

NHS Greater Glasgow and Clyde 2008 Health and Wellbeing Survey

Cambuslang & Rutherglen Report

Final Report

Prepared for

NHS Greater Glasgow and Clyde

March 2010

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1 Introduction

1.1 Introduction

This report contains the findings for Cambuslang & Rutherglen from a research study on health and wellbeing carried out in 2008 on behalf of NHS Greater Glasgow and Clyde. The fieldwork and data entry was performed by MRUK. Analysis and reporting was performed by Traci Leven Research. It is the fourth in a series of studies conducted by the former NHS Greater Glasgow and the first to include the area administered by the newly formed NHS Greater Glasgow and Clyde.

Background

The health and wellbeing study started in 1999. At that time the aim of the study was:

- to provide intelligence to inform the health promotion directorate;
- to explore the different experience of health and wellbeing in our most deprived communities¹ compared to other areas; and
- to provide information that would be useful for monitoring health promotion interventions.

There have been many policy changes over the decade the health and wellbeing study has been in operation. For example, the dissolution of social inclusion partnership areas (SIPs) as a focus of tackling area based deprivation and the emergence of using the Scottish Index of Multiple Deprivation (SIMD); the development of Community Health (and Care) Partnerships as a vehicle for integrated planning and delivery of health (and social) care services at a local level and changes to the performance assessment framework have led to an increased focus on some health behaviours such as breastfeeding; use of alcohol; diet and exercise.

The health and wellbeing survey was formed around core questions which have remained the same and allow the monitoring of trends over time. However, the survey has also been adapted to take into account new health and wellbeing issues and new geographies.

The survey provides a snapshot in time of the views and experience of the resident adult population. Whilst we cannot attribute causal relationships between the findings and the changing policy context we can explore our findings alongside wider changes in NHS Greater Glasgow and Clyde (NHSGGC).

Our local survey has provided flexible options to explore health and wellbeing at a local level. In 2008 each of the CH(C)Ps bought into the survey. Separate reports are available for each of the CH(C)Ps that comprise NHSGGC. In addition, Glasgow South West, Inverclyde and Renfrewshire bought into the survey at enhanced levels to allow for local exploration between the most deprived areas and other areas. All the reports will be posted on http://www.phru.net as they become available.

Trends are available for the area administered by the former NHSGG area; these are available in a separate report which will be placed on http://www.phru.net

Thanks are due to the working group that led the survey:

Allan Boyd Senior Analyst

Norma Greenwood Head of Public Health Resource Unit

¹ In 1999, our most deprived communities were given additional resources with the aim of reducing the gap between deprived and least deprived areas. The initiative was part of an umbrella programme of support which focused on Social Inclusion Partnership areas.

Margaret McGranachan Information and Research Manager

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In addition the project benefited from the support and advice of the advisory group:

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Objectives

The objectives of the study are:

- to continue to monitor the core health indicators
- to determine whether the changes found in the first two follow-ups were the beginning of a trend in the NHSGG area
- to compare attitudes and behaviour of those living in the bottom 15% SIMD areas and other areas
- to form a baseline of health and wellbeing measures for NHSGGC
- to provide intelligence for health improvement policy, programmes and information to enhance performance management.

Summary of Methodology

In total, 8,278 face-to-face, in-home interviews were conducted with adults (aged 16 or over) in the NHSGGC area.

The fieldwork was conducted between mid August and mid December 2008. The response rate for all in-scope attempted contacts was 70%.

The sample was stratified proportionately by local authority and SIMD quintile (for definition of SIMD see section 1.2), with addresses selected at random from the residential postcode address file within each stratum. Adults were randomly selected within each sampled household using the last birthday technique.

A full account of the sampling procedures, fieldwork and survey response can be found in Appendix A. The annotated survey questionnaire is in Appendix D.

1.2 Sample Profile

There were 585 interviews conducted in Cambuslang & Rutherglen as part of the survey.

The 8,278 completed interviews across the NHS Greater Glasgow and Clyde area were weighted to account for under/over representation of groups within the sample to ensure it was as representative as possible of the adult population in the Greater Glasgow & Clyde NHS Board area. A full explanation of the weighting method and the data sources used can be found in Appendix B. The breakdown of the final weighted dataset for the 585 Cambuslang & Rutherglen interviews - and how this compares with the known population profile - is shown in Tables 1.1 and 1.2.

Table 1.1: Age and Gender Breakdown

Base: 585

Age	Men (% of sample)	Women (% of sample)	Total (% of sample)	Cambuslang & Rutherglen % of population (aged 16+)
16-24	7.3%	6.9%	14.2%	13.7%
25-34	7.6%	7.9%	15.5%	15.6%
35-44	8.4%	9.6%	18.0%	18.0%
45-54	8.6%	9.7%	18.3%	18.3%
55-64	7.2%	7.7%	14.9%	15.0%
65-74	4.4%	5.8%	10.2%	10.3%
75+	3.0%	5.9%	8.9%	9.0%

The Scottish Index of Multiple Deprivation (SIMD) 2006 is a relative measure of deprivation used to identify the most deprived areas in Scotland. It is constructed using 37 indicators within 7 'domains' (Income, Employment, Health, Education, Skills & Training, Geographic Access, Housing and Crime) each of which describes a specific aspect of deprivation. The SIMD is a weighted combination of these domains.

The SIMD is based on small geographical areas called datazones. The average population of a datazone is 750 and unlike previous deprivation measures, which were based on much larger geographies (e.g. postcode sectors, average population 5,000), they enable the identification of small pockets of deprivation. In order to compare the most deprived small areas with other cut-off points the most deprived 15% datazones are used. There are 6,505 datazones in Scotland. They are ranked from 1 (most deprived) to 6,505 (least deprived). The NHSGGC area contains the most deprived datazone in Scotland and in total 48% of the most deprived 15% datazones in Scotland lie within it.

Table 1.2: Most Deprived 15% Datazones Versus Other Datazones

Base: All (585)

Group	% in sample	Cambuslang & Rutherglen % of population (aged 16+)
Most deprived 15% datazones	27.4%	27.4%
Other datazones	72.6%	72.6%

1.3 This Report

Chapters 2-6 report on all the survey findings, with each subject chapter containing its own summary. For each indicator, tables are presented showing the proportion of the sample which met the criteria, with comparisons with the NHS Greater Glasgow & Clyde (NHSGGC) area as a whole, and break-downs by demographic (independent) variables. Only comparisons with NHSGGC and independent variables which were found to be significantly different (p<0.05) are reported. The independent variables which were tested were:

- Gender; and
- Age group (16-44; 45-64; 65+).

Chapter 7 provides a summary of the differences for the findings for Cambuslang & Rutherglen compared to the NHSGGC area as a whole.

Chapter 8 provides information on trends across the last three health and wellbeing surveys in Cambuslang & Rutherglen (2002, 2005 and 2008).

2 People's Perceptions of Their Health & Illness

2.1 Chapter Summary

Table 2.1 below shows the indicators relating to perceptions of health and illness.

Table 2.1: Indicators for Perceptions of Health and Illness (Cambuslang & Rutherglen)

Indicator	% of sample	Unweighted base (n)
Self-perceived health excellent or good (Q1)	69.6%	584
Positive perception of general physical wellbeing (Q53b)	82.8%	585
Positive perception of general mental or emotional wellbeing (Q53c)	86.0%	585
Positive perception of happiness (Q77)	87.8%	585
Feel definitely in control of decisions affecting daily life (Q78)	77.8%	585
Positive perception of quality of life (Q53a)	86.4%	585
Has long term illness/condition that interferes with daily life (Q3)	22.1%	574
Receiving treatment for at least one condition (Q2)	32.1%	576
Total number of conditions receiving treatment for (Q2):		576
0	67.9%	
1	14.8%	
2 or more	17.3%	
GHQ12 score of 4 or above (indicating poor mental health) (Q15)	6.7%	585
Have some/all of own teeth (Q12)	88.2%	573
Brushes teeth twice or more per day – based on those with some/all of own teeth	84.8%	476

Seven in ten (70%) respondents had a positive perception of their general health. Those aged 65 or over were less likely to have a positive perception of their health.

Four in five (83%) had a positive perception of their physical wellbeing. Those aged 65 or over were less likely to do so.

Just under nine in ten (86%) had a positive perception of their mental or emotional wellbeing. Those aged 65 or over were less likely to have a positive perception of their mental/emotional wellbeing.

Just under nine in ten (88%) had a positive perception of their happiness. Those aged 65 or over were less likely to have a positive perception of their happiness.

Just under four in five (78%) felt definitely in control of the decisions affecting their life. Those aged 65 or over were less likely to do so.

Just under nine in ten (86%) had a positive perception of their quality of life. Those aged 65 or over were less likely to do so.

One in five (22%) had a long-term limiting condition or illness. Those aged 65 or over were more likely to do so.

One in three (32%) were receiving treatment for at least one illness or condition. Those aged 65 or over were more likely to be in receipt of treatment.

One in 15 (7%) had a GHQ12 score of four or more, indicating poor mental health. Those aged 65 or over were more likely to have a high GHQ12 score.

Nine in ten (88%) had at least some of their natural teeth. Those aged 65 or over were less likely to do so.

Of those who had at least one of their natural teeth, 85% brushed their teeth twice or more per day. Those aged 65 or over and men were less likely to do so.

2.2 Self-Perceived Health and Wellbeing

General Health

Respondents were asked to describe their general health over the last year on a four point scale (excellent, good, fair or poor). Overall, seven in ten (70%) gave a positive view of their health, with 16% saying their health was excellent and 54% saying their health was good. However, 30% gave a negative view of their health, with 19% saying their health was fair and 12% saying it was poor.

As Table 2.2 shows, those aged 65 or over were less likely to have positive views of their general health and those aged under 45 were more likely to do so.

Table 2.2: Self-Perceived General Health (Q1) by Age

	Excellent	Good	Fair	Poor	Excellent/ Good	Fair/ Poor	Unweighted base (n)
Age:							
16-44	21%	65%	10%	4%	86%	14%	228
45-64	15%	51%	24%	11%	66%	34%	191
65+	4%	35%	31%	31%	39%	61%	160
AII	16%	54%	19%	12%	70%	30%	584

Physical Wellbeing

Respondents were presented with a 7-point 'faces' scale, with the expressions on the faces ranging from very happy to very unhappy:



Using this scale, they were asked to rate their general physical well-being and general mental or emotional well-being. Those selecting any of the three 'smiling' faces (1-3) were categorised as having a positive perception.

Four in five (83%) respondents gave a positive view of their physical wellbeing, using this scale.

Table 2.3 shows those under the age of 45 were more likely to have a positive perception of their physical wellbeing and those aged 65 or over were less likely to do so.

Table 2.3: Positive Perception of Physical Wellbeing (Q53b) by Age

	Positive Perception	Unweighted base (n)
Age:		
Age: 16-44	93%	228
45-64	83%	191
65+	59%	161
All	83%	585

Mental or Emotional Wellbeing and Happiness

Using the 'faces' scale, 86% of respondents gave a positive view of their mental or emotional wellbeing.

Those aged 65 or over were less likely to have a positive view of their mental or emotional wellbeing.

Table 2.4: Positive Perception of Mental or Emotional Wellbeing (Q53c) by Age

	Positive Perception	Unweighted base (n)
Age:		
16-44	91%	228
45-64	89%	191
65+	68%	161
All	86%	585

Respondents were also asked to use the 'faces' scale to indicate how happy they are, taking everything into account. Nine in ten (88%) respondents gave a positive view of their happiness.

Those aged 65 or over were less likely to have a positive perception of their happiness. This is shown in Table 2.5.

Table 2.5: Positive Perception of Happiness (Q77) by Age

	Positive Perception	Unweighted base (n)
Age:		
Age: 16-44	92%	228
45-64	90%	191
65+	75%	16
All	88%	585

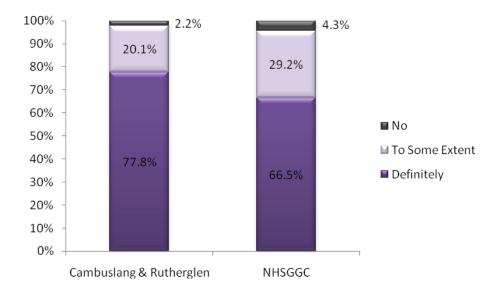
Feeling in Control of Decisions Affecting Life

Respondents were asked whether they feel in control of decisions that affect their life, such as planning their budget, moving house or changing job. Just under four in five (78%) said that they 'definitely' feel in control of these decisions, while 20% said that they felt in control 'to some extent' and 2% did not feel in control of these decisions.

Comparison with NHS Greater Glasgow & Clyde Area

Figure 2.1 shows that those in Cambuslang & Rutherglen were more likely than those in the NHSGGC area as a whole to feel definitely in control of the decisions affecting their daily life.

Figure 2.1: Whether Feel in Control of Decisions Affecting Daily Life: Cambuslang & Rutherglen and NHSGGC



Those aged 45-64 the most likely to definitely feel in control of the decisions affecting their life, and those aged 65 or over were the least likely. This is shown in Table 2.6.

Table 2.6: 'Definitely' Feel in Control of Decisions Affecting Life (Q78) by Age

	Definitely in Control	Unweighted base (n)
Age:		
16-44	80%	228
45-64	85%	191
65+	61%	161
All	78%	585

2.3 Self Perceived Quality of Life

Using the 'faces' scale, respondents were asked to rate their overall quality of life. Overall, 86% of respondents gave a positive rating of their quality of life.

Those aged 65 or over were less likely to have a positive perception of their quality of life.

Table 2.7: Positive Perception of Quality of Life (Q53a) by Age

	Positive Perception	Unweighted base (n)
Age:		
Age: 16-44	94%	228
45-64	88%	191
65+	65%	161
All	86%	585

2.4 Illness

One in five (22%) respondents said that they had a long-term condition or illness that substantially interfered with their day to day activities.

The likelihood of having a limiting condition or illness increased with age from 9% of those aged 16-44 to 55% of those aged 65 or over.

Table 2.8: Limiting Long-Term Condition or Illness (Q3) by Age

	Long-Term Condition/Illness	Unweighted base (n)
Age:		
Age: 16-44	9%	225
45-64	22%	188
65+	55%	157
All	22%	574

Illnesses/Conditions for Which Treatment is Being Received

One in three respondents (32%) were receiving treatment for at least one illness or condition.

The likelihood of being in receipt of treatment for at least one illness/condition rose with age, from 14% of those aged 16-44 to 73% of those aged 65 or over. This is shown in Table 2.9.

Table 2.9: At Least One Illness/Condition Being Treated (Q2) by Age

	Being Treated for Condition/Illness	Unweighted base (n)
Age:		
16-44	14%	223
45-64	34%	190
65+	73%	159
All	33%	576

Figure 2.2 below shows the proportion of respondents who were being treated for each type of illness/condition (for all those with a proportion of 0.5% or more).

The most common condition being treated was arthritis/rheumatism/painful joints, for which 13% of respondents were being treated. Also, 12% were being treated for high blood pressure.

Arthritis; rheumatism; painful joints 12.7% High blood pressure 12.4% Coronory heart disease 6.5% Diabetes 5.9% Asthma 4.3% Chronic pain 3.7% Osteoporosis 3.2% Depression 2.8% Severe hearing problems 2.0% Stress related conditions 1.8%

1.7%

1.5%

1.4%

1.4%

1.1%

4.0%

Figure 2.2: Conditions/Illnesses for Which Treatment is Being Received (Q2)

Comparison with NHS Greater Glasgow & Clyde Area

0.0%

Cancer

Stroke

Accident/injury

Gastro-intestinal problems

Severe eyesight problems

Those in Cambuslang & Rutherglen were more likely than those in the NHSGGC area as a whole to be receiving treatment for osteoporosis.

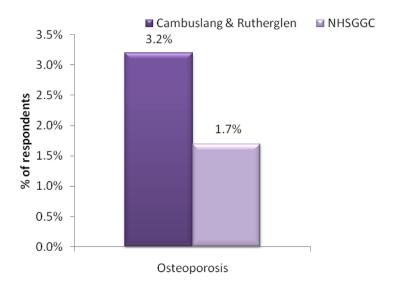
8.0%

% of respondents

12.0%

16.0%

Figure 2.3: Conditions/Illnesses for Which Treatment is Being Received (Q2): Cambuslang & Rutherglen and NHSGGC (all showing significant difference)



2.5 Mental Health

GHQ12 Scores

The survey used the General Health Questionnaire (GHQ) to assess the mental health of respondents. The GHQ was designed to be a self-administered questionnaire which could be used to detect psychiatric disorders in the general population. The version used for this survey is based on twelve questions (GHQ12) which ask respondents about their general level of happiness, depression, anxiety, self-confidence, and stress in the few weeks before the interview. Respondents were asked to complete the responses themselves. Interviewers recorded whether they actually did so, or whether they asked the interviewer to help.

Each respondent was given a score between 0 and 12, based on his/her responses to the 12 questions. The number of questions for which the respondent claimed to have experienced a particular symptom or type of behaviour 'more than usual' or 'much more than usual' over the past few weeks is counted, and the total is the score for that person. The higher the score, the greater the likelihood that the respondent has a psychiatric disorder.

The questions on the GHQ12 ask about changes from normal functioning but not about how long those changes have persisted. As a result, the GHQ detects psychiatric disorders of a range of durations, including those that may be of very short duration. This should be borne in mind when interpreting the results. The prevalence figures presented in this chapter estimate the percentages of the population with a possible psychiatric disorder at a particular point in time and are most useful for comparing sub-groups within the population. It is not possible to deduce the incidence of psychiatric disorders from these data.

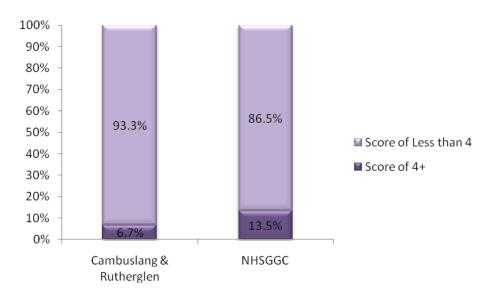
A score of four or more on the GHQ12 has been used to identify those with a potential psychiatric disorder (and references to respondents with a 'high' GHQ12 score refer to those with scores at this level). This is the same method of scoring that is used in the Scottish Health Survey series.

Overall, 7% of respondents had a GHQ12 score of four or more, indicating poor mental health.

Comparison with NHS Greater Glasgow & Clyde Area

Compared to the NHSGGC area as a whole, respondents in Cambuslang & Rutherglen were less likely to have a GHQ12 score of four or more, indicating poor mental health. This is shown in Figure 2.4.

Figure 2.4: Proportion with a High GHQ12 Score (4 or more): Cambuslang & Rutherglen and NHSGGC



Those aged 65 or over were more likely than younger respondents to have a high GHQ12 score.

Table 2.10: High GHQ12 Score (Q15) by Age

	GHQ12 Score of 4 or more	Unweighted base (n)
Age:		
Age: 16-44	4%	228
45-64	5%	191
65+	15%	161
All	7%	585

Warwick-Edinburgh Mental Wellbeing Scale (WEMWBS) Scores

The survey also used the Warwick-Edinburgh Mental Wellbeing Scale (WEMWBS) to assess positive mental health (mental wellbeing). This uses 14 positively worded questions. Scores are derived by summing responses to each of the 14 questions on a 1-5 likert scale. Thus, the maximum score is 70 and the minimum score is 14. The scale is designed to allow the measurement of mean scores in population samples. The provisional mean score for the Scottish population is 50.7.

The overall mean WEMWBS score for respondents in Cambuslang & Rutherglen was 55.5.

Comparison with NHS Greater Glasgow & Clyde Area

Those in Cambuslang & Rutherglen had higher mean WEMWBS scores than those in the NHS Greater Glasgow and Clyde area as a whole (55.5 Cambuslang & Rutherglen; 50.4 NHSGGC).

Those aged 65 or over tended to have lower WEMWBS scores, indicating poorer mental wellbeing. Men tended to have higher WEMWBS scores than women. This is shown in Table 2.11.

Table 2.11: Mean WEMWBS Score (Q16) by Age and Gender

	Mean WEMWBS Score	Unweighted base (n)
Age:		
16-44	57.8	228
45-64	56.1	191
65+	49.2	161
Men	57.0	262
Women	54.3	323
All	55.5	585

2.6 Oral Health

Proportion of Own Teeth

Respondents were asked what proportion of their teeth were their own. Nine in ten (88%) respondents said that they had all (66%) or some (22%) of their own teeth, while 12% had none of their own teeth.

The national target is for no more than 5% of 45-54 year olds to have none of their natural teeth by 2010. Responses indicate that this target is already exceeded in Cambuslang & Rutherglen, with 1% of 45-54 year olds having no natural teeth.

The proportion who had all or some of their natural teeth ranged from 49% of those aged 65 or over to 99% of those aged under 45.

Table 2.12: Proportion of Own Teeth (Q12) by Age

	AII	Some	None	All/some	Unweighted base (n)
Age:					
16-44	90%	9%	1%	99%	228
45-64	63%	30%	6%	94%	188
65+	10%	39%	51%	49%	152
All	66%	22%	12%	88%	573

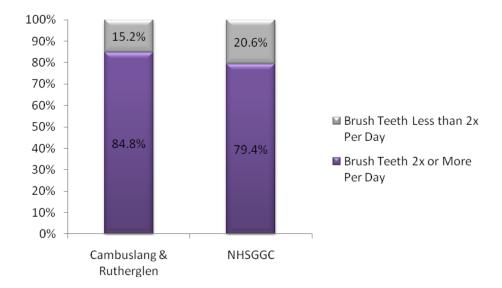
Frequency of Brushing Teeth

Those with at least some of their own teeth were asked how often they brushed their teeth. In total 85% said they brushed their teeth at least twice a day.

Comparison with NHS Greater Glasgow & Clyde Area

Those in Cambuslang & Rutherglen were more likely than those in the NHSGGC area as a whole to brush their teeth twice or more per day.

Figure 2.5: Frequency Brush Teeth: Cambuslang & Rutherglen and NHSGGC



Those aged 65 or over were less likely to brush their teeth at least twice a day. Women were more likely than men to brush their teeth at least twice a day. This is shown in Table 2.13.

Table 2.13: Brushes Teeth Twice or More Per Day (Q13) by Age and Gender

	Brushes Teeth 2x or more per day	Unweighted base (n)
Age:		
16-44	89%	224
45-64	83%	174
65+	69%	73
Men	80%	222
Women	89%	254
All	85%	476

3.1 Chapter Summary

Table 3.1 provides the indicators relating to use of health services.

Table 3.1: Indicators for Use of Health Services

Indicator	% of sample	Unweighted base (n)
Seen a GP at least once in last year (Q6a)	78.3%	582
Outpatient to see doctor at least once in last year (Q7d)	22.3%	584
Accident and emergency at least once in last year (Q7c)	8.4%	584
Hospital stay in last year (q7e)	8.0%	585
Seen Pharmacist for health advice in last year (Q7a)	41.2%	585
Contacted NHS24 in last year (Q7b)	10.4%	584
Used GP out of hours service (GEMS) in last year (q7f)	2.8%	584
Been to the dentist within past six months (Q11)	65.0%	503
Registered with a dentist (Q9)	77.3%	585
Difficulty reaching hospital for an appointment (Q14d)	17.3%	553
Difficulty getting GP appointment (Q14a)	10.2%	552
Difficulty getting hospital appointment (Q14c)	19.5%	410
Difficulty getting GP consultation within 48 hours (Q14f)	10.4%	482
Difficulty accessing health services in an emergency (Q14b)	8.4%	489
Difficulty getting dentist appointment (Q14e)	12.9%	493
Someone in home suffered accidental injury in last year (Q17)	5.4%	585

Just under four in five (78%) respondents had seen a GP at least once in the last year. Those aged 65 or over were more likely to have done so.

One in five (22%) had seen a doctor at hospital as an outpatient in the last year. Those aged 65 or over were more likely to have done so.

One in 12 (8%) had visited accident and emergency in the last year.

One in 12 (8%) had been admitted to hospital in the last year.

Two in five (41%) had seen a pharmacist for health advice in the last year. Women were more likely to have done so.

One in ten (10%) had contacted NHS24 in the last year. Those younger or older than 45-65 years old and women were more likely to have contacted NHS24.

A small proportion (3%) of respondents had used the GP out of hours service in the last year.

Two in three (65%) respondents had visited the dentist within the last six months. Those aged 65 or over were less likely to have done so.

Three in four (77%) respondents were registered with a dentist. Those aged 65 or over were less likely to be registered.

One in six (17%) found it difficult to reach hospital for an appointment. Women were more likely to find this difficult.

One in ten (10%) said it was difficult to get a GP appointment.

One in five (20%) said it was difficult to get a hospital appointment.

One in ten (10%) said it was difficult to get a GP consultation with 48 hours when needed.

One in 12 (8%) said it was difficult to access health services in an emergency.

One in eight (13%) said it was difficult to get a dentist appointment.

One in 18 (5%) said that someone in their household had suffered an accidental injury at home in the last year. Women were more likely to say this.

3.2 Use of Specific Health Services

General Practitioners (GPs)

Four in five (78%) respondents had seen a GP at least once in the last year. Of those who had visited a GP, more than half (56%) had visited the GP either once (29%) or twice (28%) in the last year. The mean number of GP visits was 4.01.

Table 3.2 shows the likelihood of having seen a GP in the last year increased with age from 70% of those aged under 45 to 96% of those aged 65 or over.

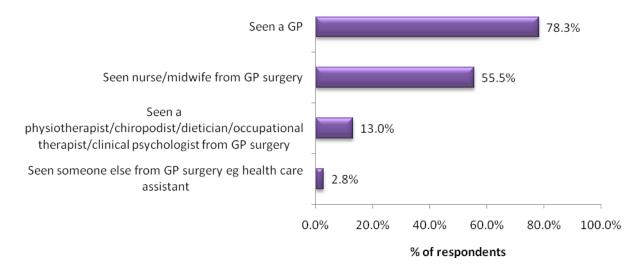
Table 3.2: Seen GP at Least Once (Q6a) by Age

	% seen GP at least once	Unweighted base (n)
Age:		
16-44	70%	227
45-64	81%	190
65+	96%	160
All	78%	582

Other Uses of GP Surgery

Figure 3.1 shows the extent of other uses of GP surgeries in the last year. In addition to the 78% of respondents who had seen a GP in the last year, 56% had seen a nurse or midwife from the GP surgery (mean number of visits was 2.97) and 13% had seen staff such as physiotherapist, chiropodist, dietician, occupational therapist or clinical psychologist (mean number of visits was 3.21). Also, 3% had seen some other type of staff at a GP surgery (mean number of visits was 3.80).

Figure 3.1: Seen Specific GP Practice Staff in Last Year (Q6)



Outpatients

One in five (22%) respondents had visited a hospital outpatient department to see a doctor at least once in the last year. Of those who had made such a visit, the average number of outpatient visits in the last year was 3.16.

Those aged 65 or over were more likely than younger respondents to have visited hospital as an outpatient in the last year and those aged under 45 were the least likely to have done so. This is shown in Table 3.3.

Table 3.3: Visited Hospital as an Outpatient at Least Once (Q7d) by Age

	% at least once	Unweighted base (n)
Age: 16-44		
16-44	11%	227
45-64	25%	191
65+	45%	161
All	22%	584

Accident and Emergency

One in eight (12%) respondents had been to accident and emergency in the last year. Of those who had visited accident and emergency, 76% had been once in the last year and the mean number of visits was 1.65.

Hospital Admissions

One in 12 (8%) respondents had been admitted to hospital at least once in the last year. Of those who had been admitted to hospital, 78% had been admitted once in the last year, and the mean number of admissions was 1.41.

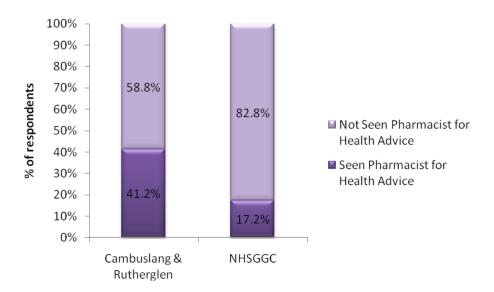
Use of Pharmacy for Health Advice

Two in five (41%) respondents had seen a pharmacist for health advice in the last year. Of those who had done so, 52% had done so only once, and the mean number of visits to the pharmacist was 2.44.

Comparison with NHS Greater Glasgow & Clyde Area

Figure 3.2 shows that those in Cambuslang & Rutherglen were considerably more likely than those in the NHSGGC area as a whole to have seen a pharmacist for health advice in the last year.

Figure 3.2: Whether Seen Pharmacist for Health Advice in Last Year: Cambuslang & Rutherglen and NHSGGC



Women were more likely than men to have seen a pharmacist for health advice in the last year.

Table 3.4: Seen Pharmacist for Health Advice at Least Once (Q7a) by Gender

	% at least once	Unweighted base (n)
Men Women	36% 46%	262 323
AII	41%	585

Contacting NHS24

One in ten (10%) respondents had contacted NHS24 at least once in the last year. Of those who had contacted NHS24, 70% had done so just once, and the mean number of contacts was 1.75.

Those aged 45-64 were the least likely to have contacted NHS24, and women were more likely than men to have done so.

Table 3.5: Contacted NHS24 at Least Once (Q7b) by Age and Gender

	% at least once	Unweighted base (n)
Age:		
16-44	12%	227
45-64	5%	191
65+	15%	161
Men	6%	262
Women	14%	322
AII	10%	584

Use of GP Out of Hours Service

A small proportion (3%) of respondents had used the GP out of hours service (GEMS) in the last year. Of those who had used the service, the mean number of visits was 4.03

3.3 Dental Services

Frequency of Visits to the Dentist

Of those who were able to say when they last visited the dentist, 65% said that they had visited the dentist within the last six months, 20% had visited the dentist between six and 15 months ago, and 15% had last visited the dentist over 15 months ago.

Comparison with NHS Greater Glasgow & Clyde Area

As Figure 3.3 shows, those in Cambuslang & Rutherglen were more likely than those in the NHSGGC area as a whole to have visited the dentist within the last six months.

Figure 3.3: When Last Visited Dentist: Cambuslang & Rutherglen and NHSGGC

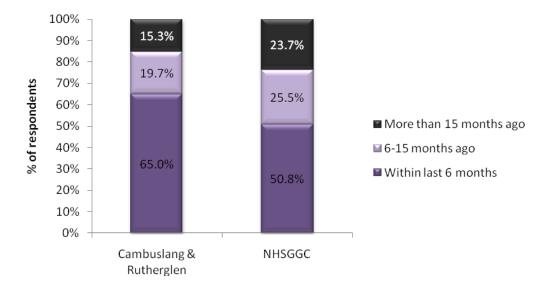


Table 3.6 shows that those aged 65 or over were the least likely to have visited the dentist within the last six months.

Table 3.6: When Last Visited Dentist (Q11) by Age

	Within Last 6 Months	6-15 months ago	Over 15 months ago	Unweighted base (n)
Age:				
Age: 16-44	67%	19%	13%	217
45-64	72%	19%	9%	175
65+	40%	23%	38%	106
AII	65%	20%	15%	503

Registration with a Dentist

Three in four (77%) respondents said they were registered with a dentist. Of those who were registered with a dentist, 92% received NHS treatment while 8% received private treatment.

Table 3.7 shows that older respondents were less likely to be registered with a dentist.

Table 3.7: Registered with a Dentist (Q9) by Age

	Registered with a dentist	Unweighted base (n)
Age:		
16-44	81%	228
45-64	89%	191
65+	47%	161
All	77%	585

3.4 Involvement in Decisions Affecting Health Service Delivery

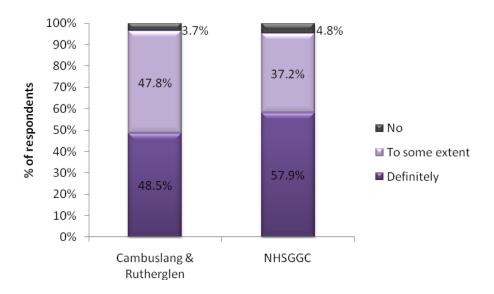
Information about Condition or Treatment

Of those who had accessed any health services over the last year, 48% felt that they had 'definitely' been given adequate information about their condition or treatment, 48% felt that they had 'to some extent', and 4% felt that they had not.

Comparison with NHS Greater Glasgow & Clyde Area

Those in Cambuslang & Rutherglen were less likely than those in the NHSGGC area as a whole to feel they had definitely been given adequate information about their condition or treatment. This is shown in Figure 3.4.

Figure 3.4: Whether Given Adequate Information about Condition or Treatment: Cambuslang & Rutherglen and NHSGGC



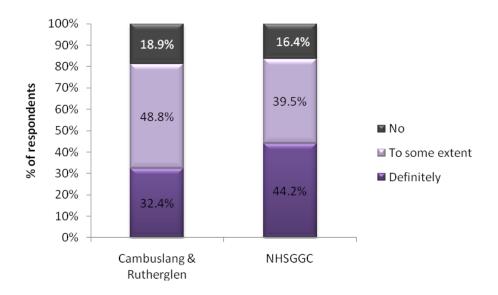
Encouragement to Participate in Decisions Affecting Health or Treatment

Four in five (81%) of those who had used health services in the last year felt that they had been encouraged to participate in decisions affecting their health or treatment either definitely (32%) or to some extent (49%).

Comparison with NHS Greater Glasgow & Clyde Area

Figure 3.5 shows that those in Cambuslang & Rutherglen were less likely than those in the NHSGGC area as a whole to feel that they were definitely encouraged to participate in decisions affecting their health or treatment.

Figure 3.5: Whether Encouraged to Participate in Decisions Affecting Health or Treatment: Cambuslang & Rutherglen and NHSGGC



Having a Say in How Health Services are Delivered

Two in three (68%) of those who had used health services in the last year felt that they had had a say in how these services are delivered, either definitely (29%) or to some extent (39%).

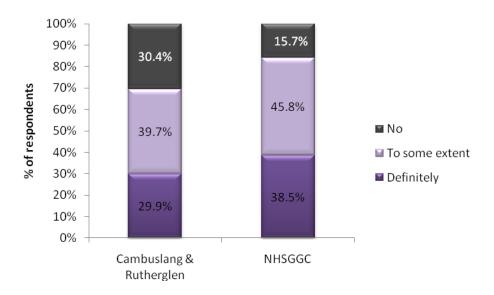
Feel that Views and Circumstances are Understood and Valued

Of those who had used health services in the last year, 70% felt that their views and circumstances were understood and valued, either definitely (30%) or to some extent (40%).

Comparison with NHS Greater Glasgow & Clyde Area

Those in Cambuslang & Rutherglen were less likely than those in the NHSGGC area as a whole to feel that their views and circumstances were understood and valued.

Figure 3.6: Whether Feel that Views and Circumstances are Understood and Valued: Cambuslang & Rutherglen and NHSGGC



3.5 Accessing Health Services

Respondents were asked on a scale of 1 to 5, (1 being 'very difficult' and 5 being 'very easy') how easy or difficult it was to access a number of specific health services. The tables in this section have categorised responses so that 1 and 2 are 'difficult', 3 is 'neither difficult nor easy', and 4 and 5 are 'easy'.

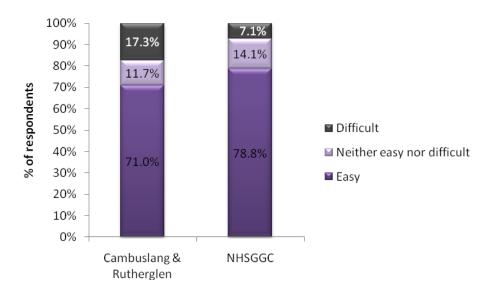
Traveling to Hospital for an Appointment

In total, 71% of respondents indicated that they found it easy to travel to hospital for an appointment, while 12% found it neither difficult nor easy and 17% found it difficult.

Comparison with NHS Greater Glasgow & Clyde Area

Those in Cambuslang & Rutherglen were more likely than those in the NHSGGC area as a whole to find it difficult to travel to hospital for an appointment.

Figure 3.7: Difficulty/Ease of Traveling to Hospital for an Appointment: Cambuslang & Rutherglen and NHSGGC



Women were more likely than men to find it difficult to reach hospital for an appointment.

Table 3.8: Difficulty/Ease of Reaching Hospital for an Appointment by Gender

	Difficult	Neither/nor	Easy	Unweighted base (n)
Men	14%	17%	69%	245
Women	20%	8%	72%	308
All	17%	12%	71%	553

Getting a GP appointment

One in ten (10%) respondents said that it was difficult to obtain an appointment to see their GP, 12% said that it was neither easy nor difficult and 78% said that it was easy.

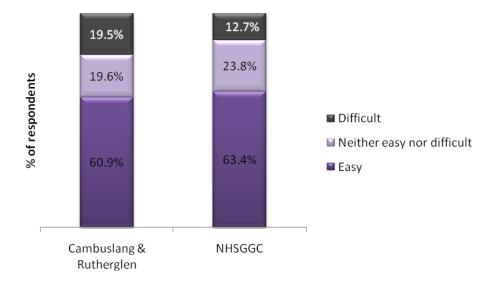
Obtaining an Appointment at the Hospital

One in five (20%) respondents said that it was difficult to obtain a hospital appointment, 20% said that it was neither easy nor difficult and 61% said that it was easy.

Comparison with NHS Greater Glasgow & Clyde Area

Those in Cambuslang & Rutherglen were more likely than those in the NHSGGC area as a whole to say it was difficult to obtain a hospital appointment.

Figure 3.8: Difficulty/Ease of Obtaining a Hospital Appointment: Cambuslang & Rutherglen and NHSGGC



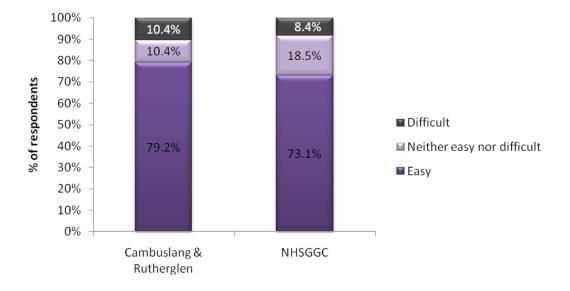
Getting a Consultation at GP Surgery within 48 Hours

Respondents were asked how easy or difficult it was to get a consultation with someone at their GP surgery within 48 hours when needed. Four in five (79%) said that it was easy, 10% said that it was neither easy nor difficult and 10% said that it was difficult.

Comparison with NHS Greater Glasgow & Clyde Area

Compared to those in the NHS Greater Glasgow and Clyde area as a whole, those in Cambuslang & Rutherglen were more likely to say that it was easy to get a consultation with a GP within 48 hours when needed.

Figure 3.9: Difficulty/Ease of Getting a Consultation at GP Surgery within 48 Hours: Cambuslang & Rutherglen and NHSGGC



Accessing Health Services in an Emergency

Four in five (78%) respondents said that it was easy to access health services in an emergency, while 14% said that it was neither easy nor difficult and 8% said that it was difficult.

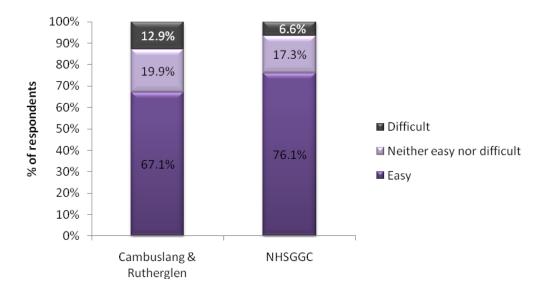
Getting an Appointment to See the Dentist

Two in three (67%) respondents said that it was easy to get an appointment to see the dentist, while 20% said that it was neither easy nor difficult and 13% said that it was difficult.

Comparison with NHS Greater Glasgow & Clyde Area

Respondents in Cambuslang & Rutherglen were more likely than those in the NHS Greater Glasgow and Clyde area as a whole to say that it was difficult to get an appointment to see the dentist. This is shown in Figure 3.10.

Figure 3.10: Difficulty/Ease of Getting an Appointment to See the Dentist: Cambuslang & Rutherglen and NHSGGC



3.6 Accidents in the Home

Respondents were asked whether in the past year anyone in their household had suffered an accidental injury in the home. One in eighteen (5%) said that this had happened in the last year.

Women were more likely than men to say that someone in their household had suffered an accidental injury in the last year (8% women; 3% men).

4.1 Chapter Summary

Table 4.1 shows the core indicators relating to health behaviours.

Table 4.1: Indicators for Health Behaviours

Indicator	% of sample	Unweighted base (n)
Exposed to second hand smoke most or some of the time (Q21)	32.4%	584
Current smoker (Q22)	22.6%	585
Heavily addicted smoker (smoking 20 or more cigarettes per day), based on all smokers	67.2%	143
Exceeds recommended limits for weekly units of alcohol (based on all respondents) (Q29)	21.1%	548
Exceeds recommended limits for weekly units of alcohol (based on all those who drank at all in the past week) (Q29)	46.9%	233
Binge drinker in the past week (based on all respondents) (Q29)	31.3%	554
Binge drinker in the past week (based on all those who drank at all in the past week) (Q29)	68.9%	239
Takes at least 30 minutes of moderate exercise 5 or more times per week OR takes at least 20 minutes or vigorous exercise 3 or more times per week (Q43-Q47)	38.8%	585
Participated in at least one sport in the last week (Q48 & Q49)	40.4%	583
Consumes 5 or more portions of fruit/vegetables per day (Q32 & Q33)	45.5%	584
Consumes breakfast every day (Q38)	84.4%	578
Consumes at least 2 portions of oily fish per week (Q36)	22.6%	585
Consumes at least 2 portions of high fat snacks per day (Q34)	37.9%	581
Consumes at least 5 slices of bread per day (Q35)	4.0%	582
Eat takeaway food every week (Q37)	22.4%	585
Body Mass Index of 25 or over (Q41 & Q42)	48.6%	554
More than 1 of the following 5 'unhealthy' behaviours: smoking, BMI of 25+, not meeting recommended levels of physical activity, not meeting the recommended fruit/veg consumption, binge drinking	68.9%	522
More than 1 of the following 5 'healthy' behaviours: non-smoker, within normal BMI range (18.5-24.99), meet the physical activity recommendations, eat 5 or more portions of fruit/veg per day, drink within safe limits/not at all	89.9%	457

One in three (32%) respondents said they were exposed to second hand smoke most or some of the time.

Just under a quarter (23%) of respondents were smokers. Men were more likely to be smokers.

Two thirds (67%) of those who smoked were heavily addicted (i.e. smoked 20 or more cigarettes per day).

One in five (21%) respondents exceeded the recommended weekly limit for alcohol consumption. This equates to 47% of those who had drunk alcohol in the previous week. Those aged under 65 were more likely to exceed the weekly limit.

Three in ten (31%) respondents had been binge drinkers in the previous week. This equates to 49% of those who had drunk alcohol in the previous week.

Two in five (39%) respondents met the target for physical activity. Those aged 65 or over and women were less likely to meet the target.

Two in five (40%) had participated in at least one sport in the last week. Those aged 65 or over and women were less likely to have done so.

Just over two in five (45%) respondents met the target of consuming five or more portions of fruit/vegetables per day.

More than four in five (84%) respondents ate breakfast every day.

Just under a quarter (23%) of respondents met the target for oily fish consumption.

Two in five (38%) exceeded the recommended limit for the consumption of high fat and sugary snacks. Those aged under 45 were more likely to do so.

One in 25 (4%) met the target for bread consumption.

Just over one in five (22%) ate fast food takeaways every week. Those aged under 45 were more likely to do so.

Half (49%) of respondents had a body mass index which indicated that they were overweight/obese. Men were more likely to be overweight.

4.2 Smoking

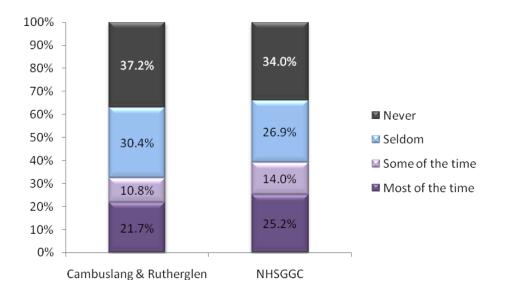
Exposure to Second Hand Smoke

Respondents were asked how often they were in places where there is smoke from other people smoking tobacco. One in three (32%) said that this happened most of the time (22%) or some of the time (11%). A further 30% said that they were seldom exposed to second hand smoke and 37% said that they never were.

Comparison with NHS Greater Glasgow & Clyde Area

Those in Cambuslang & Rutherglen were less likely than those in the NHSGGC area as a whole to be exposed to second hand smoke most or some of the time (32% Cambuslang & Rutherglen; 39% NHSGGC).

Figure 4.1: Exposure to Second Hand Smoke: Cambuslang & Rutherglen and NHSGGC



Smokers

Just under a quarter (23%) of respondents were smokers, smoking either every day (21%) or some days (1%).

Comparison with NHS Greater Glasgow & Clyde Area

Those in Cambuslang & Rutherglen were less likely than those in the NHS Greater Glasgow area as a whole to be smokers (23% Cambuslang & Rutherglen; 33% NHSGGC).

Figure 4.2: Smoking Status: Cambuslang & Rutherglen and NHSGGC

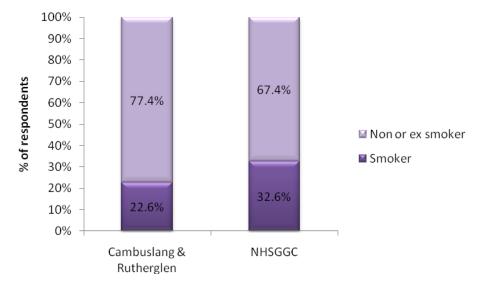


Table 4.2 shows that men were more likely than women to be smokers.

Table 4.2: Proportion of Current Smokers (Q22) by Gender

	Current smoker	Unweighted base (n)
Men	27%	262
Women	19%	323
All	23%	585

Heavily Addicted Smokers

Among smokers, the mean number of cigarettes smoked per day was 22.3. Two in three (67%) smokers were 'heavily addicted smokers' i.e. smoking 20 or more cigarettes per day.

Among smokers, those in Cambuslang & Rutherglen were more likely than those in the NHSGGC area as a whole to be heavily addicted (67% Cambuslang & Rutherglen; 47% NHSGGC).

Intentention to Stop Smoking

One in nine (11%) smokers said that they intend to stop smoking.

4.3 Drinking

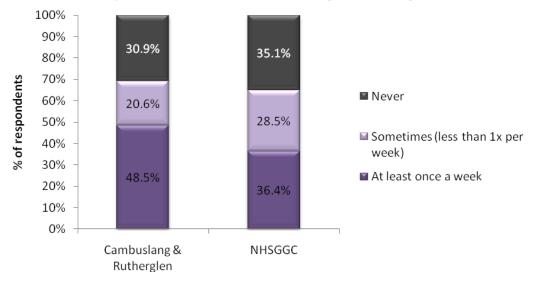
Frequency of Drinking Alcohol

Three in ten (31%) respondents said that they never drank alcohol, 21% drank alcohol sometimes (but less than weekly) and 49% drank alcohol at least once a week (including 9% who drank alcohol on three or more days per week).

Comparison with NHS Greater Glasgow & Clyde Area

Those in Cambuslang & Rutherglen were more likely than those in the NHS Greater Glasgow & Clyde area as a whole to drink alcohol at least once a week.

Figure 4.3: Frequency Drink Alcohol: Cambuslang & Rutherglen and NHSGGC



Those aged 65 or over were less likely to drink alcohol at least once a week. Men were more likely than women to drink alcohol weekly.

Table 4.3: Frequency Drink Alcohol (Q27) by Age and Gender

	Never	Less than weekly	At least once a week	Unweighted base (n)
Age:				
16-44	26%	18%	55%	221
45-64	25%	21%	54%	191
65+	51%	25%	24%	161
Men	22%	18%	60%	261
Women	38%	23%	38%	323
All	49%	21%	31%	584

Alcohol Consumption in Previous Week

Respondents were asked whether they had had a drink containing alcohol in the past seven days. Just under half (46%) of all respondents said they had drunk alcohol in the past week (therefore similar to the 49% who had said they drank alcohol weekly).

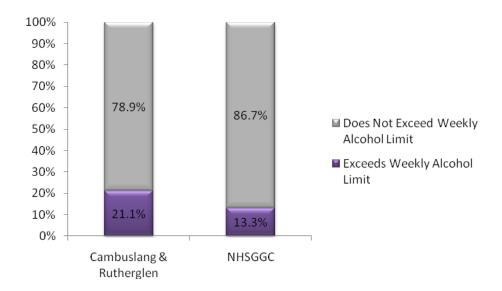
Respondents were asked how many of each type of drink they had consumed on each of the past seven days. Responses were used to calculate the total units of alcohol consumed on each day, and a total number of units for the week. For the 2008 survey, in calculating the number of units, new assumptions were applied for the number of units in each type of drink. Appendix D shows the assumptions of units in each type of drink for both the current survey and for the 2005 survey. The data presented here show indicators for both the new unit measures and the old unit measures for comparison.

The recommended weekly limit for alcohol consumption is 21 units per week for men and 14 units per week for women. Using the new unit measures, 21% of all respondents exceeded their weekly limit. This equates to 47% of all those who had drunk alcohol in the last week.

Comparison with NHS Greater Glasgow & Clyde Area

Those in Cambuslang & Rutherglen were more likely than those in the NHSGGC area as a whole to exceed the recommended weekly limit for alcohol.

Figure 4.4: Whether Exceeded Recommended Weekly Limits for Alcohol (new unit measures): Cambuslang & Rutherglen and NHSGGC



Those aged 65 or over were less likely to exceed the recommended weekly limit for alcohol consumption.

Table 4.4: Proportion Exceeding Recommended Weekly Limits for Alcohol (old new and old unit measures) (Q29) by Age

	Exceeds Weekly Limit (new measures)	Exceeds Weekly Limit (old measures)	Unweighted base (n)
Age:			
16-44	26%	15%	209
45-64	25%	17%	181
65+	4%	3%	153
All	21%	13%	548

Binge Drinking

Binge drinkers were defined as:

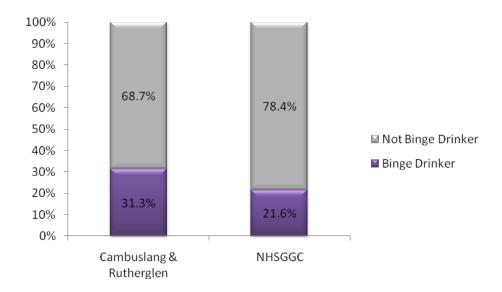
- Men who consumed eight or more units of alcohol on at least one day in the previous week;
- Women who consumed six or more units of alcohol on at least one day in the previous week.

Using the new measures for calculating unit totals, 31% of all respondents had been binge drinkers during the previous week. This equates to 69% of all those who had consumed alcohol in the previous week.

Comparison with NHS Greater Glasgow & Clyde Area

Those in Cambuslang & Rutherglen were more likely than those in the NHS Greater Glasgow and Clyde area as a whole to have been binge drinkers in the previous week.

Figure 4.5: Whether Binge Drinker in Past Week (new unit measures): Cambuslang & Rutherglen and NHSGGC



Those aged 65 or over were least likely to be binge drinkers. Men were more likely than women to be binge drinkers. This is shown in Table 4.5.

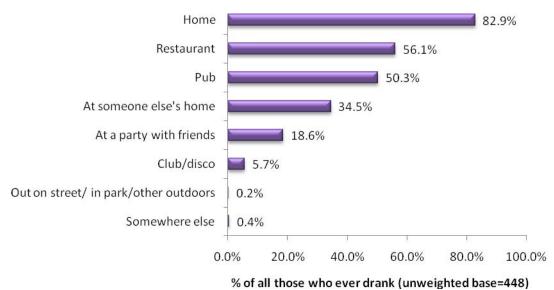
Table 4.5: Proportion Binge Drinking During Previous Week (old new and old unit measures) (Q29) by Age and Gender

	Binge Drinker (new measures)	Binge Drinker (old measures)	Unweighted base (n)
Age:			
16-44	38%	27%	213
45-64	37%	28%	183
65+	7%	4%	153
Men	38%	24%	242
Women	25%	21%	312
All	31%	22%	554

Where People Drink Alcohol

Those who ever drank alcohol were asked where they had drunk alcohol in the last six months. Responses are shown in Figure 4.6. The most common places to have drunk alcohol in the last six months were at home and at a restaurant.

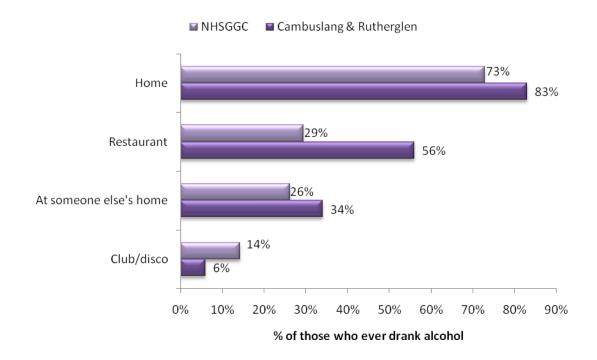
Figure 4.6: Where Consumed Alcohol in the Last Six Months (Based on All Those who Ever Drank Alcohol)



Comparison with NHS Greater Glasgow & Clyde Area

Figure 4.7 shows that, for those who ever drank alcohol, compared to the NHSGGC area as a whole, those in Cambuslang & Rutherglen were more likely to have consumed alcohol at home, at a restaurant or at someone else's home, but less likely to have consumed alcohol at a club/disco.

Figure 4.7: Where Consumed Alcohol in the Last Six Months: Cambuslang & Rutherglen and NHSGGC (Based on All Those who Ever Drank Alcohol; All Places Showing Significant Difference).



4.4 Physical Activity

Frequency of Physical Activity

Respondents were asked on how many days per week they take at least 30 minutes of moderate physical exercise such as brisk walking. They were also prompted to ensure that they included all physical activity that they do in their job, housework, DIY and gardening. In total, 33% of respondents said that they took at least 30 minutes of moderate activity on five or more days per week.

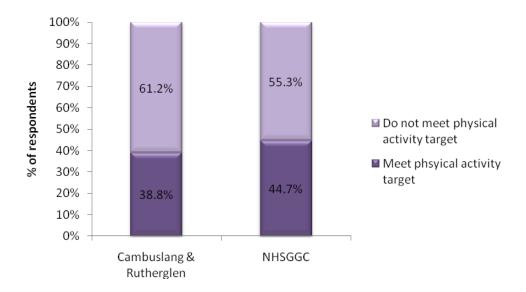
Respondents were also asked on how many days they took at least 20 minutes of vigorous activity (enough to make them sweaty and out of breath). This also included a prompt to ensure that all activity done in work, housework, DIY and gardening were included. In total, 19% said that they took at least 20 minutes of vigorous activity on three or more days per week.

The target for physical activity is to take 30 minutes or more of moderate physical activity on five or more days per week OR 20 minutes of vigorous activity on three or more days per week. In total, 39% of respondents met this target.

Comparison with NHS Greater Glasgow & Clyde Area

Compared to those in the NHSGGC area as a whole, those in Cambuslang & Rutherglen were less likely to meet the target for physical activity.

Figure 4.8: Whether Meet Physical Activity Target: Cambuslang & Rutherglen and NHSGGC



Those aged 65 or over were least likely to meet the target for physical activity. Men were more likely than women to meet the target.

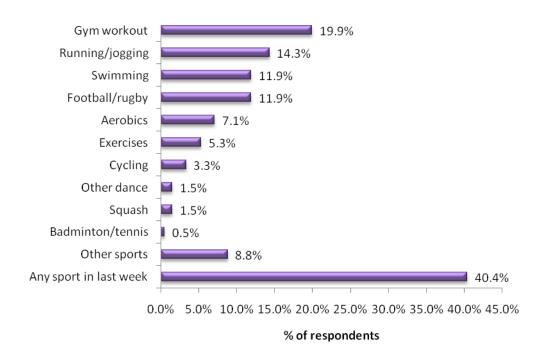
Table 4.6: Proportion Who Take 30 Minutes or More of Moderate Activity 5 or More Times Per Week or 20 Minutes or More of Vigorous Activity 3 or More Times Per Week (Q43-47) by Age and Gender

	Meet Physical Activity Target	Unweighted base (n)
Age:		
16-44	45%	228
45-64	42%	191
65+	19%	191
Men	46%	262
Women	33%	323
All	39%	585

Participation in Sport in the Last Week

Respondents were asked whether they had participated in specific sports in the last week. Responses are shown in Figure 4.9. Two in five (40%) respondents had participated in at least one sport in the last week. The most common sports were gym workouts (20%) and running/jogging (14%).

Figure 4.9: Proportion Participating in Sports in the Last Week

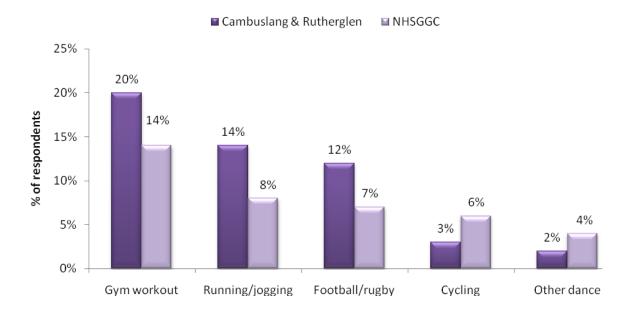


Of those who said that they participated in 'other sports', the most common types of other sport were walking (32%), golf (29%), boxing (11%) and bowling (9%).

Comparison with NHS Greater Glasgow & Clyde Area

As Figure 4.10 shows, those in Cambuslang & Rutherglen were more likely than those in the NHSGGC area as a whole to have participated in gym workouts, running/jogging or football/rugby in the last week but less likely to have participated in cycling or dance.

Figure 4.10: Proportion Participating in Sports in the Last Week: Cambuslang & Rutherglen and NHSGGC (all sports showing a significant difference)



Those aged 65 or over were less likely than younger respondents to have participated in sport in the last week. Men were more likely than women to have participated in a sport. This is shown in Table 4.7.

Table 4.7: Proportion Who Participated in at Least One Sport in the Last Week (Q48/Q49) by Age and Gender

	Participated in Sport	Unweighted base (n)
Age:		
16-44	48%	226
45-64	44%	191
65+	16%	161
Men	47%	262
Women	35%	321
All	40%	583

4.5 Diet

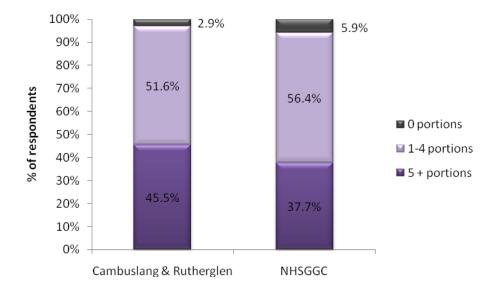
Fruit and Vegetables

The national target for fruit and vegetable consumption is to have at least five portions of fruit and/or vegetables per day. Responses indicate that 45% of respondents met this target and 3% had no fruit or vegetables in a day.

Comparison with NHS Greater Glasgow & Clyde Area

Those in Cambuslang & Rutherglen were more likely than those in the NHSGGC area as a whole to meet the target of consuming five or more portions of fruit/vegetables per day.

Figure 4.11: Number of Portions of Fruit/Vegetables Consumed Per Day: Cambuslang & Rutherglen and NHSGGC



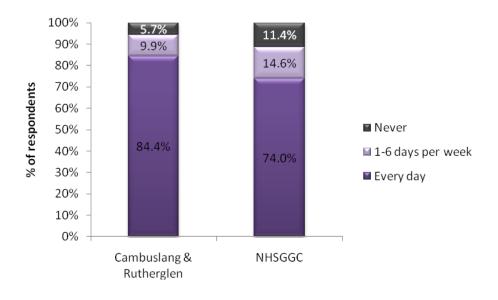
Breakfast

Respondents were asked on how many days of the week they ate breakfast. More than four in five (84%) ate breakfast every day, 6% never ate breakfast, with the remaining 10% eating breakfast between one and six days per week.

Comparison with NHS Greater Glasgow & Clyde Area

Those in Cambuslang & Rutherglen were more likely than those in the NHSGGC area as a whole to eat breakfast every day.

Figure 4.12: Frequency Eat Breakfast: Cambuslang & Rutherglen and NHSGGC



Respondents were asked what they had eaten for breakfast that morning. On the morning of the survey, 9% of respondents had not eaten breakfast. The most commonly consumed items were bread/toast and cereal, as shown in Figure 4.13.

Bread/toast Cereal 49.3% Porridge **1**6.0% Fruit (inc. Juice) **12.3%** Meat 2.5% Eggs 2.2% Yoghurt 1.5% Breakfast bar 1.3% Pastry 0.1% Other 0.1% Nothing **8.7%** 0.0% 10.0% 20.0% 30.0% 40.0% 50.0% 60.0% % of respondents

Figure 4.13: Items Consumed for Breakfast That Morning (Q39)

Oily Fish

The recommended target is to consume two or more portions of oily fish per week. Just under a quarter (23%) of respondents met this target.

High Fat and Sugary Snacks

Just under two in five (38%) respondents exceeded the recommended daily limit of one high fat and sugary snack (e.g. cakes, pasties, chocolate, biscuits, crisps).

Those aged under 45 were more likely to exceed the recommended limit for high fat/sugary snacks. This is shown in Table 4.8.

Table 4.8: Proportion Who Exceeded Recommended Daily Limit of 2 Portions of High Fat/Sugary Snacks (Q34) by Age

	Two or More Hig Fat/Sugary Sna Per Day	_
Age:		
Age: 16-44	45%	225
45-64	32%	191
65+	31%	160
All	38%	581

Bread

Respondents were asked how many slices of bread (or equivalent rolls, chapattis, naan etc) they consumed on an average day. Responses showed that 4% ate fewer than one slice per day, 12% had one slice, 52% had two slices, 6% had three slices and 21% had four

slices. In total, 4% met the target of consuming five or more slices (or equivalent) of bread per day. The mean number of slices per day was 2.45.

Fast Food Takeaways

Just over one in five (22%) respondents said that they are fast food takeaways once a week or more, while 24% said they never did and 54% did sometimes (less often than once a week).

The likelihood of having takeaways every week decreased with age – ranging from 34% of those aged 16-44 to 0% of those aged 65 or over.

Table 4.9: Frequency Have Takeaways (Q37) by Age

	Never	Less than weekly	At least once a week	Unweighted base (n)
Age: 16-44				
16-44	11%	55%	34%	228
45-64	19%	62%	19%	191
65+	61%	39%	0%	161
All	24%	54%	22%	585

4.6 Body Mass Index (BMI)

Respondents were asked to state their height and weight, from which their Body Mass Index (BMI) was calculated.

BMI classification points are defined as follows:

Underweight B	MI below 18.5
Ideal weight B	MI between 18.5 and 24.99
Overweight B	MI between 25 and 29.99
Obese B	MI between 30 and 39.99
Very obese B	MI 40 or over

However, due to a recognised tendency for people to over-report height and under-report weight, a revised cut off for obesity has been applied at 29.2. The table in this section shows both measures of obesity.

Altogether, 49% of respondents had a BMI of 25 or over, indicating that they are overweight or obese. Using the new definition obesity (BMI of 29.2), 14% of respondents were classified as obese.

Men were more likely than women to be overweight/obese. This is shown in Table 4.10.

Table 4.10: Body Mass Index (Q41/Q42) by Gender

	Under- weight	Ideal	Over- weight	Obese	Very obese	Revised obese (29.2+)	Unweighted base (n)
Men	1%	37%	51%	11%	1%	14%	254
Women	3%	61%	24%	11%	1%	14%	300
All	2%	50%	37%	11%	1%	14%	554

4.7 Unhealthy and Healthy Behaviour Indices

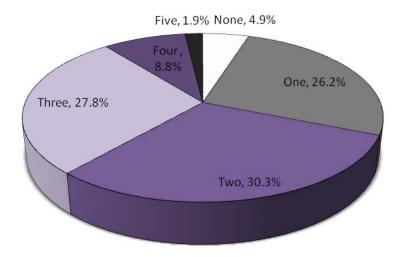
An Unhealthy Behaviour Index

This section examines the extent to which multiple 'unhealthy' behaviours are exhibited by the same people. An 'unhealthy' behaviour index has been derived from the following five unhealthy behaviours:

- Smoking;
- Having a BMI of 25 or over;
- Not meeting the recommended levels of physical activity;
- Not meeting the recommended level of fruit and vegetable consumption; and
- Binge drinking.

Figure 4.14 shows that most respondents (95%) exhibited at least one of these behaviours, but just 2% exhibited all five. The mean number of unhealthy behaviours was 2.15.

Figure 4.14: Number of Unhealthy Behaviours Exhibited Unweighted N=522



Men tended to exhibit more unhealthy behaviours than women. This is shown in Table 4.11.

Table 4.11: Mean Number of Unhealthy Behaviours by Gender

	Mean No. of Unhealthy Behaviours	Unweighted base (n)
Men	2.35	234 288
Women	1.99	288
All	2.15	522

A Healthy Behaviour Index

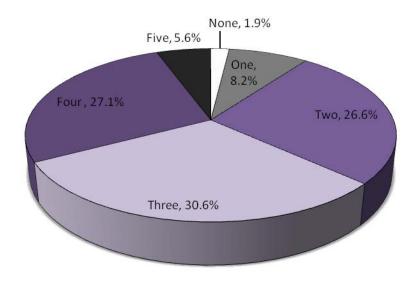
A 'healthy behaviour index' was also developed, which examined the extent to which respondents exhibited multiple healthy behaviours. The five healthy behaviours used in the index were:

- Not smoking;
- Having a BMI within the ideal range (18.5 to 24.99);

- Meeting the physical activity recommendations;
- Consuming five or more portions of fruit/vegetables per day; and
- Either not drinking or drinking within safe limits (i.e. not binging to drinking too much in a week).

Figure 4.15 shows that most (98%) respondents exhibited at least one healthy behaviour, and 6% of respondents exhibited all five. The mean number of healthy behaviours was 2.90.

Figure 4.15: Number of Healthy Behaviours Exhibited Unweighted base=457



Women tended to exhibit more healthy behaviours than men, as shown in Table 4.12.

Table 4.12: Mean Number of Healthy Behaviours by Gender

	Mean No. of Healthy Behaviours	Unweighted base (n)
Men	2.71	196
Women	3.04	261
All	2.90	457

4.8 Attitudes to Breastfeeding

Respondents were given three statements relating to breastfeeding in public and asked to state the extent to which they agreed or disagreed with each. The first statement was:

Women should be made to feel comfortable breastfeeding their babies in public.

More than nine in ten (94%) respondents agreed with this (62% strongly agreed and 32% tended to agree) and 6% disagreed (4% tended to disagree and 2% strongly disagreed).

The second statement was:

Women should only breastfeed their babies at home or in private.

In total, 7% agreed with this (2% strongly agreed and 4% tended to agree) and 93% disagreed (25% tended to disagree and 68% strongly disagreed).

The third statement was:

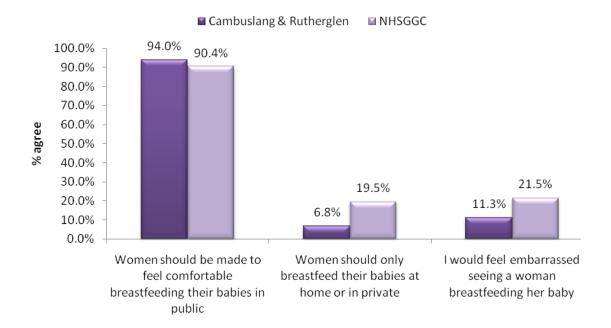
I would feel embarrassed seeing a woman breastfeeding her baby.

One in nine (11%) respondents agreed with this (1% strongly agreed and 10% tended to agree) and 89% disagreed with this statement (24% tended to disagree and 65% strongly disagreed).

Comparison with NHS Greater Glasgow & Clyde Area

Compared to those in the NHSGGC area as a whole, those in Cambuslang & Rutherglen were more likely to agree with the positive statement about breastfeeding and less likely to agree with the two negative statements. This is shown in Figure 4.16.

Figure 4.16: Proportion Agreeing With Each Statement about Breastfeeding: Cambuslang & Rutherglen and NHSGGC



Those aged 65 or over were the least likely to agree with the positive statement about breastfeeding and the most likely to agree with the two negative statements. This is shown in Table 4.12.

Table 4.13: Agree with Statements Relating to Breastfeeding (Q40) by Age

	Women should be made to feel comfortable breastfeeding in public	Women should only breastfeed at home or in private	I would feel embarrassed seeing a woman breastfeeding	Unweighted base (n)
Age:				_
16-44	99%	1%	9%	209
45-64	94%	6%	9%	178
65+	79%	23%	23%	134
All	94%	7%	11%	525
AII	74 /0	1 /0	1170	323

5.1 Chapter Summary

Table 5.1 summarises the indicators relating to social health.

Table 5.1: Indicators for Social Health

Indicator	% of sample	Unweighted base (n)
Facility lated from family and friends (072)	/ 20/	
Feel isolated from family and friends (Q73)	6.2%	585
Belong to a club or organisation (Q58)	16.9%	585
Feel I belong to the local area (Q71b)	77.7%	572
Feel valued as a member of the community (Q71d)	64.1%	570
People in my neighbourhood can influence decisions (Q71f)	71.1%	549
Exchange small favours with people living nearby (Q72)	71.7%	581
Identify with a religion (Q98)	66.1%	569
Experienced at least one form of discrimination over last	2.3%	585
year (Q100)		
Feel safe in own home (Q76c)	96.3%	580
Feel safe using public transport (Q76b)	89.6%	536
Feel safe walking alone even after dark (Q76a)	67.8%	571

One in 16 (6%) felt isolated from family and friends.

One in six (17%) belonged to a club/association etc. Those aged under 45 were less likely to do so.

Just under four in five (78%) felt that they belonged to their local area. Those aged under 45 were less likely to feel that they belonged to their local area.

Just under two thirds (64%) of respondents felt valued as members of their community. Those aged under 45 were less likely to agree with this.

Seven in ten (71%) agreed that local people could influence local decisions. Those aged under 45 were less likely to agree with this.

Seven in ten (72%) exchanged small favours with their neighbours. Those aged under 45 were less likely to do so.

Two in three (66%) respondents identified with a religion. Those aged under 45 were less likely to do so.

A small proportion (2%) of respondents had experienced at least one form of discrimination over the last year.

Most (96%) respondents felt safe in their own home.

Nine in ten (90%) felt safe using public transport in their area.

Two in three (68%) felt safe walking alone in their area even after dark. Those aged 65 or over and women were less likely to feel safe walking alone.

5.2 Social Connectedness

Isolation from Family and Friends

When asked whether they ever felt isolated from family and friends, 6% said yes.

Club Membership

One in six (17%) respondents said that they attended any social clubs, associations, church groups or anything similar. Of those who said they attended clubs or associations, 92% attended at least one club locally and 14% attended at least one club elsewhere.

The likelihood of belonging to a club, association etc. increased with age, ranging from 7% of those aged under 45 to 33% of those aged 65 or over.

Table 5.2: Belong to Social Club, Association Etc. (Q58) by Age

	Belong to club etc.	Unweighted base (n)
Age:		
16-44	17%	228
Age: 16-44 45-64	22%	191
65+	33%	161
All	17%	585

Sense of Belonging to the Community

Respondents were asked to indicate the extent to which they agreed or disagreed with the statement "I feel I belong to this local area". Just under four in five (78%) respondents agreed with this statement (38% strongly agreed and 40% agreed), 8% disagreed and 14% neither agreed nor disagreed.

Comparison with NHS Greater Glasgow & Clyde Area

Those in Cambuslang & Rutherglen were more likely than those in the NHSGGC area as a whole to agree that they belonged to the local area.

Figure 5.1: Belong to the Local Area: Cambuslang & Rutherglen and NHSGGC

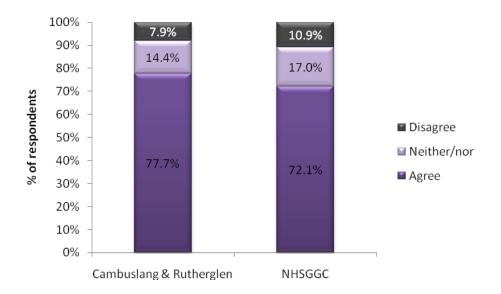


Table 5.3 shows that those aged under 45 were least likely to feel that they belonged to the local area and those aged 65 or over were the most likely.

Table 5.3: Belong to the Local Area (Q71b) by Age

	Agree	Neither/ Nor	Disagree	Unweighted base (n)
Age:				
Age: 16-44	66%	20%	13%	219
45-64	83%	12%	5%	190
65+	95%	4%	1%	158
All	78%	14%	8%	572

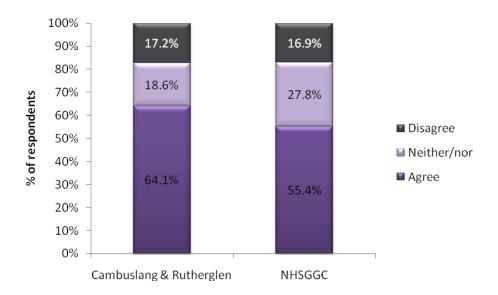
Feeling Valued as a Member of the Community

Respondents were asked to indicate the extent to which they agreed or disagreed with the statement "I feel valued as a member of my community". Just under two thirds (64%) agreed with this statement (35% strongly agreed and 29% agreed); 17% disagreed and 19% neither agreed nor disagreed.

Comparison with NHS Greater Glasgow & Clyde Area

Those in Cambuslang & Rutherglen were more likely than those in the NHSGGC area as a whole to feel valued as a member of the community.

Figure 5.2: Feel Valued as a Member of the Community: Cambuslang & Rutherglen and NHSGGC



Those aged 16-44 were the least likely to feel they were valued as a member of the community and those aged 65 or over were the most likely to feel this. This is shown in Table 5.4.

Table 5.4: Feel Valued as a Member of the Community (Q71d) by Age

	Agree	Neither/ Nor	Disagree	Unweighted base (n)
Age:				
16-44	54%	18%	28%	219
45-64	68%	21%	11%	189
65+	82%	15%	3%	157
All	64%	19%	17%	570

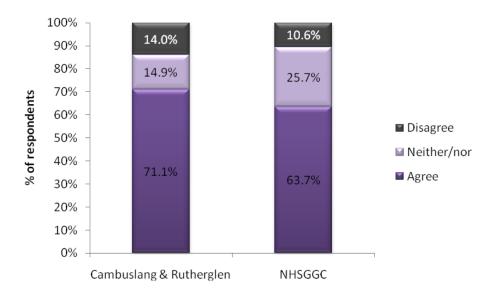
Influence in the Neighbourhood

Respondents were asked the extent to which they agreed or disagreed with the statement, "By working together people in my neighbourhood can influence decisions that affect my neighbourhood". In total, 71% agreed with this statement (38% strongly agreed and 33% agreed), while 14% disagreed and 15% neither agreed nor disagreed.

Comparison with NHS Greater Glasgow & Clyde Area

Those in Cambuslang & Rutherglen were more likely than those in the NHSGGC area as a whole to feel that local people can influence local decisions.

Figure 5.3: Can Influence Decisions that Affect Neighbourhood: Cambuslang & Rutherglen and NHSGGC



Those aged under 45 were least likely to agree that local people could influence local decisions and those aged 65 or over were the most likely.

Table 5.5: Can Influence Decisions that Affect Neighbourhood (Q71f) by Age

	Agree	Neither/ Nor	Disagree	Unweighted base (n)
Age:				
16-44	60%	16%	24%	211
45-64	78%	15%	7%	184
65+	86%	12%	3%	149
All	71%	15%	14%	549

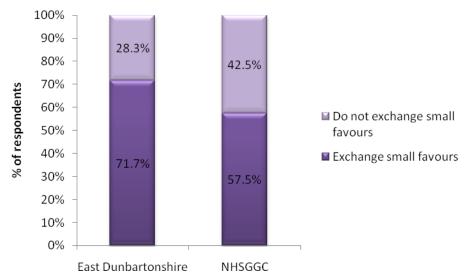
Exchanging Small Favours with Neighbours

Respondents were asked whether they ever exchange small favours with the people who live near them (e.g. leaving a key to let in a repair man, feeding pets while you are away or picking up things from the shops for each other). Seven in ten (72%) said that they did (37% did so with one neighbour, 25% did so with two neighbours and 10% did so with three or more neighbours).

Comparison with NHS Greater Glasgow & Clyde Area

Those in Cambuslang & Rutherglen were more likely than those in the NHSGGC area as a whole to exchange small favours with neighbours (72% Cambuslang & Rutherglen; 58% NHSGGC).

Figure 5.4: Whether Exchange Small Favours With Neighbours: Cambuslang & Rutherglen and NHSGGC



Those aged 16-44 were the least likely to exchange small favours with neighbours. This is shown in Table 5.6.

Table 5.6: Exchange Small Favours with Neighbours (Q72) by Age

	Exchange Small Favours	Unweighted base (n)
Age:		
Age: 16-44	58%	226
45-64	83%	191
65+	86%	159
All	72%	581

Religious Identity

Two in three (66%) respondents identified with a religion.

The likelihood of identifying with a religion increased with age, ranging from 60% of those aged 16-44 to 80% of those aged 65 or over.

Table 5.7: Religious Identity (Q98) by Age

	Have Religious Identity	Unweighted base (n)
Age:		
16-44	60%	223
45-64	67%	183
65+	80%	159
All	66%	569

Experience of Discrimination

Respondents were asked whether they had experienced discrimination in the last 12 months on any grounds including accent, age, disability, ethnicity, language, nationality, religion, sex, sexual orientation, skin colour or anything else. In total 2% of respondents had experienced at least one form of discrimination in the last year.

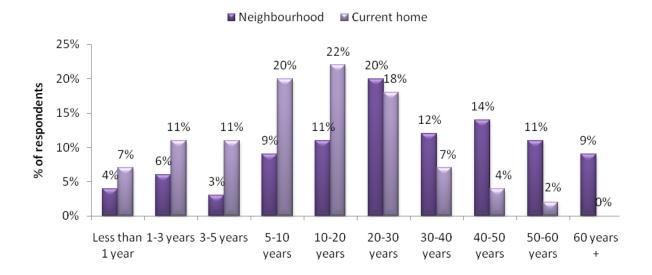
Comparison with NHS Greater Glasgow & Clyde Area

Those in Cambuslang & Rutherglen were less likely than those in the NHSGGC area as a whole to have experienced discrimination in the last year (2% Cambuslang & Rutherglen; 4% NHSGGC).

5.3 Length of Residency – Neighbourhood and Current Home

Across all respondents, the mean length of residency in the neighbourhood was 29.4 years, and the mean length of residency in the current home was 13.3 years.

Figure 5.5: Length of Residency (Neighbourhood and Current Home)



5.4 Feelings of Safety

Feeling Safe in Own Home

Most (96%) respondents agreed that they felt safe in their own home (60% strongly agreed and 36% agreed), while 2% disagreed and less than 2% neither agreed nor disagreed.

Feeling Safe Using Public Transport

Respondents were asked the extent to which they agreed or disagreed with the statement "I feel safe using public transport in this local area". Nine in ten (90%) agreed with this (48% strongly agreed and 42% agreed), while 3% disagreed and 7% neither agreed nor disagreed.

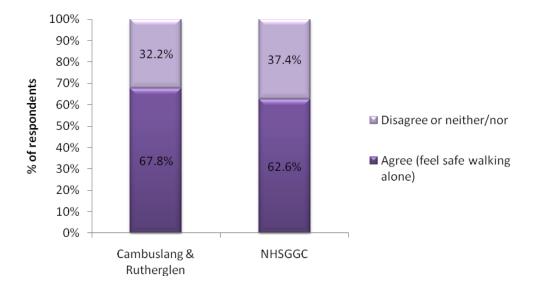
Feeling Safe Walking Alone in Local Area Even After Dark

Respondents were asked the extent to which they agreed or disagreed with the statement "I feel safe walking alone around this local area even after dark". Two in three (68%) agreed with this statement (40% strongly agreed and 28% agreed), 25% disagreed and 7% neither agreed nor disagreed.

Comparison with NHS Greater Glasgow & Clyde Area

Compared to those in the NHSGGC area as a whole, those in Cambuslang & Rutherglen were more likely to feel safe walking alone in their area even after dark.

Figure: 5.6: Feel Safe Walking Alone Even After Dark: Cambuslang & Rutherglen and NHSGGC



Older respondents were less likely to feel safe walking alone in their neighbourhood after dark, and women were less likely than men to feel safe walking alone. This is shown in Table 5.8.

Table 5.8: Feel Safe Walking Alone Even After Dark (Q76b) by Age and Gender

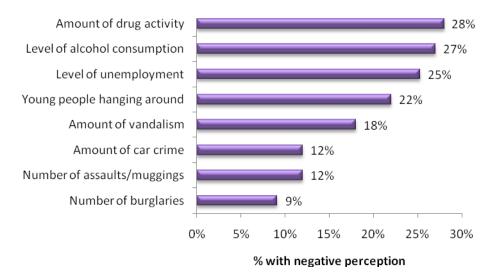
	Agree	Neither/ Nor	Disagree	Unweighted base (n)
Age:				
16-44	76%	5%	19%	223
45-64	70%	9%	21%	191
65+	44%	9%	47%	152
Men	84%	7%	10%	260
Women	54%	8%	38%	311
All	68%	7%	25%	571

5.5 Social Issues in the Local Area

Using the 'faces' scale, respondent were asked to indicate how they felt about a range of perceived social problems. Faces 5 to 7 are classified as negative perceptions and indicate that respondents are concerned about these issues.

The social issues which most frequently caused concern were amount of drug activity and level of alcohol consumption.

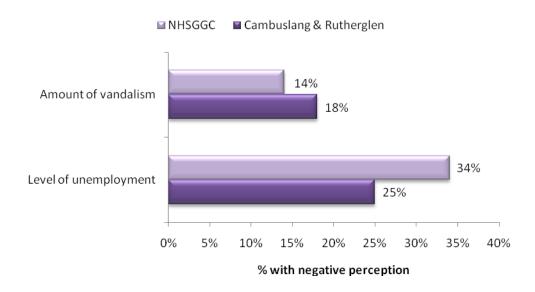
Figure 5.7: Negative Perception of Social Issues in the Local Area (Q56a-h)



Comparison with NHS Greater Glasgow & Clyde Area

As Figure 5.8 shows, compared to those in the NHSGGC area as a whole, those in Cambuslang & Rutherglen were more likely to be concerned about the amount of vandalism in there area but less likely to be concerned about the level of unemployment.

Figure 5.8: Negative Perception of Social Issues in the Local Area: Cambuslang & Rutherglen and NHSGGC (all issues showing a significant difference)

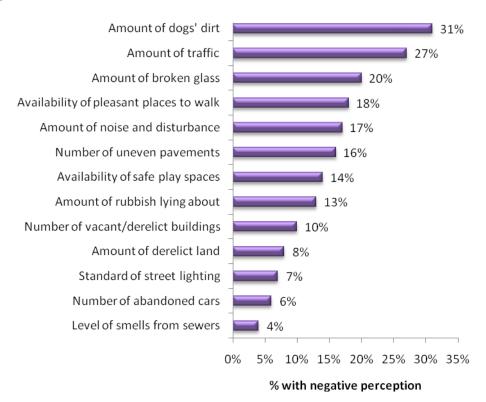


5.6 Environmental Issues in the Local Area

Again using the 'faces' scale, respondents were asked to indicate how they felt about a range of perceived environmental problems. Faces 5 to 7 are classified as negative perceptions and indicate that respondents are concerned about these issues.

The environmental issues which most frequently caused concern were the amount of dogs' dirt and the amount of traffic. This is shown in Figure 5.9.

Figure 5.9: Negative Perception of Environmental Issues in the Local Area (Q57a-m)

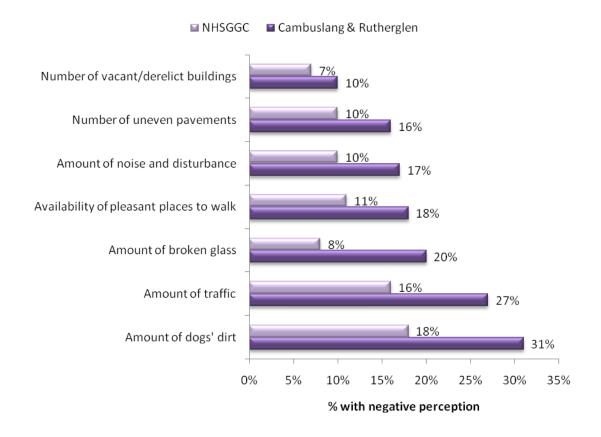


Comparison with NHS Greater Glasgow & Clyde Area

As Figure 5.10 shows, those in Cambuslang & Rutherglen were more likely than those in the NHSGGC area as a whole to be concerned about:

- Amount of dogs' dirt;
- Amount of traffic;
- Amount of broken glass;
- Availability of pleasant places to walk;
- Amount of noise and disturbance;
- Number of uneven pavements; and
- Number of vacant/derelict buildings.

Figure 5.10: Negative Perception of Environmental Issues in the Local Area: Cambuslang & Rutherglen and NHSGGC (all issues showing a significant difference)

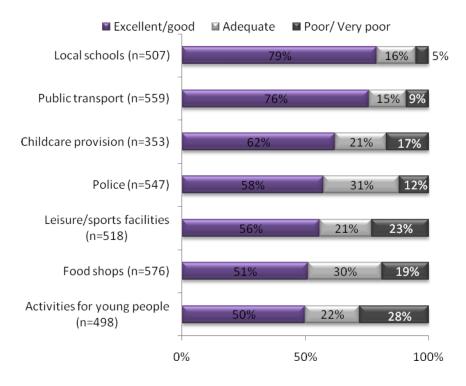


5.7 Perceived Quality of Services in the Area

Respondents were given a list of seven local services and asked to rate each (excellent, good, adequate, poor or very poor). Figure 5.11 shows the responses to each type of service. The number of respondents answering 'don't know' varied for different types of service reflecting the level of use. 'Don't know' responses have been excluded from analysis, and Figure 5.11 shows the number of respondents who gave a rating response for each service.

The services for which the largest proportion of respondents gave a positive rating were local schools and public transport. Activities for young people had the lowest proportion of respondents giving a positive rating.

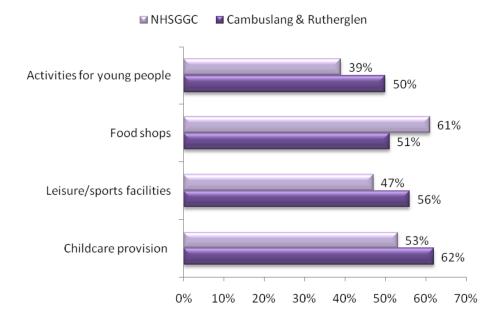
Figure 5.11: Perceived Quality of Local Services



Comparison with NHS Greater Glasgow and Clyde Area

Figure 5.12 shows that compared to the NHSGGC area as a whole, those in Cambuslang & Rutherglen were more likely to have a positive perception of childcare provision, leisure/sports facilities and activities for young people, but less likely to have a positive perception of food shops in their area.

Figure 5.12: Positive Perceptions of Quality of Local Services: Cambuslang & Rutherglen and NHSGGC (all services showing a significant difference).



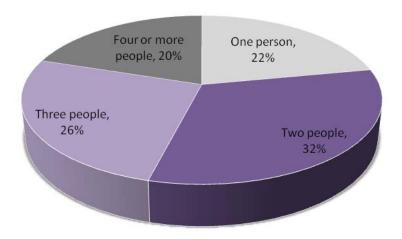
5.8 Individual Circumstances

Household Size

One in five (22%) respondents lived alone. Figure 5.13 shows the breakdown of household size

Figure 5.13: Household Size

(Base: 585)



Ethnicity

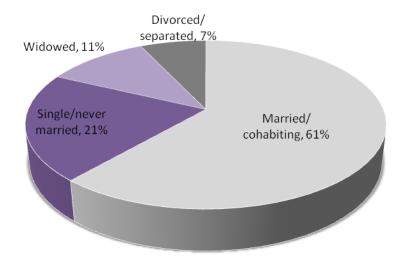
Respondents were asked their ethnicity. Most (98%) identified themselves as White, and 2% were from other ethnic backgrounds.

Marital Status

Three in five (61%) respondents were married or living with their partner. Figure 5.14 shows the breakdown of marital status.

Figure 5.14: Marital Status

(Base: 574)



The age group most likely to describe themselves as married or cohabiting was 45-64 year olds, of whom 74% were married or living with their partner. Just under half (47%) of those aged 65 or over were widowed.

Internet Access

Two in three (67%) respondents had access to the internet, and 67% had access to the internet in their home. Those aged 16-44 were the most likely to have internet access at their home (79% in this age group did), while those aged 65 and over were the least likely to have internet access at home (16% did).

Overall, those in Cambuslang & Rutherglen were more likely than those in the NHSGGC area as a whole to have access to the internet at home (67% Cambuslang & Rutherglen; 56% NHSGGC).

Car Ownership

Seven in ten (71%) respondents said that they or someone in their household owned a car. Car ownership was highest among those aged 45-64 (82% of whom owned a car).

Those in Cambuslang & Rutherglen were more likely than those in the NHSGGC area as a whole to own a car (71% Cambuslang & Rutherglen; 58% NHSGGC).

Main Form of Transport

Respondents were asked which mode of transport they normally use for most journeys they make. One in nine (11%) said their usual mode was active travel (walking, cycling); 62% said it was private personal travel (car, motorcycle) and 27% said that it was public travel (bus, train, underground, taxi).

Those aged 65 or over were the more likely to report public travel modes (41% did so).

Caring Responsibilities

One in 50 (2%) respondents said that they were responsible for caring for someone on a day to day basis (excluding regular childcare). Of these, the mean number of hours per day spent caring was 13.4.

Educational Qualifications

One in eight (13%) had no educational qualifications. Those aged 65 or over were more likely to have no qualifications (31% in this age group had no qualifications).

Those in Cambuslang & Rutherglen were less likely than those in the NHSGGC area as a whole to have no qualifications (13% Cambuslang & Rutherglen; 21% NHSGGC).

Proportion of Household Income from State Benefits

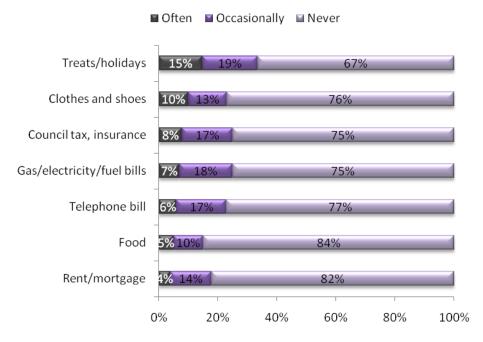
Half (53%) of respondents said that at least some of their household income came from state benefits, and 18% said that all their household income came from state benefits.

Those in Cambuslang & Rutherglen were less likely than those in the NHSGGC area as a whole to say that all their household income came from state benefits (18% Cambuslang & Rutherglen; 24% NHSGGC).

Difficulty Meeting the Cost of Specific Expenses

Figure 5.15 shows the proportion of respondents who said they had difficulty meeting specific expenses often, occasionally and never.

Figure 5.15: How Often Have Difficulty Meeting the Costs of Specific Expenses (Q89)



All together, 32% said that they ever had difficulty meeting the costs of rent/mortgage, fuel bills, telephone bills, council tax/insurance, food or clothes/shoes.

Overall, those in Cambuslang & Rutherglen were less likely than those in the NHSGGC area as a whole to ever have difficulty meeting these costs (32% Cambuslang & Rutherglen; 47% NHSGGC).

Difficulty Finding Unexpected Sums

One in 11 (9%) said that they would have a problem meeting an unexpected expense of £20; 28% said they would have a problem meeting an unexpected expense of £100 and two in three (68%) would had a problem finding £1,000 for an unexpected expense.

Those in Cambuslang & Rutherglen were less likely than those in the NHSGGC area as a whole to have a problem finding £20 (9% Cambuslang & Rutherglen; 18% NHSGGC), £100 (28% Cambuslang & Rutherglen; 49% NHSGGC) or £1,000 (68% Cambuslang & Rutherglen; 80% NHSGGC).

Factors about the Home that Affect Health

One percent of respondents said that there was something about their home that affected their health.

Economic Activity

Just over half (54%) of respondents were in employment (48% were employed full time and 6% were employed part time). Of those aged under 75, 76% lived in households where the main wage earner was economically active.

Those in Cambuslang & Rutherglen were more likely than those in the NHSGGC area as a whole to live in an economically active household (76% Cambuslang & Rutherglen; 69% NHSGGC).

Social Class

Social class classifications were derived from information about the occupation of the main wage earner (or former occupation if retired). In total, 21% comprised class A/B, 52% comprised C1/C2 and 27% comprised class D/E.

Migrant Workers

There were no respondents who described themselves as migrant workers.

Sexual Orientation

Most (99%) of respondents described their sexual orientation as heterosexual.

6 Social Capital

6.1 Chapter Summary

Table 6.1 summarises the indicator data for social capital.

Table 6.1: Indicators for Social Capital

Indicator	% of sample	Unweighted base (n)
Positive perception of local area as a place to live (Q54)	89.1%	585
Positive perception of local area as a place to bring up children (Q55)	84.9%	585
Currently act as a volunteer (Q62)	1.7%	585
Positive perception of reciprocity (Q71a)	82.7%	568
Positive perception of trust (Q71e)	83.6%	573
Value local friendships (Q71c)	76.1%	572
Positive perception of social support (Q71g)	81.7%	574

Nine in ten (89%) respondents had a positive perception of their area as a place to live and 85% had a positive perception of their area as a place to bring up children.

A small proportion (2%) of respondents were volunteers.

Four in five (83%) had a positive perception of reciprocity and 84% had a positive perception of trust in their area. Those aged under 45 were less likely to have a positive view of trust.

Three in four (76%) valued local friendships. Those aged under 45 were less likely to do so.

Four in five (82%) gave a positive perception of social support in their area.

6.2 View of Local Area

Respondents were presented with the seven 'faces' scale and asked to indicate how they felt about their area a) as a place to live; and b) as a place to bring up children. Those choosing any of the three 'smiley' faces (1-3) were categorised as having a positive perception. Overall, 89% had a positive view of their area as a place to live and 85% had a positive view of the area as a place to bring up children.

6.3 Volunteering

A small proportion (2%) of respondents were volunteers. Those who volunteered did so for a mean of 4.38 hours per week.

Comparison with NHS Greater Glasgow & Clyde Area

Those in Cambuslang & Rutherglen were less likely than those in the NHSGGC area as a whole to be a volunteer (2% Cambuslang & Rutherglen; 4% NHSGGC).

6.4 Reciprocity and Trust

Respondents were asked to indicate the extent to which they agree or disagree with the following statements:

"This is a neighbourhood where neighbours look out for each other", and

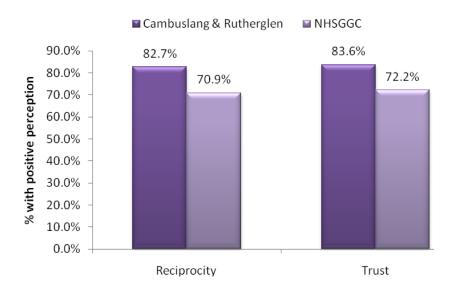
"Generally speaking, you can trust people in my local area".

Those agreeing with the first statement were categorised as having a positive view of reciprocity, and those agreeing with the second were categorised as having a positive view of trust. Overall, 83% were positive about reciprocity and 84% were positive about trust.

Comparison with NHS Greater Glasgow & Clyde Area

Compared with those in the NHSGGC area as a whole, those in Cambuslang & Rutherglen were more likely to have positive views of reciprocity and trust. This is shown in Figure 6.1.

Figure 6.1: Positive Perceptions of Reciprocity and Trust: Cambuslang & Rutherglen and NHSGGC



Those aged 16-44 were the least likely to have positive views of trust. This is shown in Table 6.2.

Table 6.2: Positive Perceptions of Trust (Q71e) by Age

	Positive Perception of Trust	Unweighted base (n)
Age:		
16-44	74%	220
45-64	92%	190
65+	93%	158
All	84%	573

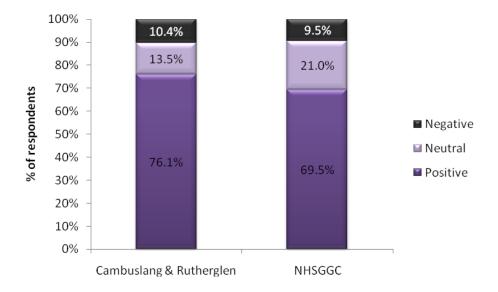
6.5 Local Friendships

Respondents were asked to indicate the extent to which they agree or disagree with the statement: "The friendships and associations I have with other people in my local area mean a lot to me". Overall, 76% agreed with this statement.

Comparison with NHS Greater Glasgow & Clyde Area

Those in Cambuslang & Rutherglen were more likely than those in the NHSGGC area as a whole to value local friendships.

Figure 6.2: Value Local Friendships: Cambuslang & Rutherglen and NHSGGC



Those aged under 45 were less likely to value local friendships and those aged 65 or over were more likely to do so. This is shown in Table 6.3.

Table 6.3: Proportion Value Local Friendships (Q71c) by Age

	Value Local Friendships	Unweighted base (n)
Age: 16-44		
16-44	67%	219
45-64	79%	190
65+	92%	158
All	76%	572

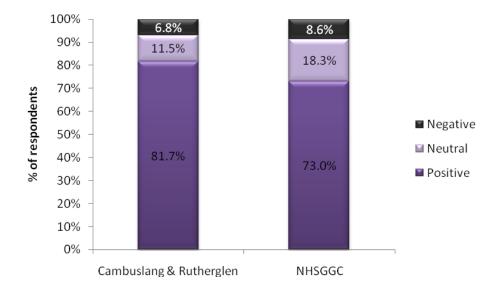
6.6 Social Support

Respondents were asked to indicate the extent to which they agree or disagree with the statement: "If I have a problem, there is always someone to help me". Those agreeing with this statement were categorised as having a positive view of social support. According to this definition, four in five (82%) were positive about social support.

Comparison with NHS Greater Glasgow & Clyde Area

Those in Cambuslang & Rutherglen were more likely than those in the NHSGGC area as a whole to give a positive view of social support.

Figure 6.3: Positive View of Social Support: Cambuslang & Rutherglen and NHSGGC



Those aged 65 or over were the most likely to have a positive view of social support and those aged 16-44 were the least likely to do so. Also, women were more likely than men to have a positive view of social support.

Table 6.4: Positive View of Social Support (Q71g) by Age and Gender

	Positive View	Unweighted base (n)
Age:		
16-44	72%	221
45-65	88%	190
65+	93%	158
Men	76%	259
Women	87%	315
All	82%	574

7 Summary of Comparisons with NHS Greater Glasgow & Clyde Area

This chapter presents a summary of the comparisons of indicator data from Cambuslang & Rutherglen to those for the NHS Greater Glasgow & Clyde area as a whole.

7.1 Indicators showing More Favourable Findings

Compared to those in the NHS Greater Glasgow & Clyde area as a whole, those in Cambuslang & Rutherglen were:

- More likely to feel definitely in control of the decisions affecting their life;
- Less likely to have a high GHQ12 score;
- More likely to brush their teeth twice or more per day;
- More likely to have visited the dentist within the last six months;
- More likely to say that it was easy to get a consultation with a GP within 48 hours when needed;
- Less likely to be exposed to second hand smoke most or some of the time;
- Less likely to be a smoker;
- More likely to have participated in gym workouts, running/jogging or football/rugby in the last week:
- More likely to meet the target of consuming five or more portions of fruit/vegetables per day;
- More likely to eat breakfast every day;
- More likely to agree with the positive statement about breastfeeding and less likely to agree with the two negative statements about breastfeeding;
- More likely to feel that they belonged to the local area;
- More likely to feel valued as a member of the community;
- More likely to agree that local people can influence local decisions;
- More likely to exchange small favours with neighbours;
- Less likely to have experienced discrimination in the last year;
- More likely to feel safe walking in their area even after dark
- Less likely to be concerned about unemployment in their area;
- More likely to have a positive perception of:
 - o childcare provision;
 - o leisure/sports facilities; and
 - activities for young people;
- More likely to have internet access at home;
- More likely to own a car;
- Less likely to have no qualifications;
- Less likely to receive all household income from benefits;
- Less likely to have difficulty meeting the cost of bills, etc;
- Less likely to have difficulty finding unexpected sums of £20, £100 or £1,000;
- More likely to live in an economically active household;
- More likely to have a positive view of reciprocity in their area;
- More likely to have a positive view of trust in their area;
- More likely to value local friendships; and
- More likely to have a positive perception of social support in their area.

7.2 Indicators showing Less Favourable Findings

Compared to those in the NHS Greater Glasgow & Clyde area as a whole, those in Cambuslang & Rutherglen were:

More likely to be receiving treatment for osteoporosis;

- (Among those who had used health services in the last year) less likely to feel they had definitely been given adequate information about their condition or treatment;
- (Among those who had used health services in the last year) less likely to feel that they were definitely encouraged to participate in decisions affecting their health or treatment;
- (Among those who had used health services in the last year) less likely to feel that their views and circumstances were understood and valued;
- More likely to find it difficult to travel to hospital for an appointment;
- More likely to say it was difficult to obtain a hospital appointment;
- More likely to say that it was difficult to get an appointment to see the dentist;
- More likely to drink alcohol at least once a week;
- More likely to exceed the recommended weekly limit for acohol consumption;
- More likely to have been a binge drinker in the previous week;
- Less likely to meet the target for physical activity;
- Less likely to have participated in cycling or dance in the previous week;
- More likely to be concerned about vandalism in their area;
- More likely to be concerned about:
 - Amount of dogs' dirt;
 - Amount of traffic;
 - o Amount of broken glass;
 - o Availability of pleasant places to walk;
 - o Amount of noise and disturbance;
 - o Number of uneven pavements; and
 - Number of vacant/derelict buildings;
- Less likely to have a positive perception of local food shops; and
- Less likely to be a volunteer.

7.3 Other Significant Differences

Compared to those in the NHS Greater Glasgow & Clyde area as a whole, those in Cambuslang & Rutherglen were:

- More likely to have seen a pharmacist for health advice in the last year; and
- (Among those who ever drank alcohol) more likely to have consumed alcohol at home, at a restaurant or at someone else's home, but less likely to have consumed alcohol at a club/disco in the last six months.

Trend Data

In this chapter, results from all indicator questions that represent a statistically significant change between 2008 and 2005 or 2008 and 2002 are shown.

The formula used to test for significant change is a hypothesis test for two proportions. The 'null hypothesis' is that there is no change since 2002 or since 2005. The following formula yields a 'test statistic' (z):

$$z = \frac{\stackrel{^{\wedge}}{p_{1}} - \stackrel{^{\wedge}}{p_{2}}}{\sqrt{\stackrel{^{\wedge}}{p}_{p}(1 - \stackrel{^{\wedge}}{p}_{p})}} \sqrt{\left(\frac{1}{n_{1}}\right) + \left(\frac{1}{n_{2}}\right)} \quad \begin{array}{l} p_{1} = \text{proportion observed in 2008} \\ p_{2} = \text{proportion observed in 2002/2005} \\ n_{1} = \text{sample size in 2008} \\ n_{2} = \text{sample size in 2002/2005} \end{array}$$

$$\hat{p}_{p} = \frac{x_{1} + x_{2}}{n_{1} + n_{2}} = \frac{n_{1}p_{1} + n_{2}p_{2}}{n_{1} + n_{2}}$$

If the value of z falls outside of the range (-1.96 to 1.96), we reject the null hypothesis and conclude that there has been significant change since 1999 (at the 95% confidence level).

For those results that show significant change, we have also calculated a confidence interval for the difference between any two sets of results.

$$(\hat{p}_1 - \hat{p}_2) \pm 1.96 \sqrt{\frac{\hat{p}_1(1-\hat{p}_1)}{n_1} + \frac{\hat{p}_2(1-\hat{p}_2)}{n_2}}$$

For example, the confidence interval for the result shown in Table 8.7 is (-20.0 to -6.2). This means that we can be 95% confident that, had we interviewed the entire population of Cambuslang & Rutherglen in the surveys, the actual difference between the two sets of results would be between -20.0 and -6.2 percentage points.

The tables show the results, and also show p values. Where p is less than 0.05, the change is considered to be significant. P values are reported as one of three levels of significance: <0.05, <0.01 and <0.001. A p value of <0.05 means that we can be 95% confident that a 'real' change has taken place. A p value of <0.01 means that we can be 99% confident, and a p value of <0.001 means that we can be 99.9% confident.

Only significant changes over time have been mentioned in the text. Where a change is not significant, the size of the change is not shown in the table, and no p value is shown.

It should be noted that the formulae used in this chapter only strictly apply to simple random samples, whereas this survey uses a complex multi-stage sample design. For this reason, results of tests should be interpreted with caution, particularly if the result is on the margins of statistical significance.

8.1 People's Perceptions of their Health and Illness

Tables 8.1 to 8.3 show that there has been no significant change in the proportion of respondents who had positive perceptions of their health, physical wellbeing or mental/emotional wellbeing between 2002 and 2008.

Table 8.1: Positive Perceptions of General Health

Base: All

	Cambuslang & Rutherglen
2002	73.1%
2005	67.0%
2008	69.6%
Change (2005-2008)	n/a
P	n/a
Confidence Interval	n/a

Table 8.2: Positive Perceptions of Physical Wellbeing

Base: All

	Cambuslang &
	Rutherglen
2002	86.0%
2005	83.1%
2008	82.8%
Change (2005-2008)	n/a
P	n/a
Confidence Interval	n/a

Table 8.3: Positive Perceptions of Mental or Emotional Wellbeing

Base: All

	Cambuslang &
	Rutherglen
2002	88.7%
2005	85.1%
2008	86.0%
Change (2005-2008)	n/a
Р	n/a
Confidence Interval	n/a

There was a drop between 2005 and 2008 in the proportion of respondents who definitely felt in control of the decisions affecting their life.

Table 8.4: Feeling Definitely in Control of Decisions Affecting Daily Life

Base: All

	Cambuslang & Rutherglen
2002	85.5%
2005	83.5%
2008	77.8%
Change (2005-2008)	-5.7%
P	< 0.05
Confidence Interval	-11.3 to -0.1

There was no significant change in the proportion of respondents who felt positive about their quality of life.

Table 8.5: Positive Perception of Overall Quality of Life

Base: All

	Cambuslang & Rutherglen
2002	90.0%
2005	89.8%
2008	86.4%
Change (2005-2008)	n/a
P	n/a
Confidence Interval	n/a

The proportion of respondents who had a limiting condition or illness was similar across all three surveys.

Table 8.6: Illness/Condition Affecting Daily Life

Base: All

	Cambuslang & Rutherglen
2002	17.2%
2005	21.6%
2008	22.1%
Change (2005-2008)	n/a
P	n/a
Confidence Interval	n/a

Between 2005 and 2008 there was a drop in the proportion of respondents who were receiving treatment for at least one illness or condition (returning to a similar level seen in 2002).

Table 8.7: Receiving Treatment for One or More Condition

Base: All

	Cambuslang & Rutherglen
2002	35.2%
2005	45.2%
2008	32.1%
Change (2005-2008)	-13.1%
Р	< 0.001
Confidence Interval	-20.0 to -6.2

The proportion of respondents who had all or some of their natural teeth rose between 2005 and 2008.

Table 8.8: Proportion with Some/All of their Own Teeth

Base: All

	Cambuslang &
	Rutherglen
2002	83.4%
2005	81.7%
2008	88.2%
Change (2005-2008)	+6.5%
Р	< 0.05
Confidence Interval	+1.4 to +11.6

There was a rise between 2005 and 2008 in the proportion of respondents who brushed their teeth twice or more per day (for those who had any natural teeth).

Table 8.9: Proportion Brushing Teeth at Least Twice a Day

Base: Those with at least some of their own teeth

	Cambuslang & Rutherglen
2002	85.3%
2005	74.6%
2008	84.8%
Change (2005-2008)	+10.2%
Р	< 0.001
Confidence Interval	+4.5 to +15.9

8.2 The Use of Health Services

The proportion of respondents who had seen a GP in the last year was similar across all three surveys.

Table 8.10: Proportion Seen a GP in the Last Year

Base: All

	Cambuslang & Rutherglen
2002	78.9%
2005	80.1%
2008	78.3%
Change (2005-2008)	n/a
Р	n/a
Confidence Interval	n/a

Between 2002 and 2008 there was a drop in the proportion of respondents who had been to accident and emergency in the last year.

Table 8.11: Proportion Been to A&E in the Last Year

Base: All

	Cambuslang & Rutherglen
2002	13.2%
2005	12.3%
2008	8.4%
Change (2002-2008)	-4.8%
Р	< 0.05
Confidence Interval	-9.1 to -0.5

There was no significant change in the proportion of respondents who had been a hospital outpatient in the last year.

Table 8.12: Proportion Been to Hospital as an Outpatient to see a Doctor in the Last Year

	0
	Cambuslang &
	Rutherglen
2002	18.9%
2005	26.9%
2008	22.3%
Change (2005-2008)	n/a
P	n/a
Confidence Interval	n/a

The proportion of respondents registered with a dentist remained constant across all three surveys.

Table 8.13: Registered with a Dentist

Base: All

	Cambuslang & Rutherglen
2002	76.9%
2005	76.5%
2008	77.3%
Change (2005-2008)	n/a
P	n/a
Confidence Interval	n/a

There was a sizeable increase between 2005 and 2008 in the proportion of respondents who had been to a dentist within the last six months.

Table 8.14: Been to a Dentist in the Last Six Months

Base: All

	Cambuslang & Rutherglen
2002	50.1%
2005	43.5%
2008	65.0%
Change (2005-2008)	+21.5%
P	< 0.001
Confidence Interval	+14.6 to +28.4

8.3 Health Behaviours

There was a considerable drop between 2005 and 2008 in the proportion of respondents who were smokers, returning to a level similar to 2002.

Table 8.15: Proportion Currently Smoking (On Some or Every Day)

	Cambuslang &
	Rutherglen
2002	25.5%
2005	39.8%
2008	22.6%
Change (2005-2008)	-17.2%
Р	< 0.001
Confidence Interval	-23.7 to -10.7

There was a very sizeable decrease in the proportion of respondents who said they were exposed to second hand smoke most or some of the time. The ban on smoking in public places was introduced in Scotland in 2006.

Table 8.16: Proportion Exposed to Smoke (Some or All the Time)

Base: All

	Cambuslang & Rutherglen
2002	48.9%
2005	62.4%
2008	32.4%
Change (2005-2008)	-30.0%
Р	< 0.001
Confidence Interval	-36.8 to -23.2

Between 2002 and 2008 there was an increase in the proportion of respondents who exceeded the recommended weekly limit for alcohol consumption.

Table 8.17: Proportion Exceeding Recommended Alcohol Limit in Preceding Week (Based on old estimates of units)

Base: All

	Cambuslang & Rutherglen
2002	8.4%
2005	14.0%
2008	13.3%
Change (2002-2008)	+4.9%
P	< 0.05
Confidence Interval	+0.6 to +9.2

The proportion of respondents who had been binge drinkers in the previous week was similar across all three surveys.

Table 8.18: Proportion Binge Drinking in the Preceding Week (Based on old estimates of units)

	Cambuslang &
	Rutherglen
2002	21.1%
2005	21.6%
2008	22.6%
Change (2005-2008)	n/a
P	n/a
Confidence Interval	n/a

Between 2005 and 2008 there was a decrease in the proportion of respondents who met the target for physical activity.

Table 8.19: Proportion Meeting the Physical Activity Target

Base: All

	Cambuslang &
	Rutherglen
2002	63.7%
2005	53.3%
2008	38.8%
Change (2005-2008)	-14.5%
P	< 0.001
Confidence Interval	-21.5 to -7.5

The proportion of respondents who met the target for fruit/vegetable consumption increased between 2005 and 2008, returning to a similar proportion seen in 2002.

Table 8.20: Proportion Meeting the Fruit and Vegetable Consumption Target

Base: All

	Cambuslang &
	Rutherglen
2002	47.1%
2005	36.3%
2008	45.5%
Change (2005-2008)	+9.2%
Р	< 0.01
Confidence Interval	+2.2 to +16.2

There was an increase between 2005 and 2008 in the proportion of respondents who met the target for oily fish consumption

Table 8.21: Proportion Eating the Recommended Amount of Oily Fish

	Cambuslang &
	Rutherglen
2002	29.4%
2005	15.6%
2008	22.6%
Change (2005-2008)	+7.0
P	< 0.05
Confidence Interval	+1.4 to +12.6

The proportion of respondent who exceeded the recommended limit for high fat and sugary snacks fell between 2005 and 2008.

Table 8.22: Proportion Eating More than the Recommended Amount of High Fat and Sugary Snacks

Base: All

	Cambuslang & Rutherglen
2002	27.9%
2005	46.2%
2008	37.9%
Change (2005-2008)	-8.3%
P	< 0.05
Confidence Interval	-15.3 to -1.3

Between 2002 and 2008 there was an increase in the proportion of respondents who were overweight.

Table 8.23: Body Mass Index

	Cambuslang &
DMI of OF an array	Rutherglen
BMI of 25 or over	00.004
2002	39.8%
2005	47.8%
2008	48.6%
Change (2002-2008)	+8.8%
P	< 0.05
Confidence Interval	+1.9 to +15.7
BMI of 35 or over	
2002	1.4%
2005	3.0%
2008	2.7%
Change (2005-2008)	n/a
Р	n/a
Confidence Interval	n/a
BMI indicting obese/extremely	
obese	
2002	9.3%
2005	9.9%
2008	11.7%
Change (2005-2008)	n/a
Р	n/a
Confidence Interval	n/a

8.4 Social Health

There was no significant change in the proportion of respondents who felt isolated from family and friends.

Table 8.24: Proportion Isolated from Family and Friends

Base: All

	Cambuslang & Rutherglen
2002	9.3%
2005	7.9%
2008	6.2%
Change (2005-2008)	n/a
Р	n/a
Confidence Interval	n/a

Between 2002 and 2008 there was a drop in the proportion of respondents who felt that they belonged to the local area.

Table 8.25: Proportion Feeling they Belong to Local Area

Base: All

	Cambuslang & Rutherglen
2002	85.8%
2005	73.9%
2008	77.7%
Change (2002-2008)	-8.1%
P	< 0.01
Confidence Interval	-13.4 to -2.8

There was a rise between 2005 and 2008 in the proportion who felt valued as a member of the community (reversing the trend seen between 2002 and 2005).

Table 8.26: Proportion Feeling Valued as Member of their Community

	Cambuslang &
	Rutherglen
2002	71.0%
2005	51.0%
2008	64.1%
Change (2005-2008)	+13.1%
P	< 0.001
Confidence Interval	+6.1 to +20.1

There was no significant change in the proportion who felt that local people could influence local decisions.

Table 8.27: Proportion Feeling Local People Can Influence Decisions

Base: All

	Cambuslang & Rutherglen
2002	70.6%
2005	65.3%
2008	71.1%
Change (2005-2008)	n/a
Р	n/a
Confidence Interval	n/a

Tables 8.28 to 8.30 show that although there was no significant change in the proportion of respondents who felt safe in their own home or walking alone even after dark, the proportion of respondent who felt safe using public transport increased between 2005 and 2008.

Table 8.28: Proportion Feeling Safe in Their Own Home

Base: All

	Cambuslang & Rutherglen
2002	98.3%
2005	97.2%
2008	96.3%
Change (2005-2008)	n/a
P	n/a
Confidence Interval	n/a

Table 8.29: Proportion Feeling Safe Using Public Transport

Base: All

	Cambuslang &
	Rutherglen
2002	85.3%
2005	83.1%
2008	89.6%
Change (2005-2008)	+6.5%
Р	< 0.01
Confidence Interval	+1.6 to +11.4

Table 8.30: Proportion Feeling Safe Walking Alone After Dark

	Cambuslang & Rutherglen
2002	71.2%
2005	66.1%
2008	67.8%
Change (2005-2008)	n/a
Р	n/a
Confidence Interval	n/a

8.5 Individual Circumstances

There was no significant change in the proportion of respondents who were married/cohabiting.

Table 8.31: Proportion Cohabiting/Married etc

Base: All

	Cambuslang & Rutherglen
2002	56.2%
2005	62.3%
2008	61.4%
Change (2005-2008)	n/a
P	n/a
Confidence Interval	n/a

There was no significant change in the proportion who had children aged under 14.

Table 8.32: Proportion with Children Under 14

Base: All

	Cambuslang & Rutherglen
2002	25.4%
2005	25.5%
2008	22.9%
Change (2005-2008)	n/a
P	n/a
Confidence Interval	n/a

There was a drop between 2005 and 2008 in the proportion of respondents who were lone parents of children aged under 14.

Table 8.33: Proportion who Are Lone Parents of Children Under 14

	Cambuslang &
	Rutherglen
2002	4.0%
2005	6.8%
2008	1.7%
Change (2005-2008)	-5.1
Р	< 0.001
Confidence Interval	-8.0 to -2.2

There was a very considerable increase in the proportion of respondents who had internet access at home between 2005 and 2008.

Table 8.34: Proportion with Internet Access at Home

Base: All

	Cambuslang & Rutherglen
2002	34.8%
2005	34.2%
2008	66.7%
Change (2005-2008)	+32.5%
P	< 0.001
Confidence Interval	+25.8 to +39.2

There was a rise between 2005 and 2008 in the proportion of respondents who had a car.

Table 8.35: Proportion with a Car

Base: All

	Cambuslang & Rutherglen
2002	64.0%
2005	66.3%
2008	70.7%
Change (2002-2008)	+6.7%
P	< 0.05
Confidence Interval	+0.2 to +13.2

There was a very considerable drop between 2005 and 2008 in the proportion of respondents who said they had no qualifications.

Table 8.36: Proportion with No Qualifications

Base: All

	Cambuslang &
	Rutherglen
2002	23.8%
2005	37.1%
2008	12.6%
Change (2005-2008)	-24.5%
Р	< 0.001
Confidence Interval	-30.4 to -18.6

Between 2002 and 2008 there was a drop in the proportion of respondents who received all income from state benefits.

Table 8.37: Proportion with all Income from State Benefits

	Cambuslang &
	Rutherglen
2002	24.4%
2005	21.3%
2008	17.6%
Change (2002-2008)	-6.8%
P	< 0.05
Confidence Interval	-12.4 to -1.2

There was a drop between 2005 and 2008 in the proportion of respondents who had a positive perception of their household income.

Table 8.38: Proportion with a Positive Perception of Household Income

Base: All

	Cambuslang & Rutherglen
2002	58.5%
2005	75.7%
2008	67.1%
Change (2005-2008)	-8.6%
P	<0.01
Confidence Interval	-15.0 to -2.2

Between 2005 and 2008 there was a drop in the proportion of respondents who said that it would be impossible or a big problem to find an unexpected sum of £100.

Table 8.39: Proportion Having Difficulties Finding Unexpected Expenses

	Cambuslang &
	Rutherglen
Difficulty finding £20	
2002	1.3%
2005	0.8%
2008	2.0%
Change (2005-2008)	n/a
P	n/a
Confidence Interval	n/a
Difficulty finding £100	
2002	8.4%
2005	15.6%
2008	10.4%
Change (2005-2008)	-5.2%
P	< 0.05
Confidence Interval	-10.0 to -0.4
Difficulty finding £1,000	
2002	38.2%
2005	48.5%
2008	41.6%
Change (2005-2008)	n/a
Р	n/a
Confidence Interval	n/a

Tables 8.40 and 8.41 show that the proportion of main wage earners in full time employment and the proportion of households where no adults were employed remained stable across all three surveys.

Table 8.40: Proportion of Main Wage Earners Employed Full Time

Base: All

	Cambuslang & Rutherglen
2002	61.6%
2005	60.6%
2008	61.7%
Change (2005-2008)	n/a
Р	n/a
Confidence Interval	n/a

Table 8.41: Proportion of Households with No Adults in Employment

Base: All

	Cambuslang &
	Rutherglen
2002	35.6%
2005	35.0%
2008	33.1%
Change (2005-2008)	n/a
Р	n/a
Confidence Interval	n/a

8.6 Social Capital

There was an increase between 2002 and 2008 in the proportion of respondents who had a positive view of their area as a place to live.

Table 8.42: Proportion with a Positive Perception of Local Area as a Place to Live Base: All

	Cambuslang & Rutherglen
2002	78.9%
2005	88.3%
2008	89.1%
Change (2002-2008)	+10.2%
P	< 0.001
Confidence Interval	+5.2 to +15.2

Between 2005 and 2008 there was an increase in the proportion of respondents who had a positive perception of their area as a place to bring up children.

Table 8.43: Proportion with Positive Perception of Local Area as a Place to Bring Up Children

Base: All

	Cambuslang & Rutherglen
2002	74.9%
2005	77.9%
2008	84.9%
Change (2005-2008)	+7.0%
P	< 0.05
Confidence Interval	+1.5 to +12.5

Tables 8.44 and 8.45 show that there was a rise between 2005 and 2008 in the proportion of respondents with a positive view of reciprocity and trust.

Table 8.44: Proportion with Positive Perception of Reciprocity

Base: All

	Cambuslang & Rutherglen
2002	83.5%
2005	76.7%
2008	82.7%
Change (2005-2008)	6.0%
P	< 0.05
Confidence Interval	+0.3 to +11.7

Table 8.45: Proportion with Positive Perception of Trust

Base: All

	Cambuslang &
	Rutherglen
2002	80.8%
2005	76.3%
2008	83.6%
Change (2005-2008)	+7.3%
Р	< 0.05
Confidence Interval	+1.6 to +13.0

Between 2002 and 2008 there was a drop in the proportion of respondents who valued local friendships.

Table 8.46: Proportion Valuing Local Friendships

Dusc. All	
	Cambuslang &
	Rutherglen
2002	85.3%
2005	73.5%
2008	76.1%
Change (2002-2008)	-9.2%
Р	< 0.01
Confidence Interval	-14.6 to -3.8

Between 2002 and 2008 there was a drop in the proportion of respondents who had a positive perception of social support.

Table 8.47: Proportion with a Positive Perception of Social Support

	Cambuslang & Rutherglen
2002	88.4%
2005	79.5%
2008	81.7%
Change (2002-2008)	-6.7%
P	< 0.01
Confidence Interval	-11.6 to -1.8

APPENDIX A: SURVEY METHODOLOGY & RESPONSE

Sampling

It was necessary to adopt a sampling system which would be:

- Representative of the population of NHSGGC (and the former NHSGG) as a whole in terms of age, sex and geographical distribution and SIMD
- Comparable with the survey used in 1999, 2002 AND 2005, to allow results to be compared across the surveys
- Replicable, so that future surveys can track indicators over time.

The sample was stratified by local authority (8 authorities) and by SIMD quintile (5 categories). The target sample size was set at 8,253. To achieve this, clusters were sampled in proportion to the population in each stratum. In addition, 3 areas we over sampled to allow comparison between the bottom 15% SIMD areas and other areas within the CH(C)P.

The sample was drawn from the Postal Address File (PAF) by CACI, to a specification provided by MRUK. The PAF was sorted into the strata above. Within each stratum, the PAF was then sorted in alphanumeric order by postcode and house number/name. Interval samples were then taken.

Before the addresses were issued to interviewers, NHSGGC and Inverclyde CHP screened the sample to identify areas containing high levels of "deadwood" (eg business addresses, derelict buildings). Where they were found, they were replaced with other addresses that were a match in terms of the sample strata.

Questionnaire design and pilot

The questionnaire was based on the questionnaire used in 2005 in NHSGG, but some new questions have been added. It was felt that the questionnaire had reached its maximum practicable length, so the addition of new questions had to be balanced by commensurate cuts elsewhere in the questionnaire. Questions for which data were deemed to be least useful in 2005 were selected for deletion in 2008.

In turn, the 2008 questionnaire had been based on the one used in 1999, with some changes and order to make the interview run more smoothly. Thus, most of the questions in the 2008 questionnaire can be tracked back to 1999 and/or 2002; 2005.

Once a draft questionnaire had been agreed, a pilot survey was conducted.

The pilot ensured that:

The questionnaire structure flowed easily, thereby maintaining the interest of the respondent over the duration of the interview which was not considered to be onerous; The routing of questions was complete;

The questions were understood by a range of respondents. It was recognised that the questions had to be coherent and meaningful to people of difference levels of ability.

Following the pilot, a few minor changes were made to the questionnaire, but question wording largely remained as it was in 2005.

Fieldwork

MRUK were responsible for the fieldwork element of the project. A team of interviewers attended a briefing session which was conducted by MRUK and representatives from NHSGGC health and wellbeing working group. The briefing session involved full instructions in the conduct of the survey interview. The questionnaire was administered through computer based software with instructions included on the computer screens.

Interviewers were assigned a number of clusters. Their instructions were to make at least six calls at an address at different times of the day/days of the week before classifying the addresses as a non-response.

Respondents were randomly selected within households using the "next birthday rule". The person aged 16 or over who would next have a birthday was chosen for interview.

Each sample address was sent an advance letter from NHSGGC explaining the purpose of the survey and requesting co-operation. As a result of this letter, a number of residents contacted NHSGGC to "opt out" of the survey. These addresses were removed from the lists given to interviewers and these households were not contacted further by MRUK.

Each interviewer was provided with a letter of authorisation to show on the doorstep. Interviewers were also instructed to carry their MRUK photo-identity card at all times and to display this to all potential respondents. Each interviewer also carried a stock of leaflets that explained more about the survey and why participation was important. A leaflet was left with every respondent.

Fieldwork began immediately after the briefing session in mid August 2008 and was completed by mid December 2008. A total of 8,278 interviews were completed. The average interview length was 30 minutes.

Response Rate

A total of 8,278 interviews were achieved from a starting sample of 16,658 addresses. Therefore a successful interview was achieved with 49.69% of all contact addresses. A number of interviews were considered out of scope for the following reasons:

The address could not be traced

The address had not been built or was not ready for occupation

The address had been demolished

The address was vacant or empty

The address was for business or industrial use only (ie not residential)

The address was an institution

Once the out of scope addresses had been removed, 11, 889 addresses were remaining. This equated to a response rate of 69.64% which compares well to the 2005 survey where a 71% response rate was achieved.

Date coding

Data from the open questions were coded using the same code frames as were used in each of the earlier surveys. NHSGGC were involved in re-coding some of the lists of codes, which referred to medical conditions.

As interviews were conducted with computer based software, this removed the requirement to enter the data separately.

Additional core indicator variables were computed and added to the data set. These were specified by NHSGGC.

Data w	ere wei	ghted b	pefore a	ınalysis.	This r	eplicated	d the app	oroach t	aken in e	earlier su	rveys.

Introduction

Data were weighted to ensure that they were as representative as possible of the adult population in the GGNHSB area. This appendix describes the weighting processes.

Household Size Weighting

In this survey, households were selected at random and therefore had equal probability of selection. However within the household the probability of an individual's selection is not necessarily equal to that of others, since it is inversely proportional to the number of people available to be selected. For example, in a single-person household the probability of selection is exactly 1 whereas in a four-person household the probability of selection is 1/4. The logic of this implies that the respondent from the single-person household represents one person (him/herself) while the respondent from the four-person household is in fact representing four people. It is normal to allow for this bias by 'weighting' the sample to give the respondent from the four-person household four times the 'weight' of the respondent from the one-person household. It is usual to calculate this weighting in such a way that the sum of the weights matches the sample size.

The formula for calculating the household size weight was:

$$Wf = F \times \frac{T}{A}$$

Where:

Wf is the household size weighting factor for a respondent living in a household size F.

F is the household size

T is the total number of respondents

A is the total number of adults in all households where a successful interview took place (4,339).

Weighting by Age/Gender/Bottom 15%/CH(C)P

Firstly the household size weighting was applied to the dataset. This produced the new 'actual' counts to which we applied the age/sex/bottom15%/CH(C)P weighting frame to produce the final weighting factors. This ensured that the weighted data would reflect the overall Greater Glasgow and Clyde population in terms age, gender, bottom 15%/other areas and CH(C)P areas. The formula for this stage of the weighting process was:

$$Wi = \frac{ci}{C} \times \frac{T}{ti}$$

Where:

 W_i is the individual weighting factor for a respondent in age/gender/bottom15% versus other areas/CH(C)P area group i

 c_i is the known population in age/gender/bottom15% versus other areas/CH(C)P area group i

C is the total adult population in the NHS Greater Glasgow and Clyde area

t _i facto	is the n or) for ag	umber of into e/gender/bott	erviews (we om15% vers	eighted by sus other ar	the househ reas/CH(C)P	old size we area group i	igl

Appendix C: ASSUMPTIONS OF NUMBER OF UNITS OF ALCOHOL IN EACH TYPE OF DRINK (2005 and 2008)

The table below shows the assumed number of units of alcohol in each type of drink that were used for the calculation of unit consumption in 2005, and the new assumptions that have been applied in 2008.

	UNIT ASSUMPTION USED	UNIT ASSUMPTION USED
	FOR ANALYSIS 2005	FOR ANALYSIS 2008
Normal strength beer -		
pints	2.30	2.80
Normal strength beer -		
cans	1.80	2.20
Normal strength beer		
bottles	1.00	1.70
Strong beer - pints	2.80	3.40
Strong beer - cans	2.25	2.60
Strong beer - bottles	1.80	2.00
Extra strong beer - pints	5.00	5.10
Extra strong beer - cans	4.00	4.00
Extra strong beer - bottles	3.00	3.00
Single measures spirits	1.00	1.00
Single measure		
martini/sherry/buckfast		
etc	1.00	1.00
Small glass wine	1.00	1.75
Large glass wine	2.00	3.50
1/2 bottle wine	4.50	5.25
Full bottle wine	8.75	10.50
Small bottle of alcopops	1.50	1.40
Large bottle of alcopops	n/a	5.45

APPENDIX D: ANNOTATED SURVEY QUESTIONNAIRE

The survey questionnaire is presented here. Where relevant, questions show:

- The number of respondents who answered the question (with "don't know", refused and missing responses removed). These are unweighted and shown as "(n=)" after the question;
- The percentage of respondents who gave each response. These are weighted.

In some cases, the mean response rather than the percentage giving individual responses is given. These are also weighted.

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BY:	Executive	Field	Computing	APPROVED:	İ

Main FINAL

NHS Greater Wellbeing Su Questionnair (1K20408)	rvey 20		lyde Health and	OFFICE USE Serial Number			
NAME							
				INTERVIEWER ID NUMBER			
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Q1 I'd like to start by asking you some questions about your health. How would you describe your health over the past year? (READ OUT AND CODE ONE ONLY) (N=584)

Excellent	15.7
Good	54.0
Fair	18.8
Poor	11.6
Don't know	n/a

Q2 SHOWCARD 1. Can you tell me all the illnesses or conditions for which you are currently being treated, by indicating the numbers on the card. (CODE ALL THAT APPLY) (N=576)

1	Coronary heart disease	6.5	
2	Stroke	1.4	
3	Arthritis; rheumatism; painful joints	12.7	
4	Osteoporosis	3.2	
5	Chronic pain	3.7	
6	Clinical depression	2.8	
7	Diabetes	5.9	
8	Cancer	1.5	
9	Asthma, bronchitis, or persistent cough	4.3	
10	Epilepsy	0.2	
11	Acquired brain injury	0.4	GO TO Q3
12	Stress related conditions, e.g. difficulty sleeping or concentrating	1.8	
13	Severe hearing problems	2.0	
14	Severe eyesight problems	1.1	
15	Accident / injury	1.4	
16	Gastro-intestinal problems, e.g. peptic ulcer disease, irritable bowel syndrome	1.7	
17	High blood pressure	12.4	
18	Drug or alcohol related conditions	0.4	
19	Sexually transmitted infections, e.g. gonorrhoea, syphilis, chlamydia	0.1	
	None	68.0	
	Refused	n/a	
	Other	1.8	GO TO Q2A

IF CODED 'OTHER' AT Q2 GO TO Q2A, OTHERWISE GO TO Q3

Q2a Other (please specify) – **RECORD VERBATIM (30 Responses)**GO TO Q3

Q3 Do you have any long-term condition or illness that substantially interferes with your day to day activities? **SINGLE CODE (N=574)**

Yes	22.1	GO 10 Q4
No	77.9	GO TO Q6
Refused	n/a	

GO TO Q2

	ninking of these conditions and/or illnesses, would you diving…? (READ OUT AND CODE ALL THAT APPLY)	•	
Αį	physical disability	42.3	
Αi	mental or emotional health problem	13.4	
ΑI	long-term illness	55.3	GO TO Q5
Do	on't know	4.4	
Ot	her	0.0	GO TO Q4A

IF CODED OTHER AT Q4 GO TO Q4A, OTHERWISE GO TO Q5

Q4a	Other (please specify) - RECORD VERBATIM (1 Responses)	
		GO TO Q5

Q5 **SHOWCARD 2.** How much does it (do they) interfere with the following activities (seriously, moderately, or doesn't)? **(READ OUT and code one for each)**

		Seriously Interferes	Moderately Interferes	Does not Interfere	N/A
Α	Taking up training (N=106)	67.6	20.5	11.9	n/a
В	Holding down or obtaining a job (N=101)	69.5	15.1	15.4	n/a
С	Taking exercise/physical activity (N=157)	66.0	25.3	8.7	n/a
D	Socialising (N=160)	53.8	35.1	11.1	n/a

GO TO Q6

GO TO Q7

Q6 Thinking about the past year and your own health and your use of the GP surgery how many times have you:

(PUT A NUMBER IN EACH BOX. IF 'NEVER', WRITE IN '0'. IF DON'T KNOW, PROBE FOR ESTIMATE. IF CAN'T GIVE ESTIMATE, ENTER 99 FOR DON'T KNOW)

% at least once

44.5

a. Seen a GP? (N=582)

c. Seen a physiotherapist/chiropodist/dietician/occupational

therapist/clinical psychologist from your surgery? (N=585)

d. Seen someone else from your surgery e.g. health care assistant? (N=585)

b. Seen a nurse/midwife from your surgery? (N=585)

2.8

Now thinking about other places, over the past year and your own health how many times have you......

(PUT A NUMBER IN EACH BOX. IF 'NEVER', WRITE IN '0'. IF DON'T KNOW, PROBE FOR ESTIMATE. IF CAN'T GIVE ESTIMATE, ENTER 99 FOR DON'T KNOW)

% at least once

a. Seen a pharmacist for health advice e.g. minor ailments or smoking cessation advice? (N=585)

41.2

b. Contacted NHS24? (N=584)

10.4

GO TO Q8

c. Been to accident and emergency? (N=584)

8.4

d. Visited a hospital out-patient department to see a doctor? (Do not include visits for an X-ray or other tests) (N=584)

22.3

e. Been admitted to hospital (either as a day case or for a longer stay)? (N=585)

8.0

f. Used GP out of hours service (GEMS) (N=584)

2.8

Q8 **SHOWCARD 3.** Thinking about your recent use and experience of the health services such as GP, dentist, or hospital: **READ OUT AND CODE FOR EACH ONE**

		Definitely	To Some Extent	No	Don't know	N/A
Α	Were you given adequate information about your condition or treatment? (N=539)	48.5	47.8	3.7	n/a	n/a
В	Have you been encouraged to participate in decisions affecting your health or treatment? (N=535)	32.4	48.8	18.9	n/a	n/a
С	Do you feel that you have a say in how these services are delivered? (N=531)	29.3	38.9	31.8	n/a	n/a
D	Do you feel that your views and circumstances are understood and valued? (N=535)	29.9	39.7	30.4	n/a	n/a

GO TO Q9

Q9 Are you registered with a dentist? **SINGLE CODE (N=585)**

Yes	77.3	GO TO Q10
No	22.7	GO TO Q11
Refused	n/a	

Q10 Do you receive NHS or private dental treatment? **SINGLE CODE (N=437)**

NHS	92.5 GO TO Q1	4
Private	7.5	•
Refused	n/a	
Don't know	n/a	

Q11 When was the last time you went to the dentist? (READ OUT. CODE ONE ONLY) (N=503)

Within last 6 months	65.0	
Within 6 months to 15 months	19.7	GO TO Q12
Over 15 months	15.3	
Don't know / can't remember	n/a	

Q12 What proportion of your teeth are your own? (Crowns are regarded as 'own teeth'.) (READ OUT. CODE ONE ONLY) (N=573)

All of them Some of them	66.1 22.2	GO TO Q13
None of them	11.8	GO TO Q14
Refused	n/a	

Q13 How often do you brush your teeth? **SINGLE CODE (N=476)**

Twice or more a day	84.8
About once a day	15.0
Less than once a day	0.2
Seldom or never	0.0
Refused	n/a

Q14 **SHOWCARD 4.** On a scale of 1 to 5, where 1 is 'very difficult' and 5 is 'very easy', how easy or difficult is it to ...

(READ OUT AND CODE ONE FOR EACH)

		Very Difficult 1	2	3	4	Very Easy 5	Don't know 6
Α	Get an appointment to see your GP? (N=552)	5.7	4.5	12.1	35.6	42.1	n/a
В	Access health services in an emergency? (N=489)	5.0	3.4	14.1	24.0	53.5	n/a
С	Obtain an appointment at the hospital? (N=410)	9.4	10.1	19.6	23.7	37.2	n/a
D	Travel to the hospital for an appointment? (N=553)	6.2	11.2	11.7	14.1	56.8	n/a
Е	Get an appointment to see the dentist? (N=493)	7.4	5.5	19.9	25.3	41.8	n/a
F	When needed, get a consultation with someone at your GP surgery within 48 hours? (N=482)	6.6	3.8	10.4	32.4	46.7	n/a

I am going to show you a series of questions about emotion and feelings. For each question, please tick the box which applies to you.

GO TO Q14

PASS QUESTIONNAIRE TO RESPONDENT FOR SELF-COMPLETION OF Q15 & Q16. ENCOURAGE THE RESPONDENT TO SELF-COMPLETE, BUT DON'T INSIST ON IT IF THEY WOULD PREFER YOU TO COMPLETE IT ON THEIR BEHALF

We should like to know if you have had any medical complaints, and how your health has been in general, over the past few weeks. Please answer ALL the questions on this page simply by ticking the answer which you think most closely applies to you. Remember that we want to know about present and recent complaints, not those you had in the past. It is important that you try to answer ALL the questions.

Have you recently...

(Please tick one box for each statement) (N=585)

No more Rather more Much mo
b)lost much sleep over worry? Not at all than usual than usual than usual 66.2 29.8 3.9 0.1
c)felt that you are playing a useful More so than Same as Less useful Much lest part in things? More so than Same as Less useful Much lest usual than usual useful 3.5 87.3 7.8 1.4
d)felt capable of making decisions about things? More so than Same as Less so than Much less usual usual capable 3.5 91.7 4.5 0.3
No more Rather more Much more)felt constantly under strain? Not at all than usual than usual than usual than usual 65.5 28.9 5.0 0.7
f)felt you couldn't overcome your difficulties? No more Rather more Much more difficulties? No more Rather more Much more difficulties? No more Rather more Much more difficulties?
g)been able to enjoy your normal day-to-day activities? More so than Same as Less so than Much less usual usual usual than usual than usual 2.2 87.7 9.5 0.6
h)been able to face up to your word usual usual than usual able problems? More so than Same as Less able Much less able than usual able 1.8 94.0 3.4 0.9
i)been feeling unhappy and No more Rather more Much more depressed? No more Rather more Much more depressed? 71.0 24.4 4.3 0.2
j)been losing confidence in yourself? Not at all than usual than usual than usual than usual 70.9 21.6 6.7 0.8
k)been thinking of yourself as a Not at all than usual than usual than usual worthless person? No more Rather more Much more than usual th
I)been feeling reasonably happy, all things considered? More so than About same Less so than Much less than usual than usual 4.0 89.4 5.9 0.7

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Q16 Below are some statements about feelings and thoughts. Please tick the box that best describes your experience of each over the last 2 weeks (N=585)

	None of the time	Rarely	Some of the time	Often	All of the time
I've been feeling optimistic about the future	0.9	6.6	26.6	42.7	23.2
I've been feeling useful	0.4	6.5	19.6	38.7	34.9
I've been feeling relaxed	1.0	5.8	30.1	46.6	16.5
I've been interested in other people	0.7	4.8	20.3	46.2	28.0
I've had energy to spare	4.8	18.2	31.6	30.2	15.2
I've been dealing with problems well	0.4	4.2	22.8	42.9	29.7
I've been thinking clearly	0.6	3.1	17.1	43.5	35.7
I've been feeling good about myself	1.0	4.7	20.5	38.4	35.3
I've been feeling close to other people	0.6	2.6	16.3	42.1	38.5
I've been feeling confident	1.4	6.8	16.9	39.0	35.9
I've been able to make up my own mind about things	0.2	3.8	14.6	43.8	37.6
I've been feeling loved	0.4	2.2	12.5	36.3	48.7
I've been interested in new things	0.5	6.6	20.7	42.5	29.8
I've been feeling cheerful	0.5	3.8	17.2	47.2	31.3

GO TO Q17

GO TO Q19

Q17 In the past year, has anyone in your household suffered an accidental injury in the home? Please include any injuries – no matter how small – for which the sufferer was treated at home.

(CODE ONE ONLY) (N=585)

	Yes	5.4	GO TO Q18
	No	94.6	GO TO Q21
Q18	How many people had an accidental injury in the home in the past year? (N=30)		

1: 100.0

Q19 How many of the people who had an accidental injury in the past year were aged under 16 at the time? (N=30)

WRITE IN NUMBER OF PEOPLE IN THE BOX:

WRITE NUMBER OF UNDER 16'S IN THE BOX:		GO TO Q20
--	--	-----------

0: 60.3 1: 39.7

Number of people cannot exceed amount recorded at Q18 please re-enter

[&]quot;Warwick-Edinburgh Mental Well-being Scale (WEMWBS) © NHS Health Scotland, University of Warwick and University of Edinburgh, 2006, all rights reserved"

Q20 For each person, how many accidents did they have that required treatment from a doctor or a nurse (without attending hospital)? How many of these were treated at the hospital?

(ENTER THE NUMBER OF ACCIDENTS FOR EACH PERSON, THEN ENTER THE NUMBER OF THESE THAT WERE TREATED IN HOSPITAL – <u>INCLUDING</u> THOSE AGED 16 AND OVER)

·	DR or Nurse (Not at Hospital)	At Hospital	
Person 1 (N=30)	0 47.2 1 49.5 3 3.3	0 50.0 1 47.2 6 2.7	
Person 2			
Person 3		GO ТО	Q21
Person 4			
Person 5			
Person 6			
Person 7			
Person 8			

Now I would like to ask you some questions about your lifestyle.

Q21 How often are you in places where there is smoke from other people smoking tobacco? Would you say most of the time, some of the time, seldom or never? **SINGLE CODE (N=584)**

Most of the time	21.7	
Some of the time	10.8	
Seldom	30.4	GO TO Q22
Never	37.2	
Don't know	n/a	

Q22	SHOWCARD 5. Which of the following statements best describes y SINGLE CODE (N=585)	ou at present	?	
a.	I have never smoked tobacco		69.2	GO TO
b.	I have only tried smoking once or twice		0.3	INSTRUCTION
C.	I have given up smoking		7.9	BEFORE Q25
d.	I smoke some days		1.3	GO TO Q23
e.	I smoke every day		21.3	00.04_0
0.	Tomaka avary day		21.0	
Q23	On average, how many cigarettes a day do you smoke? (N=143) (WRITE NUMBER OF CIGARETTES IN THE BOX) (CODE AS '995' IF THE PERSON ONLY SMOKES CIGARS / PIPE TOBACCO. CODE AS 999 FOR DON'T KNOW)	E/LOOSE		
	WRITE NUMBER IN THE BOX:	an 22.27		GO TO Q24
Q24	Do you intend to stop smoking? SINGLE CODE (N=145)			
	Yes	10.9	GO	TO INSTRUCTION
	No	89.1		BEFORE Q25
	25 OF THOSE RESPONDING C, D OR E AT Q22. OTHERW			
Q25	We are interested in whether people use any of the nicotine replace are now available, such as nicotine chewing gum or patches. Have the following nicotine replacements products in the last year? REAL (N=198)	you used any		
	Nicotine gum e.g. Nicorette, NiQuitin, Nicotinelle	4.2		
	Nicotine patches that you stick on your skin e.g. Nicorette, Nicoderm	1		GO TO
	Nicotinelle	'' 8.8		INSTRUCTION
	Nasal spray / nicotine inhaler e.g. Nicorette, Nicotrol	1.6		AFTER Q25
	No	85.0		711 1 2 11 420
	Other	0.6		
IF COE BEFORI	DED 'OTHER' AT Q25 GO TO Q25A, OTHERWISE G E Q26	O TO INS	TRUC ⁻	ΓΙΟΝ
Q25A	Other (please specify) – RECORD VERBATIM (2 Responses)			
			GO	TO INSTRUCTION BEFORE Q26
	USED GUM, PATCHES OR NASAL SPRAY / INHALER WISE GO TO Q27	RS AT Q25	ASK	Q26
Q26	Was your use of these products accompanied by stop smoking supp	oort? (N=26)		
	Yes	30.8		GO TO Q26A
	No	69.2		GO TO Q27
		00.2		JU 10 421

Q26a Which of these NHS Smokefree services did you use? READ OUT (N=6)

Community Group	18.7
Pharmacy Service	28.3
Hospital Service	0.0
Pregnancy service	46.0
Other	7.1

IF CODED 'OTHER' AT Q26A GO TO Q26B OTHERWISE GO TO Q27

Q26b Other (please specify) – **RECORD VERBATIM (1 Response)**

GO TO Q27

Q27 How often do you drink alcohol? PROBE TO PRECODE – SINGLE CODE (N=584)

Never	30.9	GO TO Q32
Less than once a month	11.4	
More than once a month but not weekly	9.2	
1-2 days per week	39.9	GO TO Q28
3-5 days per week	7.0	
6-7 days per week	1.6	
Refused		

Q28 Have you had a drink containing alcohol in the past 7 days? **SINGLE CODE (N=379)**

Yes	70.9	GO TO Q28A
No	29.1	GO TO Q30

Q28a SHOWCARD 6. Have you had any of the following in the past 7 days? (N=270)

Normal strength beer/lager/stout/cider (e.g. McEwan's lager, heavy) – Pints	19.9
Normal strength beer/lager/stout/cider (e.g. McEwan's lager, heavy) – Cans Normal strength beer/lager/stout/cider (e.g. McEwan's lager, heavy) – Bottles	13.2 15.9
Strong beer/lager/cider (e.g. Guinness, Murphy's, Budweiser) – Pints	1.2
Strong beer/lager/cider (e.g. Guinness, Murphy's, Budweiser) – Lans	1.7
Strong beer/lager/cider (e.g. Guinness, Murphy's, Budweiser) – Carls Strong beer/lager/cider (e.g. Guinness, Murphy's, Budweiser) – Bottles	1.6
	0.1
Extra strong beer/lager/ cider (e.g. Tennant's super lager) – Pints	0.1
Extra strong beer/lager/ cider (e.g. Tennant's super lager) – Cans	
Extra strong beer/lager/ cider (e.g. Tennant's super lager) – Bottles	0.5
Single measures of spirits (e.g. whisky, gin, vodka) (a bottle contains 28 measures)	18.8
Single measures of Martini/sherry/buckfast/Mad Dog 20/20 (a bottle contains	4.0
14 measures)	4.2
Glasses of wine – Small Glass	12.5
Glasses of wine – Large Glass	27.8
½ bottle of wine	4.1
Full bottle of wine	7.3
Small bottles (300ml) of alcoholic carbonate (alcopops, such as Smirnoff Ice	5.5
and Bacardi Breezer)	5.5
Large bottles (1.5litre) of alcoholic carbonate (alcopops, such as Smirnoff Ice and Bacardi Breezer)	1.1
Other	0.0
Other	0.0

IF CODED 'OTHER' AT Q28A GO TO Q28B OTHERWISE GO TO Q29

Q28b Please specify other alcoholic drink consumed in the past 7 days

Specify - RECORD VERBATIM (0 Responses)

Q29 **SHOWCARD 6.** Using the card, please tell me how much you drank on each day in the past week.

(START WITH THE PREVIOUS DAY AND WORK BACK THROUGH THE WEEK) (IF REFUSED ENTER 98; IF DON'T KNOW ENTER AS 99)

(MON TUES WED THURS		JRS	FRI		S	SAT		SUN				
Normal strength beer/lager/stout/cider (e.g.				 		 	<u> </u>	-	<u> </u>				
McEwan's lager, heavy)													
Pints													
**													
Cans													
Caris													
Bottles													
Strong beer/lager/cider (e.g. Guinness,													
Murphy's, Budweiser)													
Pints													
Cans													
Bottles													
Extra strong beer/lager/ cider (e.g.													
Tennant's super lager)													
Pints													
Cans					-	-	-		-	 			-
Callo		-			-	-	-		-	 			-
										ļ			
Bottles													
Single measures of spirits (e.g. whisky, gin, vodka) (a bottle contains 28 measures)													
Single measures of													
Martini/sherry/buckfast/Mad Dog 20/20 (a													
bottle contains 14 measures)													
Glasses of wine													
Small Glass													
Sitiali Glass													
Laws Olses													
Large Glass													
					-	-			-	-			
½ bottle													
Full bottle			-										
Small bottles (300ml) of alcoholic carbonate							_						
(alcopops, such as Smirnoff Ice and													
Bacardi Breezer)													
Large bottles (1.5litre) of alcoholic		I]						
carbonate (alcopops, such as Smirnoff Ice													
and Bacardi Breezer)										<u> </u>			
Please tell me how much you drink on each													
day in the past week of <%Q28b>													

		GO TO Q	130						
Q30	Where have you had a drink in the last 6 months? READ OUT AND CODE ALL THAT APPLY (N=379)								
	In a pub	50.3							
	In a restaurant	56.1							
	In a club or disco	5.7							
	At a party with friends	18.6							
	At my home	82.9							
	At someone else's home	34.5							
	Out on the street, in a park or other outdoor area	0.2							
	Somewhere else	0.4							
IF COD	ED 'SOMEWHERE ELSE' AT Q30 GO TO Q30A,	OTHERWISE GO TO Q31							
Q30a	Somewhere else (write in) - RECORD VERBATIM (3 F	Responses)							
			GO TO Q31						
Q31	In which place did you drink the most alcohol (again in t	the last 6 months)? (N=379)							
	In a pub	15.8							
	In a restaurant	6.2							
	In a club or disco	0.5	GO TO Q32						
	At a party with friends	3.3	00 .0 402						
	At my home	73.1							
	At someone else's home	0.8							
	Out on the street, in a park or other outdoor area	0.2							
	Somewhere else	0.0	GO TO Q31A						
IF COD	ED 'SOMEWHERE ELSE' AT Q31 GO TO Q31A,	OTHERWISE GO TO Q32							
Q31a	Somewhere else (write in) – RECORD VERBATIM (0 F	Responses)							
		· ,	GO TO Q32						
Q32	Now I'd like to ask you some questions about the food ymany portions of fruit do you eat <u>EACH DAY</u> ? Example one tomato, 2 tablespoons canned fruit, one small glass (WRITE NUMBER IN BOX. IF LESS THAN ONE, WRICODE AS 99) (N=584)	es of a portion are one apple, s of fruit juice.							
	WRITE NUMBER IN THE BOX:	mean 1.82	GO TO Q33						
Q33	On average, how many portions of vegetables or salad eat <u>each day?</u> A portion of vegetables is 2 tablespoons. (WRITE NUMBER IN BOX. IF LESS THAN ONE, WRICODE AS 99) (N=584)								

WRITE NUMBER IN THE BOX:

2.53

mean

GO TO Q34

Q34 How often <u>per day</u> do you usually eat items such as cakes, pastries, chocolate, biscuits and crisps?

(WRITE NUMBER IN BOX. IF LESS THAN ONE, WRITE '0'; IF DON'T KNOW CODE AS 99) (N=581)

WRITE NUMBER IN THE BOX:

mean 1.32

GO TO Q35

Q35 How many slices of bread (include bread rolls as one slice; chapattis as one slice; naan as one slice) do you eat per average day?

(WRITE NUMBER IN BOX. IF LESS THAN ONE, WRITE '0'; IF DON'T KNOW CODE AS 99) (N=582)

WRITE NUMBER IN THE BOX:

mean 2.45

GO TO Q36

Note Q36-Q38 refers to the number of times per week

Q36 How often <u>PER WEEK</u> do you usually eat oily fish (e.g. kipper, herring, salmon, trout, mackerel, tuna, sardines or pilchards) taken in sandwiches or as part of a meal? Include oily fish taken as part of a meal, e.g. tuna pasta, salmon fishcakes (WRITE NUMBER IN BOX. IF LESS THAN ONE, WRITE '0'; IF DON'T KNOW CODE AS 99) (N=585)

WRITE NUMBER IN THE BOX:

mean 0.96

GO TO Q37

GO TO Q38

Q37 How frequently do you eat fast food takeaways? PROBE TO PRECODE (N=585)

Never	23.7
Less than once a month	34.5
More than once a month but not weekly	19.4
1-2 days a week	20.9
3-5 days a week	1.5
6-7 days a week	0.0

Q38 On how many days per week do you usually eat breakfast?

(WRITE NUMBER BETWEEN 0 AND 7 IN BOX, IF VARIES ENTER AS '8' IF DON'T KNOW ENTER AS '9') (N=578)

WRITE NUMBER IN THE BOX:

GO TO Q39

0	1	2	3	4	5	6	7
5.7	0.7	3.8	0.9	0.7	3.5	0.3	84 4

Q39 What, if anything, did you eat for breakfast this morning? (code as many as apply) (N=585)

Nothing	8.7
Breakfast cereal	49.3
Porridge/rice porridge	16.0
Bread / toast	50.4
Fruit (incl. fresh fruit juice/smoothie, but not fruit squash/cordial)	12.3
Yoghurt	1.5
Meat (e.g. bacon, sausage, black pudding)	2.5
Egg(s)	2.2
Breakfast bar, e.g. Nutrigrain	1.3
Pastry, e.g. croissant, pain au chocolat, pie	0.1
Other	0.1

IF CODED 'OTHER' AT Q39 GO TO Q39A, OTHERWISE GO TO Q40

Q39a	Other (please specify) - RECORD VERBATIM (2 Responses)	
		GO TO Q40

Now I'd like to ask you some questions about breastfeeding

Q40 **SHOWCARD 7.** The following statements are things some people have said about breastfeeding. How much do you agree or disagree with each one. **READ OUT**

		Strongly	Tend to	Tend to	Strongly	
		Agree	Agree	Disagree	Disagree	Don't know
	Women should be made to feel					
a.	comfortable breastfeeding their	62.1	31.9	4.1	1.9	n/a
	babies in public (N=524)					
b.	Women should only breastfeed their	2.2	4 5	25.2	/0.1	2/0
	babies at home or in private (N=525)	2.3	4.5	25.2	68.1	n/a
C.	I would feel embarrassed seeing a					
	women breastfeeding her baby	1.4	9.8	23.6	65.1	n/a
	(N=519)					

GO TO Q41

Moving on, we're now going to discuss issues relating to physical activity.

Q41 What is your weight?

(WRITE WEIGHT IN STONES/POUNDS <u>OR</u> KILOGRAMS. IF UNSURE, ASK FOR ESTIMATE.) IF DON'T KNOW CODE AS 0, IF REFUSED CODE AS -1. INTERVIEWER PLEASE NOTE THAT IF RESPONDENT STATES WEIGHT IN STONES AND POUNDS THEY WILL AUTOMATICALLY SKIP KILOGRAMS. IF RESPONDENT RESPONDS DON'T KNOW OR REFUSED IT WILL PROCEED TO ASK ALL PARTS OF THE QUESTION. IF RESPONDENT RESPONDS IN KILOGRAMS ENTER '99' AT STONES/POUNDS.

a. Stones / pounds (N=556) Or	St	one [Pounds GO TO Q42
b. Kilograms (N=4)				

D. Centimeters (N=3) Thinking now of the exercise and physical activity you take. In an average week, on how many days do you take at least 30 minutes of moderate physical exercise such as brisk walking? It doesn't have to be 30 minutes all at once. (WRITE NUMBER OF DAYS IN BOX, IF DON'T KNOW CODE AS -1) (N=585) WRITE NUMBER IN THE BOX: O 1 2 3 4 5 6 7 39.2 4.3 8.7 10.9 5.1 17.3 1.2 13.3 Q44 In an average week, on how many days do you spend at least 20 continuous minutes doing vigorous exercise (enough to make you sweatly and out of breath)? (WRITE NUMBER OF DAYS IN BOX, IF DON'T KNOW CODE AS -1) (N=585) WRITE NUMBER IN THE BOX: GO TO Q45 O 1 2 3 4 5 6 7 60.4 6.4 16.1 9.3 2.3 3.6 0.3 1.5 Q45 Can I just check, when you answered the last two questions, did you include physical activity that you do in your job, housework, DIY and gardening? (CODE ONE ONLY) (N=585) Yes – all activities have been included No – there are more activities to add Q46 Including ALL types of exercise and activity you take. In an average week, on how many days do you take at least 30 minutes of moderate physical exercise such as brisk walking? It doesn't have to be 30 minutes all at once (WRITE IN TOTAL NUMBER OF DAYS IN BOX, IF DON'T KNOW CODE AS 9) (N=20)	Q42	What is your height? (WRITE IN HEIGHT IN FEET/INCHES OR CENTIMETRES. IF UNSURE, ASK FOR ESTIMATE.) IF DON'T KNOW CODE AS 0, IF REFUSED CODE AS -1. IF RESPONDENT STATES HEIGHT AT FEET/INCHES THEY WILL AUTOMATICALLY SKIP CENTIMETERS. IF RESPONDENT RESPONDS DON'T KNOW OR REFUSED IT WILL PROCEED TO ASK ALL PARTS OF THE QUESTION. IF RESPONDENT RESPONDS IN CENTIMETERS ENTER '99' AT FEET/INCHES.								
D. Centimeters (N=3) Thinking now of the exercise and physical activity you take. In an average week, on how many days do you take at least 30 minutes of moderate physical exercise such as brisk walking? It doesn't have to be 30 minutes all at once. (WRITE NUMBER OF DAYS IN BOX, IF DON'T KNOW CODE AS -1) (N=585) WRITE NUMBER IN THE BOX: O 1 2 3 4 5 6 7 39.2 4.3 8.7 10.9 5.1 17.3 1.2 13.3 Q44 In an average week, on how many days do you spend at least 20 continuous minutes doing vigorous exercise (enough to make you sweaty and out of breath)? (WRITE NUMBER OF DAYS IN BOX, IF DON'T KNOW CODE AS -1) (N=585) WRITE NUMBER IN THE BOX: G0 T0 Q45 Q45 Can I just check, when you answered the last two questions, did you include physical activity that you do in your job, housework, DIY and gardening? (CODE ONE ONLY) (N=585) Yes – all activities have been included No – there are more activities to add Q46 Including ALL types of exercise and activity you take. In an average week, on how many days do you take at least 30 minutes of moderate physical exercise such as brisk walking? It doesn't have to be 30 minutes of moderate physical exercise such as brisk walking? It doesn't have to be 30 minutes all at once (WRITE IN TOTAL NUMBER OF DAYS IN BOX, IF DON'T KNOW CODE AS 9) (N=20) WRITE NUMBER IN THE BOX: G0 T0 Q47		a. Feet/i	nches (N=	571)			Feet			Inches
Thinking now of the exercise and physical activity you take. In an average week, on how many days do you take at least 30 minutes of moderate physical exercise such as brisk walking? It doesn't have to be 30 minutes all at once. (WRITE NUMBER OF DAYS IN BOX, IF DON'T KNOW CODE AS -1) (N=585) WRITE NUMBER IN THE BOX: GO TO Q44 In an average week, on how many days do you spend at least 20 continuous minutes doing vigorous exercise (enough to make you sweaty and out of breath)? (WRITE NUMBER OF DAYS IN BOX, IF DON'T KNOW CODE AS -1) (N=585) WRITE NUMBER IN THE BOX: GO TO Q45 Can I just check, when you answered the last two questions, did you include physical activity that you do in your job, housework, DIY and gardening? (CODE ONE ONLY) (N=585) Yes – all activities have been included No – there are more activities to add Q46 Including ALL types of exercise and activity you take. In an average week, on how many days do you take at least 30 minutes of moderate physical exercise such as brisk walking? It doesn't have to be 30 minutes all at once (WRITE IN TOTAL NUMBER OF DAYS IN BOX, IF DON'T KNOW CODE AS 9) WRITE NUMBER IN THE BOX: GO TO Q47							_			GO TO Q43
how many days do you take at least 30 minutes of moderate physical exercise such as brisk walking? It doesn't have to be 30 minutes all at once. (WRITE NUMBER OF DAYS IN BOX, IF DON'T KNOW CODE AS -1) (N=585) WRITE NUMBER IN THE BOX: GO TO Q44 O 1 2 3 4 5 6 7 39.2 4.3 8.7 10.9 5.1 17.3 1.2 13.3 Q44 In an average week, on how many days do you spend at least 20 continuous minutes doing vigorous exercise (enough to make you sweaty and out of breath)? (WRITE NUMBER OF DAYS IN BOX, IF DON'T KNOW CODE AS -1) (N=585) WRITE NUMBER IN THE BOX: GO TO Q45 Q45 Can I just check, when you answered the last two questions, did you include physical activity that you do in your job, housework, DIY and gardening? (CODE ONE ONLY) (N=585) Yes – all activities have been included No – there are more activities to add Q46 Including ALL types of exercise and activity you take. In an average week, on how many days do you take at least 30 minutes of moderate physical exercise such as brisk walking? It doesn't have to be 30 minutes all at once (WRITE IN TOTAL NUMBER IN THE BOX: GO TO Q47 Q6 TO Q47 Q7 TO Q47 Q8 TO TO Q47 Q9 TO Q47 Q9 TO Q47 Q9 TO Q47		b. Centim	ieters (N=3)						
Q44	Q43	how many days do you take at least 30 minutes of moderate physical exercise such as brisk walking? It doesn't have to be 30 minutes all at once. (WRITE NUMBER OF DAYS IN BOX, IF DON'T KNOW CODE AS -1)								
Q44 In an average week, on how many days do you spend at least 20 continuous minutes doing vigorous exercise (enough to make you sweaty and out of breath)? (WRITE NUMBER OF DAYS IN BOX, IF DON'T KNOW CODE AS -1) (N=585) WRITE NUMBER IN THE BOX: G0 T0 Q45 Q45 Can I just check, when you answered the last two questions, did you include physical activity that you do in your job, housework, DIY and gardening? (CODE ONE ONLY) (N=585) Yes – all activities have been included No – there are more activities to add Q46 Including ALL types of exercise and activity you take. In an average week, on how many days do you take at least 30 minutes of moderate physical exercise such as brisk walking? It doesn't have to be 30 minutes all at once (WRITE IN TOTAL NUMBER OF DAYS IN BOX, IF DON'T KNOW CODE AS 9) (N=20) WRITE NUMBER IN THE BOX: G0 T0 Q47		WRI	TE NUME	BER IN TI	HE BOX:					GO TO Q44
Q44 In an average week, on how many days do you spend at least 20 continuous minutes doing vigorous exercise (enough to make you sweaty and out of breath)? (WRITE NUMBER OF DAYS IN BOX, IF DON'T KNOW CODE AS -1) (N=585) WRITE NUMBER IN THE BOX: G0 T0 Q45 Q45 Can I just check, when you answered the last two questions, did you include physical activity that you do in your job, housework, DIY and gardening? (CODE ONE ONLY) (N=585) Yes – all activities have been included No – there are more activities to add Q46 Including ALL types of exercise and activity you take. In an average week, on how many days do you take at least 30 minutes of moderate physical exercise such as brisk walking? It doesn't have to be 30 minutes all at once (WRITE IN TOTAL NUMBER OF DAYS IN BOX, IF DON'T KNOW CODE AS 9) (N=20) WRITE NUMBER IN THE BOX: G0 T0 Q47		0	1	2	3	4	5	6	7	1
doing vigorous exercise (enough to make you sweaty and out of breath)? (WRITE NUMBER OF DAYS IN BOX, IF DON'T KNOW CODE AS -1) (N=585) WRITE NUMBER IN THE BOX: O 1 2 3 4 5 6 7 60.4 6.4 16.1 9.3 2.3 3.6 0.3 1.5 Q45 Can I just check, when you answered the last two questions, did you include physical activity that you do in your job, housework, DIY and gardening? (CODE ONE ONLY) (N=585) Yes – all activities have been included 97.1 GO TO Q48 No – there are more activities to add 2.9 GO TO Q46 Q46 Including ALL types of exercise and activity you take. In an average week, on how many days do you take at least 30 minutes of moderate physical exercise such as brisk walking? It doesn't have to be 30 minutes all at once (WRITE IN TOTAL NUMBER OF DAYS IN BOX, IF DON'T KNOW CODE AS 9) (N=20) WRITE NUMBER IN THE BOX: GO TO Q47								_		1
Can I just check, when you answered the last two questions, did you include physical activity that you do in your job, housework, DIY and gardening? (CODE ONE ONLY) (N=585) Yes – all activities have been included No – there are more activities to add Q46 Including ALL types of exercise and activity you take. In an average week, on how many days do you take at least 30 minutes of moderate physical exercise such as brisk walking? It doesn't have to be 30 minutes all at once (WRITE IN TOTAL NUMBER OF DAYS IN BOX, IF DON'T KNOW CODE AS 9) (N=20) WRITE NUMBER IN THE BOX: GO TO Q47	Q44	doing vigorous exercise (enough to make you sweaty and out of breath)? (WRITE NUMBER OF DAYS IN BOX, IF DON'T KNOW CODE AS -1) (N=585)								GO TO Q45
Can I just check, when you answered the last two questions, did you include physical activity that you do in your job, housework, DIY and gardening? (CODE ONE ONLY) (N=585) Yes – all activities have been included No – there are more activities to add Q46 Including ALL types of exercise and activity you take. In an average week, on how many days do you take at least 30 minutes of moderate physical exercise such as brisk walking? It doesn't have to be 30 minutes all at once (WRITE IN TOTAL NUMBER OF DAYS IN BOX, IF DON'T KNOW CODE AS 9) (N=20) WRITE NUMBER IN THE BOX: G0 TO Q47				1						
include physical activity that you do in your job, housework, DIY and gardening? (CODE ONE ONLY) (N=585) Yes – all activities have been included No – there are more activities to add Q46 Including ALL types of exercise and activity you take. In an average week, on how many days do you take at least 30 minutes of moderate physical exercise such as brisk walking? It doesn't have to be 30 minutes all at once (WRITE IN TOTAL NUMBER OF DAYS IN BOX, IF DON'T KNOW CODE AS 9) (N=20) WRITE NUMBER IN THE BOX: GO TO Q47		60.4	6.4	16.1	9.3	2.3	3.6	0.3	1.5	
No – there are more activities to add 2.9 GO TO Q46 Including ALL types of exercise and activity you take. In an average week, on how many days do you take at least 30 minutes of moderate physical exercise such as brisk walking? It doesn't have to be 30 minutes all at once (WRITE IN TOTAL NUMBER OF DAYS IN BOX, IF DON'T KNOW CODE AS 9) (N=20) WRITE NUMBER IN THE BOX: GO TO Q47	Q45	include p gardenin (CODE O	hysical ac g? INE ONLY)	tivity that	you do in				d	
Including ALL types of exercise and activity you take. In an average week, on how many days do you take at least 30 minutes of moderate physical exercise such as brisk walking? It doesn't have to be 30 minutes all at once (WRITE IN TOTAL NUMBER OF DAYS IN BOX, IF DON'T KNOW CODE AS 9) (N=20) WRITE NUMBER IN THE BOX: GO TO Q47										
0 1 2 3 4 5 6 7	Q46	Including <u>ALL</u> types of exercise and activity you take. In an average week, on how many days do you take at least 30 minutes of moderate physical exercise such as brisk walking? It doesn't have to be 30 minutes all at once (WRITE IN TOTAL NUMBER OF DAYS IN BOX, IF DON'T KNOW CODE AS 9)							GO 10 Q46	
		WRITE NUMBER IN THE BOX:								GO TO Q47
0.0 0.0 23.9 0.0 0.0 0.0 3.7 72.4		0	1	2	3	4	5	6	7	1
		0.0	0.0	23.9	0.0	0.0	0.0	3.7	72.4	

And including <u>ALL</u> types of exercise and activity. In an average week, on how many days do you spend at least 20 continuous minutes doing vigorous exercise (enough to make you sweaty and out of breath)?

(WRITE IN TOTAL NUMBER OF DAYS IN BOX, IF DON'T KNOW CODE AS 9) (N=20)

WRITE NUMBER IN THE BOX:

GO TO Q48

0	1	2	3	4	5	6	7
12.7	0.0	23.5	5.1	0.0	0.0	3.7	55.0

Q48 **SHOWCARD 8.** I am now going to read out a list of activities, and I'd like you to tell me which you have done in the last <u>4 WEEKS</u> and how many days a week you did them? Include teaching, coaching, training and practice sessions.

	-	Yes, done					Yes, done		Don't
	1 day a week	2 days a week	3 days a week	4 days a week	•	Yes, done 6 days a week	•	not done in last 4 weeks	Don't know
Swimming (N=582)	8.2	2.5	0.5	0.3	0.0	0.0	0.4	88.1	n/a
Cycling (N=581)	1.1	0.4	0.5	0.0	1.2	0.0	0.1	96.7	n/a
Workout at a gym / exercise bike / weight training (N=581)	5.7	11.1	1.4	0.2	0.4	0.0	1.2	80.1	n/a
Aerobics / Keep Fit / Gymnastics / Dance for Fitness (N=579)	5.1	1.5	0.0	0.0	0.0	0.0	0.5	92.9	n/a
Any other type of dancing (N=579)	1.2	0.2	0.0	0.0	0.0	0.0	0.1	98.5	n/a
Running / jogging (N=581)	6.5	3.6	2.8	0.0	1.3	0.0	0.1	85.7	n/a
Football / rugby (N=579)	7.3	3.3	0.3	0.0	0.8	0.0	0.1	88.1	n/a
Badminton / Tennis (N=578)	0.3	0.1	0.0	0.0	0.0	0.0	0.1	99.5	n/a
Squash (N=578)	1.3	0.1	0.0	0.0	0.0	0.0	0.1	98.5	n/a
Exercises (e.g. press-up, sit ups) (N=578)	0.8	1.4	0.5	0.2	1.5	0.0	0.9	94.7	n/a

GO TO Q49

Q49 Have you done any other sport or exercise not listed on the card? (N=585)

Yes	8.8	GO TO Q50
No	91.2	GO TO Q51

b. Ask frequency as above (N=45) 1 day a week 22.0 2 days a week 47.6 3 days a week 3.13.1 GO TO Q 4 days a week 3.0 5 days a week 0.0 6 days a week 0.0 7 days a week 0.0 8 days a week 0.0 9	Q50		Intervi	ewer: If					RD VERBATIN most recent.	l.	
1 day a week 2 days a week 3 days a week 3 days a week 4 days a week 5 days a week 5 days a week 5 days a week 6 days a week 7 days a week 8 days a week 9 days a week 9 days a week 14.3 Q51 Thinking first of weekdays, that is Monday to Friday, how much time on an average day do you spend watching TV or another type of screen such as a computer, game boy, or video game. Please do not include any time spend in front of a screen while at school, college or work. ENTER NUMBER BELOW. IF DON'T KNOW ENTER '99' AT HOURS (N=585) GO TO Q52 Q52 Now thinking of the weekend, that is Saturday and Sunday, how much time on an average day do you spend watching TV or another type of screen such as a computer, game boy, or video game. Again, please do not include any time spend in front of a screen while at school, college or work. ENTER NUMBER BELOW. IF DON'T KNOW ENTER '99' AT HOURS (N=585) GO TO Q53 I'd now like to ask you some questions about yourself and your local area. Q53 SHOWCARD 9. Looking at the faces on the card: a. Which face best rates your overall quality of life? (WRITE NUMBER IN BOX) (N=585) T1 2 3 4 5 6 7 42.9 29.2 14.4 7.8 3.5 1.7 0.7 b. Which face best rates your general physical well being? (WRITE NUMBER IN BOX) (N=585)	a.										
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2.5

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1.5

8.1

47.6 26.0 12.4

Q54 **SHOWCARD 9.** Now I would like to ask you some questions regarding your local area and community. Please look at the card and could you tell me which face on the scale indicates how you feel about your local area as a place to live. **(N=585)**

WRITE NUMBER IN THE BOX:

GO	то	Q55

	1	2	3	4	5	6	7
Ī	47.0	27.9	14.2	6.9	1.6	1.3	1.1

Q55 **SHOWCARD 9.** And how do you feel about this area as a place in which to bring up children? (N=585)

WRITE NUMBER IN THE BOX:

	GO TO Q56
--	-----------

1	2	3	4	5	6	7
46.8	22.7	15.4	8.4	1.1	1.3	4.2

Q56 **SHOWCARD 9.** I'm going to ask you some questions about various things that may or may not be a problem in your local area. Which face best describes how you feel about ...

(READ OUT (A) -(H) AND CODE ONE FOR EACH)

		1	2	3	4	5	6	7	Don't Know
А	The level of unemployment in your area (N=444)	34.3	12.6	11.9	15.9	11.9	6.2	7.2	n/a
В	The number of burglaries in your area (N=463)	54.4	29.6	5.6	1.4	6.4	1.1	1.7	n/a
С	The amount of vandalism / graffiti in your area (N=554)	47.8	20.8	8.3	5.4	9.6	4.0	4.1	n/a
D	The number of assaults / muggings in your area (N=492)	53.9	25.3	6.2	2.8	6.9	0.9	3.9	n/a
Е	The amount of drug activity in your area (N=367)	33.7	22.3	9.8	6.3	9.3	7.5	11.1	n/a
F	The level of alcohol consumption in your area (N=388)	34.0	20.1	10.2	8.5	9.6	7.0	10.5	n/a
G	Young people hanging around in your area (N=564)	45.1	17.9	8.0	6.8	9.7	4.7	7.8	n/a
Н	The amount of car crime in your area (N=503)	54.2	25.3	5.4	2.9	3.4	4.3	4.5	n/a

Q57 SHOWCARD 10. Now I'd like to ask you about some environmental issues that may or may not be a problem in your area. Which face best describes how you feel about ... (READ OUT (A) –(M) AND CODE ONE FOR EACH)

		1	2	3	4	5	6	7	Don't know
А	The amount of rubbish lying about in your area (N=565)	43.8	22.8	12.2	8.1	7.9	3.6	1.6	n/a
В	The amount of noise and disturbance in your area (N=574)	45.1	21.2	10.6	6.4	10.0	4.0	2.7	n/a
С	The standard of street lighting in your area (N=574)	48.7	29.5	9.9	4.7	3.6	2.7	0.9	n/a
D	The amount of vacant/derelict land in your area (N=571)	60.7	21.7	4.3	4.9	6.5	0.9	0.9	n/a
Е	The number of vacant/derelict buildings in your area (N=571)	60.8	22.2	4.3	2.5	6.4	2.2	1.5	n/a
F	The amount of dog's dirt in your area (N=574)	34.1	15.2	13.0	6.6	13.6	13.2	4.3	n/a
G	The number of abandoned cars in your area (N=554)	69.8	21.1	2.4	1.3	1.2	2.0	2.2	n/a
Н	The amount of traffic in your area (N=573)	38.9	15.2	8.4	10.5	13.8	8.4	4.8	n/a
I	The level of smells from sewers in your area (N=560)	69.4	20.9	3.8	2.4	2.1	0.5	0.9	n/a
J	The amount of broken glass lying around in your area (N=573)	46.5	23.6	5.2	4.8	8.9	9.4	1.6	n/a
K	The number of uneven pavements in your area (N=573)	47.0	24.6	8.0	4.3	10.0	5.3	0.8	n/a
L	The availability of safe play spaces in your area (N=554)	48.8	14.1	11.9	10.9	6.3	6.1	1.8	n/a
М	The availability of pleasant places to walk etc in your area (N=567)	47.2	16.0	10.8	8.1	10.0	5.7	2.3	n/a

GO TO Q58

Q58 Do you belong to any social clubs, associations, church groups or anything similar? **SINGLE CODE (N=585)**

Yes	16.9	GO TO Q59
No	83.1	GO TO Q61

Q59	How many do you attend regularly in your local area? And elsewhere? (Write number in each box. If 'none' write in '0'.)	(N=103)					
	a. Your local area (WRITE NUMBER IN BOX)	mean	1.06	GO TO Q60			
	b. Elsewhere (WRITE NUMBER IN BOX)	mean	0.17	GO 10 Q00			
Q60	In the past 3 years, have you had any responsibilities in the groups you as being a committee member, raising funds, organising events, or doin administrative or clerical work? SINGLE CODE (N=103)	-	o, such				
	Yes No		17.5 82.5	GO TO Q61			
Q61	x						
Q62	Do you act as a volunteer? SINGLE CODE (N=585)						
	Yes		1.7	GO TO Q63			
	No		98.3	GO TO Q64			
Q63	How many hours (approximately) do you volunteer per week? (N=10)						
	WRITE NUMBER IN THE BOX:	mean	4.38	GO TO Q64			
Q64	How long have you lived in this neighbourhood/local area? (WRITE IN YEARS AND/OR MONTHS. USE RESPONDENT'S OWN DEFINITION OF NEIGHBOURHOOD/LOCAL AREA). IF DON'T KNOW OR REFUSED ENTER 99 IN YEARS (N=585)						
				GO TO Q65			
	Years			Months			
Q65	How long have you lived in your present home? (WRITE IN YEARS AND/OR MONTHS). INTERVIEWER PLEASE ENS THE LENGTH OF TIME RESPONDENT HAS LIVED IN THEIR PRESE DOES NOT EXCEED LENGTH OF TIME THEY HAVE LIVED IN THEIR NEIGHBOURHOOD/LOCAL AREA (Q64). IF DON'T KNOW OR REFI 99 IN YEARS (N=585)	ENT HOM R	IE				
	99 IN 1 EARS (N=303)			GO TO Q66			
	Years			Months			
Q66	Do you have access to the internet? SINGLE CODE (N=585)						
	Yes		66.8	GO TO Q67			
	No		33.2	GO TO Q68			

Q67	Is this at home, elsewhere or both? SINGLE CODE (N=333)					
	Home Elsewhere Both	53.7 0.1 46.2	GO TO Q68			
Q68	Is there anything about your home that affects your health? SINGLE COD	E (N=585)				
	Yes	0.5	GO TO Q69			
	No	99.5	GO TO Q70			
Q69	What would that be? – RECORD VERBATIM (5 Responses)					
			GO TO Q70			
Q70	Is your home bought or rented? SINGLE CODE (N=582)					
	Owner occupied/being bought	64.2				
	Rented from private owner	4.4				
	Rented from local housing association or Glasgow Housing		GO TO Q71			
	Association	31.4	0010471			
	B&B/Hostel	0.0				
	Refused	n/a				
	Other	0.0	GO TO Q70A			
IF CODED 'OTHER' AT Q70 GO TO Q70A, OTHERWISE GO TO Q71						
Q70a	Other (please specify) – RECORD VERBATIM (0 Responses)					
			GO TO Q71			

Q71 SHOWCARD 12. How much do you agree or disagree with the following statements

about living in this local area?

(READ OUT AND CODE ONE FOR EACH)

		Strongly Agree	Agree	Neither / nor	Disagree	Strongly Disagree	Don't know
А	This is a neighbourhood where neighbours look out for each other (N=568)	43.4	39.3	9.5	6.4	1.4	n/a
В	I feel I belong to this local area (N=572)	37.8	40.0	14.4	6.8	1.1	n/a
С	The friendships and associations I have with other people in my local area mean a lot to me (N=572)	38.8	37.3	13.5	8.8	1.6	n/a
D	I feel valued as a member of my community (N=570)	35.1	29.0	18.6	15.5	1.7	n/a
Е	Generally speaking, you can trust people in my local area (N=573)	48.4	35.1	8.4	7.0	1.0	n/a
F	By working together, people in my neighbourhood can influence decisions that affect my neighbourhood (N=549)	38.0	33.1	14.9	12.2	1.8	n/a
G	If I have a problem, there is always someone to help me (N=574)	45.5	36.2	11.5	5.5	1.3	n/a

GO TO Q72

Q72 Do you ever exchange small favours with the people who live near you? I'm thinking about things like leaving a key to let in a repair man, feeding pets while you are away or picking up things from the shop for each other. IF YES: How many people do you exchange favours with?

WRITE NUMBER IN THE BOX. IF 'NONE' WRITE IN '0', IF MORE THAN 98 WRITE IN '98'. IF DON'T KNOW, WRITE IN '99'. (N=581)

WRITE NUMBER IN THE BOX:

mean 1.28 **GO TO Q73**

Q73 Do you ever feel isolated from family and friends? **SINGLE CODE (N=585)**

 Yes
 6.2

 No
 93.8
 GO TO Q74

 Refused
 n/a

(READ OUT AND CODE ONE FOR EACH)

		Very Poor	Poor	Adequate	Good	Excellent	Don't know
Α	Food shops (N=576)	6.6	12.1	30.1	38.3	13.0	n/a
В	Local schools (N=507)	0.7	4.7	15.9	70.7	8.1	n/a
С	Public transport (N=559)	1.2	8.3	14.9	63.7	11.9	n/a
D	Activities for young people (N=498)	8.3	19.6	21.9	45.9	4.3	n/a
Е	Leisure / sports facilities (N=518)	7.5	15.0	21.4	50.7	5.4	n/a
F	Childcare provision (N=353)	3.6	13.3	21.5	56.6	5.1	n/a
G	Police (N=547)	1.4	10.4	30.6	51.8	5.7	n/a

GO TO Q75

What mode of transport do you normally use for most of the journeys you make?

INTERVIEWER:PROBE FOR MAIN MODE – THE ONE USED TO TRAVEL
FURTHEST SINGLE CODE (N=585)

Walking	10.4	
Driver car / van	55.5	
Passenger car / van	6.4	
Motorcycle / moped	0.2	
Bicycle	0.3	
School bus	0.0	GO TO Q76
Works bus	0.2	
Ordinary (service) bus	24.7	
Taxi / minicab	1.6	
Train	0.6	
Underground	0.0	
Ferry	0.0	
Aeroplane	0.0	
Horse-riding	0.0	
Other	0.0	GO TO Q75A

IF CODED 'OTHER' AT Q75 GO TO Q75A, OTHERWISE GO TO Q76

Q75a Other (write in) – **RECORD VERBATIM (0 Responses)**GO TO Q76

Q76 **SHOWCARD 14.** How much do you agree or disagree with the following statements about safety in this local area?

(READ OUT AND CODE ONE FOR EACH)

		Strongly Agree	Agree	Neither / nor	Disagree	Strongly Disagree	Don't know
Α	I feel safe using public transport in this local area (N=536)	48.2	41.5	7.0	3.0	0.4	n/a
В	I feel safe walking alone around this local area even after dark (N=571)	40.3	27.5	7.5	20.2	4.5	n/a
С	I feel safe in my own home (N=580)	59.9	36.4	2.1	1.6	0.0	n/a

Q77 SHOWCARD 15. Taking all things into account, which face best indicates how happy you are in general? (N=585)

WRITE NUMBER IN THE BOX:

	1	2	3	4	5	6	7
3	8.2	24.3	25.4	9.0	2.1	0.5	0.6

Q78 Do you feel in control of decisions that affect your life, such as planning your budget, moving house or changing job? **SINGLE CODE (N=585)**

Definitely	77.8	
To some extent	20.1	GO TO Q79
No	2.2	
Don't know	n/a	

A: How many people are there in this household (including yourself)? (N=585)

WRITE NUMBER IN THE BOX:

1	2	3	4	5	6	7	8	9	10
22.0	32.2	25.5	16.0	3.6	0.2	0.0	\cap	0.5	0.0

B: What gender are they? (enter below).

C: Please tell me their ages (enter below). If child under 1 years enter as

'0'. IF REFUSED CODE AS 98

D: FOR EACH: Is he/she employed or in education? (enter below).

Make sure respondent is person number 1.

Record as employed only if this is primary occupation (e.g. Full-time students with a part-time job should be classed as 'education'. If child under 16 record as 'other'). Enter numbers in grid below.

PERSON	GENDER 1 = Male 2 = Female 3 = Transsexual 4 = Refused	AGE Write in age last birthday	WORK STATUS 1 = Employed 2 = Education 3 = Unemployed 4 = Other / Retired / under 16 5 = Refused		
1 = Respondent	Q79a	Q79ab	Q79ac		
	(N=585)	(N=580)	(N=585)		
2	Q79b (N=357)	Q79ba (N=357)	Q79bb (N=354)		
3	Q79c	Q79ca	Q79cb		
	(N=180)	(N=179	(N=179		
4	Q79d	Q79da	Q79db		
	(N=79)	(N=79)	(N=79)		
5	Q79e	Q79ea	Q79eb		
	(N=12)	(N=12)	(N=12)		
6	Q79f	Q79fa	Q79fb		
	(N=2)	(N=2)	(N=2)		
7	Q79g	Q79ga	Q79gb		
	(N=1)	(N=1)	(N=1)		
8	Q79h	Q79ha	Q79hb		
	(N=1)	(N=1)	(N=1)		
9	Q79i	Q79ia	Q79ib		
	(N=1)	(N=1)	(N=1)		
10	Q79j	Q79ja	Q79jb		
11	Q79k	Q79ka	Q79kb		
12	Q79I	Q79la	Q79lb		

Q80 INTERVIEWER: PASS Q80 TO RESPONDENT FOR SELF COMPLETION. DO NOT READ OUT QUESTION OR RESPONSES. ASK RESPONDENTS NOT TO READ OUT ANSWER.

Which of the following best describes your sexual orientation? **SINGLE CODE** (N=571)

Bisexual Gay or lesbian (same sex relationship) Heterosexual (opposite sex relationships)	0.4 0.3 99.2	GO TO Q81
Other Prefer not to answer	0.0 n/a	

Q81 **SHOWCARD 16.** What is the highest level of educational qualifications you've obtained? **SINGLE CODE (N=585)**

Α	School leaving certificate	11.5	
В	'O' Grade, Standard Grade, GCSE, CSE, Senior Cert or equivalent	15.2	
С	Higher Grade, CSYS, 'A' Level, AS Level, Advanced Senior Cert or		
	equivalent	19.7	
D	GSVQ/SVQ Level 1 or 2, Scotvec Module, BTEC First Diploma,		
٦	City and Guilds Craft, RSA or equivalent	6.3	
Е	GSVQ/SVQ Level 3, ONC, OND, Scotvec National Diploma,		GO TO Q82
	City and Guilds Advanced Craft, RSA Advanced Diploma or equivalent	8.4	GO 10 Q02
F	Apprenticeship / trade qualification	7.0	
G	HNC, HND, SVQ Level 4 or 5, RSA Higher Diploma or equivalent	7.2	
Н	First Degree, Higher Degree	11.0	
I	None	12.6	
	Other Professional qualification	1.1	GO TO Q81A

IF CODED 'OTHER' AT Q81 GO TO Q81A, OTHERWISE GO TO Q82

Q81a Other Professional qualification (specify) – **RECORD VERBATIM (4 Responses)**

GO TO Q82

Q82 I'd like to ask about the main wage earner in the household. If there is no wage earner, this could be the person who draws a pension or simply brings in most of the household's income. Are you the main wage earner in the household? **SINGLE CODE** (N=585)

Yes	70.5	
No	29.5	GO TO Q83

ASK Q83 OF ALL RESPONDENTS

Q83 SHOWCARD 17. Which one of these describes you best? GO TO INSTRUCTIONS BEFORE Q83A.

IF CURRENTLY OFF WORK OR ON MATERNITY LEAVE, CODE AS EMPLOYED FULL- OR PART-TIME.
IF RESPONDENT IS NOT MAIN WAGE EARNER ('NO' AT Q82), ASK Q83A:
OTHERS GO TO Q84.

Q83a Which of these applies to the main wage earner?

IF RESPONDENT IS NOT MAIN WAGE EARNER (NO' AT Q82) ASK Q83A, OTHERWISE GO TO Q84. CODE ONE ONLY.

IF CURRENTLY OFF WORK OR ON MATERNITY LEAVE, CODE AS EMPLOYED

FULL- OR PART-TIME.

	Q83 Respondent (N=585)	Q83a Main Wage Earner (N=128)
Employed full-time	48.0	82.4
Employed part-time	5.6	0.6
Unemployed and seeking work	6.8	1.4
Unable to work due to illness or disability	5.4	0.0
Retired	23.2	15.0
Looking after home/family	6.0	0.6
In full-time education/training	5.0	0.0
In part-time education/training	0.0	0.0

GO TO Q84

Q84 What is or was the main wage earner's occupation?

Job (write in verbatim). IF 'NEVER WORKED' CODE AS N/A. IF RETIRED ENTER PREVIOUS OCCUPATION (531 Responses)

GO TO Q85

Q85 How many people is/was he/she responsible for?

If none, write in '0'. If Don't know, code as 99 (524 Responses)

WRITE IN NUMBER:

mean 1.58 **GO TO Q86**

Q86 SHOWCARD 18. What industry do/did he/she work in? What is/was made or done at the place where he/she work(ed)? CODE ONE ONLY (N=585)

Manufacturing and mining	11.6
Construction	13.1
Transport	7.5
Health service	10.4
Local or national government	12.2
Service industries (e.g. banking, insurance, travel, entertainment)	18.0
Retail services	7.5
Catering/food preparation	3.3
Professional services (e.g. teaching, legal, surveying services)	6.6
Voluntary or community sector	0.7
Other	9.2

IF CODED 'OTHER' AT Q86 GO TO Q86A, OTHERWISE GO TO Q87

Q86a Other (please specify) – **RECORD VERBATIM (60 Responses)**

Q87 SEG (N=585) Α 0.7 В 20.5 C1 26.9 C2 24.9 D 17.4 Ε

IF RESPONDENT IS UNEMPLOYED AND SEEKING WORK (CODE 3 AT Q83) ASK Q88 OTHERS **GO TO Q89)**

Q88 How long has it been since you were last in paid employment? WRITE IN YEARS AND/OR MONTHS. IF NEVER WORKED, CODE AS '98' (N=35)

Months Years **GO TO Q89** Never

9.5

Q89 **SHOWCARD 19.** How often do you find it difficult to meet the cost of:

		Very Often	Quite Often	Occasionally	Never	Don't know	N/A	Refused
Α	Rent/mortgage (N=532)	1.5	2.3	13.7	82.4	n/a	n/a	n/a
В	Gas, electricity and other fuel bills (N=571)	1.8	5.1	17.9	75.2	n/a	n/a	n/a
С	Telephone bill (N=564)	2.2	4.0	16.6	77.2	n/a	n/a	n/a
D	Council tax, insurance (N=571)	2.5	5.2	17.4	74.8	n/a	n/a	n/a
Е	Food (N=572)	2.0	3.4	10.4	84.2	n/a	n/a	n/a
F	Treats / holidays (N=560)	6.1	8.4	18.6	66.9	n/a	n/a	n/a
G	Clothes and shoes (N=573)	5.3	5.0	13.3	76.4	n/a	n/a	n/a

GO TO Q90

Q90 SHOWCARD 20. How would your household be placed if you suddenly had to find a sum of money to meet an unexpected expense such as a repair or new washing machine? How much of a problem would it be if it was £20 ..? or £100? Or £1000?

		Impossible to	A big	A bit of a	No	Don't
		Find	Problem	Problem	Problem	know
Α	£20 (N=570)	0.6	1.4	7.2	90.7	n/a
В	£100 (N=567)	3.6	6.8	17.2	72.4	n/a
С	£1,000 (N=565)	17.2	24.4	26.1	32.4	n/a

Q91				DE (N=		our nou	senoia inc	come comes	s from state		
	About	a quarte a half three qu								47.3 14.8 7.2 7.3 6.0 17.6 n/a n/a	GO TO Q92
Q92	scale i	ndicates		u feel ab					nich face on DON'T KN		
	W	/RITE	NUMBE	ERINT	гне вс	OX:					GO TO Q93
	1	2	3	4	5	6	7	7			
	30.9	14.9	21.3	13.9	8.5	6.4	4.0	1			
Q94	Yes No								are.) (N=58	1.9 98.1	GO TO Q94 GO TO Q95
				ERINT					mean	13.43	GO TO Q95
Q95	Do you	ı, or any	membe	er of you	r housel	nold, ow	n a car? \$	SINGLE CO	DE (N=585)		
	Yes									70.7	
	No									29.3	GO TO Q96
Q96			23. Can E (N=57	-	me whi	ch of the	ese descri _l	ptions applie	es to you?		
	Cohab Single Widow Divorce	iting / liv / never ed ed / civil	partners	•		I				52.7 8.7 20.7 10.9 5.2 1.8	GO TO Q97
	Refuse			1 34						n/a	
	IVEIUSE	,u								, 🗻	

Q97 **SHOWCARD 24.** Which of the groups on this card best describes you? **SINGLE CODE**

 * Gypsy/Travellers should be encouraged to record their ethnic group under 'Other White – specify' **(N=585)**

	White	
Α	Scottish	96.2
В	Other British	1.5
С	Irish	0.4
D	Other White British	0.0
	Mixed	
Е	Any mixed background	0.0
	Asian, Asian Scottish, Asian English, Asian Welsh or other Asian British	
F	Indian	0.2
G	Pakistani	1.4
Н	Bangladeshi	0.0
ı	Chinese	0.2
J	Any other Asian background	0.0
	Black, Black Scottish, Black English, Black Welsh or other Black British	
K	Caribbean	0.0
L	African	0.0
М	Any other Black background	0.0
	Other Ethnic background	
N	Any other background	0.2
	Refused	n/a

IF CODED '4', '5, '10', '13' OR '14' AT Q97 GO TO Q97A, ALL OTHERS GO TO Q98

Q97A Other ethnic group – **RECORD VERBATIM (1 Responses)**

Q98	What religion, if any, do you identify with?	SINGLE CODE (N=569)
-----	--	---------------------

None Christianity, Church of Scotland Christianity, Roman Catholic Christianity, Other Buddhism Hinduism Judaish Islam Sikhism Refused Other religion	33.9 47.0 15.9 1.7 0.1 0.2 0.0 1.2 0.0 n/a 0.0
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IF CODED 'OTHER' AT Q98, GO TO Q98A, OTHERWISE GOT TO Q99.

Q98A	Other religion group – RECORD VERBATIM (0 Responses)		
		_	GO TO Q99
Q99	What month were you born in? PROBE TO PRECODE (N=53	38)	
	January	7.7	GO TO Q100
	February	8.6	
	March	8.7	
	April	8.1	
	May	7.2	
	June	11.7	
	July	13.6	
	August	10.7	
	September	6.5	
	October November	3.9	
	December	9.8 3.7	
	Refused		
	Relused	n/a	
Q100	SHOWCARD 25. Have you experienced discrimination on any of the forgrounds in the last twelve months? CODE ALL THAT APPLY (N=585)	-	
	Accent	0.0	
	Age	0.4	
	Disability	0.4	
	Ethnicity	0.5	
	Language	0.0	
	Nationality	0.0	
	Religion / faith / belief	0.9	
	Sex	0.1	
	Sexual orientation	0.1	
	Skin colour	0.4	
	None	97.7	
	Other	0.0	
IF COD	ED 'OTHER' AT Q100 GO TO Q100A, OTHERWISE GO TO Q	101	
Q100a	Other (please specify) – RECORD VERBATIM (0 Responses)		
		_	GO TO Q101
Q101	Do you consider yourself to be a migrant worker? (N=585)		
	Prompt: A migrant worker is someone who has come to Scotland few years from outside the UK for the purpose of employment. Thi asked to allow the health service to improve understanding of the of these new communitiesit will be used for no other purposes	s question is	
		0.0	55 55 6400
	Yes	0.0	GO TO Q102
	No	100.0	GO TO Q103

Q102	What is your country of origin? SINGLE CODE (N=0)						
	One of the new accession 10 countries (Poland, Lithuania, Estonia, Latvia, Slovenia, Slovakia, Hungary, Czech Republic, Romania, O.0 Bulgaria) One of the other member states of the European Union (Austria, Belgium, Cyprus, Denmark, Finland, Greece, Germany, Ireland, Italy, Luxemberg, Malta, Netherlands, Portugal, Spain, Sweden) O.0 A country from outside the European Union O.0						
Q103	NHSGG&C are keen to look at health and wellbeing of residents as health board area. For this reason, may I record your postcode? be passed with responses to this questionnaire to NHSGG&C, and be used for planning and monitoring health across the area.	cross the This will					
	Yes No	1 2	GO TO Q103A GO TO Q104				
Q103a Q103b	What is your postcode? PLEASE RECORD POSTCODE Could you repeat that please, just to ensure I have recorded it of PLEASE RECORD POSTCODE	orrectly.					
İ			GO TO Q104				
IF Q103 RE-ENT Q104	May we have your permission to give NHS Greater Glasgow & Clyde or its pa	artners	ASE				
	your name and address so they can contact you in the future about similar restudies in relation to health? The partners are the Glasgow Centre for Popular Health and the community health partnerships. We would not give them any answers to this interview – just your name and address. Should you agree, the up research could take the form of a self completion questionnaire, telephone to face interview, over the course of the next 2 years.	tion of your is follow-					

Yes, permission given	1	ENSURE PERMISSION SHEET SIGNED AND GO TO Q104A
No, permission not given	2	GO TO Q105

	you be happy for us to call you if necessary following our a (likely to be during next 4 months)? We would not take up mor minutes of your time. Please note that should you agree details will not be passed to our client (unless previous permand will only be used for the purpose of recontacting you clarification be required.	e than 2 or 3 your contact ission given)	
	Please also note that it is not definite that you will be contacted details will only be held for this purpose a maximum of 6 months		
	Yes No	1 2	GO TO Q106
Q106	Please record how Q15 and Q16 were completed. SINGLE CODE		
	Self completion Read out for the respondent	1 2	
Q104a	Record respondent details? Name:		GO TO Q104B
You mu	st enter the full name with whom the survey was complet	ed.	90 10 Q104B
Q104b	Record respondent details? Address		
Vou mu	st enter the full address		GO TO Q104C
Q104c	Record respondent details?		
Q1040	Postcode:		
			GO TO Q104D
You mu	st enter the full postcode		
Q104d	Record respondent details? Telephone Number		
You mu	st enter the telephone number.		

When reviewing the results of the survey, it is possible that **mruk** research may want to recontact you to clarify one or two of your answers. Would

Q105

THANK AND CLOSE

MAKE SURE POSTCODE IS COMPLETE & CORRECTLY RECORDED FROM SAMPLE FOR ALL

RESPONDENTS WHO AGREE

HAND OUT "THANK YOU" LEAFLET