2%	296.0	8.1%
Total	1 964.5	100.0%	1 703.2	100.0%	3 667.7	100.0%

Base: Respondents aged 45 or above (N= 3 667 700).
Note: Figures may not add up to the total due to rounding.

In accordance with the HKRF for Preventive Care for Older Adults in Primary Care Settings (Revised Edition 2021)[7], 60.1% of persons aged 50-75 had their cholestrol checked within 3 years. The proportion of females (61.4%) having blood cholesterol checked within three years was higher than that of males (58.7%) (Table 5.8f).

Table 5.8f: Proportion of population aged 50-75 having blood cholesterol checked within 3 years by gender

	Female		**Male**		**Total**	
	No. of persons ('000)	**%**	**No. of persons ('000)**	**%**	**No. of persons ('000)**	**%**
Ever screened	920.6	65.7%	788.6	63.0%	1 709.2	64.4%
Within 3 years (i.e. ≤36 months)	*860.9*	*61.4%*	*734.6*	*58.7%*	*1 595.5*	*60.1%*
More than 3 years	*59.7*	*4.3%*	*54.0*	*4.3%*	*113.7*	*4.3%*
No	369.9	26.4%	370.1	29.6%	740.0	27.9%
Don't know / Not sure	110.6	7.9%	93.1	7.4%	203.7	7.7%
Total	1 401.1	100.0%	1 251.8	100.0%	2 652.9	100.0%

Base: Respondents aged 50-75 (N=2 652 900).
Note: Figures may not add up to the total due to rounding.

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Chapter 6
Use of Healthcare Services

Persons with acute and chronic health conditions can access healthcare services in the public or private sectors. This chapter reports on the pattern of healthcare services utilisation, reported by persons with acute or chronic health conditions.

Snapshot of the Use of Healthcare Services of the Population

Indicator	Female	Male	Overall
Among respondents reported to have acute health conditions in the 30 days preceding the survey			
● Proportion visited western medical practitioners	28.5%	39.4%	32.1%
● Proportion received self-treatment or medication	41.7%	51.8%	45.0%
● Proportion visited dentists	28.1%	34.3%	30.9%
● Proportion required sick leave	14.3%	18.2%	15.6%
Among respondents reported to have chronic health conditions			
● Proportion being follow-up by healthcare services	63.8%	65.5%	64.6%
● Proportion admitted to a public or private hospital in the 12 months preceding the survey	5.6%	5.6%	5.6%
● Proportion required sick leave in the 12 months preceding the survey	7.7%	4.8%	6.2%
Type of healthcare setting visited to consult western medical practitioner for medical follow-up of chronic health conditions			
● Public clinics or hospitals (including Hospital (HA) and Department of Health (DH)) only	51.8%	54.5%	53.0%
● Private clinics or hospitals, non-governmental organisations (including universities) or other healthcare services only	8.5%	8.8%	8.7%
● Both public and private healthcare services	3.5%	2.1%	2.9%

6.1 Healthcare Services Utilisation related to Acute Health Conditions

Among those who reported acute health conditions (reported in Chapter 3) in the 30 days preceding the survey, 32.1% (28.5% for females and 39.4% for males) visited western medical practitioners. 45.0% (41.7% for females and 51.8% for males) received treatments (including self-medication and prescribed drug or treatment prescribed by doctor). 30.9% of those who reported problem with teeth or oral cavity in the 30 days preceding the survey visited dentists (28.1% for females and 34.3% for males). Among those working full-time / part-time or being students in the seven days preceding the survey and reported acute health conditions in the 30 days preceding the survey, 15.6% (14.3% for females and 18.2% for males) required a sick leave (Table 6.1a).

With breakdown by age group, the proportion of visiting western medical practitioners because of acute health conditions generally increased with age, from 21.0% for those aged 25-34 to 43.3% for those aged 85 or above. The proportion of receiving treatment, including self-medication and prescribed drug or treatment prescribed by doctor because of acute health conditions fluctuated with age, with the highest proportion (54.3%) among those aged 75-84, while the lowest proportion (35.5%) was among those aged 25-34. For those who had problem with teeth or oral cavity in the 30 days preceding the survey, the highest proportion of visiting dentists was among the age group 85 or above (48.3%), while the lowest proportion was among those aged 75-84 (18.3%). Among those working full-time / part-time or being students in the seven days preceding the survey and reported acute health conditions in the 30 days preceding the survey, persons aged 35-44 (21.8%) reported the highest proportion who required sick leave (Table 6.1b).

Table 6.1a: Healthcare services utilisation related to acute health conditions (visited western medical practitioners, received treatment, visited dentists and required sick leave) in the 30 days preceding the survey by gender

	Female		Male		Total	
	No. of persons ('000)	%	No. of persons ('000)	%	No. of persons ('000)	%
Visited western medical practitioners						
Yes	110.3	28.5%	75.6	39.4%	186.0	32.1%
No	276.3	71.5%	116.4	60.6%	392.7	67.9%
Total	386.6	100.0%	192.0	100.0%	578.7	100.0%
Received treatment (including self-medication and prescribed drug or treatment prescribed by doctor)						
Yes	161.3	41.7%	99.4	51.8%	260.6	45.0%
No	225.4	58.3%	92.6	48.2%	318.0	55.0%
Total	386.6	100.0%	192.0	100.0%	578.7	100.0%
Visited dentists *						
Yes	9.3	28.1%	9.6	34.3%	19.0	30.9%
No	23.9	71.9%	18.5	65.7%	42.4	69.1%
Total	33.3	100.0%	28.1	100.0%	61.4	100.0%
Required sick leave #						
Yes	29.5	14.3%	19.5	18.2%	49.0	15.6%
No	169.9	82.2%	82.3	76.8%	252.2	80.3%
Not applicable	7.4	3.6%	5.4	5.0%	12.8	4.1%
Total	206.8	100.0%	107.2	100.0%	314.0	100.0%

Bases: Respondents who had acute health problems in the 30 days preceding the survey (N=578 700).

* Respondents who had problem with teeth or oral cavity in the 30 days preceding the survey (N=61 400).

\# Respondents working full-time / part-time or being students in the seven days preceding the survey who had acute health problems in the 30 days preceding the survey (N=314 000).

Note: Figures may not add up to the total due to rounding.

Table 6.1b: Healthcare services utilisation related to acute health conditions (visited western medical practitioners, received treatment, visited dentists and required sick leave) in the 30 days preceding the survey by age group

	15-24		25-34		35-44		45-54		55-64		65-74		75-84		85 or above		Total	
	No. of persons ('000)	%	No. of persons ('000)	%	No. of persons ('000)	%	No. of persons ('000)	%	No. of persons ('000)	%	No. of persons ('000)	%	No. of persons ('000)	%	No. of persons ('000)	%	No. of persons ('000)	%
Visited western medical practitioners																		
Yes	13.1	25.8%	17.6	21.0%	22.5	25.8%	27.1	31.8%	39.0	36.3%	36.0	38.8%	19.3	42.6%	11.4	43.3%	186.0	32.1%
No	37.8	74.2%	66.3	79.0%	64.8	74.2%	58.0	68.2%	68.3	63.7%	56.7	61.2%	26.0	57.4%	14.9	56.7%	392.7	67.9%
Total	50.9	100.0%	83.9	100.0%	87.3	100.0%	85.0	100.0%	107.3	100.0%	92.7	100.0%	45.2	100.0%	26.3	100.0%	578.7	100.0%
Received treatment (including self-medication and prescribed drug or treatment prescribed by doctor)																		
Yes	21.3	41.8%	29.8	35.5%	33.5	38.4%	40.9	48.1%	51.7	48.2%	46.2	49.8%	24.5	54.3%	12.6	47.9%	260.6	45.0%
No	29.6	58.2%	54.1	64.5%	53.8	61.6%	44.1	51.9%	55.5	51.8%	46.5	50.2%	20.7	45.7%	13.7	52.1%	318.0	55.0%
Total	50.9	100.0%	83.9	100.0%	87.3	100.0%	85.0	100.0%	107.3	100.0%	92.7	100.0%	45.2	100.0%	26.3	100.0%	578.7	100.0%
Visited dentists *																		
Yes	1.2	46.8%	1.2	31.0%	1.5	33.7%	3.1	26.0%	6.9	38.9%	3.1	23.8%	1.0	18.3%	0.8	48.3%	19.0	30.9%
No	1.4	53.2%	2.8	69.0%	2.9	66.3%	8.9	74.0%	10.9	61.1%	10.1	76.2%	4.7	81.7%	0.8	51.7%	42.4	69.1%
Total	2.7	100.0%	4.0	100.0%	4.4	100.0%	12.0	100.0%	17.8	100.0%	13.2	100.0%	5.7	100.0%	1.6	100.0%	61.4	100.0%
Required sick leave #																		
Yes	4.7	9.6%	13.5	19.7%	13.1	21.8%	9.2	14.4%	7.8	12.9%	0.6	5.8%	-	-	-	-	49.0	15.6%
No	40.8	83.1%	53.6	78.1%	46.1	76.4%	54.2	84.4%	48.6	80.3%	8.6	78.9%	0.3	100.0%	-	-	252.2	80.3%
Not applicable	3.6	7.4%	1.5	2.2%	1.1	1.9%	0.8	1.2%	4.1	6.8%	1.7	15.3%	-	-	-	-	12.8	4.1%
Total	49.1	100.0%	68.6	100.0%	60.4	100.0%	64.2	100.0%	60.4	100.0%	10.9	100.0%	0.3	100.0%	-	-	314.0	100.0%

Bases: Respondents who had acute health problems in the 30 days preceding the survey (N=578 700).
* Respondents who had problem with teeth or oral cavity in the 30 days preceding the survey (N=61 400).
# Respondents working full-time / part-time or being students in the seven days preceding the survey who had acute health problems in the 30 days preceding the survey (N=314 000).

Note: Figures may not add up to the total due to rounding.

6.2 Healthcare Services Utilisation related to Chronic Health Conditions

Among those who reported having the selected chronic health conditions [i] (reported in Chapter 3), 64.6% (63.8% for females and 65.5% for males) were follow-up by healthcare services. For persons who reported chronic health conditions and required follow-up by healthcare services, 5.6% (same for both sexes) were admitted to public or private hospitals in the 12 months preceding the survey. Among those working full-time / part-time or being students in the seven days preceding the survey and reported chronic health conditions [i], 6.2% (7.7% for females and 4.8% for males) required sick leave in the 12 months preceding the survey (Table 6.2a).

Table 6.2a: Healthcare services utilisation related to chronic health conditions (being follow-up by healthcare services, admitted to hospital, and required sick leave) by gender

	Female		Male		Total	
	No. of persons ('000)	%	No. of persons ('000)	%	No. of persons ('000)	%
Being follow-up by healthcare services *						
Yes	932.1	63.8%	798.5	65.5%	1 730.6	64.6%
No	528.6	36.2%	420.7	34.5%	949.3	35.4%
Total	1 460.7	100.0%	1 219.2	100.0%	2 679.9	100.0%
Admitted to a public or private hospital in the 12 months preceding the survey #						
Yes	53.1	5.6%	45.4	5.6%	98.5	5.6%
No	894.3	94.4%	769.0	94.4%	1 663.2	94.4%
Total	947.4	100.0%	814.4	100.0%	1 761.8	100.0%
Required sick leave in the 12 months preceding the survey ^						
Yes	42.5	7.7%	31.4	4.8%	74.0	6.2%
No	474.5	86.3%	581.1	89.6%	1 055.6	88.1%
Not applicable	32.6	5.9%	36.3	5.6%	68.9	5.8%
Total	549.6	100.0%	648.9	100.0%	1 198.5	100.0%

Bases: * Respondents who had chronic health conditions (excluding mental health and hearing problems) (N=2 679 900).
Respondents who had chronic health conditions (excluding mental health and hearing problems) and required medical follow-up (N= 1 761 800).
^ Respondents working full-time / part-time or being students in the seven days preceding the survey who had chronic health conditions (excluding mental health and hearing problems) (N=1 198 500).

Note: Figures may not add up to the total due to rounding.

[i] The selected chronic health conditions were reported in Chapter 3, mental health and hearing problems were not covered when assessing the healthcare services utilisation of chronic health conditions.

With breakdown by age group, the proportions of persons who reported chronic health conditions and were follow-up by healthcare services generally increased with age, 24.6% for those aged 15-24 and from 23.1% for those aged 25-34 to 83.9% for those aged 85 or above. Among those who reported chronic health conditions and required follow-up by healthcare services, person aged 85 or above had the highest proportions (9.0%) being admitted to public or private hospitals in the 12 months preceding the survey, while those aged 15-24 had the lowest proportion (1.8%). Among those who were working full-time / part-time or being students in the seven days preceding the survey and reported chronic health conditions, persons aged 35-44 had the highest proportion to take sick leave in the 12 months preceding the survey (7.3%) (Table 6.2b).

Table 6.2b: Healthcare services utilisation related to chronic health conditions (being follow-up by healthcare services, admitted to hospital, and required sick leave) by age group

	15-24		25-34		35-44		45-54		55-64		65-74		75-84		85 or above		Total	
	No. of persons ('000)	%	No. of persons ('000)	%	No. of persons ('000)	%	No. of persons ('000)	%	No. of persons ('000)	%	No. of persons ('000)	%	No. of persons ('000)	%	No. of persons ('000)	%	No. of persons ('000)	%
Being follow-up by healthcare services *																		
Yes	17.5	24.6%	34.0	23.1%	83.0	35.0%	219.6	52.1%	500.5	70.0%	489.4	78.4%	246.5	83.0%	140.1	83.9%	1 730.6	64.6%
No	53.6	75.4%	112.9	76.9%	154.3	65.0%	201.7	47.9%	214.2	30.0%	135.0	21.6%	50.6	17.0%	26.9	16.1%	949.3	35.4%
Total	71.1	100.0%	146.9	100.0%	237.3	100.0%	421.3	100.0%	714.7	100.0%	624.4	100.0%	297.1	100.0%	167.1	100.0%	2 679.9	100.0%
Admitted to a public or private hospital in the 12 months preceding the survey #																		
Yes	0.3	1.8%	2.9	8.1%	2.6	3.0%	12.5	5.5%	22.2	4.4%	26.1	5.3%	19.1	7.7%	12.8	9.0%	98.5	5.6%
No	17.5	98.2%	32.5	91.9%	84.9	97.0%	214.9	94.5%	486.8	95.6%	468.1	94.7%	229.0	92.3%	129.6	91.0%	1 663.2	94.4%
Total	17.8	100.0%	35.4	100.0%	87.5	100.0%	227.4	100.0%	509.0	100.0%	494.2	100.0%	248.1	100.0%	142.4	100.0%	1 761.8	100.0%
Required sick leave in the 12 months preceding the survey ^																		
Yes	4.3	6.6%	7.0	5.6%	13.6	7.3%	18.7	5.7%	26.9	7.0%	3.5	3.6%	-	-	-	-	74.0	6.2%
No	51.5	78.8%	115.1	91.5%	166.6	89.3%	302.8	91.6%	329.1	86.2%	80.1	82.6%	9.9	91.7%	0.5	100.0%	1 055.6	88.1%
Not applicable	9.6	14.7%	3.6	2.9%	6.4	3.4%	9.1	2.7%	26.0	6.8%	13.4	13.8%	0.9	8.3%	-	-	68.9	5.8%
Total	65.4	100.0%	125.8	100.0%	186.6	100.0%	330.6	100.0%	382.0	100.0%	96.9	100.0%	10.8	100.0%	0.5	100.0%	1 198.5	100.0%

Bases * Respondents who had chronic health conditions (excluding mental health and hearing problems) (N=2 679 900).

Respondents who had chronic health conditions (excluding mental health and hearing problems) and required medical follow-up (N=1 761 800).

^ Respondents working full-time / part-time or being students in the seven days preceding the survey who had chronic health conditions (excluding mental health and hearing problems) (N=1 198 500).

Note: Figures may not add up to the total due to rounding.

6.3 Types of Healthcare Services Utilisation related to Chronic Health Conditions

Chronic health conditions typically require ongoing follow-up medical care. In Hong Kong, patients may have follow-up in clinics or hospitals in both the private and public sectors.

Overall, 53.0% (51.8% for females and 54.5% for males) of persons who had chronic health conditions [i] had medical follow-up in public clinics or hospitals (including HA and DH). 8.7% (8.5% for females and 8.8% for males) had their follow-up in private clinics or hospitals, non-governmental organisations (including universities) or others. 2.9% (3.5% for females and 2.1% for males) had their follow-up in both public and private healthcare services. 35.4% (36.2% for females and 34.5% for males) did not have follow-up. (Table 6.3a).

Analysed by chronic health condition, 86.0% of persons with diabetes had medical follow-up in public clinics or hospitals (including HA and DH), which was the highest among all chronic health conditions, while 31.7% of persons with chronic obstructive pulmonary disease (COPD) had medical follow-up in public clinics or hospitals (including HA and DH), which was the lowest among all chronic health conditions. 11.1% of persons with cancer and cardiovascular diseases respectively had medical follow-up in private clinics or hospitals, which was the highest among all chronic health conditions, while 3.2% of persons with stroke had medical follow-up in private clinics or hospitals, which was the lowest among all chronic health conditions. 64.0 % of persons with COPD did not have medical follow-up, which was the highest among all chronic health conditions. 7.9% of persons with diabetes did not have medical follow-up, which was the lowest among all chronic health conditions (Table 6.3b).

Table 6.3a: Type of healthcare settings visited to consult western medical practitioner for medical follow-up of chronic health conditions by gender

	Female		Male		Total	
	No. of persons ('000)	%	No. of persons ('000)	%	No. of persons ('000)	%
Public clinics or hospitals (including HA and DH) only	756.5	51.8%	664.5	54.5%	1 420.9	53.0%
Private clinics or hospitals, non-governmental organisations (including universities) or other healthcare services only	124.2	8.5%	107.8	8.8%	232.0	8.7%
Both public and private healthcare services	51.4	3.5%	26.2	2.1%	77.6	2.9%
No follow-up	528.6	36.2%	420.7	34.5%	949.3	35.4%
Total	1 460.7	100.0%	1 219.2	100.0%	2 679.9	100.0%

Base: Respondents who had chronic health conditions (excluding mental health and hearing problems) (N=2 679 900).
Note: Figures may not add up to the total due to rounding.

Table 6.3b: Type of healthcare settings visited to consult western medical practitioner for medical follow-up by chronic health conditions

	No. of persons had the respective chronic health conditions ('000)	Required medical follow-up *								No follow-up	
		Public clinics or hospitals (including HA and DH)		Private clinics or hospitals		Non-governmental organisations (including universities)		Others			
		No. of persons ('000)	%	No. of persons ('000)	%	No. of persons ('000)	%	No. of persons ('000)	%	No. of persons ('000)	%
Hypertension	1 201.1	920.2	76.6%	118.4	9.9%	12.6	1.1%	0.3	<0.05%	160.0	13.3%
High blood cholesterol	922.7	638.7	69.2%	98.3	10.7%	7.6	0.8%	0.3	<0.05%	187.9	20.4%
Diabetes	425.7	366.1	86.0%	25.7	6.0%	4.8	1.1%	0.4	0.1%	33.7	7.9%
Cardiovascular diseases	216.8	166.5	76.8%	24.2	11.1%	1.9	0.9%	-	-	30.7	14.2%
Stroke	47.6	34.6	72.8%	1.5	3.2%	0.3	0.6%	-	-	11.1	23.3%
Cancer	150.7	99.8	66.2%	16.8	11.1%	0.3	0.2%	-	-	37.2	24.7%
Chronic Obstructive Pulmonary Disease (COPD) and other respiratory diseases	184.3	58.4	31.7%	7.9	4.3%	1.1	0.6%	-	-	117.9	64.0%

Base: Respondents who had the respective chronic health conditions.
Note: * Multiple answers were allowed.

Among males who reported having chronic health conditions, over half of them had follow-up at public clinics or hospitals (under HA or DH) for doctor-diagnosed hypertension (76.2%), high blood cholesterol (70.8%), diabetes (85.2%), cardiovascular disease (76.2%), stroke (75.8%) and cancer (73.4%). 13.8% had follow-up at private clinics or hospitals for doctor-diagnosed cardiovascular diseases which was the highest proportion among all the chronic health conditions, 2.6% had follow-up in private clinics or hospitals for doctor-diagnosed COPD and other respiratory diseases which was the lowest proportion among all conditions. Over half of them did not have follow-up for doctor-diagnosed COPD and other respiratory diseases (60.9%). Among females who reported having chronic health conditions, over half of them had follow-up at public clinics or hospitals under HA or DH for doctor-diagnosed hypertension (77.0%), high blood cholesterol (67.7%), diabetes (86.9%), cardiovascular diseases (77.5%), stroke (67.1%) and cancer (62.5%). 11.1% had follow-up at private clinics or hospitals for doctor-diagnosed cancer which was the highest proportion among all the chronic health conditions, 1.9% had follow-up in private clinics or hospitals for doctor-diagnosed stroke which was the lowest proportion among all conditions. Over half of them did not have follow-up for doctor-diagnosed COPD and other respiratory diseases (66.9%) (Table 6.3c).

Table 6.3c: Type of organisation to seek medical follow-up of each diagnosed chronic disease by gender

	Female		Male		Total	
	No. of persons ('000)	%	No. of persons ('000)	%	No. of persons ('000)	%
Hypertension *						
In public clinics or hospitals (including HA and DH)	481.0	77.0%	439.2	76.2%	920.2	76.6%
In private clinics or hospitals	65.0	10.4%	53.5	9.3%	118.4	9.9%
In non-governmental organisations (including universities)	8.3	1.3%	4.3	0.7%	12.6	1.1%
Others	0.3	<0.05%	-	-	0.3	<0.05%
No follow-up	77.1	12.4%	82.9	14.4%	160.0	13.3%
High blood cholesterol ^						
In public clinics or hospitals (including HA and DH)	322.9	67.7%	315.9	70.8%	638.7	69.2%
In private clinics or hospitals	50.8	10.7%	47.5	10.6%	98.3	10.7%
In non-governmental organisations (including universities)	3.6	0.8%	4.0	0.9%	7.6	0.8%
Others	0.3	0.1%	-	-	0.3	<0.05%
No follow-up	105.4	22.1%	82.5	18.5%	187.9	20.4%
Diabetes #						
In public clinics or hospitals (including HA and DH)	174.9	86.9%	191.3	85.2%	366.1	86.0%
In private clinics or hospitals	11.0	5.5%	14.7	6.6%	25.7	6.0%
In non-governmental organisations (including universities)	3.4	1.7%	1.3	0.6%	4.8	1.1%
Others	-	-	0.4	0.2%	0.4	0.1%
No follow-up	14.1	7.0%	19.6	8.7%	33.7	7.9%
Cardiovascular diseases †						
In public clinics or hospitals (including HA and DH)	75.1	77.5%	91.3	76.2%	166.5	76.8%
In private clinics or hospitals	7.6	7.9%	16.5	13.8%	24.2	11.1%
In non-governmental organisations (including universities)	1.9	2.0%	-	-	1.9	0.9%
Others	-	-	-	-	-	-
No follow-up	14.8	15.3%	15.9	13.3%	30.7	14.2%
Stroke ‡						
In public clinics or hospitals (including HA and DH)	10.9	67.1%	23.7	75.8%	34.6	72.8%
In private clinics or hospitals	0.3	1.9%	1.2	3.9%	1.5	3.2%
In non-governmental organisations (including universities)	0.3	1.9%	-	-	0.3	0.6%
Others	-	-	-	-	-	-
No follow-up	4.7	29.1%	6.4	20.3%	11.1	23.3%
Cancer ††						
In public clinics or hospitals (including HA and DH)	62.1	62.5%	37.7	73.4%	99.8	66.2%
In private clinics or hospitals	11.0	11.1%	5.7	11.1%	16.8	11.1%
In non-governmental organisations (including universities)	-	-	0.3	0.6%	0.3	0.2%
Others	-	-	-	-	-	-
No follow-up	29.0	29.2%	8.3	16.1%	37.2	24.7%

(To be continued).

Table 6.3c: Type of organisation to seek medical follow-up of each diagnosed chronic disease by gender (continued)

	Female		Male		Total	
	No. of persons ('000)	%	No. of persons ('000)	%	No. of persons ('000)	%
Chronic obstructive pulmonary disease and other respiratory diseases †††						
In public clinics or hospitals (including HA and DH)	26.3	27.9%	32.2	35.7%	58.4	31.7%
In private clinics or hospitals	5.6	5.9%	2.3	2.6%	7.9	4.3%
In non-governmental organisations (including universities)	0.3	0.3%	0.8	0.9%	1.1	0.6%
Others	-	-	-	-	-	-
No follow-up	63.1	66.9%	54.8	60.9%	117.9	64.0%

Bases: * Respondents who had doctor-diagnosed hypertension (N=1 201 100).
^ Respondents who had doctor-diagnosed high blood cholesterol (N=922 700).
# Respondents who had doctor-diagnosed diabetes (N=425 700).
† Respondents who had doctor-diagnosed cardiovascular diseases (N=216 800).
‡ Respondents who had doctor-diagnosed stroke (N=47 600).
†† Respondents who had doctor-diagnosed cancer (N=150 700).
††† Respondents who had doctor-diagnosed chronic obstructive pulmonary disease or other respiratory diseases (N=184 300).
Notes: Multiple answers were allowed.
Figures may not add up to the total due to rounding.

Analysed by age group, most of the diseases including hypertension, high blood cholesterol, diabetes, cardiovascular disease, and COPD and other respiratory diseases, had a general increasing trend of proportion of persons having follow-up in public clinics or hospitals of either HA or DH as age increased. Generally, in all the diseases, there was a decreasing trend of proportion of persons having follow-up in private clinics or hospitals as age increased. For those that had hypertension, high blood cholesterol, diabetes, cardiovascular diseases, or COPD and other respiratory diseases, the general proportion of not having follow-up decreased with age (Table 6.3d).

Table 6.3d: Type of organisation to seek medical follow-up of each diagnosed chronic disease by age group

	15-24		25-34		35-44		45-54		55-64		65-74		75-84		85 or above		Total	
	No. of persons ('000)	%	No. of persons ('000)	%	No. of persons ('000)	%	No. of persons ('000)	%	No. of persons ('000)	%	No. of persons ('000)	%	No. of persons ('000)	%	No. of persons ('000)	%	No. of persons ('000)	%
Hypertension *																		
In public clinics or hospitals (including HA and DH)	0.9	43.0%	2.9	48.9%	19.8	63.9%	86.1	65.5%	237.1	73.4%	293.9	77.6%	173.8	84.7%	105.9	85.5%	920.2	76.6%
In private clinics or hospitals	-	-	-	-	3.7	12.0%	21.0	16.0%	38.9	12.0%	35.5	9.4%	11.8	5.7%	7.6	6.2%	118.4	9.9%
In non-governmental organisations (including universities)	-	-	-	-	0.3	1.1%	0.6	0.5%	2.8	0.9%	5.6	1.5%	2.1	1.0%	1.3	1.0%	12.6	1.1%
Others	-	-	-	-	-	-	-	-	-	-	0.3	0.1%	-	-	-	-	0.3	<0.05%
No follow-up	1.2	57.0%	3.0	51.1%	7.6	24.5%	24.9	19.0%	46.1	14.3%	47.9	12.6%	19.5	9.5%	9.9	8.0%	160.0	13.3%
High blood cholesterol ^																		
In public clinics or hospitals (including HA and DH)	-	-	2.1	13.6%	16.8	39.9%	47.8	46.5%	178.4	67.8%	213.6	76.4%	116.3	79.8%	63.7	86.8%	638.7	69.2%
In private clinics or hospitals	-	-	1.7	11.0%	5.8	13.8%	17.4	17.0%	33.1	12.6%	24.5	8.8%	11.1	7.6%	4.6	6.3%	98.3	10.7%
In non-governmental organisations (including universities)	-	-	-	-	0.3	0.8%	0.3	0.3%	1.9	0.7%	3.9	1.4%	0.4	0.3%	0.8	1.1%	7.6	0.8%
Others	-	-	-	-	-	-	-	-	-	-	0.3	0.1%	-	-	-	-	0.3	<0.05%
No follow-up	0.4	100.0%	11.4	75.3%	19.1	45.4%	38.4	37.4%	54.1	20.6%	39.5	14.1%	19.8	13.6%	5.1	6.9%	187.9	20.4%

(To be continued)

Table 6.3d: Type of organisation to seek medical follow-up of each diagnosed chronic disease by age group (continued)

	15-24		25-34		35-44		45-54		55-64		65-74		75-84		85 or above		Total	
	No. of persons ('000)	%	No. of persons ('000)	%	No. of persons ('000)	%	No. of persons ('000)	%	No. of persons ('000)	%	No. of persons ('000)	%	No. of persons ('000)	%	No. of persons ('000)	%	No. of persons ('000)	%
Diabetes [#]																		
In public clinics or hospitals (including HA and DH)	-	-	1.7	83.4%	8.8	75.1%	31.3	77.4%	96.6	86.2%	122.6	85.3%	72.9	90.2%	32.2	92.3%	366.1	86.0%
In private clinics or hospitals	-	-	-	-	0.8	6.9%	3.7	9.0%	8.4	7.5%	8.4	5.8%	2.8	3.5%	1.8	5.1%	25.7	6.0%
In non-governmental organisations (including universities)	-	-	-	-	0.3	3.0%	1.0	2.5%	0.3	0.3%	2.4	1.7%	0.7	0.8%	-	-	4.8	1.1%
Others	-	-	-	-	-	-	0.4	1.0%	-	-	-	-	-	-	-	-	0.4	0.1%
No follow-up	-	-	0.3	16.6%	1.8	15.0%	5.3	13.1%	7.7	6.8%	11.4	7.9%	5.5	6.8%	1.8	5.0%	33.7	7.9%
Cardiovascular diseases [†]																		
In public clinics or hospitals (including HA and DH)	1.1	78.1%	0.5	28.2%	2.3	64.8%	11.8	73.3%	37.9	70.0%	54.0	79.2%	33.6	80.1%	25.3	84.7%	166.5	76.8%
In private clinics or hospitals	-	-	-	-	0.5	12.8%	2.7	16.5%	7.0	12.9%	7.4	10.9%	5.6	13.3%	1.1	3.7%	24.2	11.1%
In non-governmental organisations (including universities)	-	-	-	-	-	-	-	-	0.3	0.6%	0.3	0.4%	0.4	0.9%	0.9	3.1%	1.9	0.9%
Others	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
No follow-up	0.3	21.9%	1.2	71.8%	0.8	22.4%	2.4	15.1%	9.8	18.2%	9.4	13.7%	3.9	9.2%	2.9	9.8%	30.7	14.2%

(To be continued)

Table 6.3d: Type of organisation to seek medical follow-up of each diagnosed chronic disease by age group (continued)

	15-24		25-34		35-44		45-54		55-64		65-74		75-84		85 or above		Total	
	No. of persons ('000)	%	No. of persons ('000)	%	No. of persons ('000)	%	No. of persons ('000)	%	No. of persons ('000)	%	No. of persons ('000)	%	No. of persons ('000)	%	No. of persons ('000)	%	No. of persons ('000)	%
Stroke ‡																		
In public clinics or hospitals (including HA and DH)	-	-	-	-	0.8	62.4%	1.1	78.5%	7.8	80.8%	7.2	67.1%	11.9	71.8%	6.0	73.5%	34.6	72.8%
In private clinics or hospitals	-	-	-	-	-	-	-	-	0.8	8.8%	0.3	2.9%	0.4	2.3%	-	-	1.5	3.2%
In non-governmental organisations (including universities)	-	-	-	-	-	-	-	-	-	-	-	-	0.3	1.8%	-	-	0.3	0.6%
Others	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
No follow-up	-	-	-	-	0.5	37.6%	0.3	21.5%	1.0	10.5%	3.2	30.1%	4.0	24.0%	2.2	26.5%	11.1	23.3%
Cancer ††																		
In public clinics or hospitals (including HA and DH)	0.4	100.0%	-	-	5.1	75.9%	11.5	63.4%	26.8	61.5%	28.8	65.1%	20.6	74.9%	6.6	68.0%	99.8	66.2%
In private clinics or hospitals	-	-	0.3	100.0%	0.8	12.3%	4.0	22.3%	4.1	9.3%	3.9	8.8%	2.9	10.4%	0.7	7.5%	16.8	11.1%
In non-governmental organisations (including universities)	-	-	-	-	-	-	-	-	-	-	-	-	0.3	1.2%	-	-	0.3	0.2%
Others	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
No follow-up	-	-	-	-	0.8	11.9%	4.2	23.2%	13.1	30.1%	11.6	26.1%	4.8	17.3%	2.7	28.5%	37.2	24.7%

(To be continued)

Table 6.3d: Type of organisation to seek medical follow-up of each diagnosed chronic disease by age group (continued)

	15-24		25-34		35-44		45-54		55-64		65-74		75-84		85 or above		Total	
	No. of persons ('000)	%	No. of persons ('000)	%	No. of persons ('000)	%	No. of persons ('000)	%	No. of persons ('000)	%	No. of persons ('000)	%	No. of persons ('000)	%	No. of persons ('000)	%	No. of persons ('000)	%
Chronic obstructive pulmonary disease and other respiratory diseases †††																		
In public clinics or hospitals (including HA and DH)	1.1	9.1%	2.3	9.9%	2.5	10.1%	7.1	25.5%	10.1	28.3%	15.7	52.2%	14.5	68.7%	5.0	59.2%	58.4	31.7%
In private clinics or hospitals	-	-	0.4	1.9%	1.5	5.8%	1.0	3.7%	0.8	2.1%	3.6	11.9%	0.3	1.4%	0.3	4.0%	7.9	4.3%
In non-governmental organisations (including universities)	-	-	-	-	0.4	1.6%	-	-	-	-	0.3	1.0%	0.4	1.8%	-	-	1.1	0.6%
Others	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
No follow-up	11.4	90.9%	20.5	88.2%	21.2	83.8%	20.2	72.3%	24.8	69.5%	10.8	35.9%	5.9	28.1%	3.1	36.8%	117.9	64.0%

Bases: * Respondents who had doctor-diagnosed hypertension (N=1 201 100).
^ Respondents who had doctor-diagnosed high blood cholesterol (N=922 700).
# Respondents who had doctor-diagnosed diabetes (N=425 700).
† Respondents who had doctor-diagnosed cardiovascular diseases (N=216 800).
‡ Respondents who had doctor-diagnosed stroke (N=47 600).
†† Respondents who had doctor-diagnosed cancer (N=150 700).
††† Respondents who had doctor-diagnosed chronic obstructive pulmonary disease or other respiratory diseases (N=184 300).

Notes: Multiple answers were allowed.
Figures may not add up to the total due to rounding.

Appendix

Reliability of the Estimates

The coefficient of variation (CV) is used for comparing the precision of the estimates of various variables. The CV is obtained by expressing the standard error (SE) as a percentage of the estimate to which it refers. In turn, the SE is computed according to a formula which is established on the basis of statistical theory. Generally speaking, the SE is related to the variability of the elements in the population, the size of the sample and the sample design adopted for the survey. The smaller the CV or SE, the more precise is the estimate. For illustration, the estimates and the corresponding CVs of the selected variables presented in this report (Part I) are given below:

Variable	Estimate	CV (%)
1. Prevalence of self-reported doctor-diagnosed cancer	2.4%	4.9
2. Prevalence of self-reported chronic obstructive pulmonary disease	0.5%	10.7
3. Average time spent on total physical activity per day in minutes	68.6	1.1
4. Proportion of population who had binge drinking at least monthly	2.0%	5.8
5. Proportion of population with inadequate daily fruit and vegetables intake (less than 5 servings of fruit and vegetables)	97.9%	0.1
6. Proportion of population aged 50-75 ever had FOBT or Colonoscopy	42.6%	1.5
7. Proportion of females aged 25-64 ever had cervical screening	52.1%	1.3