
**NHS Greater Glasgow and Clyde
2008 Health and Wellbeing Survey**

Glasgow South West Report

Final

Prepared for

NHS Greater Glasgow and Clyde

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1 Introduction

1.1 Introduction

This report contains the findings for Glasgow South West 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) as the main tool for measuring area based deprivation and focusing of resources; the emergence 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 over time to take into account emerging 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. Trends are available for the area administered by the former NHSGG area. All the reports will be posted on <http://www.phru.net> as they become available.

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.

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

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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 NHSGGC area
- to compare attitudes and behaviour of those living in the bottom 15% SIMD areas and other areas and address whether changes in attitudes and behaviour apply across the board or just in the most deprived/other areas, thereby tracking progress towards reducing health inequalities
- 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 survey questionnaire is in Appendix E

1.2 Sample Profile

There were 1,205 interviews conducted in Glasgow South West 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 the 2008 sample 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 1,205 Glasgow South West 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: 1,205

Age	Men (% of sample)	Women (% of sample)	Total (% of sample)	Glasgow South West % of population (aged 16+)
16-24	8.6%	7.7%	16.3%	16.3%
25-34	9.1%	9.1%	18.2%	18.3%
35-44	8.5%	9.6%	18.1%	18.1%
45-54	8.1%	9.0%	17.2%	17.2%
55-64	6.1%	6.1%	12.2%	11.8%
65-74	4.0%	5.4%	9.4%	9.5%
75+	2.9%	4.7%	8.6%	8.7%

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 (1,205)

Group	% in sample	Glasgow South West % of population (aged 16+)
Most deprived 15% datazones	48.5%	48.4%
Other datazones	51.5%	51.6%

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 Glasgow City and the NHS Greater Glasgow & Clyde (NHSGGC) area as a whole, and break-downs by demographic (independent) variables. Only comparisons with Glasgow City/NHSGGC and independent variables which were found to be significantly different ($p < 0.05$) are reported. The independent variables which were tested were:

Age;

- Gender;
- Age and gender
- Most deprived 15% datazones versus other datazones;
- Employment status (whether main wage earner is economically active);
- Whether has any educational qualifications;
- Whether all household income is from benefits;
- Whether feel isolated from family and friends;
- Whether have control over decisions affecting daily life;
- Self assessed general health;
- Self assessed physical wellbeing;
- Self assessed mental/emotional wellbeing;
- Quality of life;
- GHQ12 score (high/low);
- Whether has a limiting illness/condition;
- Whether exposed to second hand smoke (most/some of the time);
- Smoking status;
- Whether exceeds recommended weekly alcohol limits;
- Whether a binge drinker;
- BMI;
- Whether consumes 5+ portions of fruit/veg per day;
- Whether eats breakfast every day.

Ethnicity is not included in the above list because (a) only a very small proportion of the sample is from an ethnic minority (reflecting the make-up of the population), and (b) it would be inadvisable to analyse all 'non-white' ethnic groups as one group, as the opinions, behaviour and cultural experiences of these groups do not necessarily have anything in common.

An explanation of how the independent variables were derived is in Appendix C.

Chapter 7 provides a summary of the differences for the findings for Glasgow South West compared to Glasgow City and the NHSGGC area as a whole.

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 (Glasgow South West)

Indicator	% of sample	Unweighted base (n)
Self-perceived health excellent or good (Q1)	66.1%	1,199
Positive perception of general physical wellbeing (Q53b)	73.7%	1,205
Positive perception of general mental or emotional wellbeing (Q53c)	81.4%	1,205
Positive perception of happiness (Q77)	83.5%	1,205
Feel definitely in control of decisions affecting daily life (Q78)	67.1%	1,192
Positive perception of quality of life (Q53a)	80.3%	1,205
Has long term illness/condition that interferes with daily life (Q3)	22.0%	1,195
Receiving treatment for at least one condition (Q2)	39.3%	1,181
Total number of conditions receiving treatment for (Q2):		1,181
0	60.7%	
1	24.7%	
2 or more	14.6%	
GHQ12 score of 4 or above (indicating poor mental health) (Q15)	15.1%	1,205
Have some/all of own teeth (Q12)	88.2%	1,198
Brushes teeth twice or more per day – based on those with some/all of own teeth	69.5%	952

Two thirds (66%) of respondents had a positive view of their general health. Those less likely to have a positive view of their general health were those aged 65 or over, women, those in the most deprived areas, those in economically inactive households, those with no qualifications, those exhibiting factors associated with social exclusion, those with a limiting condition or illness, those with a high GHQ12 score (indicating poor mental health), smokers and those who consume fewer than five portions of fruit/vegetables per day.

Three in four (74%) respondents had a positive view of their physical wellbeing. Those less likely to have a positive view of their physical wellbeing were those aged 75 or over, women, those in the most deprived areas, those in economically inactive households, those with no qualifications, those who received all household income from benefits, those who did not definitely feel in control of the decisions affecting their life, those with a limiting condition or illness, those with a high GHQ12 score, obese people, smokers, those exposed to second hand smoke and those who do not eat breakfast every day.

Four in five (81%) had a positive view of their mental/emotional wellbeing. Those less likely to do so were those aged 45-64, women, those in the most deprived areas, those in economically inactive households, those with no qualifications, those exhibiting factors associated with social exclusion, those with a high GHQ12 score, those with a limiting condition or illness, those who do not eat breakfast every day, smokers and those exposed to second hand smoke.

More than four in five (83%) had a positive view of their happiness. Those less likely to have a positive view of their happiness were women, those in the most deprived areas,

those in economically inactive households, those exhibiting factors associated with social exclusion, those with a high GHQ12 score, those with a limiting condition or illness, those who do not eat breakfast every day, smokers, those exposed to second hand smoke and those who consume fewer than five portions of fruit/vegetables per day.

Two thirds (67%) of respondents definitely felt in control of the decisions that affect their daily life. Those less likely to feel this were women, those who received all income from benefits, those who felt isolated from family and friends, those with a high GHQ12 score, those with a limiting condition or illness, smokers, those who do not eat breakfast every day, those exposed to second hand smoke and those who consume fewer than five portions of fruit/vegetables per day.

Four in five (80%) had a positive perception of their quality of life. Those less likely to have a positive perception of their quality of life were those aged 45-64, women, those in the most deprived areas, those in economically inactive households, those with no qualifications, those who receive all household income from benefits, those who do not definitely feel in control of the decisions affecting their life, those with a high GHQ12 score, those with a limiting condition or illness, those who do not eat breakfast every day, obese people, smokers and those exposed to second hand smoke.

One in five (22%) had a long-term limiting condition or illness. Those more likely to have a limiting condition/illness were older people, women, those in the most deprived areas, those in economically inactive households, those with no qualifications, those who receive all household income from benefits, those who do not definitely feel in control of the decisions affecting their life, those with a high GHQ12 score, obese people, smokers, those exposed to second hand smoke and those who consume fewer than five portions of fruit/vegetables per day.

Two in five (39%) respondents were receiving treatment for at least one condition or illness. Those more likely to be in receipt of treatment were older people, women, those in the most deprived areas, those in economically inactive households, those who received all household income from benefits, those who did not definitely feel in control of the decisions affecting their life, those with a limiting condition/illness, those with a high GHQ12 score, obese people, smokers and those exposed to second hand smoke.

One in seven (15%) respondents had a GHQ12 score of four or more, indicating poor mental health. Those more likely to have a high GHQ12 score were those aged 75 or over, women, those in the most deprived areas, those in economically inactive households, those with no qualifications, those exhibiting factors associated with social exclusion, those with a limiting condition or illness, those who do not eat breakfast every day, smokers, those exposed to second hand smoke and those who consume fewer than five portions of fruit/vegetables per day.

Nearly nine in ten (88%) respondents had all or some of their natural teeth. Those less likely to have any of their own teeth were older people, those in economically inactive households, those with no qualifications, those who received all household income from benefits, those with a limiting condition/illness, those with a high GHQ12 score, obese people and those who consume fewer than five portions of fruit/vegetables per day.

Of those who had any of their own teeth, 69% brushed their teeth twice or more per day. Those less likely to do so were those aged 75 or over, those in the most deprived areas, those in economically inactive households, those with no qualifications, those who received all household income from benefits, those who did not definitely feel in control of the decisions affecting their life, those with a limiting condition/illness, obese people, those with a high GHQ12 score, those who consume fewer than five portions of fruit/vegetables per day, smokers and those who do not eat breakfast every day.

2.2 Self-Perceived Health and Wellbeing

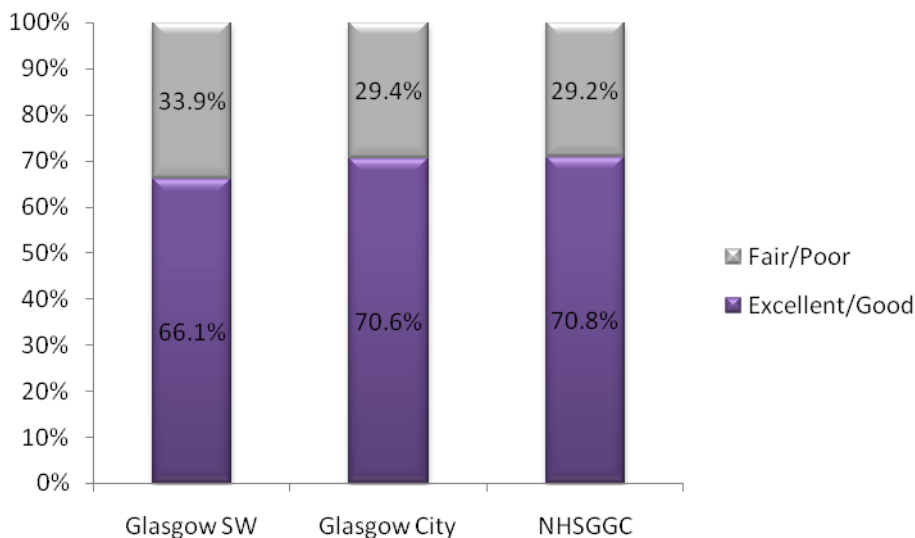
General Health

Respondents were asked to describe their general health over the last year on a four point scale (excellent, good, fair or poor). Overall, two thirds (66%) gave a positive view of their health, with 12% saying their health was excellent and 54% saying their health was good. However, 34% gave a negative view of their health, with 23% saying their health was fair and 11% saying it was poor.

Comparison with Glasgow City and NHS Greater Glasgow & Clyde Area

Compared to those in Glasgow City and those in the NHSGGC area as a whole, respondents in South West Glasgow were less likely to give a positive view of their general health. This is shown in Figure 2.1.

Figure 2.1: Self Perceived General Health: Glasgow South West, Glasgow City and NHSGGC



As Table 2.2 shows, the younger the respondent, the more likely a positive view of their general health was given. Those rating their general health as excellent or good ranged from 37% of those aged 65 or over to 88% of those aged 16-24. Men were more likely than women to have a positive view of their general health.

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

	Excellent	Good	Fair	Poor	Excellent/ Good	Fair/ Poor	Unweighted base (n)
Age:							
16-24	36%	51%	9%	4%	88%	12%	100
25-34	18%	62%	16%	3%	80%	20%	176
35-44	8%	77%	12%	3%	84%	16%	166
45-54	7%	51%	28%	15%	57%	43%	181
55-64	2%	44%	33%	21%	46%	54%	168
65-74	3%	33%	43%	21%	36%	64%	184
75+	3%	35%	42%	20%	38%	62%	224
Men	14%	28%	21%	7%	72%	28%	488
Women	11%	50%	25%	14%	61%	39%	711
Men 16-44	22%	65%	11%	2%	87%	13%	192
Women 16-44	18%	63%	14%	5%	81%	19%	250
Men 45-64	4%	54%	30%	12%	58%	42%	154
Women 45-64	4%	43%	30%	24%	48%	52%	195
Men 65+	4%	41%	39%	16%	44%	56%	142
Women 65+	2%	29%	45%	24%	31%	69%	266
All	12%	54%	23%	11%	66%	34%	1,199

As shown in Table 2.3, those in the most deprived areas, those in economically inactive households and those with no qualifications were less likely to have a positive view of their general health.

Table 2.3: Self-Perceived General Health (Q1) by Deprivation and Socio Economic Measures

	Excellent	Good	Fair	Poor	Excellent/ Good	Fair/ Poor	Unweighted base (n)
Bottom 15% datazones	13%	46%	26%	16%	59%	41%	588
Other datazones	12%	61%	21%	6%	73%	27%	611
Economically active household	16%	64%	15%	5%	80%	20%	549
Economically inactive household	8%	38%	34%	21%	45%	55%	426
At least one qualification	14%	60%	19%	7%	74%	26%	846
No qualifications	8%	32%	35%	24%	41%	59%	353

As Table 2.4 shows, respondents who exhibited factors associated with social exclusion tended to have less positive perceptions about their general health.

Table 2.4: Self-Perceived General Health (Q1) by Factors Associated with Social Exclusion

	Excellent	Good	Fair	Poor	Excellent/ Good	Fair/ Poor	Unweighted base (n)
All income from benefits	9%	41%	29%	21%	50%	50%	398
Feel isolated from friends/family	7%	43%	30%	20%	51%	49%	93
Not in control of decisions affecting daily life, or only 'to some extent'	5%	49%	29%	17%	54%	46%	428

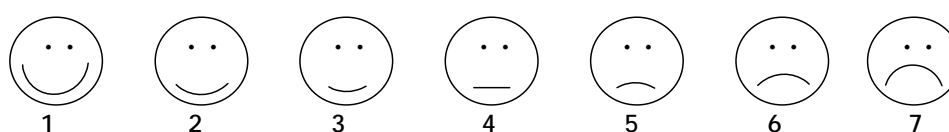
Table 2.5 shows that for health and wellbeing measures, those more likely to have a positive view of their general health were binge drinkers and those with positive views of their physical wellbeing, mental emotional wellbeing and quality of life. Those less likely to have positive views of their general health were those with a limiting condition or illness, those with a high GHQ12 score (indicating poor mental health), smokers and those who consume fewer than five portions of fruit/veg per day.

Table 2.5: Self-Perceived General Health (Q1) by Health and Wellbeing Measures

	Excellent	Good	Fair	Poor	Excellent/ Good	Fair/ Poor	Unweighted base (n)
Positive view of physical wellbeing	16%	63%	18%	3%	79%	21%	811
Positive view of mental/emotional wellbeing	15%	59%	19%	6%	75%	25%	938
Positive view of quality of life	15%	59%	19%	6%	74%	26%	930
High GHQ12 Score	1%	23%	40%	37%	23%	77%	240
Limiting condition or illness	1%	10%	46%	43%	11%	89%	343
Current smoker	11%	47%	27%	14%	58%	42%	425
Binge drinker	18%	61%	18%	3%	80%	20%	115
Obese	4%	41%	37%	18%	45%	55%	188
Consumes fewer than 5 portions of fruit/veg per day	11%	49%	27%	12%	60%	40%	754

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.

Three in four (74%) respondents gave a positive view of their physical wellbeing, using this scale.

Comparison with Glasgow City and NHS Greater Glasgow & Clyde Area

Compared to those in Glasgow City and those in the NHS Greater Glasgow and Clyde area as a whole, those in South West Glasgow were less likely to have a positive view of their physical wellbeing. This is shown in Figure 2.2.

Figure 2.2: Perceptions of Physical Wellbeing: Glasgow South West, Glasgow City and NHSGGC

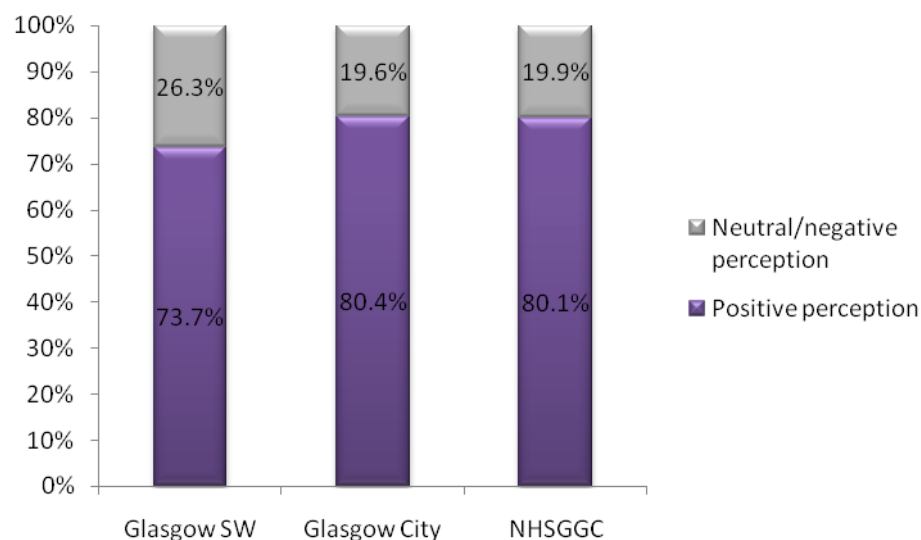


Table 2.6 shows those under the age of 45 were more likely to have a positive perception of their physical wellbeing. Those aged 75 or over were the least likely to do so. Also, men were more likely than women to have a positive perception of their physical wellbeing.

Table 2.6: Positive Perception of Physical Wellbeing (Q53b) by Age and Gender

	Positive Perception	Unweighted base (n)
Age:		
16-24	85%	101
25-34	88%	176
35-44	86%	166
45-54	70%	182
55-64	55%	169
65-74	57%	184
75+	51%	227
Men	78%	490
Women	70%	715
Men 16-44	87%	192
Women 16-44	83%	251
Men 45-64	69%	156
Women 45-64	60%	195
Men 65+	57%	142
Women 65+	52%	269
All	74%	1,205

Table 2.7 shows that perceptions of physical wellbeing were less likely to be positive for those in the most deprived areas, those in households with no economically active adults and those with no qualifications.

Table 2.7: Positive Perception of Physical Wellbeing (Q53b) by Deprivation and Socio Economic Measures

	Positive Perception	Unweighted base (n)
Bottom 15% datazones	70%	590
Other datazones	77%	615
Economically active household	83%	550
Economically inactive household	61%	428
At least one qualification	77%	849
No qualifications	63%	356

Those who received all household income from benefits and those who did not definitely feel in control of the decisions affecting their life were less likely to have a positive view of physical wellbeing.

Table 2.8: Positive Perception of Physical Wellbeing (q53b) by Factors Associated with Social Exclusion

	Positive Perception	Unweighted base (n)
All income from benefits	64%	401
Not in control of decisions affecting daily life, or only 'to some extent'	58%	433

Table 2.9 shows that for health and wellbeing measures, those more likely to have a positive perception of their physical wellbeing were those with a positive view of their general health, quality of life or mental/emotional health and binge drinkers. Those less likely to have a positive perception of their physical wellbeing were:

Those with a limiting condition or illness;
 Those with a high GHQ12 score;
 Obese people;
 Smokers;
 Those exposed to second hand smoke; and
 Those who do not eat breakfast every day.

Table 2.9: Positive Perception of Physical Wellbeing (q53b) by Health and Wellbeing Measures

	Positive Perception	Unweighted base (n)		Positive Perception	Unweighted base (n)
Positive view of general health	88%	666	Second hand smoke	69%	470
Positive view of mental health	86%	943	Current smoker	65%	429
Positive view of quality of life	86%	934	Binge drinker	82%	116
High GHQ12 Score	36%	241	Obese	57%	190
Limiting condition or illness	31%	346	Do not eat breakfast every day	68%	308

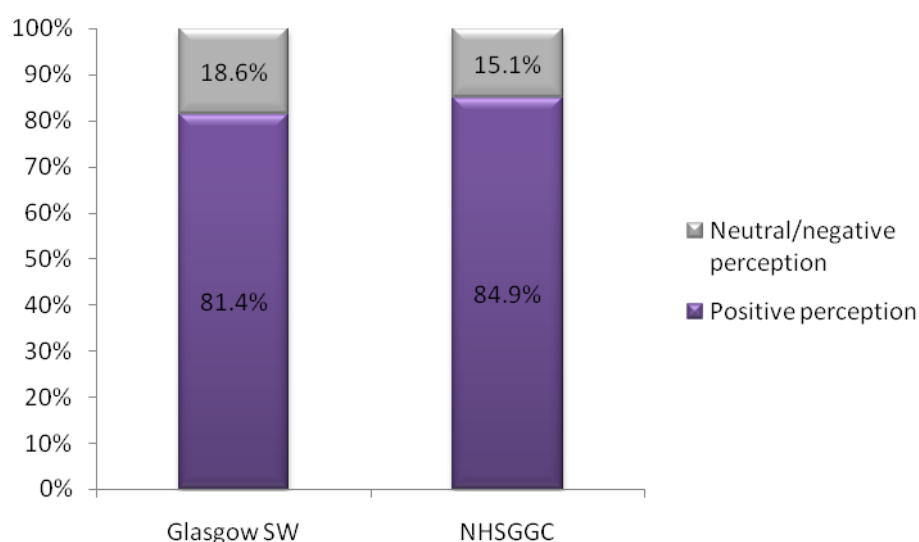
Mental or Emotional Wellbeing and Happiness

Using the 'faces' scale, 81% of respondents gave a positive view of their mental or emotional wellbeing.

Comparison with NHS Greater Glasgow & Clyde Area

Those in South West Glasgow were less likely than those in the NHS Greater Glasgow and Clyde area as a whole to have a positive view of their mental/emotional wellbeing (81% Glasgow SW; 85% NHSGGC).

Figure 2.3: Perceptions of Mental/Emotional Wellbeing: Glasgow SW and NHSGGC



Those aged 45-64 were the least likely to have a positive perception of their mental/emotional wellbeing. Men were more likely than women to have a positive perception. This is shown in Table 2.10.

Table 2.10: Positive Perception of Mental or Emotional Wellbeing (Q53c) by Age and Gender

	Positive Perception	Unweighted base (n)
Age:		
16-24	87%	101
25-34	86%	176
35-44	90%	166
45-54	72%	182
55-64	69%	169
65-74	82%	184
75+	77%	227
Men	85%	490
Women	78%	715
Men 16-44	91%	192
Women 16-44	84%	251
Men 45-64	73%	156
Women 45-64	69%	195
Men 65+	84%	142
Women 65+	77%	269
All	81%	1,205

Table 2.11 shows that those in the most deprived areas, those in economically inactive households and those with no qualifications were less likely to have a positive perception of their mental/emotional wellbeing.

Table 2.11: Positive Perception of Mental or Emotional Wellbeing (Q53c) by Deprivation and Socio Economic Measures

	Positive Perception	Unweighted base (n)
Bottom 15% datazones	75%	590
Other datazones	87%	615
Economically active household	87%	550
Economically inactive household	72%	428
At least one qualification	84%	849
No qualifications	72%	356

As Table 2.12 shows, all three factors associated with social exclusion were associated with less positive perceptions of mental or emotional wellbeing.

Table 2.12: Positive Perception of Mental or Emotional Wellbeing (q53c) by Factors Associated with Social Exclusion

	Positive Perception	Unweighted base (n)
All income from benefits	66%	401
Feel isolated from friends/family	72%	94
Not in control of decisions affecting daily life, or only 'to some extent'	62%	433

Those with positive views of their general health, physical wellbeing or quality of life were more likely to have a positive view of their mental or emotional wellbeing. Those less likely to have positive views of their mental/emotional wellbeing were:

- Those with a high GHQ12 score;
- Those with a limiting condition or illness;
- Those who do not eat breakfast every day;
- Smokers; and
- Those exposed to second hand smoke.

Table 2.13: Positive Perception of Mental or Emotional Wellbeing (q53c) by Health and Wellbeing Measures

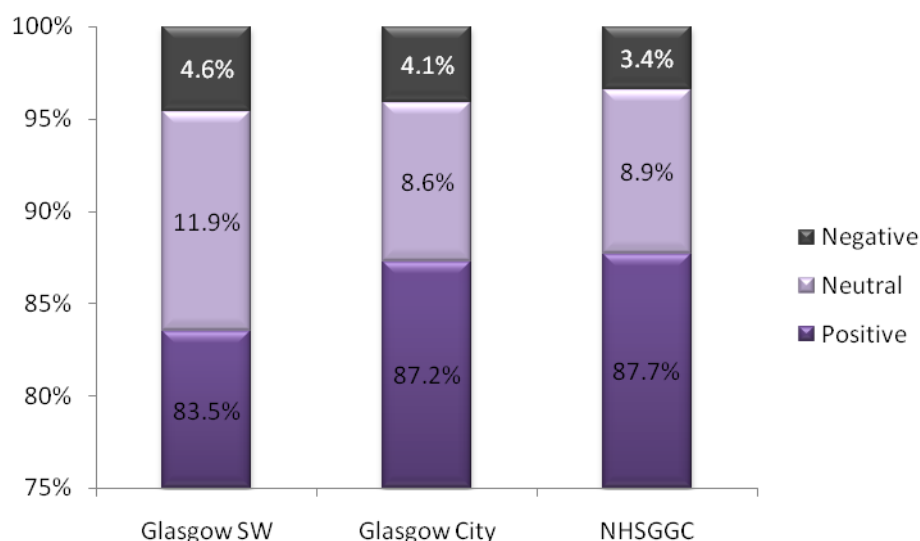
	Positive Perception	Unweighted base (n)		Positive Perception	Unweighted base (n)
Positive view of general health	92%	666	Limiting condition or illness	49%	349
Positive view of physical wellbeing	95%	815	Second hand smoke	73%	470
Positive view of quality of life	95%	934	Current smoker	71%	429
High GHQ12 Score	36%	241	Does not eat breakfast every day	69%	308

Respondents were also asked to use the 'faces' scale to indicate how happy they are, taking everything into account. Overall, 83% of respondents gave a positive view of their happiness.

Comparison with Glasgow City and NHS Greater Glasgow & Clyde Area

Those in South West Glasgow were less likely than those in Glasgow City and those in the NHSGGC area as a whole to have a positive perception of their happiness. This is shown in Figure 2.4.

Figure 2.4: Perceptions of Happiness: Glasgow SW, Glasgow City and NHSGGC



Men were more likely than women to have a positive perception of their happiness.

Table 2.14: Positive Perception of Happiness (Q77) by Age and Gender

	Positive Perception	Unweighted base (n)
Men	85%	490
Women	82%	715
Men 16-44	88%	192
Women 16-44	86%	251
Men 45-64	79%	156
Women 45-64	76%	195
Men 65+	86%	142
Women 65+	80%	269
All	83%	1,205

Table 2.15 shows that those living in the bottom 15% most deprived areas, and those living in households with no economically active adult were less likely to give a positive view of their happiness.

Table 2.15: Positive Perception of Happiness (Q77) by Deprivation and Socio Economic Measures

	Positive Perception	Unweighted base (n)		Positive Perception	Unweighted base (n)
Bottom 15% datazones	80%	590	Economically active household	88%	550
Other datazones	87%	615	Economically inactive household	76%	428

All three factors associated with social exclusion were associated with less positive perceptions of happiness, as shown in Table 2.16.

Table 2.16: Positive Perception of Happiness (Q77) by Factors Associated with Social Exclusion

	Positive Perception	Unweighted base (n)
All income from benefits	73%	401
Feel isolated from friends/family	68%	94
Not in control of decisions affecting daily life, or only 'to some extent'	66%	433

Those with positive views of their health/wellbeing/quality of life were more likely to have a positive view of their happiness. Those less likely to have a positive view of their happiness were:

- Those with a high GHQ12 score;
- Those with a limiting condition or illness;
- Those who do not eat breakfast every day;
- Smokers;
- Those exposed to second hand smoke; and
- Those who consume fewer than five portions of fruit/vegetables per day.

Table 2.17: Positive Perception of Happiness (Q77) by Health and Wellbeing Measures

	Positive Perception	Unweighted base (n)		Positive Perception	Unweighted base (n)
Positive view of general health	92%	666	Limiting condition or illness	59%	346
Positive view of physical health	93%	815	Second hand smoke	77%	470
Positive view of mental/emotional wellbeing	94%	943	Current smoker	75%	429
Positive view of quality of life	95%	934	Consumes fewer than 5 portions of fruit/veg per day	82%	759
High GHQ12 Score	43%	241	Does not eat breakfast every day	73%	308

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. Two thirds (67%) said that they 'definitely' feel in control of these decisions, while 31% said that they felt in control 'to some extent' and 2% did not feel in control of these decisions.

Table 2.18 shows that men were more likely than women to feel definitely in control of the decisions affecting their lives.

Table 2.18: 'Definitely' Feel in Control of Decisions Affecting Life (Q78) by Age and Gender

	Definitely in Control	Unweighted base (n)
Men	74%	484
Women	61%	708
Men 16-44	73%	191
Women 16-44	66%	250
Men 45-64	75%	156
Women 45-64	55%	193
Men 65+	71%	137
Women 65+	57%	265
All	67%	1,192

Perceived lack of control over the decisions affecting ones life is used as a measure of social exclusion in this report. Respondents exhibiting the other two factors associated with social exclusion (all income from benefits and feeling isolated from family and friends) were associated with a lower likelihood of feeling 'definitely' in control over decisions affecting life. This is shown in Table 2.19.

Table 2.19: 'Definitely' Feel in Control of Decisions Affecting Life (Q78) by Factors Associated with Social Exclusion

	Definitely in Control	Unweighted base (n)
All income from benefits	54%	389
Feel isolated from family/friends	54%	94

Table 2.20 shows that, for health and wellbeing measures, those less likely to feel in control of the decisions affecting their life were:

- Those with a high GHQ12 score;
- Those with a limiting condition or illness;
- Smokers;
- Those who do not eat breakfast every day;
- Those exposed to second hand smoke; and
- Those who consume fewer than five portions of fruit/vegetables per day.

Those with positive views of their health/wellbeing/quality of life were more likely to feel in control of the decisions affecting their life.

Table 2.20: 'Definitely' Feel in Control of Decisions Affecting Life (Q78) by Health and Wellbeing Measures

	Definitely in Control	Unweighted base (n)		Definitely in Control	Unweighted base (n)
Positive view of general health	73%	661	Limiting condition or illness	49%	339
Positive view of physical health	74%	808	Second hand smoke	63%	463
Positive view of mental/emotional wellbeing	75%	934	Current smoker	60%	421
Positive view of quality of life	76%	924	Consumes fewer than 5 portions of fruit/vegetables per day	64%	747
High GHQ12 Score	33%	238	Does not eat breakfast every day	60%	306

2.3 Self Perceived Quality of Life

Using the 'faces' scale, respondents were asked to rate their overall quality of life. Overall, 80% of respondents gave a positive rating of their quality of life.

Comparison with Glasgow City and NHS Greater Glasgow & Clyde Area

Those in South West Glasgow were less likely than those in Glasgow City or the NHS Greater Glasgow and Clyde area as a whole to have a positive view of their quality of life. This is shown in Figure 2.5.

Figure 2.5: Perceptions of Quality of Life: Glasgow SW, Glasgow City and NHSGGC



Those aged under 45 were the most likely to have a positive perception of their quality of life, and those aged 45-64 were the least likely to do so. Men were more likely than women to have a positive view of their quality of life. This is shown in Table 2.21.

Table 2.21: Positive Perception of Quality of Life (Q53a) by Age and Gender

	Positive Perception	Unweighted base (n)
Age:		
16-24	88%	101
25-34	86%	176
35-44	88%	166
45-54	71%	182
55-64	68%	169
65-74	78%	184
75+	76%	227
Men	83%	490
Women	78%	715
Men 16-44	89%	192
Women 16-44	85%	251
Men 45-64	75%	156
Women 45-64	66%	195
Men 65+	79%	142
Women 65+	76%	269
All	80%	1,205

Table 2.22 shows that less positive views of overall quality of life were given by those living in the most deprived areas, those living in economically inactive households and those with no qualifications.

Table 2.22: Positive Perception of Quality of Life (Q53a) by Deprivation and Socio Economic Measures

	Positive Perception	Unweighted base (n)		Positive Perception	Unweighted base (n)
Bottom 15% datazones	76%	590	Economically active household	85%	550
Other datazones	84%	615	Economically inactive household	71%	428
			At least one qualification	83%	849
			No qualifications	72%	356

Table 2.23 shows that those who received all household income from benefits and those who did not definitely feel in control of the decisions affecting their life were less likely to have a positive perception of their overall quality of life.

Table 2.23: Positive Perception of Quality of Life (Q53a) by Factors Associated with Social Exclusion

	Positive Perception	Unweighted base (n)
All income from benefits	66%	401
Not in control of decisions affecting daily life, or only 'to some extent'	59%	433

Table 2.24 shows that those more likely to have a positive perception of their quality of life were those with positive views of their health and wellbeing. Those less likely to have a positive perception of their quality of life were those with a high GHQ12 score, those with a limiting condition or illness, those who do not eat breakfast every day, obese people, smokers and those exposed to second hand smoke.

Table 2.24: Positive Perception of Quality of Life (Q53a) by Health and Wellbeing Measures

	Positive Perception	Unweighted base (n)		Positive Perception	Unweighted base (n)
Positive view of general health	90%	666	Second hand smoke	74%	470
Positive view of physical health	94%	815	Current smoker	72%	429
Positive view of mental/emotional wellbeing	93%	943	Obese	72%	190
High GHQ12 Score	45%	241	Does not eat breakfast every day	71%	308
Limiting condition or illness	50%	346			

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.

Those aged under 45 were the least likely to have a limiting long-term condition/illness, and those aged 65 or over were the most likely. Women were more likely than men to have a limiting condition or illness. However, this gender difference was only true for those aged under 45. This is shown in Table 2.25

Table 2.25: Limiting Long-Term Condition or Illness (Q3) by Age and Gender

	Long-Term Condition/Illness	Unweighted base (n)
Age:		
16-24	10%	101
25-34	10%	176
35-44	9%	166
45-54	31%	182
55-64	32%	169
65-74	41%	184
75+	43%	227
Men	19%	490
Women	25%	715
Men 16-44	6%	192
Women 16-44	14%	251
Men 45-64	30%	156
Women 45-64	32%	195
Men 65+	44%	142
Women 65+	42%	269
All	22%	1,195

Table 2.26 shows that limiting conditions/illnesses were more common among those living in the most deprived areas, those in economically inactive households and those with no qualifications.

Table 2.26: Limiting Long-Term Condition or Illness (Q3) by Deprivation and Socio Economic Measures

	Long-term condition/illness	Unweighted base (n)
Bottom 15% datazones	29%	589
Other datazones	15%	606
Economically active household	10%	544
Economically inactive household	41%	427
At least one qualification	16%	841
No qualifications	42%	354

Those who receive all household income from benefits and those who do not definitely feel in control of the decisions affecting their life were more likely to have a limiting condition or illness. This is shown in Table 2.27.

Table 2.27: Limiting Long-Term Condition or Illness (Q3) by Factors Associated with Social Exclusion

	Long-term condition/ illness	Unweighted base (n)
All income from benefits	38%	401
Not in control of decisions affecting daily life, or only 'to some extent'	34%	93

Those with positive views of their health/wellbeing/quality of life, were less likely to have a limiting condition or illness. Those more likely to have a limiting condition or illness were those with a high GHQ12 score, obese people, smokers, those exposed to second hand smoke and those who consume fewer than five portions of fruit/vegetables per day.

Table 2.28: Limiting Long-Term Condition or Illness (Q3) by Health and Wellbeing Measures

	Long-term condition/ illness	Unweighted base (n)		Long-term condition/ illness	Unweighted base (n)
Positive view of general health	4%	659	Second hand smoke	26%	467
Positive view of physical health	9%	808	Current smoker	30%	427
Positive view of mental/ emotional wellbeing	13%	933	Obese	35%	188
Positive view of quality of life	14%	925	Consumes fewer than 5 portions of fruit/veg per day	25%	753
High GHQ12 Score	70%	241			

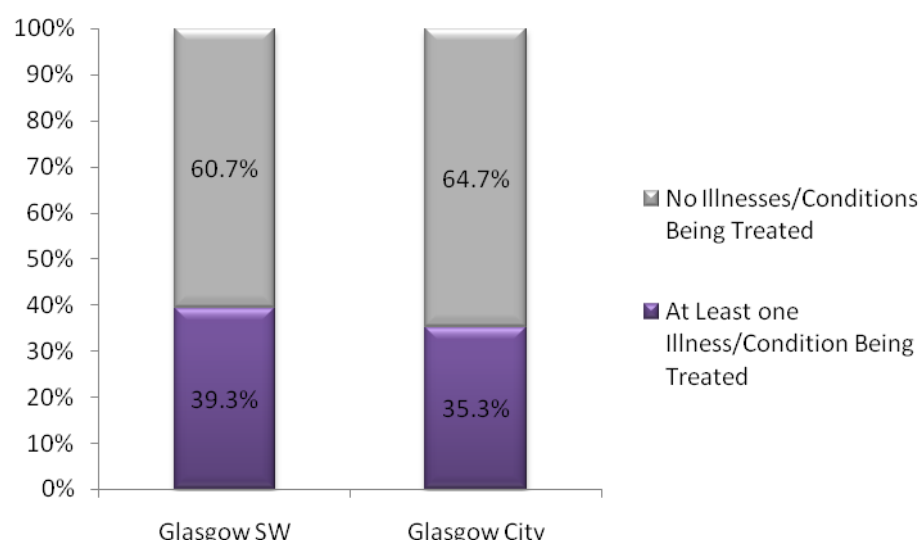
Illnesses/Conditions for Which Treatment is Being Received

Two in five respondents (39%) were receiving treatment for at least one illness or condition.

Comparison with Glasgow City

Compared to those in Glasgow City as a whole, those in South West Glasgow were more likely to be receiving treatment for a condition or illness (39% Glasgow SW; 35% Glasgow City).

Figure 2.6: Whether Any Illnesses/Conditions Being Treated: Glasgow SW and Glasgow City



The likelihood of being in receipt of treatment for at least one illness/condition rises with age – from 13% of those aged 16-24 to 81% of those aged 65 or over. Women were more likely than men to be receiving treatment (44% of women; 35% of men).

Table 2.29: At Least One Illness/Condition Being Treated (Q2) by Age and Gender

	Being Treated for Condition/Illness	Unweighted base (n)
Age:		
16-24	13%	99
25-34	19%	172
35-44	21%	161
45-54	48%	177
55-64	59%	166
65-74	76%	184
75+	81%	222
Men	35%	482
Women	44%	699
Men 16-44	14%	188
Women 16-44	22%	244
Men 45-64	53%	153
Women 45-64	53%	190
Men 65+	73%	141
Women 65+	82%	265
All	39%	1,181

Table 2.30 shows that those in the most deprived areas, those in economically inactive households and those with no qualifications were more likely to be receiving treatment for at least one illness or condition.

Table 2.30: At Least One Illness/Condition Being Treated (Q2) by Deprivation and Socio Economic Measures

	Being Treated for Condition/ Illness	Unweighted base (n)
Bottom 15% datazones	45%	580
Other datazones	34%	601
Economically active household	23%	537
Economically inactive household	62%	422
At least one qualification	32%	836
No qualifications	64%	345

Those receiving all household income from benefits and those who did not definitely feel in control of the decisions affecting their life were more likely to be receiving treatment for at least one condition or illness.

Table 2.31 At Least One Illness/Condition Being Treated (Q2) by Factors Associated with Social Exclusion

	Being Treated for Condition/ Illness	Unweighted base (n)
All income from benefits	59%	392
Not in control of decisions affecting daily life, or only 'to some extent'	49%	425

As would be expected, most (96%) of those with a limiting condition or illness were receiving treatment for at least one condition or illness. Also, many (86%) of those with a high GHQ12 score were receiving treatment. Others who had a higher likelihood of receiving treatment for an illness/condition were obese people, smokers and those exposed to second hand smoke.

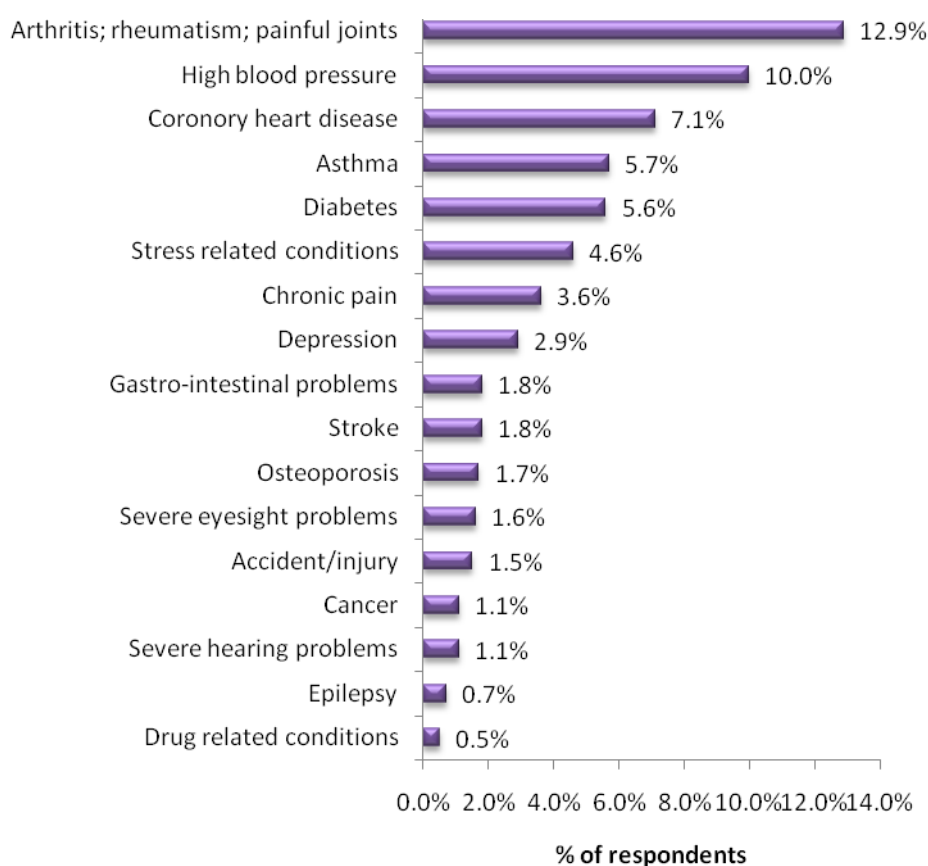
Table 2.32: At Least One Illness/Condition Being Treated (Q2) by Health and Wellbeing Measures

	Being Treated for Condition/ Illness	Unweighted base (n)		Being Treated for Condition/ Illness	Unweighted base (n)
Positive view of general health	18%	656	Limiting condition or illness	96%	337
Positive view of physical wellbeing	26%	799	Second hand smoke	44%	459
Positive view of mental/ emotional wellbeing	31%	923	Current smoker	48%	418
Positive view of quality of life	31%	917	Obese	67%	185
High GHQ12 Score	86%	236			

Figure 2.7 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, 10% of respondents were being treated for high blood pressure.

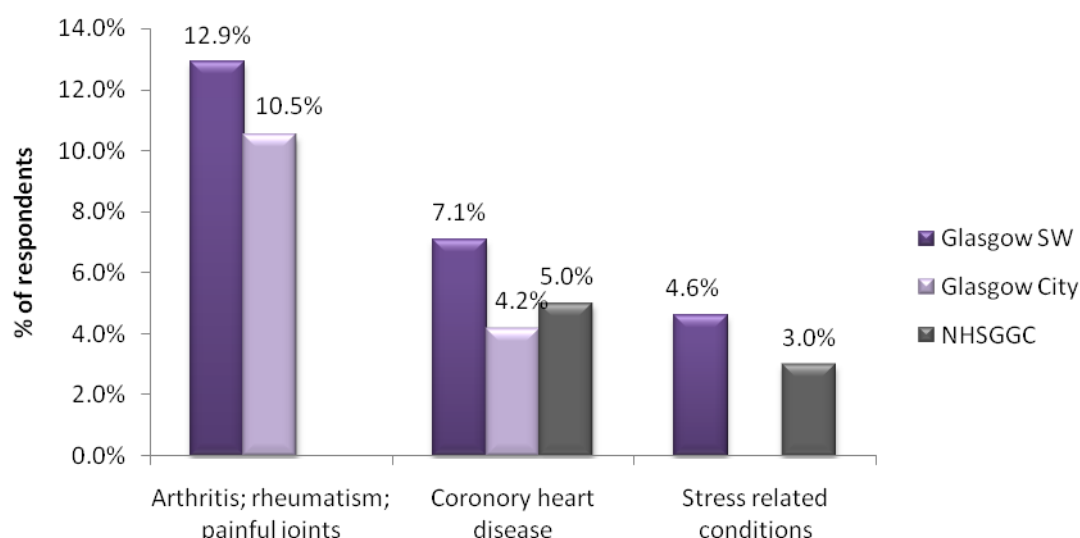
Figure 2.7: Conditions/Illnesses for Which Treatment is Being Received (Q2)



Comparison with Glasgow City and NHS Greater Glasgow & Clyde Area

Compared to both Glasgow City and the NHSGGC area as a whole, those in South West Glasgow were more likely to be receiving treatment for coronary heart disease. Those in South West Glasgow were more likely than those in Glasgow City as a whole to be receiving treatment for arthritis/rheumatism/painful joints, and more likely than those in the NHSGGC area as a whole to be receiving treatment for stress related conditions.

Figure 2.8: Conditions/Illnesses for Which Treatment is Being Received (Q2): Glasgow SW, Glasgow City 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, 15% of respondents had a GHQ12 score of four or more, indicating poor mental health.

Comparison with Glasgow City

Compared to Glasgow City as a whole, respondents in South West Glasgow were more likely to have a GHQ12 score of four or more, indicating poor mental health. This is shown in Figure 2.9.

Figure 2.9: Proportion with a High GHQ12 Score (4 or more): Glasgow SW and Glasgow City



The likelihood of having a high GHQ12 score approximately increased with age, ranging from 4% of 16-24 year olds to 28% of those aged 75 or over. Women were more likely than men to have a high GHQ12 score (18% of women; 12% of men).

Table 2.33: High GHQ12 Score (Q15) by Age and Gender

	High GHQ12 Score	Unweighted base (n)
Age:		
16-24	4%	101
25-34	10%	176
35-44	12%	166
45-54	23%	182
55-64	21%	169
65-74	16%	184
75+	28%	227
Men	12%	490
Women	18%	715
Men 16-44	7%	192
Women 16-44	10%	251
Men 45-64	19%	156
Women 45-64	26%	195
Men 65+	16%	142
Women 65+	25%	269
All	15%	1,205

High GHQ12 scores were more common for those in the most deprived areas, those in economically inactive households and those with no qualifications, as shown in Table 2.34.

Table 2.34: High GHQ12 Score (Q15) by Deprivation and Socio Economic Measures

	High GHQ12 Score	Unweighted base (n)
Bottom 15% datazones	20%	590
Other datazones	10%	615
Economically active household	10%	550
Economically inactive household	23%	428
At least one qualification	12%	849
No qualifications	24%	356

Table 2.35 shows that all three factors associated with social exclusion were associated with a higher likelihood of having a high GHQ12 score.

Table 2.35 High GHQ12 Score (Q15) by Factors Associated with Social Exclusion

	High GHQ12 Score	Unweighted base (n)
All income from benefits	26%	401
Feel isolated from friends/family	31%	94
Not in control of decisions affecting daily life, or only 'to some extent'	30%	433

Those with positive views of their health/wellbeing/quality of life were less likely to have a high GHQ12 score. Those more likely to have a high GHQ12 score were those with a limiting condition or illness, those who do not eat breakfast every day, smokers, those exposed to second hand smoke and those who consume fewer than five portions of fruit/vegetables per day.

Table 2.36: High GHQ12 Score (Q15) by Health and Wellbeing Measures

	High GHQ12 Score	Unweighted base (n)		High GHQ12 Score	Unweighted base (n)
Positive view of general health	5%	666	Second hand smoke	19%	470
Positive view of physical health	7%	815	Current smoker	20%	429
Positive view of mental/emotional wellbeing	7%	943	Consumes fewer than 5 portions of fruit/veg per day	17%	759
Positive view of quality of life	8%	934	Does not eat breakfast every day	25%	308
Limiting condition or illness	49%	346			

Warwick-Edinburgh Mental Wellbeing Scale (WEMWBS) Scores

The survey also used the Warkwick-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 Glasgow South West was 49.3.

Comparison with Glasgow City and NHS Greater Glasgow & Clyde Area

Those in South West Glasgow had lower mean WEMWBS scores than those in Glasgow City or the NHS Greater Glasgow and Clyde area as a whole (49.3 Glasgow SW; 50.4 Glasgow City; 50.4 NHSGGC).

Mean WEMWBS scores indicate that mental wellbeing approximately decreased with age, from 53.0 for those aged 16-24 to 45.1 for those aged 75 or over. Mean scores were higher for men (50.0) than women (48.6).

Table 2.37: Mean WEMWBS Score (Q16) by Age and Gender

	Mean WEMWBS Score	Unweighted base (n)
Age:		
16-24	53.0	101
25-34	52.7	176
35-44	50.1	166
45-54	46.5	182
55-64	46.7	169
65-74	46.9	184
75+	45.1	227
Men	50.0	490
Women	48.6	715
Men 16-44	52.4	192
Women 16-44	51.4	251
Men 45-64	47.6	156
Women 45-64	45.7	195
Men 65+	46.3	142
Women 65+	45.9	269
All	49.3	1,205

Those in economically active households and those with qualifications had higher mean WEMWBS scores, indicating better mental wellbeing. This is shown in Table 2.38.

Table 2.38: Mean WEMWBS Score (Q16) by Deprivation and Socio Economic Measures

	Mean WEMWBS Score	Unweighted base (n)
Economically active household	50.7	550
Economically inactive household	47.4	428
At least one qualification	50.0	849
No qualifications	47.1	356

Table 2.39 shows that those who received all household income from benefits and those who did not definitely feel in control of the decisions affecting their life tended to have lower WEMWBS scores, indicating poorer mental wellbeing.

Table 2.39: Mean WEMWBS Score (Q16) by Factors Associated with Social Exclusion

	Mean WEMWBS Score	Unweighted base (n)
All income from benefits	46.0	401
Not in control of decisions affecting daily life, or only 'to some extent'	45.2	433

Health and wellbeing factors associated with lower WEMWBS scores were:

- Having a high GHQ12 score;
- Having a limiting condition or illness;
- Not eating breakfast every day;
- Being obese
- Being a smoker; and
- Consuming fewer than five portions of fruit/vegetables per day.

Factors associated with a higher WEMWBS score were having a positive view of general health, physical health, mental/emotional wellbeing or quality of life. Those who exceeded with recommended weekly limit for alcohol and those who had been binge drinking in the last week also tended to have a higher WEMWBS score.

Table 2.40: Mean WEMWBS Score (Q16) by Health and Wellbeing Measures

	Mean WEMWBS Score	Unweighted base (n)		Mean WEMWBS Score	Unweighted base (n)
Positive view of general health	51.5	666	Current smoker	48.2	429
Positive view of physical wellbeing	51.2	815	Exceed weekly alcohol limit	53.4	70
Positive view of mental/ emotional wellbeing	51.1	943	Binge drinker	52.7	116
Positive view of quality of life	51.0	934	Obese	47.7	190
High GHQ12 Score	40.8	241	Consumes fewer than 5 portions of fruit/veg per day	48.8	759
Limiting condition or illness	43.0	346	Does not eat breakfast every day	47.3	308

2.6 Oral Health

Proportion of Own Teeth

Respondents were asked what proportion of their teeth were their own. Nearly nine in ten (88%) respondents said that they had all (56%) or some (32%) of their own teeth, while 12% had none of their own teeth.

The proportion with all or some of their own teeth ranged from 44% among those aged 75 or over to 100% of those aged 16-24.

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 met in South West Glasgow, with 4% of 45-54 year olds having no natural teeth.

Table 2.41: Proportion of Own Teeth (Q12) by Age and Gender

	All	Some	None	All/some	Unweighted base (n)
Age:					
16-24	96%	4%	0%	100%	101
25-34	88%	11%	1%	99%	174
35-44	74%	26%	1%	99%	166
45-54	43%	52%	4%	96%	180
55-64	23%	56%	22%	79%	168
65-74	7%	58%	36%	64%	184
75+	6%	39%	56%	44%	225
Men 16-44	91%	9%	<1%	100%	192
Women 16-44	80%	19%	<1%	100%	249
Men 45-64	35%	52%	13%	87%	154
Women 45-64	34%	55%	11%	89%	194
Men 65+	5%	50%	45%	55%	142
Women 65+	6%	49%	46%	54%	267
All	56%	32%	12%	88%	1,198

Those in economically inactive households and those with no qualifications were more likely to say that they had none of their own teeth. This is shown in Table 2.42.

Table 2.42: Proportion of Own Teeth (Q12) by Deprivation and Socio Economic Measures

	All	Some	None	All/some	Unweighted base (n)
Economically active household	71%	26%	2%	98%	546
Economically inactive household	40%	42%	19%	81%	427
At least one qualification	62%	31%	7%	93%	844
No qualifications	38%	36%	26%	74%	354

Those who receive all household income from benefits were less likely to have all/some of their own teeth.

Table 2.43: Proportion of Own Teeth (Q12) by Factors Associated with Social Exclusion

	All	Some	None	All/some	Unweighted base (n)
All income from benefits	43%	35%	22%	78%	400

Those with positive views of their health/ wellbeing/quality of life were more likely to have all or some of their own teeth. Those less likely to have any of their own teeth were those with a limiting condition/illness, those with a high GHQ12 score, obese people and those who consume fewer than five portions of fruit/vegetables per day.

Table 2.44: Proportion of Own Teeth (Q12) by Health and Wellbeing Measures

	All	Some	None	All/some	Unweighted base (n)
Positive view of general health	69%	25%	6%	94%	662
Positive view of physical wellbeing	64%	28%	7%	93%	808
Positive view of mental/emotional wellbeing	60%	30%	10%	90%	936
Positive view of quality of life	61%	29%	9%	91%	927
High GHQ12 Score	34%	45%	20%	80%	241
Limiting condition or illness	30%	42%	28%	72%	346
Obese	37%	44%	19%	81%	189
Consumes fewer than 5 portions of fruit/veg per day	55%	31%	14%	86%	754

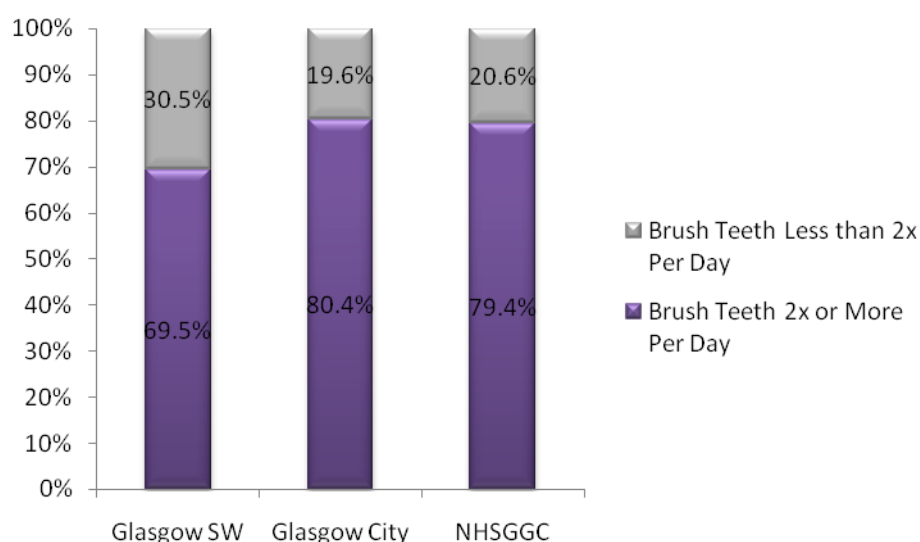
Frequency of Brushing Teeth

Those with at least some of their own teeth were asked how often they brushed their teeth. Seven in ten (69%) said they brushed their teeth at least twice a day.

Comparison with Glasgow City and NHS Greater Glasgow & Clyde Area

Those in South West Glasgow were less likely than those in Glasgow City or the NHS Greater Glasgow and Clyde area as a whole to brush their teeth twice or more per day.

Figure 2.10: Whether Brush Teeth Twice or More Per Day: Glasgow SW, Glasgow City and NHSGGC (all those with at least some of their own teeth)



Those aged 75 or over were less likely to brush their teeth twice or more per day, and those aged under 45 were more likely to do so.

Table 2.45: Brushes Teeth Twice or More Per Day (Q13) by Age and Gender

	Brushes Teeth 2x or more per day	Unweighted base (n)
Age:		
16-24	76%	101
25-34	78%	172
35-44	74%	165
45-54	61%	171
55-64	57%	130
65-74	63%	116
75+	53%	97
Men 16-44	73%	191
Women 16-44	80%	247
Men 45-64	54%	130
Women 45-64	64%	171
Men 65+	61%	73
Women 65+	57%	140
All	69%	1,205

Those in the most deprived areas, those in economically inactive households and those with no qualifications were less likely to brush their teeth twice or more per day.

Table 2.46: Brushes Teeth Twice or More Per Day (Q13) by Deprivation and Socio Economic Measures

	Brushes Teeth 2x or more per day	Unweighted base (n)
Bottom 15% datazones	65%	455
Other datazones	73%	497
Economically active household	73%	528
Economically inactive household	64%	327
At least one qualification	74%	730
No qualifications	51%	222

As Table 2.47 shows, respondents who received all household income from benefits and those who did not definitely feel in control of decisions affecting their lives were less likely to brush their teeth twice or more per day.

Table 2.47: Brushes Teeth Twice or More Per Day (Q13) by Factors Associated with Social Exclusion

	Brushes Teeth 2x or more per day	Unweighted base (n)
All income from benefits	53%	277
Not in control of decisions affecting daily life, or only 'to some extent'	57%	324

Table 2.48 shows that for health and wellbeing measures, those less likely to brush their teeth twice or more per day were those with a limiting condition/illness, obese people, those with a high GHQ12 score, those who consume fewer than five portions of fruit/vegetables per day, smokers and those who do not eat breakfast every day.

Binge drinkers and those with positive views of their health/wellbeing/quality of life were more likely to brush their teeth twice or more per day.

Table 2.48: Brushes Teeth Twice or More Per Day (Q13) by Health and Wellbeing Measures

	Brushes Teeth 2x or more per day	Unweighted base (n)		Brushes Teeth 2x or more per day	Unweighted base (n)
Positive view of general health	76%	584	Current smoker	62%	338
Positive view of physical health	73%	692	Binge drinker	79%	100
Positive view of mental/emotional wellbeing	73%	759	Obese	57%	141
Positive view of quality of life	72%	762	Consumes fewer than 5 portions of fruit/veg per day	60%	583
High GHQ12 Score	58%	177	Does not eat breakfast every day	63%	256
Limiting condition or illness	50%	223			

3 The Use of Health Services

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)	84.3%	1,204
Outpatient to see doctor at least once in last year (Q7d)	16.6%	1,203
Accident and emergency at least once in last year (Q7c)	7.5%	1,205
Hospital stay in last year (q7e)	10.9%	1,204
Seen Pharmacist for health advice in last year (Q7a)	15.1%	1,205
Contacted NHS24 in last year (Q7b)	13.5%	1,205
Used GP out of hours service (GEMS) in last year (q7f)	1.6%	1,205
Been to the dentist within past six months (Q11)	43.4%	1,020
Registered with a dentist (Q9)	74.2%	1,201
Difficulty reaching hospital for an appointment (Q14d)	3.8%	1,005
Difficulty getting GP appointment (Q14a)	6.4%	1,151
Difficulty getting hospital appointment (Q14c)	14.1%	777
Difficulty getting GP consultation within 48 hours (Q14f)	5.5%	819
Difficulty accessing health services in an emergency (Q14b)	4.9%	717
Difficulty getting dentist appointment (Q14e)	4.7%	911
Someone in home suffered accidental injury in last year (Q17)	4.2%	1,205

More than four in five (84%) respondents had visited a GP at least once in the last year. Those more likely to have done so were those aged 55 or over, those in the most deprived areas, those in economically inactive households, those with a high GHQ12 score, those with a limiting condition or illness and obese people.

One in six (17%) respondents had seen a doctor at hospital as an outpatient in the last year. Those more likely to have done so were those aged 65 or over, women, those in the most deprived areas, those in economically inactive households, those with no qualifications, those who received all household income from benefits, those with a limiting condition or illness, those with a high GHQ12 score, obese people and those exposed to second hand smoke.

One in thirteen (7%) respondents had visited accident and emergency in the last year. Those more likely to have done so were those aged under 35, those in the most deprived areas, those in economically inactive households, those receiving all household income from benefits, those who felt isolated from family and friends, those who exceed the recommended weekly limit for alcohol consumption, those with a limiting condition or illness, binge drinkers, obese people, those with a high GHQ12 score, smokers, those who do not eat breakfast every day and those exposed to second hand smoke.

One in nine (11%) had been admitted to hospital in the last year. Those more likely to have been admitted to hospital were women, those in the most deprived areas, those in economically inactive households, those with no qualifications, those who received all household income from benefits, those who felt isolated from family and friends, those with a limiting condition or illness and those with a high GHQ12 score.

One in seven (15%) had seen a pharmacist for health advice at least once in the last year. Those with qualifications were more likely to have done so.

One in seven (14%) had contacted NHS24 in the last year. Those more likely to have done so were women, those in the most deprived areas, those with no qualifications, obese people, those with a limiting condition or illness, those with a high GHQ12 score, those who do not eat breakfast every day, smokers and those who consume fewer than five portions of fruit/vegetables per day.

A small proportion (2%) of respondents had used the GP out of hours service in the last year.

Two in five (43%) respondents had visited the dentist within the last six months. Those less likely to have done so were older people, those with no qualifications, those who received all household income from benefits, those who did not definitely feel in control of the decisions affecting their life, smokers, those with a high GHQ12 score, those who do not eat breakfast every day and those exposed to second hand smoke.

Three in four (74%) respondents were registered with a dentist. Those less likely to be registered with a dentist were older people, those in the most deprived areas, those in economically inactive households, those with no qualifications, those who received all households income from benefits, those who did not definitely feel in control of the decisions affecting their life, those with a high GHQ12 score, those with a limiting condition or illness, smokers, those exposed to second hand smoke, those who do not eat breakfast every day and those who consume fewer than five portions of fruit/vegetables per day.

One in 26 (4%) respondents had difficulty travelling to hospital for an appointment. Those more likely to find this difficult were those in the most deprived areas, those in economically inactive households, those with no qualifications, those exhibiting factors associated with social exclusion, those with a high GHQ12 score, those with a limiting condition or illness and those who consume fewer than five portions of fruit/vegetables per day.

One in 15 (6%) had difficulty getting a GP appointment. Those more likely to find this difficult were women, those in the most deprived areas, those who felt isolated from family and friends and those with a high GHQ12 score.

One in seven (14%) had difficulty obtaining a hospital appointment. Those more likely to find this difficult were those in the most deprived areas, those with no qualifications, those who do not eat breakfast every day and those with a high GHQ12 score.

One in 18 (5%) had difficulty getting a GP consultation within 48 hours when needed.

One in 20 (5%) had difficulty accessing health services in an emergency. Those more likely to find this difficult were those who received all household income from benefits, those with a high GHQ12 score, obese people, those with a limiting condition or illness and those who do not eat breakfast every day.

One in 21 (5%) had difficulty getting a dentist appointment. Those aged 45-64 were more likely to find this difficult.

One in 24 (4%) respondents said that someone in their household had suffered an accidental injury at home in the last year. Those more likely to say this were those aged under 35, those in the most deprived areas, those in economically inactive households, those with no qualifications, those who received all household income from benefits, those who felt isolated from family and friends, those with a limiting condition or illness, those with a high GHQ12 score, smokers and those exposed to second hand smoke.

3.2 Use of Specific Health Services

General Practitioners (GPs)

More than four in five (84%) respondents had seen a GP at least once in the last year. Of those who had visited a GP, just over half (53%) had visited the GP either once (23%) or twice (31%) in the last year. The mean number of GP visits was 4.22.

Comparison with Glasgow City and NHS Greater Glasgow & Clyde Area

Compared with those in Glasgow City and in the NHS Greater Glasgow and Clyde area as a whole, those in South West Glasgow were more likely to have seen a GP in the last year.

Figure 3.1: Whether Seen GP at Least Once in Last Year: Glasgow SW, Glasgow City and NHSGGC

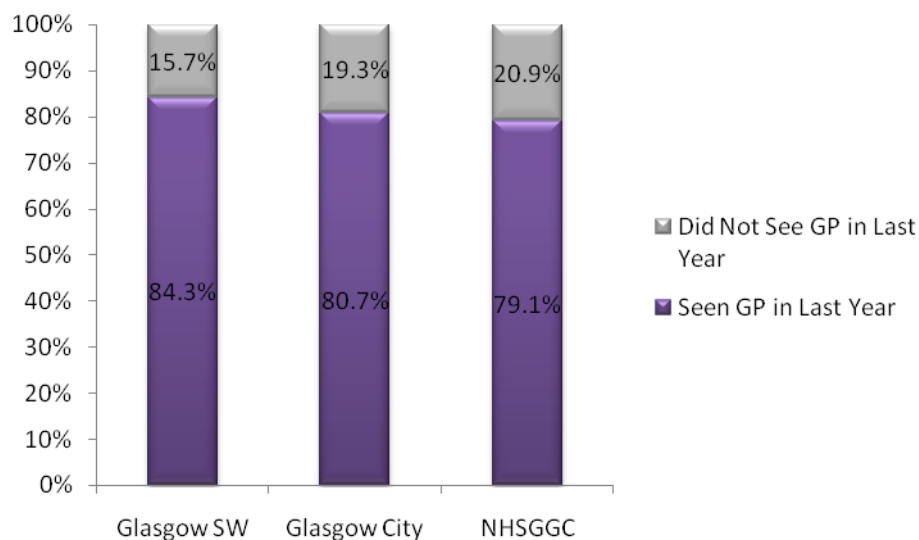


Table 3.2 shows that those aged 55 or over were more likely to have seen a GP in the last year, and those aged 16-24 were the least likely.

Table 3.2: Seen GP at Least Once and Mean Number of Visits (Q6a) by Age and Gender

	% at least once	Mean number of visits	Unweighted base (n)
Age:			
16-24	73%	3.59	101
25-34	82%	3.46	176
35-44	87%	3.38	165
45-54	81%	5.18	182
55-64	91%	4.94	169
65-74	93%	5.02	184
75+	91%	4.67	227
Men 16-44	79%	2.70	192
Women 16-44	83%	4.19	250
Men 45-64	88%	4.27	156
Women 45-64	84%	5.87	195
Men 65+	93%	4.74	142
Women 65+	93%	4.92	269
All	84%	4.22	1,204

Those in the most deprived areas and those in economically inactive households were more likely to have seen a GP in the last year. Also, among those who had seen a GP in the last year, those in the most deprived areas and those in economically inactive households tended to have made more visits.

Table 3.3: Seen GP at Least Once and Mean Number of Visits (Q6a) by Deprivation and Socio Economic Measures

	% at least once	Mean number of visits	Unweighted base (n)
Bottom 15% datazones	88%	4.54	589
Other datazones	80%	3.89	615
Economically active household	81%	3.30	549
Economically inactive household	89%	5.86	428

Those with positive views of their health and wellbeing and those exposed to second hand smoke were less likely to have visited a GP in the last year. Those more likely to have visited a GP in the last year were those with a high GHQ12 score, those with a limiting condition or illness and obese people.

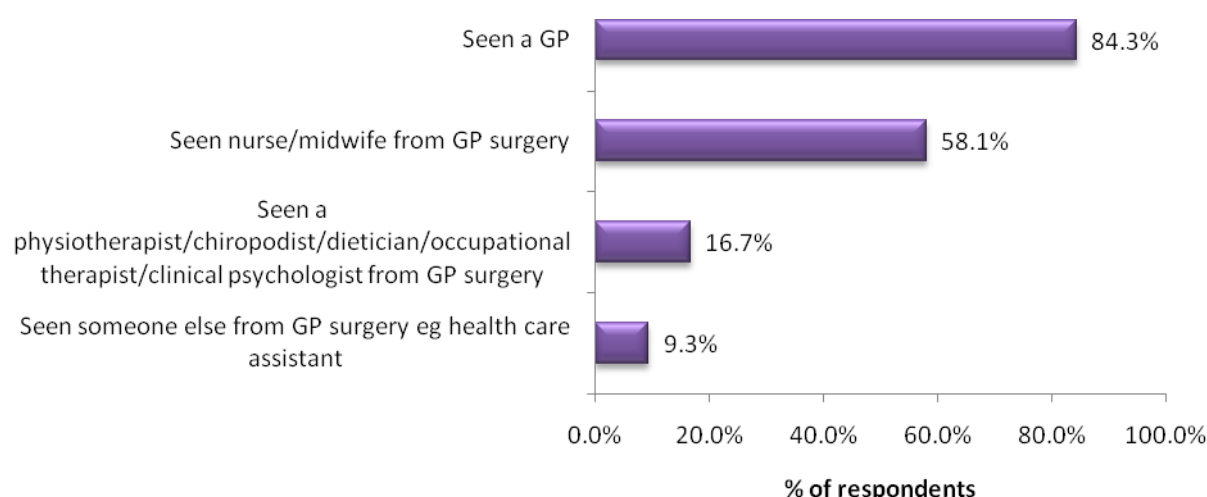
Table 3.4: Seen GP at Least Once and Mean Number of Visits (Q6a) by Health and Wellbeing Measures

	% at least once	Mean number of visits	Unweighted base (n)
Positive view of general health	80%	2.80	665
Positive view of physical wellbeing	81%	3.49	814
Positive view of mental/emotional wellbeing	83%	3.75	942
High GHQ12 Score	95%	6.63	241
Limiting condition or illness	93%	7.79	346
Second hand smoke	80%	4.82	470
Obese	91%	6.18	189

Other Uses of GP Surgery

Figure 3.2 below shows the extent of other uses of GP surgeries in the last year. In addition to the 84% of respondents who had seen a GP in the last year, 58% had seen a nurse or midwife from the GP surgery (mean number of visits was 2.76). One in six (17%) had seen staff such as physiotherapist, chiropodist, dietician, occupational therapist or clinical psychologist (mean number of visits was 2.77). Also, 9% had seen some other type of staff at a GP surgery (mean number of visits was 1.70).

Figure 3.2: Seen Specific GP Practice Staff in Last Year (Q6)



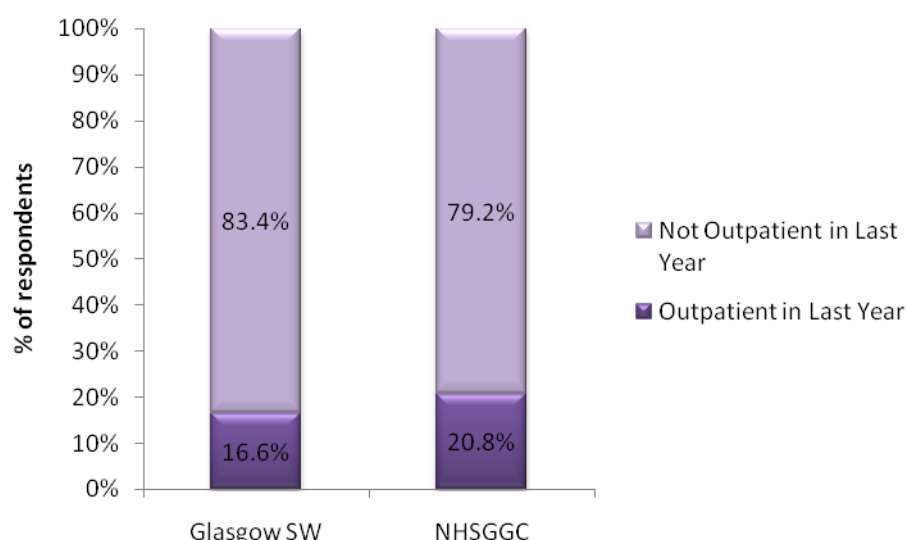
Outpatients

One in six (17%) 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 2.83.

Comparison with NHS Greater Glasgow & Clyde Area

Respondents in South West Glasgow were less likely than those in the NHS Greater Glasgow and Clyde area as a whole to have visited hospital as an outpatient in the last year (17% Glasgow SW; 21% NHSGGC).

Figure 3.3: Whether Visited Hospital as an Outpatient in Last Year: Glasgow SW and NHSGGC



Those aged under 45 were the least likely to have visited hospital as an outpatient, and those aged 65 and over were the most likely to have done so. Also, women were more likely than men to have been a hospital outpatient in the last year. This is shown in Table 3.5.

Table 3.5: Visited Hospital as an Outpatient at Least Once and Mean Number of Visits (Q7d) by Age and Gender

	% at least once	Mean number of visits	Unweighted base (n)
Age:			
16-24	11%	1.88	101
25-34	12%	2.38	176
35-44	12%	1.73	166
45-54	18%	2.87	181
55-64	21%	5.57	168
65-74	29%	2.49	184
75+	24%	2.24	227
Men	13%	3.75	490
Women	20%	2.30	713
Men 16-44	6%	2.09	192
Women 16-44	17%	1.97	251
Men 45-64	17%	6.10	156
Women 45-64	21%	2.55	193
Men 65+	29%	2.16	142
Women 65+	26%	2.53	269
All	17%	2.83	1,203

Those living in the most deprived areas, those in economically inactive households and those with no qualifications were more likely than others to have been a hospital outpatient in the last year.

Table 3.6: Visited Hospital as an Outpatient at Least Once and Mean Number of Visits (Q7d) by Deprivation and Socio Economic Measures

	% at least once	Mean number of visits	Unweighted base (n)
Bottom 15% datazones	20%	3.05	589
Other datazones	14%	2.53	614
Economically active household	10%	2.01	549
Economically inactive household	28%	3.62	427
At least one qualification	14%	2.39	848
No qualifications	25%	3.61	355

Those who received all household income from benefits were more likely to have been a hospital outpatient in the last year.

Table 3.7: Visited Hospital as an Outpatient at Least Once and Mean Number of Visits (Q7d) by Factors Associated with Social Exclusion

	% at least once	Mean number of visits	Unweighted base (n)
All income from benefits	22%	3.82	400

Table 3.8 shows that for health and wellbeing measures, those more likely to have been a hospital outpatient in the last year were those with a limiting condition or illness, those with a high GHQ12 score, obese people and those exposed to second hand smoke. Those with positive views of their health/wellbeing/quality of life were less likely to have visited a hospital as an outpatient in the last year.

Table 3.8: Visited Hospital as an Outpatient at Least Once and Mean Number of Visits (Q7d) by Health and Wellbeing Measures

	% at least once	Mean number of visits	Unweighted base (n)
Positive view of general health	7%	3.58	666
Positive view of physical wellbeing	10%	2.35	815
Positive view of mental/emotional wellbeing	12%	2.49	942
Positive view of quality of life	12%	2.45	934
High GHQ12 Score	40%	3.41	240
Limiting condition or illness	45%	3.45	344
Second hand smoke	20%	3.04	469
Obese	30%	3.87	190

Accident and Emergency

One in thirteen (7%) respondents had been to accident and emergency in the last year. Of those who had visited accident and emergency, 71% had been once in the last year and the mean number of visits was 1.75.

Those aged under 35 were more likely to have visited A&E in the last year.

Table 3.9: Visited Accident and Emergency at Least Once and Mean Number of Visits (Q7c) by Age

	% at least once	Mean number of visits	Unweighted base (n)
Age:			
16-24	14%	1.20	101
25-34	10%	1.28	176
35-44	3%	1.11	166
45-54	7%	1.53	182
55-64	4%	5.87	169
65-74	8%	2.46	184
75+	6%	1.95	227
All	7%	1.75	1,205

Those in the most deprived areas and those in economically inactive households were more likely to have visited A&E in the last year.

Table 3.10: Visited Accident and Emergency at Least Once and Mean Number of Visits (Q7c) by Deprivation and Socio Demographic Measures

	% at least once	Mean number of visits	Unweighted base (n)
Bottom 15% datazones	14%	1.70	590
Other datazones	2%	2.17	615
Economically active households	6%	1.24	550
Economically inactive households	11%	2.33	428

Those who received all household income from benefits and those who felt isolated from family or friends were more likely than others to have visited accident and emergency in the last year.

Table 3.11: Visited Accident and Emergency at Least Once and Mean Number of Visits (Q7c) by Factors Associated with Social Exclusion

	% at least once	Mean number of visits	Unweighted base (n)
All income from benefits	12%	2.18	401
Feel isolated from family/friends	18%	1.74	94

Those with positive views of their health and wellbeing were less likely to have visited A&E in the last year. Those more likely to have visited A&E were:

- Those who exceed the recommended weekly limit for alcohol consumption;
- Those with a limiting condition or illness;
- Binge drinkers;
- Obese people;
- Those with a high GHQ12 score;
- Smokers;
- Those who do not eat breakfast every day; and
- Those exposed to second hand smoke.

Table 3.12: Visited Accident and Emergency at Least Once and Mean Number of Visits (Q7c) by Health and Wellbeing Measures

	% at least once	Mean number of visits	Unweighted base (n)
Positive view of general health	5%	1.91	666
Positive view of physical wellbeing	6%	1.32	815
Positive view of mental/emotional wellbeing	6%	1.49	943
High GHQ12 score	13%	2.60	241
Limiting condition or illness	14%	2.24	346
Second hand smoke	10%	2.05	470
Current smoker	12%	1.82	429
Exceed weekly limit for alcohol	18%	3.78	70
Binge drinker	14%	2.85	116
Obese	14%	3.17	190
Does not eat breakfast every day	12%	1.82	308

Hospital Admissions

One in nine (11%) respondents had been admitted to hospital at least once in the last year. Of those who had been admitted to hospital, 73% had been admitted once in the last year, and the mean number of admissions was 1.63.

Women were more likely than men to have been admitted to hospital in the last year (14% of women; 8% of men).

Table 3.13: Admitted to Hospital at Least Once and Mean Number of Visits (Q7e) by Age and Gender

	% at least once	Mean number of admissions	Unweighted base (n)
Men	8%	1.76	490
Women	14%	1.56	714
Men 16-44	5%	2.20	192
Women 16-44	12%	1.36	251
Men 45-64	8%	1.61	156
Women 45-64	14%	1.94	194
Men 65+	16%	1.41	142
Women 65+	18%	1.50	269
All	11%	1.63	1,204

Respondents in the most deprived areas, those in economically inactive households and those with no qualifications were more likely to have been admitted to hospital in the last year.

Table 3.14: Admitted to Hospital at Least Once and Mean Number of Visits (Q7e) by Deprivation and Socio Economic Measures

	% at least once	Mean number of admissions	Unweighted base (n)
Bottom 15% datazones	13%	1.64	589
Other datazones	9%	1.61	615
Economically active household	8%	1.71	549
Economically inactive household	15%	1.67	428
At least one qualification	9%	1.67	848
No qualifications	16%	1.56	356

Those who received all household income from benefits and those who felt isolated from family and friends were more likely to have been admitted to hospital in the last year.

Table 3.15: Admitted to Hospital at Least Once and Mean Number of Visits (Q7e) by Factors Associated with Social Exclusion

	% at least once	Mean number of visits	Unweighted base (n)
All income from benefits	16%	1.52	401
Feel isolated from family/friends	23%	1.48	94

Those with positive views of their health/wellbeing/quality of life were less likely to have been admitted to hospital in the last year. Those with a limiting condition or illness and those with a high GHQ12 score were more likely to have been admitted to hospital.

Table 3.16: Admitted to Hospital at Least Once and Mean Number of Visits (Q7e) by Health and Wellbeing Measures

	% at least once	Mean number of admissions	Unweighted base (n)
Positive view of general health	5%	1.22	666
Positive view of physical wellbeing	6%	1.46	815
Positive view of mental/emotional wellbeing	8%	1.59	942
Positive view of quality of life	8%	1.48	934
High GHQ12 Score	26%	1.80	241
Limiting condition or illness	27%	1.85	345

Use of Pharmacy for Health Advice

One in seven (15%) respondents had seen a pharmacist for health advice in the last year. Of those who had done so, 79% had done so only once, and the mean number of visits to the pharmacist was 1.89.

Those with no qualifications were less likely to have sought health advice from a pharmacist in the last year.

Table 3.17: Seen Pharmacist for Health Advice at Least Once and Mean Number of Visits (Q7a) by Deprivation and Socio Economic Measures

	% at least once	Mean number of visits	Unweighted base (n)
At least one qualification	17%	1.49	849
No qualifications	10%	1.83	356

For health and wellbeing measures those more likely to have consulted a pharmacist were those who exceeded the recommended weekly limit for alcohol consumption and binge drinkers.

Table 3.18: Seen Pharmacist for Health Advice Least Once and Mean Number of Visits (Q7a) by Health and Wellbeing Measures

	% at least once	Mean number of visits	Unweighted base (n)
Exceeds weekly alcohol limit	23%	1.44	70
Binge drinker	21%	1.70	116

Contacting NHS24

One in seven (14%) respondents had contacted NHS24 at least once in the last year. Of those who had contacted NHS24, 73% had done so just once, and the mean number of contacts was 1.64.

Overall, women were more likely than men to have contacted NHS24, although this was only true for those under the age of 45. This is shown in Table 3.19

Table 3.19: Contacted NHS24 at Least Once and Mean Number of Visits (Q7b) by Age and Gender

	% at least once	Mean number of contacts	Unweighted base (n)
Men	10%	2.01	490
Women	17%	1.43	715
Men 16-44	9%	1.22	192
Women 16-44	23%	1.51	251
Men 45-64	13%	3.14	156
Women 45-64	12%	1.32	195
Men 65+	7%	1.65	142
Women 65+	9%	1.17	269
All	14%	1.64	1,205

Those in the most deprived areas and those with no qualifications were more likely to have contacted NHS24 in the last year.

Table 3.20: Contacted NHS24 at Least Once and Mean Number of Visits (Q7b) by Deprivation and Socio Demographic Measures

	% at least once	Mean number of contacts	Unweighted base (n)
Bottom 15% datazones	17%	1.84	590
Other datazones	10%	1.30	615
At least one qualification	12%	1.40	849
No qualifications	19%	2.12	356

Those who did not definitely feel in control of the decisions affecting their life were less likely to have contacted NHS24 in the last year.

Table 3.21: Contacted NHS24 at Least Once and Mean Number of Visits (Q7b) by Factors Associated with Social Exclusion

	% at least once	Mean number of contacts	Unweighted base (n)
Not in control of decisions affecting daily life, or only 'to some extent'	9%	1.26	433

Those with a positive view of their general health were less likely to have contacted NHS24 in the last year. Those more likely to have done so were:

- Obese people;
- Those with a limiting condition or illness;
- Those with a high GHQ12 score;
- Those who do not eat breakfast every day;
- Smokers; and
- Those who consume fewer than five portions of fruit/vegetables per day.

Table 3.22: Contacted NHS24 at Least Once and Mean Number of Visits (Q7b) by Health and Wellbeing Measures

	% at least once	Mean number of contacts	Unweighted base (n)
Positive view of general health	11%	1.73	666
High GHQ12 score	20%	2.05	241
Limiting condition/illness	21%	1.93	346
Current smoker	18%	1.86	429
Obese	24%	2.09	190
Consumes fewer than 5 portions of fruit/veg per day	17%	1.71	759
Does not eat breakfast every day	20%	1.89	308

Use of GP Out of Hours Service

A small proportion (2%) 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 1.34.

Comparison with Glasgow City and NHS Greater Glasgow & Clyde Area

Those in South West Glasgow were less likely than those in Glasgow City or the NHS Greater Glasgow and Clyde area as a whole to have used the GP out of hours service in the last year (2% Glasgow South West; 3% Glasgow City; 3% NHSGGC).

3.3 Dental Services

Frequency of Visits to the Dentist

Of those who were able to say when they last visited the dentist, 43% said that they had visited the dentist within the last six months, 33% had visited the dentist between six and 15 months ago, and 24% had last visited the dentist over 15 months ago.

Comparison with NHS Greater Glasgow & Clyde Area

As Figure 3.4 shows, those in South West Glasgow were less likely than those in the NHSGGC area as a whole to have visited the dentist within the last six months (43% Glasgow SW; 51% NHSGGC).

Figure 3.4: When Last Visited Dentist: Glasgow SW and NHSGGC

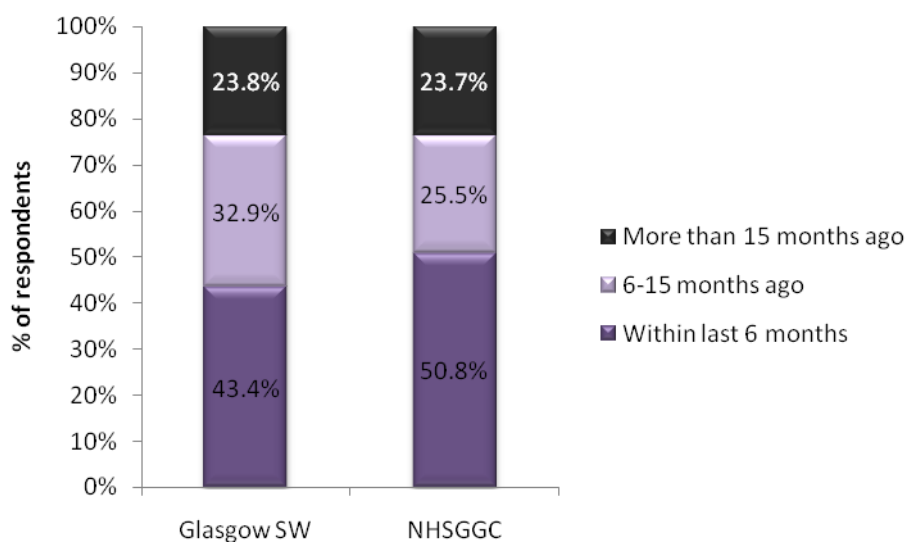


Table 3.23 shows that those in the oldest age groups were least likely to have visited the dentist within the last six months.

Table 3.23: When Last Visited Dentist (Q11) by Age and Gender

	Within Last 6 Months	6-15 months ago	Over 15 months ago	Unweighted base (n)
Age:				
16-24	45%	33%	23%	94
25-34	43%	33%	24%	167
35-44	58%	31%	11%	155
45-54	40%	40%	21%	170
55-64	42%	27%	31%	154
65-74	34%	34%	31%	136
75+	23%	30%	48%	144
Men 16-44	41%	36%	23%	175
Women 16-44	56%	29%	15%	241
Men 45-64	40%	37%	23%	143
Women 45-64	41%	32%	27%	181
Men 65+	34%	34%	32%	99
Women 65+	27%	30%	43%	181
All	43%	33%	24%	1,020

Table 3.24 shows that those with at least one qualification were more likely to have visited the dentist in the last six months.

Table 3.24: When Last Visited Dentist (Q11) by Deprivation and Socio Economic Measures

	Within Last 6 Months	6-15 months ago	Over 15 months ago	Unweighted base (n)
At least one qualification	47%	33%	20%	757
No qualifications	30%	34%	36%	263

Those who received all household income from benefits and those who did not definitely feel in control of the decisions affecting their life were less likely to have visited the dentist within the last six months. This is shown in Table 3.25.

Table 3.25: When Last Visited Dentist (Q11) by Factors Associated with Social Exclusion

	Within Last 6 Months	6-15 months ago	Over 15 months ago	Unweighted base (n)
All income from benefits	36%	29%	35%	314
Not in control of decisions affecting daily life, or only 'to some extent'	33%	32%	35%	355

Those with positive views of their health/wellbeing/quality of life were more likely to have visited the dentist within the last six months. Those less likely to have done so were smokers, those with a high GHQ12 score, those who do not eat breakfast every day and those exposed to second hand smoke.

Table 3.26: When Last Visited Dentist (Q11) by Health and Wellbeing Measures

	Within Last 6 Months	6-15 months ago	Over 15 months ago	Unweighted base (n)
Positive view of general health	47%	33%	20%	588
Positive view of physical wellbeing	46%	34%	20%	711
Positive view of mental/emotional wellbeing	45%	35%	20%	795
Positive view of quality of life	45%	34%	20%	798
High GHQ12 Score	36%	30%	34%	199
Second hand smoke	38%	31%	31%	395
Current smoker	33%	36%	31%	350
Does not eat breakfast every day	37%	31%	32%	270

Registration with a Dentist

Three in four (74%) respondents said they were registered with a dentist. Of those who were registered with a dentist, 93% received NHS treatment while 7% received private treatment.

Those in the older age groups were less likely to be registered with a dentist, with less than half (44%) of those aged 75 or over being registered.

Table 3.27: Registered with a Dentist (Q9) by Age and Gender

	Registered with a dentist	Unweighted base (n)
Age:		
16-24	69%	101
25-34	77%	176
35-44	89%	166
45-54	87%	181
55-64	73%	168
65-74	55%	183
75+	44%	226
Men 16-44	71%	192
Women 16-44	86%	251
Men 45-64	82%	155
Women 45-64	80%	194
Men 65+	52%	142
Women 65+	48%	267
All	74%	1,201

Table 3.28 shows that those in the most deprived areas, those in economically active households and those with at least one qualification were more likely to be registered with a dentist.

Table 3.28: Registered with a Dentist (Q9) by Deprivation and Socio Economic Measures

	Registered with a dentist	Unweighted base (n)
Bottom 15% datazones	71%	588
Other datazones	78%	613
Economically active household	80%	549
Economically inactive household	71%	426
At least one qualification	78%	849
No qualifications	62%	352

Table 3.29 shows that those who received all income from benefits and those who did not feel definitely in control of the decisions affecting their life were less likely to be registered with a dentist.

Table 3.29: Registered with a Dentist (Q9) by Factors Associated with Social Exclusion

	Registered with a dentist	Unweighted base (n)
All income from benefits	63%	398
Not in control of decisions affecting daily life, or only 'to some extent'	63%	431

Those with positive views of their health/wellbeing/quality of life were more likely to be registered with a dentist. Those less likely to be registered with a dentist were those with a high GHQ12 score, those with a limiting condition or illness, smokers, those exposed to second hand smoke, those who do not eat breakfast every day and those who consume fewer than five portions of fruit/vegetables per day.

Table 3.30: Registered with a Dentist (Q9) by Health and Wellbeing Measures

	Registered with a dentist	Unweighted base (n)		Registered with a dentist	Unweighted base (n)
Positive view of general health	77%	666	Limiting condition/illness	66%	344
Positive view of physical wellbeing	78%	811	Second hand smoke	69%	467
Positive view of mental/emotional wellbeing	77%	940	Current smoker	68%	427
Positive view of quality of life	76%	931	Consumes fewer than 5 portions of fruit/veg per day	71%	757
High GHQ12 Score	66%	240	Does not eat breakfast every day	69%	306

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, three in five (59%) felt that they had 'definitely' been given adequate information about their condition or treatment, 38% felt that they had 'to some extent', and 3% felt that they had not.

Encouragement to Participate in Decisions Affecting Health or Treatment

Nine in ten (91%) 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 (50%) or to some extent (41%).

Comparison with Glasgow City and NHS Greater Glasgow & Clyde Area

Figure 3.5 shows that those in South West Glasgow were more likely than those in Glasgow City and the NHSGGC area as a whole to feel that they were encouraged to participate in decisions affecting their health or treatment.

Figure 3.5: Whether Encouraged to Participate in Decisions Affecting Health or Treatment: Glasgow SW, Glasgow City and NHSGGC



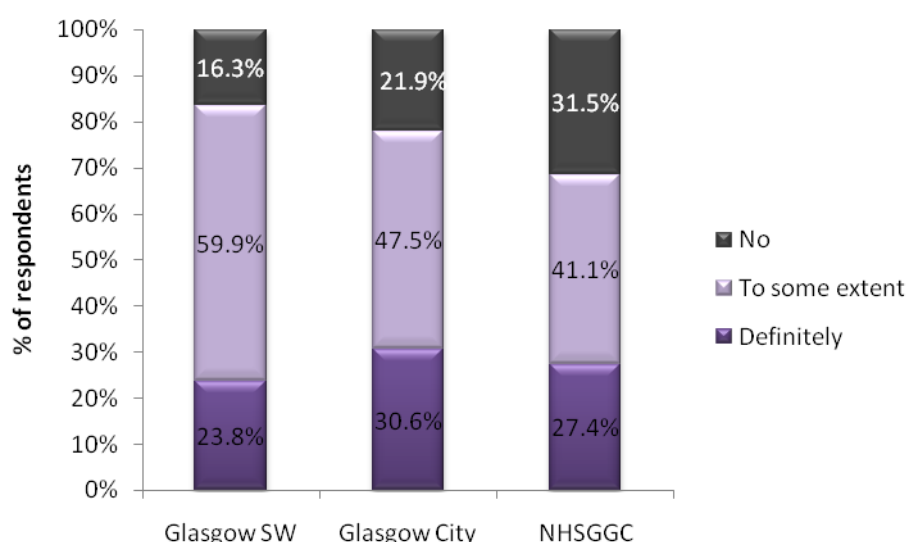
Having a Say in How Health Services are Delivered

Four in five (84%) 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 (24%) or to some extent (60%).

Comparison with Glasgow City and NHS Greater Glasgow & Clyde Area

Compared to those in Glasgow City and the NHS Greater Glasgow and Clyde area as a whole, those in South West Glasgow were more likely to feel that they had a say in how health services are delivered, at least to some extent. This is shown in Figure 3.6.

Figure 3.6: Whether Have a Say in How Health Services are Delivered: Glasgow SW, Glasgow City and NHSGGC



Feel that Views and Circumstances are Understood and Valued

Four in five (84%) of those who had used health services in the last year felt that their views and circumstances were understood and valued, either definitely (37%) or to some extent (47%).

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

More than four in five (85%) respondents indicated that they found it easy to travel to hospital for an appointment, while 11% found it neither difficult nor easy and 4% found it difficult.

Comparison with Glasgow City and NHS Greater Glasgow & Clyde Area

As Figure 3.7 shows, those in South West Glasgow were more likely than those in Glasgow City and the NHS Greater Glasgow & Clyde area as a whole to find it easy to travel to hospital for an appointment.

Figure 3.7: Difficulty/Ease of Travelling to Hospital for an Appointment: Glasgow SW, Glasgow City and NHSGGC



Table 3.31 shows that those in the most deprived areas, those in economically inactive households and those with no qualifications were more likely to report having difficulty travelling to hospital for an appointment.

Table 3.31: Difficulty/Ease of Travelling to Hospital for an Appointment (Q14d) by Deprivation and Socio Economic Measures

	Difficult	Neither	Easy	Unweighted base (n)
Bottom 15% datazones	6%	14%	80%	486
Other datazones	2%	8%	90%	519
Economically active household	3%	9%	88%	429
Economically inactive household	6%	15%	79%	380
At least one qualification	3%	9%	88%	698
No qualifications	6%	19%	76%	307

Table 3.32 shows that all three factors associated with social exclusion were associated with a higher likelihood of having difficulty travelling to hospital for an appointment.

Table 3.32: Difficulty/Ease of Travelling to Hospital for an Appointment (Q14d) by Factors Associated with Social Exclusion

	Difficult	Neither	Easy	Unweighted base (n)
All income from benefits	7%	19%	74%	336
Feel isolated from family/friends	10%	14%	76%	79
Not in control of decisions affecting daily life, or only 'to some extent'	6%	16%	78%	322

Those with positive view of their health/wellbeing/quality of life were less likely to have difficulty travelling to hospital for an appointment. Those more likely to find it difficult to travel to hospital were those with a high GHQ12 score, those with a limiting condition or illness and those who consume fewer than five portions of fruit/vegetables per day.

Table 3.33: Difficulty/Ease of Travelling to Hospital for an Appointment (Q14d) by Health and Wellbeing Measures

	Difficult	Neither	Easy	Unweighted base (n)
Positive view of general health	2%	9%	89%	534
Positive view of physical wellbeing	3%	8%	89%	657
Positive view of mental/emotional wellbeing	3%	8%	89%	789
Positive view of quality of life	3%	9%	88%	777
High GHQ12 score	11%	17%	72%	212
Limiting condition or illness	9%	18%	74%	315
Consumes fewer than 5 portions of fruit/veg per day	5%	13%	82%	595

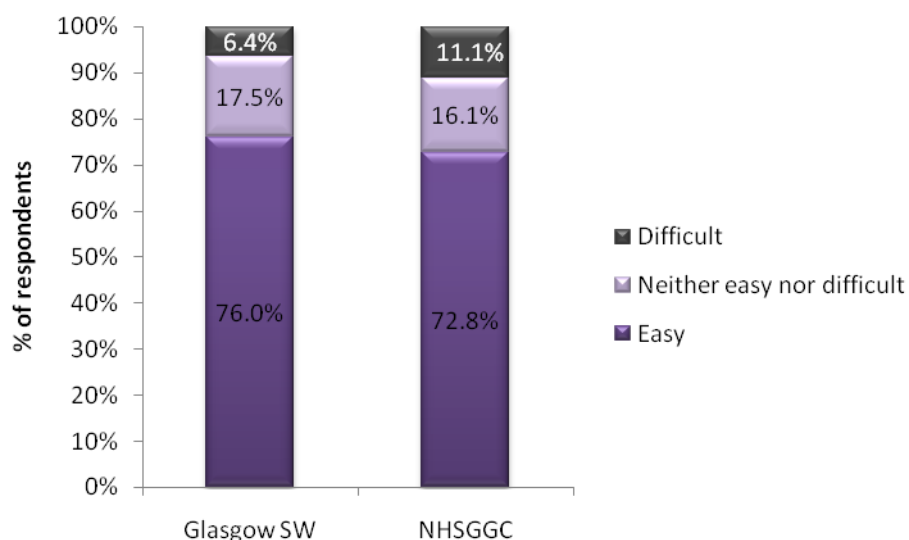
Getting a GP appointment

One in 15 (6%) respondents said that it was difficult to obtain an appointment to see their GP, 18% said that it was neither easy nor difficult and 76% said that it was easy.

Comparison with NHS Greater Glasgow & Clyde Area

Compared to those in the NHS Greater Glasgow and Clyde area as a whole, those in South West Glasgow were less likely to report having difficulty getting an appointment to see their GP (6% Glasgow SW; 11% NHSGGC).

Figure 3.8 Difficulty/Ease of Getting Appointment to see GP: Glasgow SW and NHSGGC



Men were more likely than women to find it easy to get an appointment to see their GP.

Table 3.34: Difficulty/Ease of Getting Appointment to See GP (Q14a) by Age and Gender

	Difficult	Neither	Easy	Unweighted base (n)
Men	5%	15%	81%	457
Women	8%	20%	72%	694
Men 16-44	5%	12%	82%	174
Women 16-44	10%	17%	74%	242
Men 45-64	3%	19%	78%	147
Women 45-64	7%	28%	64%	194
Men 65+	5%	15%	80%	136
Women 65+	5%	17%	78%	258
All	6%	18%	76%	1,151

Those in the most deprived areas were more likely to have difficulty getting an appointment to see their GP. This is shown in Table 3.35.

Table 3.35: Difficulty/Ease of Getting Appointment to See GP (Q14a) by Deprivation and Socio Economic Measures

	Difficult	Neither	Easy	Unweighted base (n)
Bottom 15% datazones	8%	20%	72%	560
Other datazones	5%	15%	80%	591

Those who felt isolated from family and friends were more likely to have difficulty getting an appointment to see their GP.

Table 3.36: Difficulty/Ease of Getting Appointment to See GP (Q14a) by Factors Associated with Social Exclusion

	Difficult	Neither	Easy	Unweighted base (n)
Feel isolated from friends/family	15%	13%	73%	87

Those with a high GHQ12 score were more likely to find it difficult to get an appointment to see their GP.

Table 3.37: Difficulty/Ease of Getting Appointment to See GP (Q14a) by Health and Wellbeing Measures

	Difficult	Neither	Easy	Unweighted base (n)
Positive view of general health	5%	15%	80%	627
Positive view of mental/emotional wellbeing	6%	15%	79%	901
Positive view of quality of life	6%	16%	78%	891
High GHQ12 score	14%	21%	66%	228

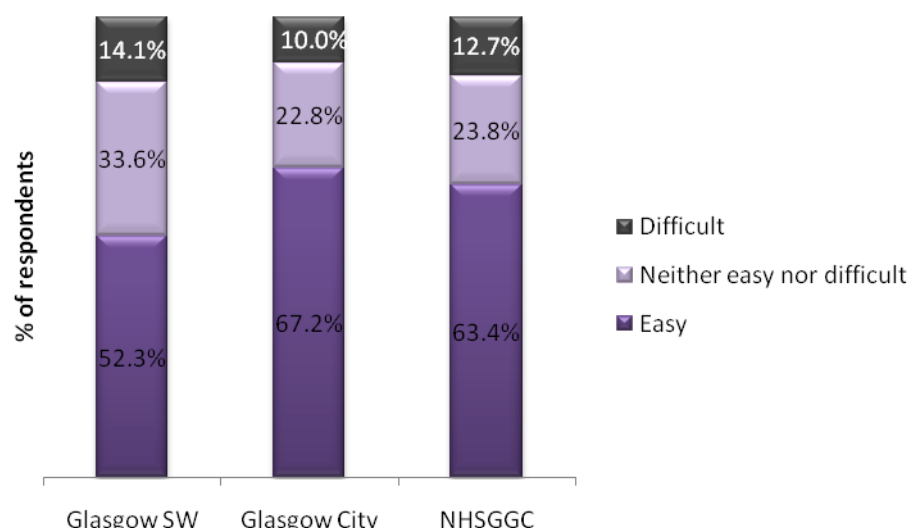
Obtaining an Appointment at the Hospital

One in seven (14%) respondents said that it was difficult to obtain a hospital appointment, 34% said that it was neither easy nor difficult and 52% said that it was easy.

Comparison with Glasgow City and NHS Greater Glasgow & Clyde Area

Compared to those in Glasgow City and the NHS Greater Glasgow and Clyde area as a whole, those in South West Glasgow were less likely to say it was easy to obtain a hospital appointment (52% Glasgow SW; 67% NHSGGC).

Figure 3.9: Difficulty/Ease of Obtaining Hospital Appointment: Glasgow SW, Glasgow City and NHSGGC



Those in the most deprived areas and those with no qualifications were more likely to have difficulty obtaining a hospital appointment.

Table 3.38: Difficulty/Ease of Obtaining Hospital Appointment (Q14c) by Deprivation and Socio Economic Measures

	Difficult	Neither	Easy	Unweighted base (n)
Bottom 15% datazones	18%	36%	46%	385
Other datazones	11%	31%	58%	392
At least one qualification	13%	37%	50%	508
No qualifications	16%	25%	59%	269

Those who do not eat breakfast every day and those with a high GHQ12 score were more likely to say it was difficult to obtain a hospital appointment.

Table 3.39: Difficulty/Ease of Obtaining Hospital Appointment (Q14c) by Health and Wellbeing Measures

	Difficult	Neither	Easy	Unweighted base (n)
High GHQ12 score	19%	43%	38%	179
Does not eat breakfast every day	20%	33%	47%	184

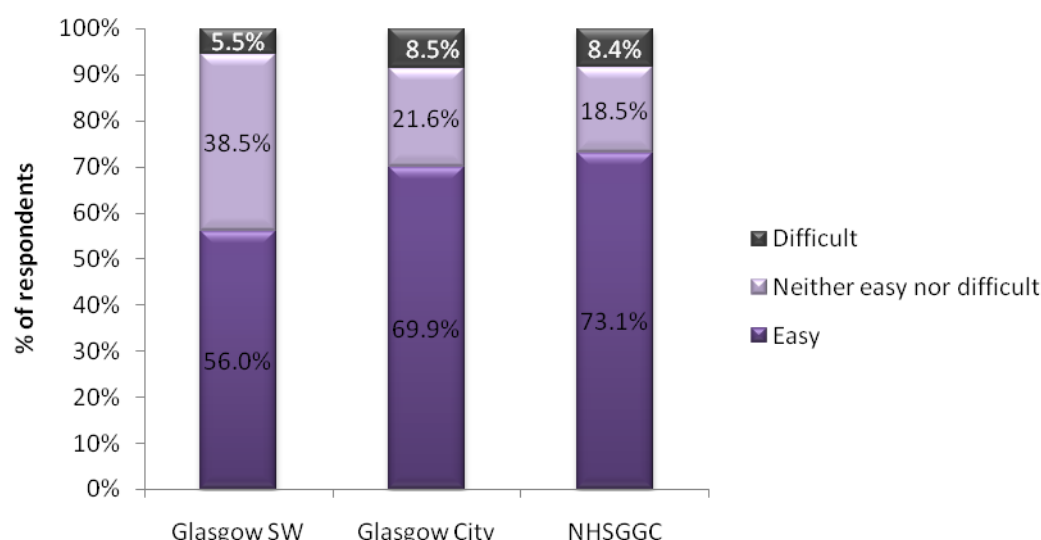
Getting a Consultation at GP Surgery within 48 Hours

Respondents were asked how easy or difficult it was to get a consultation with someone at their GP surgery within 48 hours when needed. More than half (56%) said that it was easy, 39% said that it was neither easy nor difficult and 5% said that it was difficult.

Comparison with Glasgow City NHS Greater Glasgow & Clyde Area

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

Figure 3.10: Difficulty/Ease of Getting a Consultation at GP Surgery within 48 Hours: Glasgow SW, Glasgow City and NHSGGC



Those in the most deprived areas were more likely than those in other areas to say that it was easy to get an appointment with a GP within 48 hours. However, they were also more likely to say that it was difficult. Those out with the most deprived areas were more likely to say that this was neither easy nor difficult. This is shown in Table 3.40.

Table 3.40: Difficulty/Ease of Getting a Consultation at GP Surgery Within 48 Hours (Q14f) by Deprivation and Socio Economic Measures

	Difficult	Neither	Easy	Unweighted base (n)
Bottom 15% datazones	7%	32%	62%	363
Other datazones	4%	44%	52%	456

Accessing Health Services in an Emergency

Four in five (82%) respondents said that it was easy to access health services in an emergency, while 13% said that it was neither easy nor difficult and 5% said that it was difficult.

Those who received all household income from benefits were less likely to find it easy to access health services in an emergency.

Table 3.41: Difficulty/Ease of Accessing Health Services in an Emergency (Q14b) by Factors Associated with Social Exclusion

	Difficult	Neither	Easy	Unweighted base (n)
All income from benefits	6%	20%	74%	304

Those with positive views of their health, wellbeing and quality of life were less likely to have difficulty accessing health services in an emergency. Those more likely to find this difficult were those with a high GHQ12 score, obese people, those with a limiting condition or illness and those who do not eat breakfast every day.

Table 3.42: Difficulty/Ease of Accessing Health Services in an Emergency (Q14b) by Health and Wellbeing Measures

	Difficult	Neither	Easy	Unweighted base (n)
Positive view of general health	3%	11%	86%	357
Positive view of physical wellbeing	4%	12%	85%	481
Positive view of mental/emotional wellbeing	4%	11%	84%	561
Positive view of quality of life	4%	12%	84%	552
High GHQ12 score	11%	26%	62%	136
Limiting condition/illness	10%	19%	71%	247
Obese	11%	16%	72%	129
Does not eat breakfast every day	9%	19%	72%	189

Getting an Appointment to See the Dentist

Three in five (59%) respondents said that it was easy to get an appointment to see the dentist, while 36% said that it was neither easy nor difficult and 5% said that it was difficult.

Comparison with Glasgow City and NHS Greater Glasgow & Clyde Area

Respondents in South West Glasgow were less likely than those in Glasgow City and the NHS Greater Glasgow and Clyde area as a whole to say that it was easy to get an appointment to see the dentist. This is shown in Figure 3.11.

Figure 3.11: Difficulty/Ease of Getting an Appointment to See the Dentist: Glasgow SW, Glasgow City and NHSGGC



Those aged 45-64 were the most likely to find it difficult to get an appointment to see the dentist.

Table 3.43: Difficulty/Ease of Getting an Appointment to See the Dentist by Age and Gender

	Difficult	Neither	Easy	Unweighted base (n)
Age:				
16-24	0%	36%	64%	73
25-34	2%	32%	65%	142
35-44	4%	35%	61%	150
45-54	10%	36%	54%	158
55-64	9%	35%	56%	133
65-74	6%	43%	51%	128
75+	0%	44%	56%	127
Men 16-44	2%	39%	59%	143
Women 16-44	3%	31%	67%	222
Men 45-64	11%	36%	53%	124
Women 45-64	8%	35%	58%	167
Men 65+	6%	36%	58%	89
Women 65+	2%	48%	50%	166
All	5%	36%	59%	911

Those with positive views of their general health and quality of life were less likely to have difficulty getting an appointment to see the dentist.

Table 3.44: Difficulty/Ease of Getting an Appointment to See the Dentist by Health and Wellbeing Measures

	Difficult	Neither	Easy	Unweighted base (n)
Positive view of general health	3%	36%	61%	545
Positive view of quality of life	4%	34%	62%	724

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 24 respondents (4%) said that this had happened in the last year.

Those under 35 years of age were more likely to say that someone at home had suffered an accidental injury in the last year.

Table 3.45: Someone in Household Suffered Accidental Injury at Home in Last Year (Q17) by Age

	Suffered Accidental Injury	Unweighted base (n)
Age:		
16-24	6.1%	101
25-34	8.8%	176
35-44	2.1%	166
45-54	2.9%	182
55-64	3.1%	169
65-74	2.6%	184
75+	1.4%	227
All	4.2%	1,205

Those in the most deprived areas, those in economically inactive households and those with no qualifications were more likely to say that someone in their home had suffered an accidental injury in the last year.

Table 3.46: Someone in Household Suffered Accidental Injury at Home in Last Year (Q17) by Deprivation and Socio Economic Measures

	Suffered Accidental Injury	Unweighted base (n)
Bottom 15% datazones	6.1%	590
Other datazones	2.4%	615
Economically active household	3.0%	550
Economically inactive household	7.2%	428
At least one qualification	3.3%	849
No qualifications	7.2%	356

Those who received all household income from benefits and those who felt isolated from family and friends were more likely to say that someone in their household had suffered an accidental injury at home in the last year.

Table 3.47: Someone in Household Suffered Accidental Injury at Home in Last Year (Q17) by Factors Associated with Social Exclusion

	Suffered Accidental Injury	Unweighted base (n)
All income from benefits	8.1%	401
Isolated from family/friends	13.1%	94

Those with positive views of their health and wellbeing were less likely to say that someone at home had suffered an accidental injury in the last year. Those more likely to say this were those with a limiting condition or illness, those with a high GHQ12 score, smokers and those exposed to second hand smoke.

Table 3.48: Someone in Household Suffered Accidental Injury at Home in Last Year (Q17) by Health and Wellbeing Measures

	Suffered Accidental Injury	Unweighted base (n)
Positive view of general health	2.4%	666
Positive view of physical wellbeing	3.2%	815
Positive view of mental/emotional wellbeing	3.4%	943
High GHQ12 Score	9.0%	241
Limiting condition/illness	9.7%	346
Second hand smoke	6.5%	470
Current smoker	6.9%	429

4 Health Behaviours

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)	39.9%	1,204
Current smoker (Q22)	36.1%	1,205
Heavily addicted smoker (smoking 20 or more cigarettes per day), based on all smokers	42.0%	424
Exceeds recommended limits for weekly units of alcohol (based on all respondents) (Q29)	7.4%	1,144
Exceeds recommended limits for weekly units of alcohol (based on all those who drank at all in the past week) (Q29)	30.3%	252
Binge drinker in the past week (based on all respondents) (Q29)	13.2%	1,148
Binge drinker in the past week (based on all those who drank at all in the past week) (Q29)	53.4%	256
Takes at least 30 minutes of moderate exercise 5 or more times per week OR takes at least 20 minutes of vigorous exercise 3 or more times per week (Q43-Q47)	44.4%	1,204
Participated in at least one sport in the last week (Q48 & Q49)	49.1%	1,195
Consumes 5 or more portions of fruit/vegetables per day (Q32 & Q33)	37.6%	1,204
Consumes breakfast every day (Q38)	70.4%	1,183
Consumes at least 2 portions of oily fish per week (Q36)	26.3%	1,204
Consumes at least 2 portions of high fat snacks per day (Q34)	45.3%	1,202
Consumes at least 5 slices of bread per day (Q35)	4.9%	1,202
Eat takeaway food every week (Q37)	14.1%	1,205
Body Mass Index of 25 or over (Q41 & Q42)	43.1%	1,125
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	72.4%	1,068
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	93.8%	1,012

Two in five (40%) respondents were exposed to second hand smoke most or some of the time. Those more likely to be exposed to second hand smoke were those aged 16-24, those in the most deprived areas, those in economically inactive households, those with no qualifications, those who received all household income from benefits, smokers, binge drinkers, those who exceed the recommended weekly limit for alcohol, those who do not eat breakfast every day, those with a high GHQ12 score and those with a limiting condition or illness.

Just over a third (36%) of respondents were smokers. Those more likely to be smokers were those aged 16-24, those in the most deprived areas, those in economically inactive households, those with no qualifications, those who received all household income from benefits, those who did not definitely feel in control of the decisions affecting their life, those exposed to second hand smoke, those who do not eat breakfast every day, those with a limiting condition or illness, those with a high GHQ12 score and binge drinkers.

Of those who smoked, 42% were heavily addicted (i.e. smoked 20 or more cigarettes per day).

One in 14 (7%) respondents exceeded the recommended weekly limit for alcohol consumption. This equates to 30% of those who had drunk alcohol in the last week. Those more likely to exceed this limit were those aged 16-24, those aged 54-64, men and those exposed to second hand smoke.

One in eight (13%) respondents had been binge drinkers during the previous week. This equates to just over half (53%) of those who had drunk any alcohol in the last week. Those more likely to be binge drinkers were those aged 16-24, men, those exposed to second hand smoke, smokers, those with a positive view of their general health and those with a positive view of their physical wellbeing.

More than two in five (44%) respondents met the target for physical activity levels. Those less likely to do so were older people, women, those who received all household income from benefits, those who did not definitely feel in control of the decisions affecting their life, those with a high GHQ12 score and those with a limiting condition or illness.

Half (49%) of respondents had participated in at least one sport in the last week. Those less likely to have done so were older people, women, those in economically inactive households, those with no qualifications, those who received all household income from benefits, those who did not definitely feel in control of the decisions affecting their life, those with a limiting condition or illness, those with a high GHQ12 score, smokers, those who consume fewer than five portions of fruit/vegetables per day and those exposed to second hand smoke.

Just under two in five (38%) met the target of consuming five or more portions of fruit/vegetables per day. Those less likely to meet this target were those in the most deprived areas, those with no qualifications, those who received all household income from benefits, those who did not definitely feel in control of the decisions affecting their life, those who do not eat breakfast every day and those with a limiting condition or illness.

Seven in ten (70%) respondents said that they eat breakfast every day. Those less likely to do so were those aged 16-24, men, those in the most deprived areas, those exhibiting factors associated with social exclusion, those with a high GHQ12 score, smokers, those exposed to second hand smoke, binge drinkers and those who consume fewer than five portions of fruit/vegetables per day.

One in four (26%) respondents met the target of eating two or more portions of oily fish per week. Those less likely to meet this target were those aged 16-24, those with qualifications, those who consume fewer than five portions of fruit/vegetables per day and those with positive views of their health, mental wellbeing and quality of life.

Just under half (45%) of respondents exceeded the recommended limit of having one high fat/sugary snack per day. Those more likely to exceed this limit were smokers and those exposed to second hand smoke.

One in 25 (5%) respondents met the target of consuming five or more slices (or equivalent) of bread per day. Women were less likely than men to meet this target.

One in seven (14%) respondents ate fast food takeaway meals at least once a week. Those more likely to do so were those aged 16-24, men, those in the most deprived areas, those in economically active households, those who felt isolated from family and friends, binge drinkers, those who do not eat breakfast every day, smokers, those exposed to second hand smoke and those with positive views of their health/physical wellbeing/quality of life.

Two in five (43%) respondents were overweight/obese and 15% were obese. Those more likely to be obese were those aged 55-74, those in economically inactive households, those with no qualifications, those with a limiting condition/illness and those exposed to second hand smoke.

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. Two in five (40%) said that this happened most of the time (23%) or some of the time (17%). A further 23% said that they were seldom exposed to second hand smoke and 37% said that they never were.

Those aged 16-24 were the most likely to be exposed to second hand smoke most or some of the time. Those aged 75 or over were the least likely to be exposed to second hand smoke.

Table 4.2: Exposure to Second Hand Smoke (Q21) by Age and Gender

	Most of the time	Some of the time	Seldom	Never	Most/some of the time	Unweighted base (n)
Age:						
16-24	37%	12%	23%	28%	48%	100
25-34	23%	21%	17%	40%	44%	176
35-44	18%	24%	23%	35%	42%	166
45-54	21%	17%	27%	35%	38%	182
55-64	23%	18%	19%	39%	42%	169
65-74	21%	16%	25%	38%	37%	184
75+	10%	6%	29%	55%	16%	227
All	23%	17%	23%	37%	40%	1,204

Table 4.3 shows that those in the most deprived areas, those in economically inactive households and those with no qualifications were more likely to be exposed to second hand smoke most or some of the time.

Table 4.3: Exposure to Second Hand Smoke (Q21) by Deprivation and Socio Economic Measures

	Most of the time	Some of the time	Seldom	Never	Most/some of the time	Unweighted base (n)
Bottom 15% datazones	27%	22%	22%	29%	49%	590
Other datazones	19%	12%	24%	45%	31%	614
Economically active household	21%	19%	23%	38%	39%	549
Economically inactive household	31%	17%	21%	31%	48%	428
At least one qualification	20%	17%	25%	38%	37%	848
No qualifications	32%	16%	16%	35%	49%	356

Those who received all household income from benefits were more likely to be exposed to second hand smoke most or some of the time.

Table 4.4: Exposure to Second Hand Smoke (Q21) by Factors Associated with Social Exclusion

	Most of the time	Some of the time	Seldom	Never	Most/some of the time	Unweighted base (n)
All income from benefits	39%	18%	16%	26%	58%	401

Those with positive views of their physical wellbeing, mental/emotional wellbeing and quality of life were less likely to be exposed to second hand smoke most or some of the time. Those more likely to be exposed to second hand smoke most/some of the time were:

- Smokers;
- Binge drinkers;
- Those who exceed the recommended weekly limit for alcohol;
- Those who do not eat breakfast every day;
- Those with a high GHQ12 score; and
- Those with a limiting condition or illness.

Table 4.5: Exposure to Second Hand Smoke (Q21) by Health and Wellbeing Measures

	Most of the time	Some of the time	Seldom	Never	Most/some of the time	Unweighted base (n)
Positive view of physical wellbeing	22%	16%	22%	41%	37%	814
Positive view of mental/emotional wellbeing	20%	16%	24%	40%	36%	942
Positive view of quality of life	21%	16%	24%	39%	37%	933
High GHQ12 score	29%	21%	23%	26%	50%	241
Limiting condition/illness	30%	17%	24%	29%	47%	346
Current smoker	57%	29%	12%	2%	86%	429
Exceeds weekly alcohol limit	30%	25%	30%	16%	54%	70
Binge drinker	36%	23%	27%	15%	58%	116
Does not eat breakfast every day	32%	21%	21%	26%	53%	308

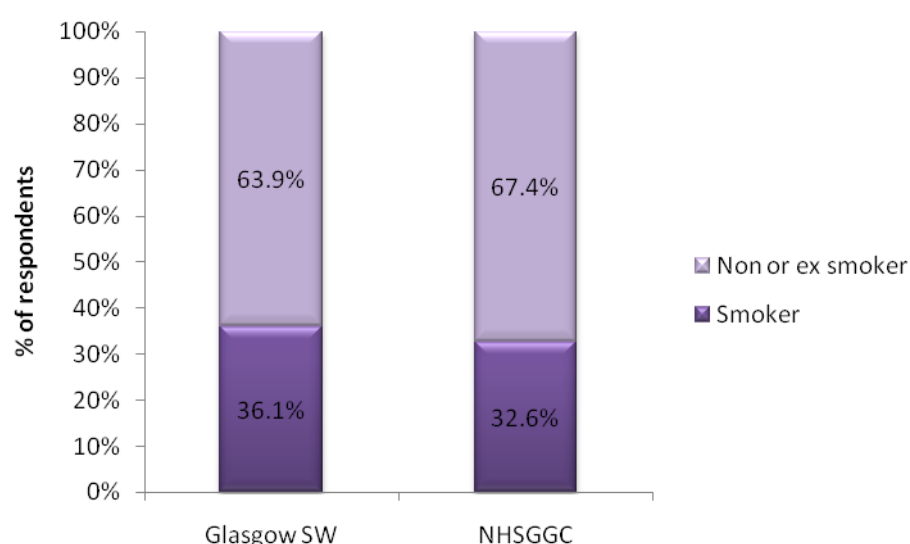
Smokers

Just over a third (36%) of respondents were smokers, smoking either every day (32%) or some days (4%).

Comparison with NHS Greater Glasgow & Clyde Area

Those in South West Glasgow were more likely than those in the NHS Greater Glasgow area as a whole to be smokers (36% Glasgow SW; 33% NHSGGC).

Figure 4.1: Smoking Status: Glasgow SW and NHSGGC



Those aged 16-24 were more likely to be smokers while those aged 75 or over were the least likely to be smokers.

Table 4.6: Proportion of Current Smokers (Q22) by Age and Gender

	Current smoker	Unweighted base (n)
Age:		
16-24	43%	101
25-34	39%	176
35-44	36%	166
45-54	38%	182
55-64	38%	169
65-74	34%	184
75+	14%	227
Men 16-44	39%	192
Women 16-44	38%	251
Men 45-64	43%	156
Women 45-64	34%	195
Men 65+	30%	142
Women 65+	22%	269
All	36%	1,205

Table 4.7 shows that those in the most deprived area, those in economically inactive households and those with no qualifications were more likely to be smokers.

Table 4.7: Proportion of Current Smokers (Q22) by Deprivation and Socio Economic Measures

	Current smoker	Unweighted base (n)
Bottom 15% datazones	45%	590
Other datazones	28%	615
Economically active household	33%	550
Economically inactive household	49%	428
At least one qualification	32%	849
No qualifications	49%	356

Table 4.8 shows that those who received all household income from benefits and those who did not definitely feel in control of the decisions affecting their lives were more likely to be smokers.

Table 4.8: Proportion of Current Smokers (Q22) by Factors Associated with Social Exclusion

	Current smoker	Unweighted base (n)
All income from benefits	60%	401
Not in control of decisions affecting daily life, or only 'to some extent'	43%	94

Table 4.9 shows that those with positive views of health, wellbeing and quality of life were less likely to be smokers. Those more likely to be smokers were:

- Those exposed to second hand smoke;
- Those who do not eat breakfast every day
- Those with a limiting condition or illness;
- Those with a high GHQ12 score; and

- Binge drinkers.

Table 4.9: Proportion of Current Smokers (Q22) by Health and Wellbeing Measures

	Current smoker	Unweighted base (n)		Current smoker	Unweighted base (n)
Positive view of general health	32%	666	Limiting condition/illness	50%	346
Positive view of physical wellbeing	32%	815	Second hand smoke	79%	470
Positive view of mental/emotional wellbeing	32%	943	Binge drinker	46%	116
Positive view of quality of life	32%	934	Do not eat breakfast every day	51%	308
High GHQ12 Score	48%	241			

Heavily Addicted Smokers

Among smokers, the mean number of cigarettes smoked per day was 17.7. Four in five (42%) smokers were 'heavily addicted smokers' i.e. smoking 20 or more cigarettes per day.

Intention to Stop Smoking

Three in ten (30%) smokers said that they intend to stop smoking.

4.3 Drinking

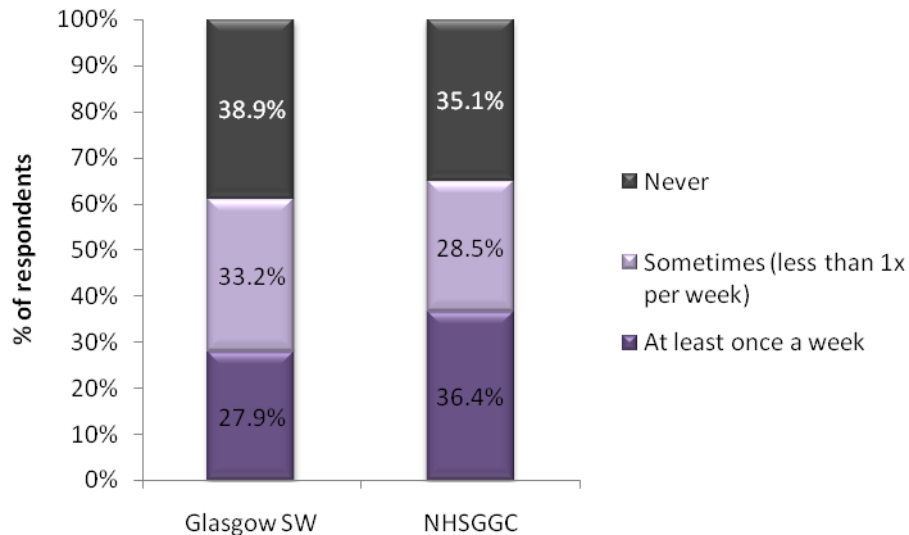
Frequency of Drinking Alcohol

Two in five (39%) respondents said that they never drank alcohol, 33% drank alcohol sometimes (but less than weekly) and 28% drank alcohol at least once a week (including 6% who drank alcohol on three or more days per week).

Comparison with NHS Greater Glasgow & Clyde Area

Those in Glasgow SW were less likely than those in the NHS Greater Glasgow & Clyde area as a whole to drink alcohol at least once a week (28% Glasgow SW; 36% NHSGGC).

Figure 4.2: Frequency Drink Alcohol: Glasgow SW and NHSGGC



Those aged 75 or over were more likely than others to say that they never drank alcohol, and less likely to do so weekly. Those aged 16-24 were the most likely to say that they drank alcohol at least once a week. Men were more likely than women to drink weekly (36% of men and 20% of women did so).

Table 4.10: Frequency Drink Alcohol (Q27) by Age and Gender

	Never	Less than weekly	At least once a week	Unweighted base (n)
Age:				
16-24	31%	30%	39%	100
25-34	42%	30%	28%	176
35-44	35%	40%	25%	164
45-54	36%	40%	25%	181
55-64	40%	29%	32%	169
65-74	45%	28%	28%	183
75+	54%	30%	16%	227
Men	32%	32%	36%	490
Women	45%	34%	20%	710
Men 16-44	30%	32%	38%	192
Women 16-44	42%	36%	22%	248
Men 45-64	33%	34%	33%	156
Women 45-64	42%	35%	23%	194
Men 65+	36%	29%	35%	142
Women 65+	57%	29%	13%	268
All	39%	33%	28%	1,200

Those in economically inactive households were more likely to say that they never drank alcohol. Those with no qualifications were also more likely to say that they never drank alcohol and less likely to drink alcohol once a week or more.

Table 4.11: Frequency Drink Alcohol (Q27) by Deprivation and Socio Economic Measures

	Never	Less than weekly	At least once a week	Unweighted base (n)
Economically active household	34%	38%	28%	547
Economically inactive household	46%	23%	31%	426
At least one qualification	35%	35%	30%	845
No qualifications	52%	27%	21%	355

Those who received all household income from benefits and those who did not definitely feel in control of the decisions affecting their lives were less likely to drink alcohol.

Table 4.12: Frequency Drink Alcohol (Q27) by Factors Associated with Social Exclusion

	Never	Less than weekly	At least once a week	Unweighted base (n)
All income from benefits	48%	27%	25%	399
Not in control of decisions affecting daily life, or only 'to some extent'	40%	38%	21%	431

Table 4.13 shows that for health and wellbeing measures, those more likely to drink alcohol at least once a week were those exposed to second hand smoke, those who do not eat breakfast every day and smokers.

Those with a limiting condition or illness and those who consume fewer than five portions of fruit/vegetables per day were less likely to drink alcohol at least once a week.

Table 4.13: Frequency Drink Alcohol (Q27) by Health and Wellbeing Measures

	Never	Less than weekly	At least once a week	Unweighted base (n)
Positive view of general health	34%	37%	29%	663
Limiting condition/illness	50%	26%	24%	345
Second hand smoke	32%	32%	35%	468
Current smoker	34%	34%	32%	427
Consumes fewer than 5 portions of fruit/veg per day	38%	38%	25%	755
Does not eat breakfast every day	31%	33%	35%	305

Alcohol Consumption in Previous Week

Respondents were asked whether they had had a drink containing alcohol in the past seven days. A quarter (26%) of all respondents said they had drunk alcohol in the past week (therefore similar to the 28% who had said they drank alcohol weekly).

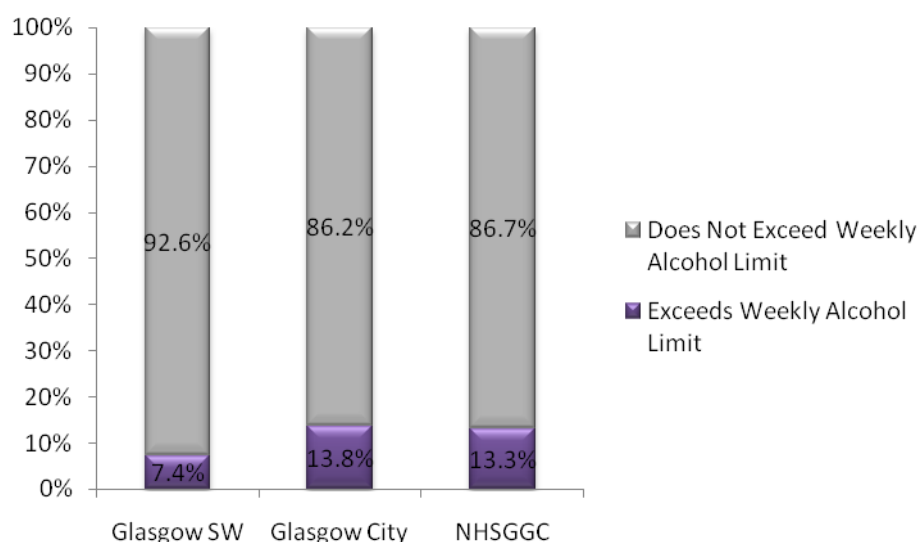
Respondents were asked how many of each type of drink they had consumed on each of the past seven days. Responses were used to calculate the total units of alcohol consumed on each day, and a total number of units for the week. For the 2008 survey, in calculating the number of units, new assumptions 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, 7% of all respondents exceeded their weekly limit. This equates to 30% of all those who had drunk alcohol in the last week.

Comparison with Glasgow City and NHS Greater Glasgow & Clyde Area

Those in South West Glasgow were less likely than those in Glasgow City and the NHSGGC area as a whole to exceed the recommended weekly limit for alcohol.

Figure 4.3: Whether Exceeded Recommended Weekly Limits for Alcohol (new unit measures): Glasgow SW, Glasgow City and NHSGGC



Those aged 16-24 and those aged 55-64 were more likely to exceed the recommended weekly limit for alcohol consumption. Also, men were more likely than women to exceed their recommended limit (11% of men; 4% of women).

Table 4.14: Proportion Exceeding Recommended Weekly Limits for Alcohol (old new and old unit measures) (Q29) by Age and Gender

	Exceeds Weekly Limit (new measures)	Exceeds Weekly Limit (old measures)	Unweighted base (n)
Age:			
16-24	13%	11%	96
25-34	7%	4%	167
35-44	6%	4%	156
45-54	5%	3%	173
55-64	12%	11%	159
65-74	7%	5%	179
75+	0%	0%	214
Men	11%	9%	463
Women	4%	3%	681
Men 16-44	12%	10%	183
Women 16-44	4%	3%	239
Men 45-64	10%	7%	147
Women 45-64	5%	4%	185
Men 65+	8%	8%	133
Women 65+	1%	1%	260
All	7%	6%	1,144

Table 4.15 shows that those exposed to second hand smoke were more likely to exceed the recommended weekly limit for alcohol consumption.

Table 4.15: Proportion Exceeding Recommended Weekly Limits for Alcohol (old new and old unit measures) (Q29) by Health and Wellbeing Measures

	Exceeds Weekly Limit (new measures)	Exceeds Weekly Limit (old measures)	Unweighted base (n)
Second hand smoke	10%	8%	452

Binge Drinking

Binge drinkers were defined as:

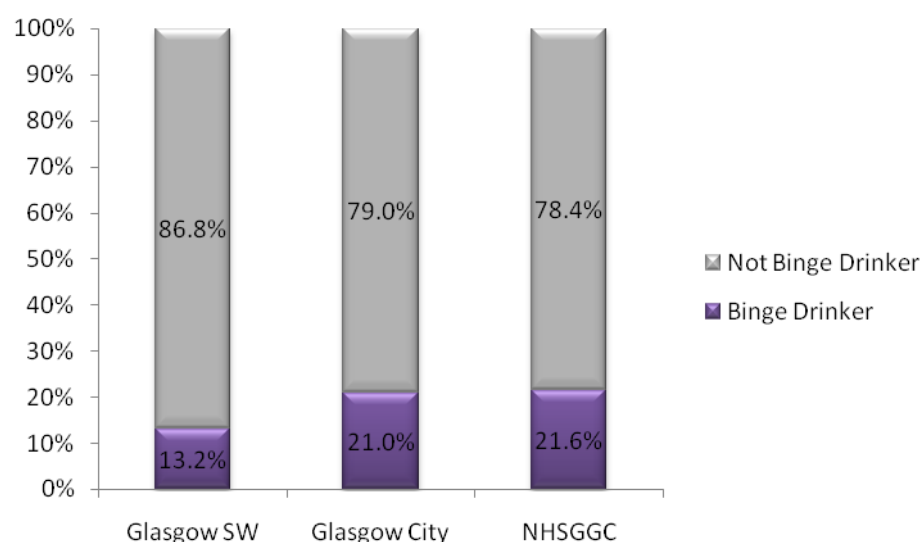
- Men who consumed eight or more units of alcohol on at least one day in the previous week;
- Women who consumed six or more units of alcohol on at least one day in the previous week.

Using the new measures for calculating unit totals, 13% of all respondents had been binge drinkers during the previous week. This equates to 53% of all those who had consumed alcohol in the previous week.

Comparison with Glasgow City and NHS Greater Glasgow & Clyde Area

Those in South West Glasgow were less likely than those in Glasgow City and the NHS Greater Glasgow and Clyde area as a whole to have been binge drinkers in the previous week.

Figure 4.4: Whether Binge Drinker in Past Week (new unit measures): Glasgow SW, Glasgow City and NHSGGC



The age group 16-24 had the highest proportion of binge drinkers (24%). Also, men were considerably more likely than women to be binge drinkers (21% of men; 6% of women).

Table 4.16: 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:			
16-24	24%	23%	97
25-34	17%	11%	168
35-44	12%	7%	157
45-54	8%	7%	173
55-64	15%	12%	159
65-74	8%	7%	179
75+	1%	0%	215
Men	21%	16%	466
Women	6%	5%	682
Men 16-44	25%	21%	185
Women 16-44	10%	6%	237
Men 45-64	17%	13%	147
Women 45-64	5%	5%	185
Men 65+	11%	7%	134
Women 65+	1%	1%	260
All	13%	10%	1,148

For health and wellbeing measures, those more likely to be binge drinkers were those exposed to second hand smoke, smokers, those with a positive view of their general health and those with a positive view of their physical wellbeing. Those who consumed fewer than five portions of fruit/vegetables per day were less likely to be binge drinkers.

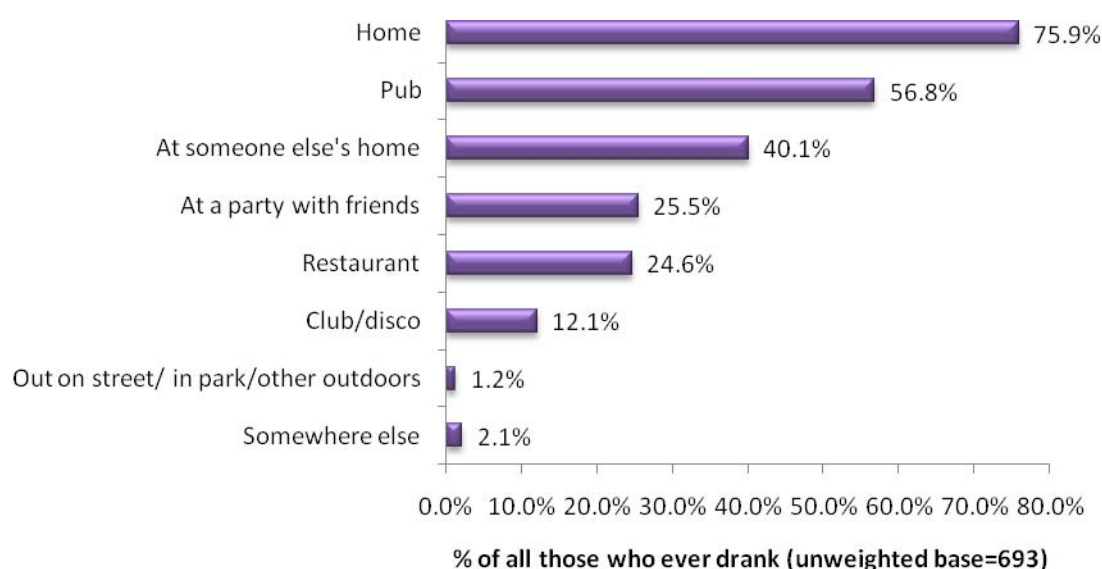
Table 4.17: Proportion Binge Drinking During Previous Week (old new and old unit measures) (Q29) by Health and Wellbeing Measures

	Binge Drinker (new measures)	Binge Drinker (old measures)	Unweighted base (n)
Positive view of general health	16%	12%	641
Positive view of physical wellbeing	15%	12%	780
Second hand smoke	19%	16%	454
Current smoker	17%	13%	411
Consume fewer than 5 portions of fruit/veg per day	11%	8%	728

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 4.5. The most common places to have drunk alcohol in the last six months were at home and at a pub.

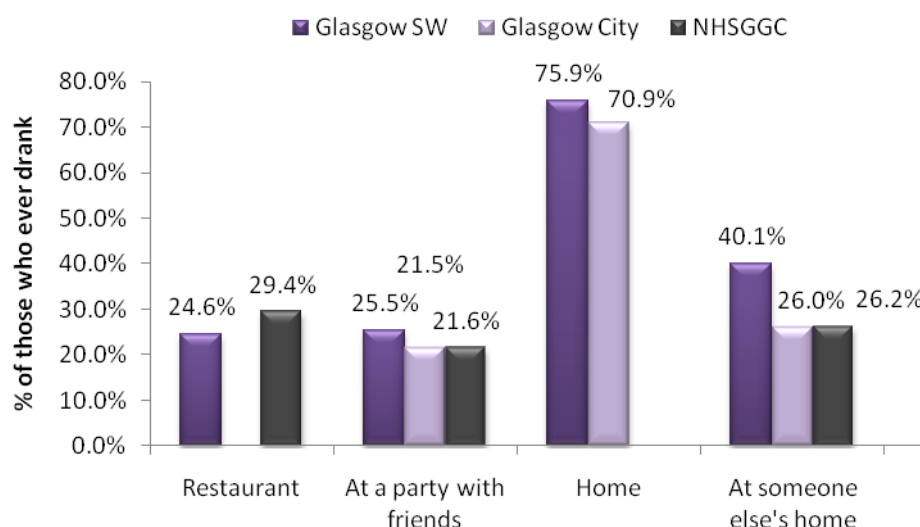
Figure 4.5: Where Consumed Alcohol in the Last Six Months (Based on All Those who Ever Drank Alcohol)



Comparison with NHS Greater Glasgow & Clyde Area

As Figure 4.6 shows that, for those who ever drank alcohol, compared to those in Glasgow City and the NHS Greater Glasgow and Clyde area as a whole, those in South West Glasgow were more likely to drink at someone else's home or at a party with friends. Also, those in South West Glasgow were more likely than those in Glasgow City as a whole to drink at home. However, those in South West Glasgow were less likely than those in the NHSGGC area as a whole to drink in a restaurant.

Figure 4.6: Where Consumed Alcohol in the Last Six Months: Glasgow SW, Glasgow City 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, 35% of respondents said that they took at least 30 minutes of moderate activity on five or more days per week.

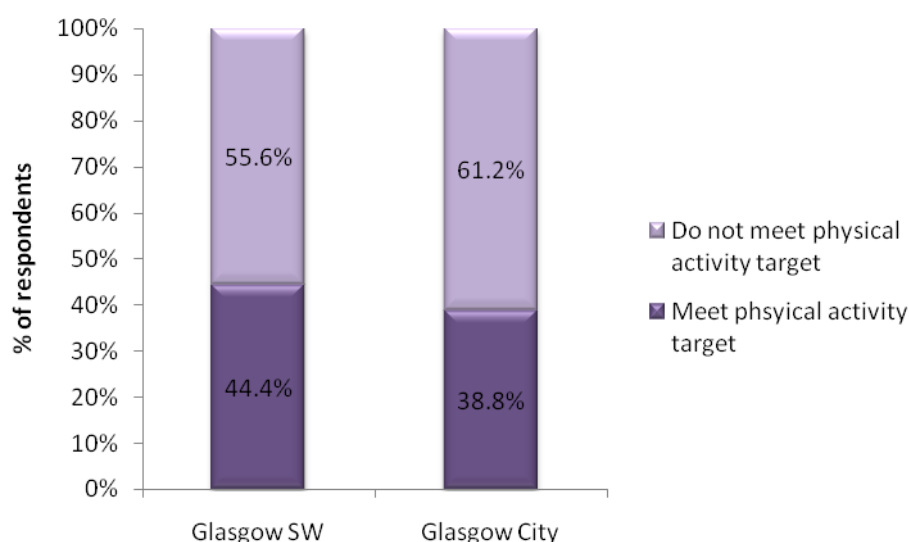
Respondents were also asked on how many days they took at least 20 minutes of vigorous activity (enough to make them sweaty and out of breath). This also included a prompt to ensure that all activity done in work, housework, DIY and gardening were included. In total, 23% said that they took at least 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, 44% of respondents met this target.

Comparison with Glasgow City

Compared to those in Glasgow City as a whole, those in South West Glasgow were more likely to meet the target for physical activity (44% Glasgow SW; 39% Glasgow City).

Figure 4.7: Whether Meet Physical Activity Target: Glasgow SW and Glasgow City



The proportion of respondents who met the target for physical activity decreased with age – from 57% of those aged 16-24 to 23% of those aged 75 and over. Men were more likely than women to meet the target.

Table 4.18: 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:		
16-24	57%	100
25-34	53%	176
35-44	45%	166
45-54	43%	182
55-64	42%	169
65-74	29%	184
75+	23%	227
Men	49%	490
Women	40%	714
Men 16-44	58%	192
Women 16-44	45%	250
Men 45-64	42%	156
Women 45-64	43%	195
Men 65+	30%	142
Women 65+	24%	269
All	44%	1,204

Those who receive all household income from benefits and those who do not definitely feel in control of the decisions affecting their lives were less likely to meet the target for physical activity.

Table 4.19: 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 Factors Associated with Social Exclusion

	Meet Physical Activity Target	Unweighted base (n)
All income from benefits	36%	401
Not in control of decisions affecting daily life, or only 'to some extent'	24%	94

Those with positive views of their health/wellbeing/quality of life were more likely to meet the target for physical activity. Those less likely to meet the physical activity target were those with a high GHQ12 score and those with a limiting condition or illness.

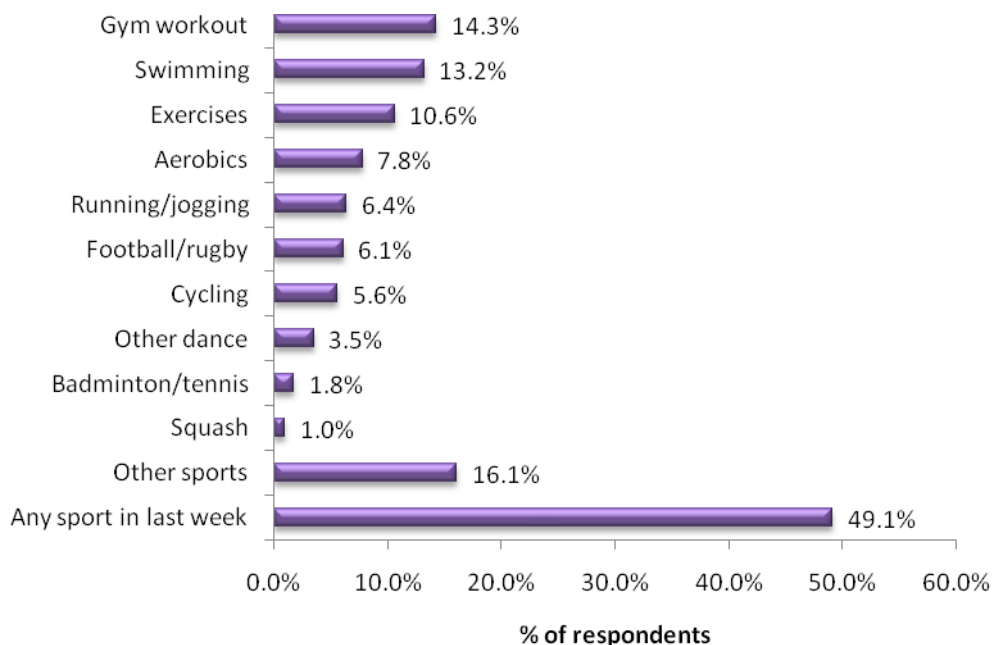
Table 4.20: Proportion Who Take 30 Minutes or More of Moderate Activity 5 or More Times Per Week or 20 Minutes or More of Vigorous Activity 3 or More Times Per Week (Q43-47) by Health and Wellbeing Measures

	Meet Physical Activity Target	Unweighted base (n)		Meet Physical Activity Target	Unweighted base (n)
Positive view of general health	51%	665	Positive view of quality of life	48%	933
Positive view of physical wellbeing	51%	814	High GHQ12 Score	22%	241
Positive view of mental/emotional wellbeing	49%	942	Limiting condition or illness	26%	346

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 4.8. Half (49%) of respondents had participated in at least one sport in the last week. The most common sports were gym workouts (14%), swimming (13%) and exercises (11%).

Figure 4.8: Proportion Participating in Sports in the Last Week

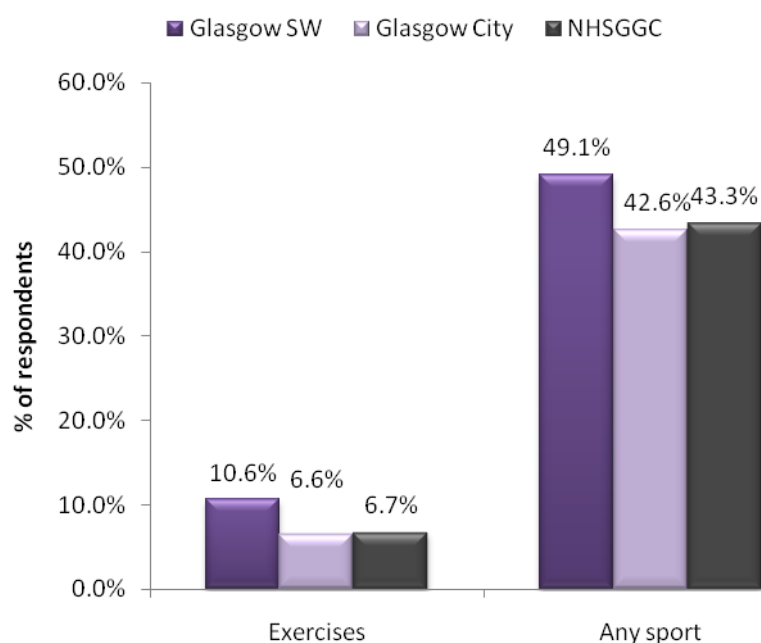


Of those who said that they participated in 'other sports', the most common types of other sport were walking (84%), golf (5%), bowling (3%) and netball (2%).

Comparison with Glasgow City and NHS Greater Glasgow & Clyde Area

Those in South West Glasgow were more likely than those in Glasgow City or the NHSGGC area as a whole to have participated in at least one sport in the last week, and specifically more likely to have done exercises.

Figure 4.9: Proportion Participating in Sports in the Last Week: Glasgow SW, Glasgow City and NHSGGC (all sports showing a significant difference)



The likelihood of having participated in at least one sport in the last week decreased with age, ranging from 62% of those aged 16-24 to 33% of those aged 75 and over. Men were more likely than women to have participated in sport in the last week (56% of men and 43% of women).

Table 4.21: 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:		
16-24	62%	101
25-34	61%	176
35-44	55%	166
45-54	41%	182
55-64	37%	168
65-74	37%	180
75+	33%	222
Men	56%	487
Women	43%	708
Men 16-44	70%	192
Women 16-44	49%	251
Men 45-64	38%	155
Women 45-64	41%	195
Men 65+	42%	140
Women 65+	31%	262
All	49%	1,195

Those in economically inactive households and those with no qualifications were less likely to have participated in sport in the last week.

Table 4.22: Proportion Who Participated in at Least One Sport in the Last Week (Q48/Q49) by Deprivation and Socio Economic Measures

	Participated in Sport	Unweighted base (n)
Economically active household	56%	549
Economically inactive household	40%	424
At least one qualification	55%	841
No qualifications	30%	354

Those who received all household income from benefits and those who did not definitely feel in control of the decisions affecting their life were less likely to have participated in sport in the last week.

Table 4.23: Proportion Who Participated in at Least One Sport in the Last Week (Q48/Q49) by Factors Associated with Social Exclusion

	Participated in Sport	Unweighted base (n)
All income from benefits	36%	396
Not in control of decisions affecting daily life, or only 'to some extent'	33%	432

Those with positive views of their health/wellbeing/quality of life, those who exceeded the recommended weekly limit for alcohol and binge drinkers were more likely to have participated in a sport in the last week. Those less likely to have done so were:

- Those with a limiting condition or illness;
- Those with a high GHQ12 score;
- Smokers;
- Those who consume fewer than five portions of fruit/vegetables per day; and
- Those exposed to second hand smoke.

Table 4.24: Proportion Who Participated in at Least One Sport in the Last Week (Q48/Q49) by Health and Wellbeing Measures

	Participated in Sport	Unweighted base (n)		Participated in Sport	Unweighted base (n)
Positive view of general health	60%	661	Second hand smoke	44%	466
Positive view of physical wellbeing	55%	809	Current smoker	40%	425
Positive view of mental/emotional wellbeing	53%	936	Exceeds weekly alcohol limit	86%	69
Positive view of quality of life	53%	928	Binge drinker	72%	115
High GHQ12 Score	32%	239	Consumes fewer than 5 portions of fruit/veg per day	42%	757
Limiting condition or illness	31%	344			

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 38% of respondents met this target and 4% had no fruit or vegetables in a day.

Table 4.25 shows that those in the most deprived areas and those with no qualifications were less likely to meet the target for fruit/vegetable consumption.

Table 4.25: Proportion Who Consume Target Amount of Fruit/Vegetables (Q32/Q33) by Deprivation and Socio Economic Measures

	Meet Fruit/Veg Target	No fruit/veg	Unweighted base (n)
Bottom 15% datazones	29%	6%	589
Other datazones	45%	2%	615
At least one qualification	43%	2%	550
No qualifications	21%	9%	427

Those receiving all household income from benefits and those who did not definitely feel in control of the decisions affecting their life were less likely to meet the target for fruit/vegetable consumption.

Table 4.26: Proportion Who Consume Target Amount of Fruit/Vegetables (Q32/Q33) by Factors Associated with Social Exclusion

	Meet Fruit/Veg Target	No fruit/veg	Unweighted base (n)
All income from benefits	25%	11%	401
Not in control of decisions affecting daily life, or only 'to some extent'	32%	6%	433

Table 4.27 shows that for health and wellbeing measures, those less likely to meet the target for fruit/vegetable consumption were those who do not eat breakfast every day and those with a limiting condition or illness. Binge drinkers and those with a positive view of their general health were more likely to meet the target for fruit/vegetable consumption.

Table 4.27: Proportion Who Consume Target Amount of Fruit/Vegetables (Q32/Q33) by Health and Wellbeing Measures

	Meet Fruit/Veg Target	No fruit/veg	Un-weighted base (n)		Meet Fruit/Veg Target	No fruit/veg	Un-weighted base (n)
Positive view of general health	43%	3%	666	Binge drinker	49%	8%	116
High GHQ12 score	28%	7%	241	Does not eat breakfast every day	29%	7%	308
Limiting condition/illness	30%	6%	346				

Breakfast

Respondents were asked on how many days of the week they ate breakfast. Seven in ten (70%) ate breakfast every day, 13% never ate breakfast, with the remaining 17% eating breakfast between one and six days per week.

Those aged 16-24 were the least likely to eat breakfast every day, and those aged 75 or over were the most likely to do so. Women were more likely than men to eat breakfast every day (72% of women; 68% of men).

Table 4.28: Frequency Eat Breakfast (Q38) by Age and Gender

	Every Day	Some Days	Never	Unweighted base (n)
Age:				
16-24	52%	31%	18%	98
25-34	69%	14%	17%	173
35-44	72%	19%	9%	161
45-54	68%	20%	13%	177
55-64	73%	12%	14%	168
65-74	86%	5%	8%	182
75+	90%	7%	3%	224
Men	68%	21%	11%	477
Women	72%	14%	14%	706
Men 16-44	63%	25%	12%	187
Women 16-44	67%	17%	16%	245
Men 45-64	68%	20%	12%	152
Women 45-64	72%	13%	14%	193
Men 65+	89%	6%	6%	138
Women 65+	88%	7%	6%	268
All	70%	17%	13%	1,183

Those in the most deprived datazones were less likely to eat breakfast every day and more likely to say that they never ate breakfast.

Table 4.29: Frequency Eat Breakfast (Q38) by Deprivation and Socio Economic Measures

	Every Day	Some Days	Never	Unweighted base (n)
Bottom 15% datazones	64%	19%	17%	576
Other datazones	76%	16%	8%	604

Table 4.30 shows that all three factors associated with social exclusion were associated with a lower likelihood of eating breakfast every day.

Table 4.30: Frequency Eat Breakfast (Q38) by Factors Associated with Social Exclusion

	Every Day	Some Days	Never	Unweighted base (n)
All income from benefits	62%	17%	20%	394
Feel isolated from family/friends	52%	35%	13%	93
Not in control of decisions affecting daily life, or only 'to some extent'	64%	21%	16%	423

Those with positive views of their wellbeing and quality of life were more likely to eat breakfast every day. Those less likely to eat breakfast every day were:

- Those with a high GHQ12 score;
- Smokers;

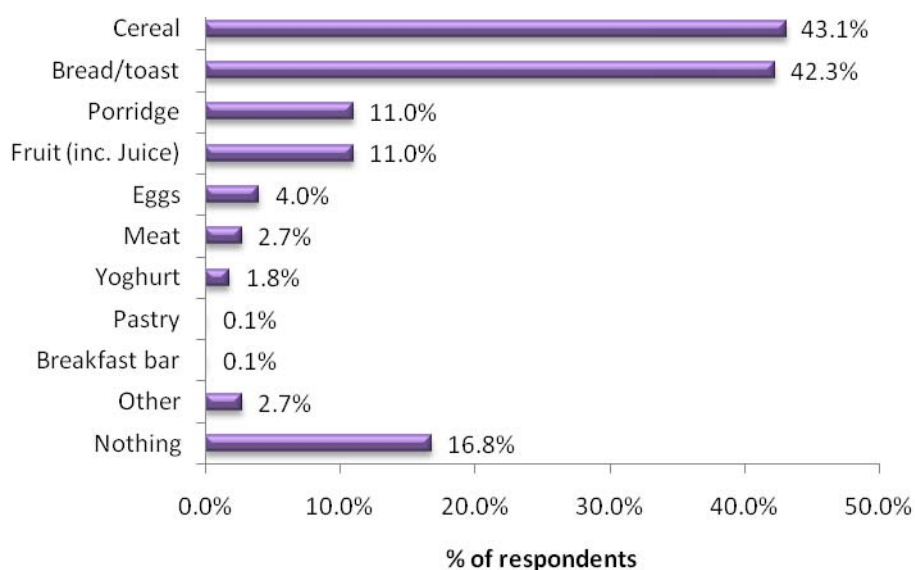
- Those exposed to second hand smoke;
- Binge drinkers; and
- Those who consume fewer than five portions of fruit/vegetables per day.

Table 4.31: Frequency Eat Breakfast (Q38) by Health and Wellbeing Measures

	Every Day	Some Days	Never	Unweighted base (n)
Positive view of physical wellbeing	72%	17%	11%	798
Positive view of mental/emotional wellbeing	75%	15%	10%	925
Positive view of quality of life	74%	16%	10%	915
High GHQ12 Score	52%	21%	28%	237
Second hand smoke	61%	18%	21%	462
Current smoker	58%	19%	23%	421
Binge drinker	62%	29%	9%	114
Consumes fewer than 5 portions of fruit/veg per day	67%	18%	16%	742

Respondents were asked what they had eaten for breakfast that morning. On the morning of the survey, 17% of respondents had not eaten breakfast. The most commonly consumed items were cereal and bread/toast, as shown in Figure 4.10.

Figure 4.10: Items Consumed for Breakfast That Morning (Q39)



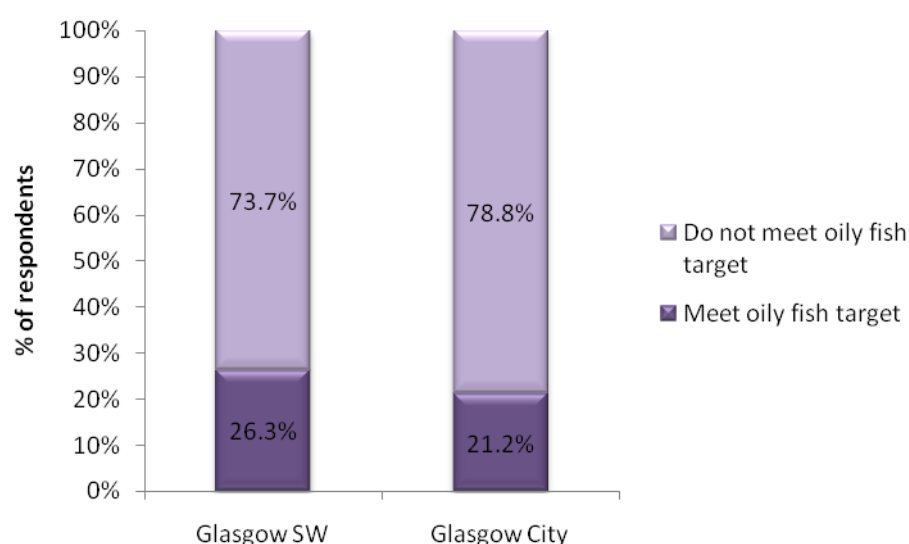
Oily Fish

The recommended target is to consume two or more portions of oily fish per week. One in four (26%) respondents met this target.

Comparison with Glasgow City

Those in South West Glasgow were more likely than those in Glasgow City as a whole to meet the target for oily fish consumption (26% Glasgow SW; 21% Glasgow City)

Figure 4.11: Whether Meet Target for Oily Fish Consumption: Glasgow SW and Glasgow City



Those aged 16-24 were the least likely to meet the target for oily fish consumption. This is shown in Table 4.32.

Table 4.32: Proportion Who Consume Target Amount of Oily Fish (Q36) by Age

	Meet Oily Fish Target	Unweighted base (n)
Age:		
16-24	12%	101
25-34	31%	176
35-44	28%	166
45-54	26%	182
55-64	33%	169
65-74	25%	184
75+	32%	226
All	26%	1,204

Those with no qualifications were more likely to meet the target for oily fish consumption.

Table 4.33: Proportion Who Consume Target Amount of Oily Fish (Q36) by Deprivation and Socio Economic Measures

	Meet Oily Fish Target	Unweighted base (n)
At least one qualification	23%	848
No qualifications	38%	356

For health and wellbeing measures, those more likely to meet the target for oily fish consumption were those with a high GHQ12 score, those with a limiting condition or illness and obese people. Those less likely to meet the oily fish target were those who consume fewer than five portions of fruit/vegetables per day and those with positive views of their health, mental wellbeing and quality of life.

Table 4.34: Proportion Who Consume Target Amount of Oily Fish (Q36) by Health and Wellbeing Measures

	Meet Oily Fish Target	Unweighted base (n)		Meet Oily Fish Target	Unweighted base (n)
Positive view of general health	24%	665	Limiting condition/ illness	33%	346
Positive view of mental/emotional wellbeing	24%	943	Second hand smoke	31%	470
Positive view of quality of life	25%	934	Obese	32%	190
High GHQ12 score	36%	241	Consumes fewer than 5 portions of fruit/veg per day	23%	759

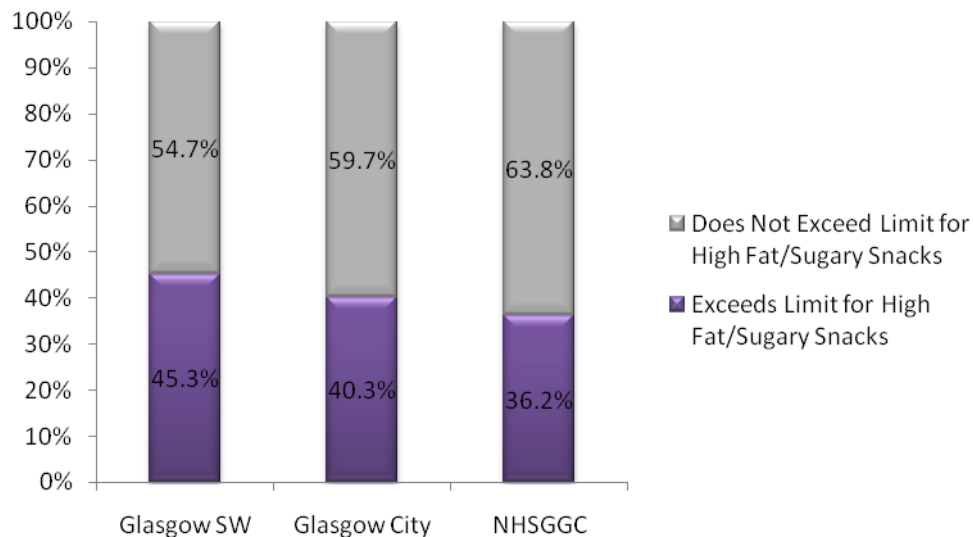
High Fat and Sugary Snacks

Just under half (45%) of respondents exceeded the recommended daily limit of one high fat and sugary snack (e.g. cakes, pasties, chocolate, biscuits, crisps).

Comparison with Glasgow City and NHS Greater Glasgow & Clyde Area

Compared to those in Glasgow City and the NHS Greater Glasgow and Clyde area as a whole, those in South West Glasgow were more likely to exceed the recommended limit of having one high fat and sugary snack per day.

Figure 4.12: Whether Exceed Recommended Daily Limit for High Fat/Sugary Snacks: Glasgow SW, Glasgow City and NHSGGC



Smokers and those exposed to second hand smoke were more likely to consume two or more high fat/sugary snacks per day.

Table 4.35: Proportion Who Exceeded Recommended Daily Limit of 2 Portions of High Fat/Sugary Snacks (Q34) by Health and Wellbeing Measures

	Two or More High Fat/Sugary Snacks Per Day	Unweighted base (n)
Second hand smoke	50%	468
Current smoker	51%	428

Bread

Respondents were asked how many slices of bread (or equivalent rolls, chapattis, naan etc) they consumed on an average day. Responses showed that 3% ate fewer than one slice per day, 28% had one slice, 39% had two slices, 8% had three slices and 16% had four slices. Just 5% met the target of consuming five or more slices (or equivalent) of bread per day. The mean number of slices per day was 2.26.

Men were more likely than women to meet the target for bread consumption (7% of men; 3% of women).

Table 4.36: Proportion Who Met Recommended Daily Target for Bread Consumption (Q35) by Gender

	Five or More Slices Per Day	Unweighted base (n)
Men	7%	490
Women	3%	712
All	5%	1,202

Smokers and those who do not eat breakfast every day were more likely to meet the target for bread consumption.

Table 4.37: Proportion Who Met Recommended Daily Target for Bread Consumption (Q35) by Health and Wellbeing Measures

	Five or More Slices Per Day Day	Unweighted base (n)
Current smoker	8%	427
Does not eat breakfast every day	9%	308

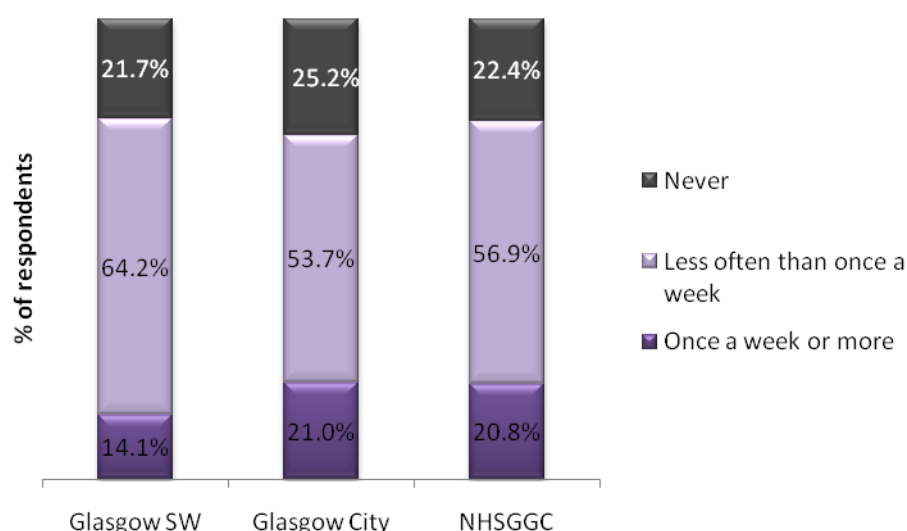
Fast Food Takeaways

One in seven (14%) respondents said that they ate fast food takeaways once a week or more, while 22% said they never did and 64% did sometimes (less often than once a week).

Comparison with Glasgow City and NHS Greater Glasgow & Clyde Area

Those in South West Glasgow were less likely than those in Glasgow City and the NHS Greater Glasgow and Clyde area as a whole to eat fast food takeaways once a week or more.

Figure 4.13: Frequency Have Takeaways: Glasgow SW, Glasgow City and NHSGGC



The likelihood of having takeaways every week declined with age – ranging from 32% of those aged 16-24 to 0% of those aged 75 or over. Men were more likely than women to have takeaways every week.

Table 4.38: Frequency Have Takeaways (Q37) by Age and Gender

	Never	Less than weekly	At least once a week	Unweighted base (n)
Age:				
16-24	12%	56%	32%	101
25-34	7%	76%	16%	176
35-44	14%	70%	16%	166
45-54	20%	68%	12%	182
55-64	26%	69%	5%	169
65-74	45%	51%	4%	184
75+	57%	43%	0%	227
Men	17%	67%	16%	490
Women	26%	62%	12%	715
Men 16-44	8%	69%	23%	192
Women 16-44	15%	66%	19%	251
Men 45-64	21%	69%	10%	156
Women 45-64	25%	68%	7%	195
Men 65+	42%	53%	5%	142
Women 65+	56%	44%	0%	269
All	22%	64%	14%	1,205

Those in the most deprived areas were more likely than those in other areas to eat takeaways at least once a week. Those in economically active households were more likely to have takeaways weekly. Those with no qualifications were more likely to say that they never had takeaways. This is shown in Table 4.39.

Table 4.39: Frequency Have Takeaways (Q37) by Deprivation and Socio Economic Measures

	Never	Less than weekly	At least once a week	Unweighted base (n)
Bottom 15% datazones	25%	58%	18%	590
Other datazones	19%	70%	11%	615
Economically active household	12%	71%	17%	550
Economically inactive household	31%	56%	13%	428
At least one qualification	16%	70%	14%	849
No qualifications	41%	45%	14%	356

Those who received all household income from benefits were more likely to say that they never ate takeaways. Those who felt isolated from family and friends were more likely to eat takeaways weekly.

Table 4.40: Frequency Have Takeaways (Q37) by Factors Associated with Social Exclusion

	Never	Less than weekly	At least once a week	Unweighted base (n)
All income from benefits	32%	52%	15%	401
Feel isolated from family/friends	21%	48%	31%	94

Those with a limiting condition or illness were less likely to have takeaways every week. Those more likely to have takeaways every week were binge drinkers, those who do not eat breakfast every day, smokers, those exposed to second hand smoke and those with positive views of their health/physical wellbeing/quality of life.

Table 4.41: Frequency Have Takeaways (Q37) by Health and Wellbeing Measures

	Never	Less than weekly	At least once a week	Unweighted base (n)
Positive view of general health	15%	69%	16%	666
Positive view of physical wellbeing	19%	65%	16%	815
Positive view of quality of life	20%	64%	16%	934
Limiting condition/illness	39%	51%	9%	346
Second hand smoke	20%	61%	19%	470
Current smoker	20%	58%	21%	429
Binge drinker	12%	64%	24%	116
Do not eat breakfast every day	13%	63%	24%	308

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	BMI below 18.5
Ideal weight	BMI between 18.5 and 24.99
Overweight	BMI between 25 and 29.99
Obese	BMI between 30 and 39.99
Very obese	BMI 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 tables in this section show both measures of obesity.

Altogether, 43% 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), 15% of respondents were classified as obese.

Those aged 55-74 were the most likely to be overweight/obese and those aged 16-24 were the least likely. This is shown in Table 4.42

Table 4.42: Body Mass Index (Q41/Q42) by Age and Gender

	Under-weight	Ideal	Over-weight	Obese	Very obese	Revised obese (29.2+)	Unweighted base (n)
Age:							
16-24	6%	79%	9%	6%	0%	8%	90
25-34	6%	63%	24%	7%	1%	9%	166
35-44	3%	50%	39%	8%	1%	14%	159
45-54	2%	48%	33%	15%	2%	20%	169
55-64	3%	37%	40%	20%	0%	25%	153
65-74	1%	35%	42%	21%	1%	25%	173
75+	3%	51%	35%	9%	0%	12%	215
Men 16-44	6%	64%	24%	5%	1%	7%	183
Women 16-44	3%	62%	25%	9%	1%	14%	232
Men 45-64	3%	38%	41%	18%	0%	26%	143
Women 45-64	1%	50%	31%	17%	2%	19%	179
Men 65+	2%	39%	46%	12%	0%	16%	139
Women 65+	4%	45%	32%	18%	2%	20%	249
All	3%	54%	30%	12%	1%	15%	1,125

Those in economically inactive households and those with no qualifications were more likely to obese.

Table 4.43: Body Mass Index (Q41/Q42) by Deprivation and Socio Economic Measures

	Under-weight	Ideal	Over-weight	Obese	Very obese	Revised obese (29.2+)	Unweighted base (n)
Economically active household	2%	58%	29%	10%	1%	14%	513
Economically inactive household	6%	45%	32%	16%	1%	20%	397
At least one qualification	3%	55%	32%	9%	1%	12%	793
No qualifications	5%	47%	25%	21%	2%	25%	332

Those with positive views of their health and physical wellbeing were less likely to be obese. Those more likely to be obese were those with a limiting condition or illness and those exposed to second hand smoke.

Table 4.44: Body Mass Index (Q41/Q42) by Health and Wellbeing Measures

	Under-weight	Ideal	Over-weight	Obese	Very obese	Revised obese (29.2+)	Unweighted base (n)
Positive view of general health	2%	59%	31%	7%	1%	10%	624
Positive view of physical wellbeing	3%	56%	31%	9%	1%	12%	765
Limiting condition or illness	5%	43%	32%	16%	3%	24%	328
Second hand smoke	5%	58%	23%	14%	<1%	18%	443

4.7 Unhealthy and Healthy Behaviour Indices

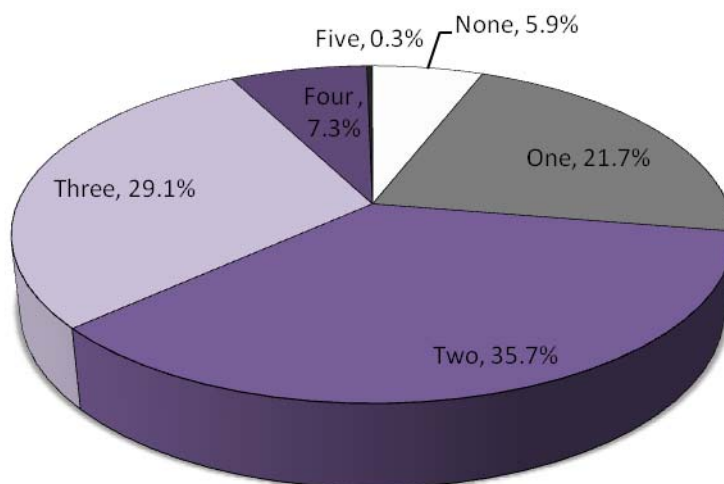
An Unhealthy Behaviour Index

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 (94%) exhibited at least one of these behaviours, but less than 1% exhibited all five. The mean number of unhealthy behaviours was 2.11.

Figure 4.14: Number of Unhealthy Behaviours Exhibited
Unweighted N=1,068



Comparison with Glasgow City

Those in South West Glasgow tended to exhibit fewer unhealthy behaviours than those in Glasgow City as a whole (means: 2.11 Glasgow SW; 2.23 Glasgow City).

Those aged 55-74 tended to exhibit more unhealthy behaviours. Those aged under 45 tended to exhibit fewer unhealthy behaviours. This is shown in Table 4.45.

Table 4.45: Mean Number of Unhealthy Behaviours by Age and Gender

	Mean No. of Unhealthy Behaviours	Unweighted base (n)
Age:		
16-24	2.05	85
25-34	1.94	158
35-44	2.01	150
45-54	2.19	160
55-64	2.39	144
65-74	2.33	168
75+	2.00	203
Men 16-44	1.98	176
Women 16-44	2.01	217
Men 45-64	2.44	134
Women 45-64	2.13	170
Men 65+	2.40	131
Women 65+	2.04	240
All	2.11	1,068

Those in the most deprived areas, those in economically inactive households and those with no qualifications tended to exhibit more unhealthy behaviours.

Table 4.46: Mean Number of Unhealthy Behaviours by Deprivation and Socio Economic Measures

	Mean No. of Unhealthy Behaviours	Unweighted base (n)
Bottom 15% datazones	2.25	527
Other datazones	1.98	541
Economically active household	1.98	487
Economically inactive household	2.42	378
At least one qualification	2.01	749
No qualifications	2.40	319

Table 4.47 shows that those who received all household income from benefits and those who did not definitely feel in control of the decisions affecting their life tended to exhibit more unhealthy behaviours.

Table 4.47: Mean Number of Unhealthy Behaviours by Deprivation and Socio Economic Measures by Factors Associated with Social Exclusion

	Mean No. of Unhealthy Behaviours	Unweighted base (n)
All income from benefits	2.57	362
Not in control of decisions affecting daily life, or only 'to some extent'	2.44	380

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 bingeing to drinking too much in a week).

Figure 4.15 shows that nearly all (99.8%) exhibited at least one healthy behaviour, and 6% of respondents exhibited all five. The mean number of healthy behaviours was 2.94.

Figure 4.15: Number of Healthy Behaviours Exhibited

Unweighted base=1,012

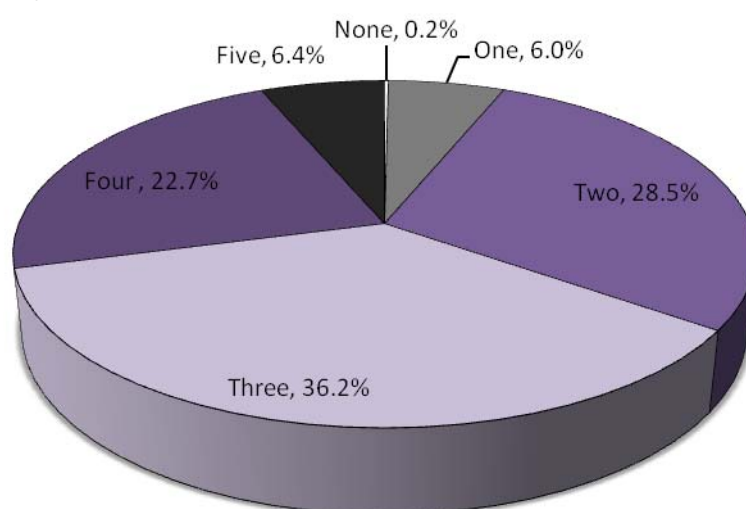


Table 4.48 shows that those with the highest mean number of healthy behaviours were those aged under 35.

Table 4.48: Mean Number of Healthy Behaviours by Age and Gender

	Mean No. of Healthy Behaviours	Unweighted base (n)
Age:		
16-24	3.12	76
25-34	3.16	141
35-44	3.01	143
45-54	2.85	150
55-64	2.63	139
65-74	2.69	161
75+	3.00	202
Men 16-44	3.16	153
Women 16-44	3.03	207
Men 45-64	2.62	124
Women 45-64	2.87	165
Men 65+	2.63	125
Women 65+	2.97	238
All	2.94	1,012

Those in the most deprived areas, those in economically inactive households and those with no qualifications tended to exhibit fewer healthy behaviours. This is shown in Table 4.49.

Table 4.49: Mean Number of Healthy Behaviours by Deprivation and Socio Economic Measures

	Mean No. of Healthy Behaviours	Unweighted base (n)
Bottom 15% datazones	2.80	497
Other datazones	3.08	515
Economically active household	3.08	454
Economically inactive household	2.63	356
At least one qualification	3.04	705
No qualifications	2.66	307

Those who received all household income from benefits and those who did not definitely feel in control of the decisions affecting their life tended to exhibit fewer healthy behaviours.

Table 4.50: Mean Number of Healthy Behaviours by Deprivation and Socio Economic Measures by Factors Associated with Social Exclusion

	Mean No. of Healthy Behaviours	Unweighted base (n)
All income from benefits	2.51	349
Not in control of decisions affecting daily life, or only 'to some extent'	2.62	363

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 four in five (84%) respondents agreed with this (30% strongly agreed and 54% tended to agree) and 16% disagreed (12% tended to disagree and 4% strongly disagreed).

The second statement was:

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

More than one in four (28%) agreed with this (6% strongly agreed and 22% tended to agree) and 72% disagreed (48% tended to disagree and 24% strongly disagreed).

The third statement was:

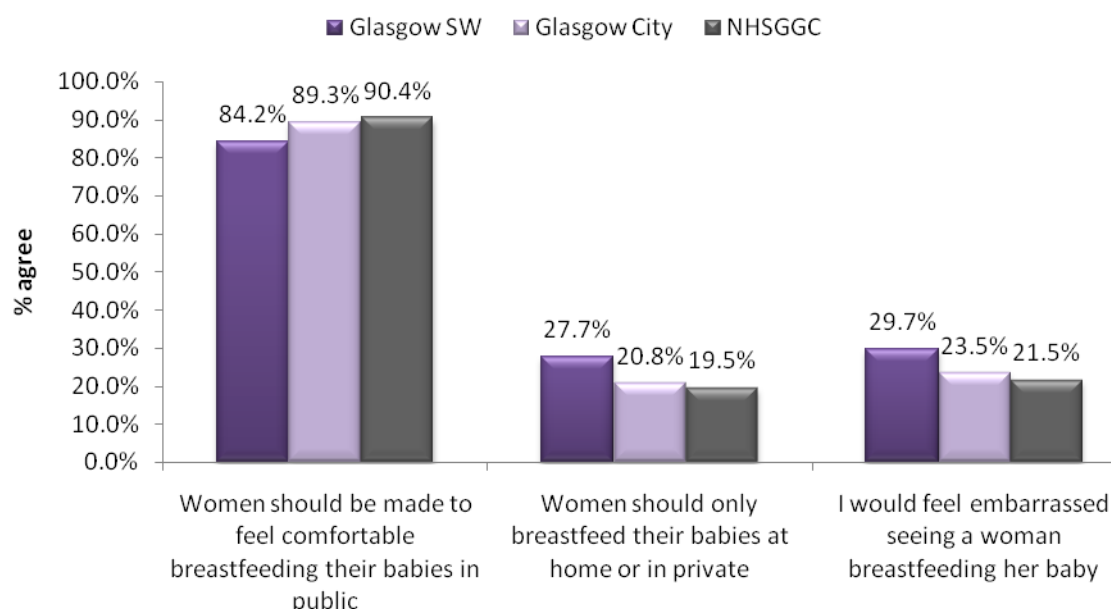
I would feel embarrassed seeing a woman breastfeeding her baby.

Three in ten (30%) respondents agreed with this (6% strongly agreed and 24% tended to agree) and 70% disagreed with this statement (48% tended to disagree and 22% strongly disagreed).

Comparison with Glasgow City NHS Greater Glasgow & Clyde Area

Compared to those in Glasgow City and the NHS Greater Glasgow and Clyde area as a whole, those in South West Glasgow were less likely to agree with the positive statement about breastfeeding and more likely to agree with the two negative statements. This is shown in Figure 4.16.

Figure 4.16: Proportion Agreeing With Statements about Breastfeeding: Glasgow SW, Glasgow City and NHSGGC



Men were less likely than women to agree with the positive statement about breastfeeding and more likely to agree with the two negative statements. This is shown in Table 4.51.

Table 4.51: Agree with Statements Relating to Breastfeeding (Q40) by Age and Gender

	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)
Men	73%	42%	47%	378
Women	92%	18%	17%	671
Men 16-44	77%	38%	44%	153
Women 16-44	96%	12%	13%	240
Men 45-64	70%	47%	52%	117
Women 45-64	90%	17%	17%	185
Men 65+	61%	47%	53%	108
Women 65+	86%	31%	27%	246
All	84%	28%	30%	1,049

Table 4.52 shows that those in the most deprived areas and those with no qualifications were more likely to agree that women should be made to feel comfortable breastfeeding in public.

Table 4.52: Agree with Statements Relating to Breastfeeding (Q40) by Deprivation and Socio Economic Measures

	Women should be made to feel comfortable breastfeeding in public	Unweighted base (n)
Bottom 15% datazones	88%	494
Other datazones	81%	452
At least one qualification	82%	751
No qualifications	91%	285

Those who received all income from benefits were more likely to agree that women should be made to feel comfortable breastfeeding in public.

Table 4.53: Agree with Statements Relating to Breastfeeding (Q40) by Factors Associated with Social Exclusion

	Women should be made to feel comfortable breastfeeding in public	Unweighted base (n)
All income from benefits	90%	331

5 Social Health

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)
Feel isolated from family and friends (Q73)	7.5%	1,202
Belong to a club or organisation (Q58)	17.8%	1,205
Feel I belong to the local area (Q71b)	63.3%	1,188
Feel valued as a member of the community (Q71d)	43.0%	1,170
People in my neighbourhood can influence decisions (Q71f)	62.7%	1,124
Exchange small favours with people living nearby (Q72)	54.1%	1,202
Identify with a religion (Q98)	54.3%	1,185
Experienced at least one form of discrimination over last year (Q100)	6.6%	1,205
Feel safe in own home (Q76c)	99.0%	1,196
Feel safe using public transport (Q76b)	83.1%	1,069
Feel safe walking alone even after dark (Q76a)	50.7%	1,079

One in 13 (8%) respondents felt isolated from family and friends. Those more likely to feel isolated from family and friends were those in the most deprived areas, those with no qualifications, those who did not definitely feel in control of the decisions affecting their life, those with a high GHQ12 score, those who exceeded the recommended weekly limit for alcohol and those who do not eat breakfast every day.

Just under one in five (18%) respondents belonged to a club or organisation, etc. Those less likely to do so were those aged under 55, women, those who received all household income from benefits, those who did not definitely feel in control of the decisions affecting their life, smokers, those who do not eat breakfast every day and those exposed to second hand smoke.

Three in five (63%) respondents felt that they belonged to their local area. Those less likely to feel this were those aged 25-34, men, those who felt isolated from family and friends, those who did not definitely feel in control of the decisions affecting their life, those who exceeded the recommended weekly limit for alcohol, those who do not eat breakfast every day and those who consume fewer than five portions of fruit/vegetables per day.

Two in five (43%) respondents felt valued as members of their community. Those less likely to feel this were those aged 16-24, those in the most deprived areas, those who felt isolated from family and friends, those who did not definitely feel in control of the decisions affecting their life, those with a high GHQ12 score, those who consume fewer than five portions of fruit/vegetables per day, those who do not eat breakfast every day, those with a limiting condition or illness and those exposed to second hand smoke.

Three in five (63%) agreed that people in their neighbourhood could influence local decisions. Those less likely to agree with this were those in the most deprived areas, those with no qualifications, those exhibiting factors associated with social exclusion, those who consumed fewer than five portions of fruit/vegetables per day and those with a high GHQ12 score.

Just over half (54%) of respondents said that they exchanged small favours with neighbours. Those less likely to do so were those aged 16-24, men, those who felt isolated from family and friends, those who did not definitely feel in control of the decisions affecting their life, those who consumed fewer than five portions of fruit/vegetables per day and those who had a positive view of their physical wellbeing.

Just over half (54%) of respondents identified with a religion. Those less likely to do so were those aged 16-24, men, those in the bottom 15% deprivation areas, those with qualifications, binge drinkers, those who exceed the recommended weekly alcohol limit, smokers, those who do not eat breakfast every day, those exposed to second hand smoke; and those with a positive view of their general health.

One in fifteen (7%) respondents had experienced some form of discrimination in the last year. Those aged 25-44 were the most likely to have experienced discrimination.

Nearly all (99%) respondents felt safe in their own home.

Four in five (83%) respondents felt safe using public transport in their area. Those less likely to do so were those not in the bottom 15% most deprived areas, those in economically active households, those who did not definitely feel in control of the decisions affecting their life and those who consumed fewer than five portions of fruit/vegetables per day.

Half (51%) of respondents felt safe walking alone in their area even after dark. Those less likely to do so were older people, women, those in the most deprived areas, those in economically inactive households, those with no qualifications, those exhibiting factors associated with social exclusion, those with a high GHQ12 score, those with a limiting condition or illness and those who consume fewer than five portions of fruit/vegetables per day.

5.2 Social Connectedness

Isolation from Family and Friends

When asked whether they ever felt isolated from family and friends, 8% said yes.

Those in the most deprived areas and those with no qualifications were more likely to feel isolated from family and friends.

Table 5.2: Feel Isolated from Family and Friends (Q73) by Deprivation and Socio Economic Measures

	Feel Isolated	Unweighted base (n)
Bottom 15% datazones	9%	587
Other datazones	6%	615
At least one qualification	6%	849
No qualifications	12%	353

Feeling isolated from family and friends has been used throughout this report as a measure of social exclusion. Table 5.3 shows that another factor associated with social exclusion (not definitely feeling in control of decisions) was associated with a higher likelihood of feeling isolated from family and friends.

Table 5.3: Feel Isolated from Family and Friends (Q73) by Factors Associated with Social Exclusion

	Feel Isolated	Unweighted base (n)
Not in control of decisions affecting daily life, or only 'to some extent'	11%	430

Those with positive views of their health were less likely to feel isolated from family and friends. Those more likely to feel isolated were those with a high GHQ12 score, those who exceeded the recommended weekly limit for alcohol and those who do not eat breakfast every day.

Table 5.4: Feel Isolated from Family and Friends (Q73) by Health and Wellbeing Measures

	Feel Isolated	Unweighted base (n)		Feel Isolated	Unweighted base (n)
Positive view of general health	6%	666	Exceeds weekly alcohol limit	16%	69
High GHQ12 Score	16%	238	Does not eat breakfast every day	12%	306

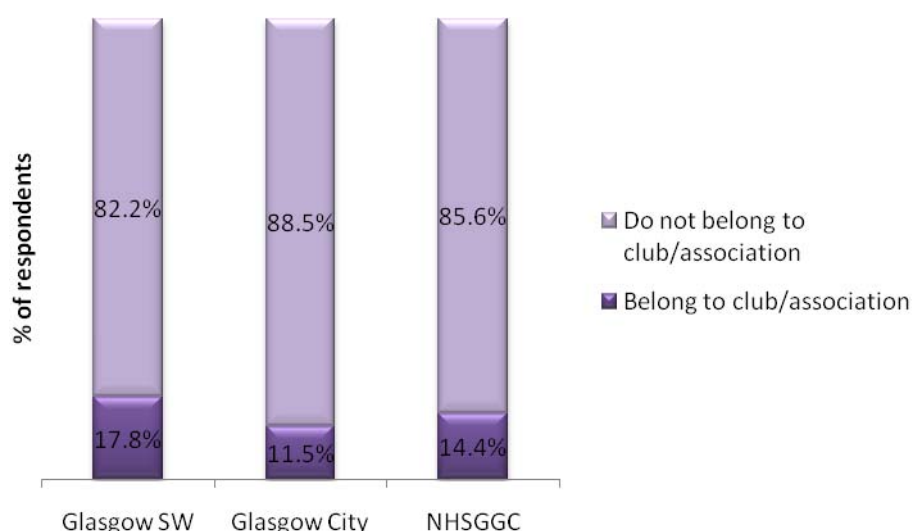
Club Membership

In total, 18% of respondents said that they attended any social clubs, associations, church groups or anything similar. Of those who said they attended clubs or associations, most (94%) attended at least one club locally and 13% attended at least one club elsewhere.

Comparison with Glasgow City and NHS Greater Glasgow & Clyde Area

Those in South West Glasgow were more likely than those in Glasgow City or the NHS Greater Glasgow and Clyde area as a whole to belong to a club, association, etc.

Figure 5.1: Belong to Social Club, Association Etc: Glasgow SW, Glasgow City and NHSGGC



Those aged 55 or over were more likely to belong to a social club, association or similar. Also, men were more likely than women to belong to a club/association. This is shown in Table 5.5.

Table 5.5: Belong to Social club, Association Etc. (Q58) by Age and Gender

	Belong to club etc.	Unweighted base (n)
Age:		
16-24	13%	101
25-34	9%	176
35-44	14%	166
45-54	17%	182
55-64	26%	169
65-74	29%	184
75+	30%	227
Men	21%	490
Women	15%	715
Men 16-44	16%	192
Women 16-44	9%	251
Men 45-64	23%	156
Women 45-64	19%	195
Men 65+	39%	142
Women 65+	23%	269
All	18%	1,205

Those who received all income from benefits and those who did not feel definitely in control of the decisions affecting their lives were less likely to belong to a club/association.

Table 5.6: Belong to Social club, Association Etc. (Q58) by Factors Associated with Social Exclusion

	Belong to club etc.	Unweighted base (n)
All income from benefits	11%	401
Not in control of decisions affecting daily life, or only 'to some extent'	9%	433

Those who exceeded the recommended weekly limit for alcohol and those with positive views of their mental/emotional wellbeing and quality of life were more likely to belong to a club/association etc. Smokers, those who do not eat breakfast every day and those exposed to second hand smoke were less likely to belong to a club/association.

Table 5.7: Belong to Social club, Association Etc. (Q58) by Health and Wellbeing Measures

	Belong to club etc.	Unweighted base (n)
Positive view of mental/emotional wellbeing	19%	943
Positive view of quality of life	19%	934
Second hand smoke	13%	470
Current smoker	10%	429
Exceeds weekly alcohol limit	30%	70
Does not eat breakfast every day	12%	308

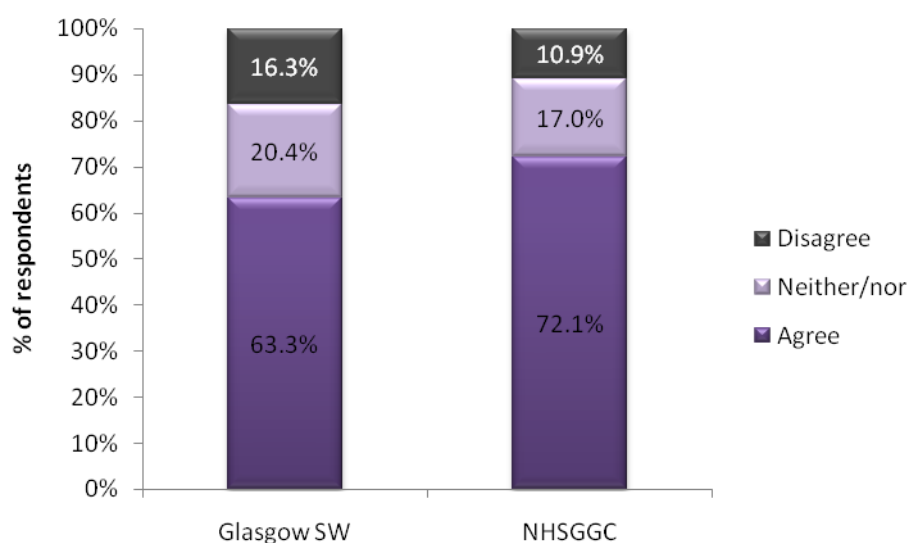
Sense of Belonging to the Community

Respondents were asked to indicate the extent to which they agreed or disagreed with the statement "I feel I belong to this local area". Three in five (63%) respondents agreed with this statement (12% strongly agreed and 52% agreed), 16% disagreed and 20% neither agreed nor disagreed.

Comparison with NHS Greater Glasgow & Clyde Area

Those in South West Glasgow were less likely than those in the NHS Greater Glasgow & Clyde area as a whole to agree that they belonged to the local area (63% Glasgow SW; 72% NHSGGC).

Figure 5.2: Belong to the Local Area: Glasgow SW and NHSGGC



Those aged 25-34 were the least likely to feel that they belonged to the local area. Those aged 65 or over were the most likely to do so. Also, women were more likely than men to feel that they belonged to the local area. This is shown in Table 5.8.

Table 5.8: Belong to the Local Area (Q71b) by Age and Gender

	Agree	Neither/ Nor	Disagree	Unweighted base (n)
Age:				
16-24	60%	15%	26%	96
25-34	43%	28%	29%	175
35-44	59%	22%	19%	163
45-54	72%	17%	11%	179
55-64	70%	23%	7%	167
65-74	78%	17%	5%	184
75+	81%	18%	1%	224
Men	57%	23%	20%	479
Women	69%	18%	13%	709
Men 16-44	48%	22%	30%	187
Women 16-44	59%	22%	20%	247
Men 45-64	62%	26%	12%	151
Women 45-64	79%	14%	7%	195
Men 65+	76%	20%	4%	141
Women 65+	81%	16%	3%	267
All	63%	20%	16%	1,188

Of those who felt isolated from friends and family, only 28% felt they belonged to the local area. Also, those who did not definitely feel in control of the decisions affecting their life were less likely than others to feel that they belonged to the local area.

Table 5.9: Belong to the Local Area (Q71b) by Factors Associated with Social Exclusion

	Agree	Neither/ Nor	Disagree	Unweighted base (n)
Feel isolated from friends/family	28%	27%	45%	93
Not in control of decisions affecting daily life, or only 'to some extent'	56%	28%	16%	424

For health and wellbeing measures, those less likely to feel that they belonged to the local area were those who exceeded the recommended weekly limit for alcohol, those who do not eat breakfast every day and those who consume fewer than five portions of fruit/vegetables per day.

Table 5.10: Belong to the Local Area (Q71b) by Health and Wellbeing Measures

	Agree	Neither/ Nor	Disagree	Unweighted base (n)
Exceeds weekly alcohol limit	53%	13%	34%	67
Consumes fewer than 5 portions of fruit/veg per day	59%	25%	16%	745
Does not eat breakfast every day	55%	23%	22%	304

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". Two in five (43%) agreed with this statement (6% strongly agreed and 37% agreed); 23% disagreed and 35% neither agreed nor disagreed.

Comparison with Glasgow City and NHS Greater Glasgow & Clyde Area

Those in South West Glasgow were less likely than those in Glasgow City and NHSGGC as a whole to agree that they felt valued as a member of their community.

Figure 5.3: Feel Valued as a Member of the Community: Glasgow SW, Glasgow City and NHSGGC



Those aged 16-24 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 5.11.

Table 5.11: Feel Valued as a Member of the Community (Q71d) by Age and Gender

	Agree	Neither/ Nor	Disagree	Unweighted base (n)
Age:				
16-24	25%	45%	30%	94
25-34	37%	29%	34%	172
35-44	40%	38%	21%	160
45-54	45%	38%	17%	176
55-64	53%	30%	18%	165
65-74	59%	24%	16%	181
75+	59%	29%	12%	222
Men 16-44	36%	33%	32%	183
Women 16-44	33%	41%	25%	243
Men 45-64	40%	40%	21%	149
Women 45-64	56%	30%	14%	192
Men 65+	59%	28%	13%	138
Women 65+	59%	26%	15%	265
All	43%	35%	23%	1,170

Table 5.12 shows that those in the most deprived areas were less likely to agree that they felt valued as members of their community.

Table 5.12: Feel Valued as a Member of the Community (Q71d) by Deprivation and Socio Economic Measures

	Agree	Neither/ Nor	Disagree	Unweighted base (n)
Bottom 15% datazones	38%	34%	28%	571
Other datazones	48%	35%	17%	599

Those who felt isolated from family and friends and those who did not definitely feel in control of the decisions affecting their life were less likely to feel valued members of their community. This is shown in Table 5.13.

Table 5.13: Feel Valued as a Member of the Community (Q71d) by Factors Associated with Social Exclusion

	Agree	Neither/ Nor	Disagree	Unweighted base (n)
Feel isolated from friends/family	16%	29%	55%	86
Not in control of decisions affecting daily life, or only 'to some extent'	33%	46%	21%	416

Those with positive views of their mental/emotional wellbeing and quality of life were more likely to feel valued as members of their community. Those less likely to feel valued as members of the community were those with a high GHQ12 score, those who consume fewer than five portions of fruit/vegetables per day, those who do not eat breakfast every day, those with a limiting condition or illness and those exposed to second hand smoke.

Table 5.14: Feel Valued as a Member of the Community (Q71d) by Health and Wellbeing Measures

	Agree	Neither/ Nor	Disagree	Unweighted base (n)
Positive view of mental/emotional wellbeing	45%	34%	21%	915
Positive view of quality of life	46%	34%	20%	904
High GHQ12 score	34%	32%	34%	230
Limiting condition/illness	40%	28%	32%	336
Second hand smoke	41%	31%	28%	454
Consumes fewer than 5 portions of fruit/veg per day	36%	39%	24%	735
Does not eat breakfast every day	38%	34%	29%	297

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, 63% agreed with this statement (10% strongly agreed and 53% agreed), while 9% disagreed and 29% neither agreed nor disagreed.

Those in the most deprived areas and those with no qualifications were less likely to agree that local people could influence local decisions.

Table 5.15: Can Influence Decisions that Affect Neighbourhood (Q71f) by Deprivation and Socio Economic Measures

	Agree	Neither/ Nor	Disagree	Unweighted base (n)
Bottom 15% datazones	56%	29%	15%	547
Other datazones	69%	28%	3%	577
At least one qualification	64%	30%	7%	794
No qualifications	60%	25%	16%	330

Table 5.16 shows that all three factors associated with social exclusion were associated with a lower likelihood of agreeing that local people can influence the decisions that affect their neighbourhood.

Table 5.16: Can Influence Decisions that Affect Neighbourhood (Q71f) by Factors Associated with Social Exclusion

	Agree	Neither/ Nor	Disagree	Unweighted base (n)
All income from benefits	56%	29%	14%	370
Feel isolated from friends/family	47%	35%	18%	82
Not in control of decisions affecting daily life, or only 'to some extent'	55%	36%	10%	399

For health and wellbeing measures, those less likely to agree that local people could influence local decisions were those who consumed fewer than five portions of fruit/vegetables per day and those with a high GHQ12 score.

Table 5.17: Can Influence Decisions that Affect Neighbourhood (Q71f) by Health and Wellbeing Measures

	Agree	Neither/ Nor	Disagree	Unweighted base (n)
Positive view of general health	64%	30%	7%	624
Positive view of mental/emotional wellbeing	64%	29%	6%	887
Positive view of quality of life	65%	29%	6%	872
High GHQ12 score	58%	24%	18%	217
Consumes fewer than 5 portions of fruit/veg per day	55%	34%	11%	709

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). Just over half (54%) said that they did (25% did so with one neighbour, 23% did so with two neighbours and 6% did so with three or more neighbours).

Those aged 16-24 were the least likely to exchange small favours with neighbours, and those aged 55 or over were the most likely to do so. Women were more likely than men to exchange small favours with neighbours. This is shown in Table 5.18.

Table 5.18: Exchange Small Favours with Neighbours (Q72) by Age and Gender

	Exchange Small Favours	Unweighted base (n)
Age:		
16-24	41%	99
25-34	49%	176
35-44	55%	166
45-54	50%	182
55-64	63%	169
65-74	68%	184
75+	66%	226
Men	44%	488
Women	64%	714
Men 16-44	37%	191
Women 16-44	61%	250
Men 45-64	48%	156
Women 45-64	62%	195
Men 65+	59%	141
Women 65+	72%	269
All	54%	1,202

Those who felt isolated from family and friends and those who did not feel in control of the decisions affecting their life were less likely to exchange small favours with neighbours.

Table 5.19: Exchange Small Favours with Neighbours (Q72) by Factors Associated with Social Exclusion

	Exchange Small Favours	Unweighted base (n)
Feel isolated from friends/family	36%	94
Not in control of decisions affecting daily life, or only 'to some extent'	41%	430

Obese people were more likely to exchange small favours with neighbours. Those who consumed fewer than five portions of fruit/vegetables per day and those who had a positive view of their physical wellbeing were less likely to exchange small favours.

Table 5.20: Exchange Small Favours with Neighbours (Q72) by Health and Wellbeing Measures

	Exchange Small Favours	Unweighted base (n)
Positive view of physical wellbeing	51%	813
Obese	68%	190
Consumes fewer than 5 portions of fruit/veg per day	47%	759

Religious Identity

Just over half (54%) of respondents identified with a religion.

Comparison with Glasgow City and NHS Greater Glasgow & Clyde

Those in South West Glasgow were less likely than those in Glasgow City or the NHSGGC area as a whole to identify with a religion.

Figure 5.4: Whether Identify with Religion: Glasgow SW, Glasgow City and NHSGGC



The likelihood of identifying with a religion increased with age, ranging from 40% of those aged 16-24 to 66% of those aged 55 or over. Women were more likely than men to identify with a religion (58% of women; 50% of men).

Table 5.21: Religious Identity (Q98) by Age and Gender

	Have Religious Identity	Unweighted base (n)
Age:		
16-24	40%	100
25-34	47%	174
35-44	53%	163
45-54	57%	181
55-64	65%	164
65-74	67%	181
75+	66%	222
Men	50%	480
Women	58%	705
Men 16-44	44%	189
Women 16-44	50%	248
Men 45-64	54%	152
Women 45-64	66%	193
Men 65+	64%	139
Women 65+	67%	264
All	54%	1,185

Those in the most deprived areas were less likely to identify with a religion. Those with no qualifications were more likely than those with qualifications to have a religious identity. This is shown in Table 5.22.

Table 5.22: Religious Identity (Q98) by Deprivation and Socio Economic Measures

	Have Religious Identity	Unweighted base (n)
Bottom 15% datazones	49%	584
Other datazones	59%	601
At least one qualification	52%	838
No qualifications	62%	347

For health and wellbeing measures, those less likely to identify with a religion were:

- Binge drinkers;
- Those who exceed the recommended weekly alcohol limit;
- Smokers;
- Those who do not eat breakfast every day;
- Those exposed to second hand smoke; and
- Those with a positive view of their general health.

Table 5.23: Religious Identity (Q98) by Health and Wellbeing Measures

	Have Religious Identity	Unweighted base (n)		Have Religious Identity	Unweighted base (n)
Positive view of general health	51%	656	Exceeds weekly alcohol limit	39%	70
Second hand smoke	47%	464	Binge drinker	38%	116
Current smoker	43%	423	Does not eat breakfast every day	44%	303

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 7% of respondents had experienced at least one form of discrimination in the last year.

Comparison with NHS Greater Glasgow & Clyde Area

Those in South West Glasgow were more likely than those in the NHS Greater Glasgow and Clyde area as a whole to have experienced discrimination in the last year (6.6% Glasgow SW; 4.5% NHSGGC).

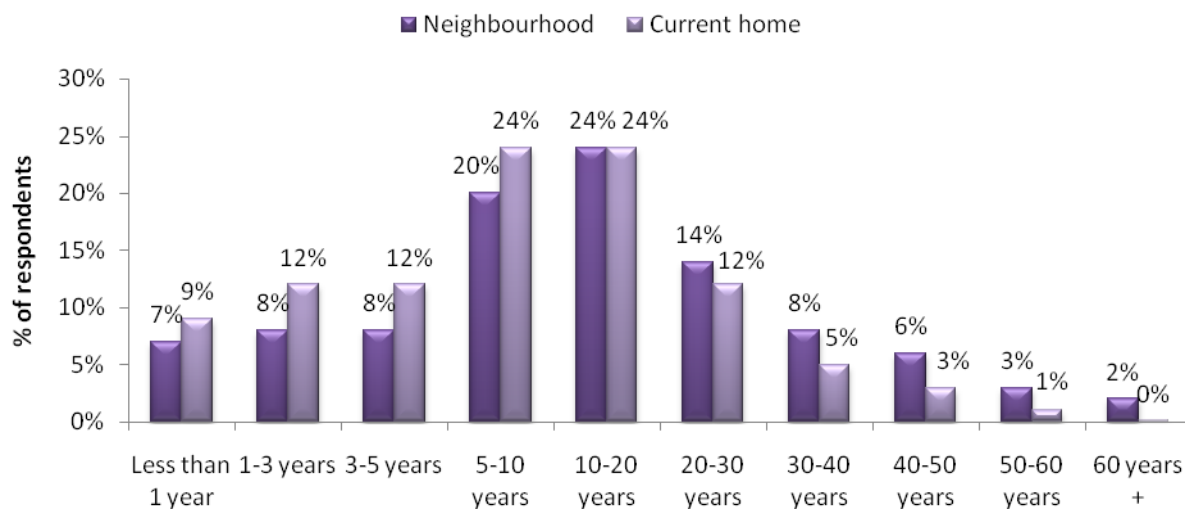
Those aged 25-44 were the most likely to have experienced discrimination, and those aged 65 or over were the least likely.

Table 5.24: Experienced Discrimination in Last Year by Age and Gender

	Experienced Discrimination	Unweighted base (n)
Age:		
16-24	8.3%	101
25-34	10.9%	176
35-44	10.3%	166
45-54	5.8%	182
55-64	3.1%	169
65-74	1.3%	184
75+	0.0%	227
Men 16-44	10.0%	192
Women 16-44	9.9%	251
Men 45-64	2.6%	156
Women 45-64	6.6%	195
Men 65+	0.0%	142
Women 65+	1.1%	269
All	6.6%	1,205

5.3 Length of Residency – Neighbourhood and Current Home

Across all respondents, the mean length of residency in the neighbourhood was 16.4 years, and the mean length of residency in the current home was 11.3 years.

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

5.4 Feelings of Safety

Feeling Safe in Own Home

Most people (99%) agreed that they felt safe in their own home (40% strongly agreed and 59% agreed), while 1% disagreed and less than 1% neither agreed nor disagreed.

Comparison with Glasgow City and NHS Greater Glasgow & Clyde Area

Those in South West Glasgow were more likely than those in Glasgow City and the NHSGGC area as a whole to feel safe in their own home.

Figure 5.6: Feel Safe in Own Home: Glasgow SW, Glasgow City and NHSGGC



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". Four in five (83%) agreed with this (24% strongly agreed and 59% agreed), while 2% disagreed and 15% neither agreed nor disagreed.

Comparison with Glasgow City and NHS Greater Glasgow & Clyde Area

Compared to those in Glasgow City and the NHSGGC area as a whole, those in Glasgow SW were less likely to feel safe using public transport in their area.

Figure 5.7: Feel Safe Using Public Transport: Glasgow SW, Glasgow City and NHSGGC

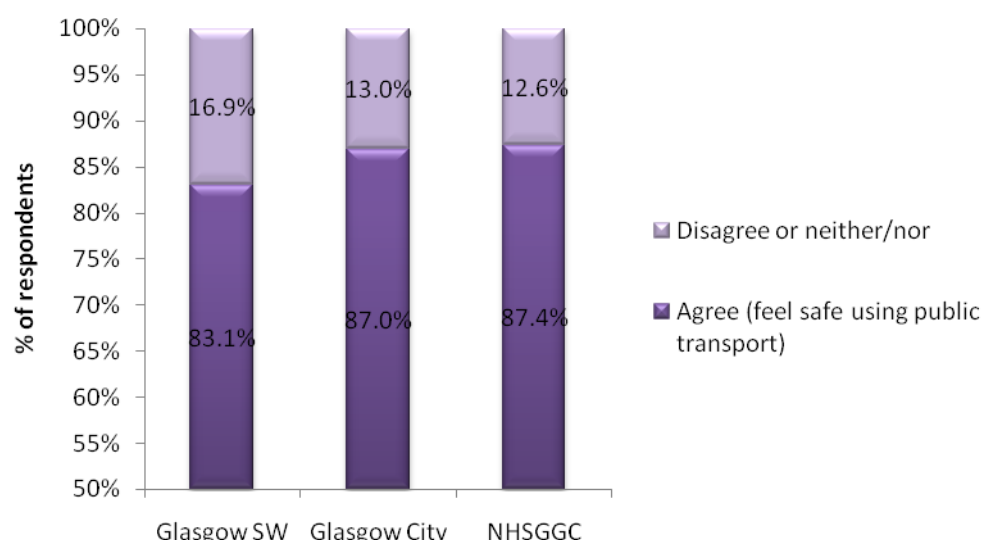


Table 5.25 shows that those in the most deprived areas and those in economically inactive households were more likely to feel safe using public transport in their area.

Table 5.25: Feel Safe Using Public Transport (Q76a) by Deprivation and Socio Economic Measures

	Agree	Neither/ Nor	Disagree	Unweighted base (n)
Bottom 15% datazones	85%	13%	2%	534
Other datazones	81%	18%	1%	535
Economically active household	82%	17%	1%	502
Economically inactive household	86%	11%	3%	375

Those who did not definitely feel in control of the decisions affecting their life were less likely to feel safe using public transport.

Table 5.26: Feel Safe Using Public Transport (Q76a) by Factors Associated with Social Exclusion

	Agree	Neither/ Nor	Disagree	Unweighted base (n)
Not in control of decisions affecting daily life, or only 'to some extent'	72%	26%	2%	379

Those who consumed fewer than five portions of fruit/vegetables per day were less likely to feel safe using public transport in their area. Those more likely to feel safe using public transport were those who exceeded the weekly limit for alcohol, binge drinkers, smokers and those exposed to second hand smoke.

Table 5.27: Feel Safe Using Public Transport (Q76a) by Health and Wellbeing Measures

	Agree	Neither/ Nor	Disagree	Unweighted base (n)
Second hand smoke	88%	10%	2%	432
Current smoker	89%	10%	2%	395
Exceeds weekly alcohol limit	98%	0%	2%	69
Binge drinker	97%	2%	1%	112
Consumes fewer than 5 portions of fruit/veg per day	77%	21%	2%	664

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". Half (51%) agreed with this statement (7% strongly agreed and 43% agreed), 23% disagreed and 26% neither agreed nor disagreed.

Comparison with Glasgow City and NHS Greater Glasgow & Clyde Area

Those in South West Glasgow were less likely than those in Glasgow City or the NHSGGC area as a whole to feel safe walking alone in their area even after dark.

Figure 5.8: Feel Safe Walking Alone Even After Dark: Glasgow SW, Glasgow City 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 5.28.

Table 5.28: Feel Safe Walking Alone Even After Dark (Q76b) by Age and Gender

	Agree	Neither/ Nor	Disagree	Unweighted base (n)
Age:				
16-24	60%	15%	25%	101
25-34	54%	27%	19%	172
35-44	50%	27%	23%	163
45-54	53%	29%	18%	173
55-64	48%	29%	23%	148
65-74	38%	30%	32%	163
75+	31%	41%	29%	159
Men	61%	25%	14%	460
Women	41%	28%	31%	619
Men 16-44	64%	20%	16%	192
Women 16-44	45%	26%	28%	244
Men 45-64	59%	30%	11%	145
Women 45-64	44%	27%	29%	176
Men 65+	53%	33%	14%	123
Women 65+	22%	36%	42%	199
All	51%	26%	23%	1,079

Table 5.29 shows that those in the most deprived areas, those in economically inactive households and those with no qualifications were less likely to feel safe walking alone after dark.

Table 5.29: Feel Safe Walking Alone Even After Dark (Q76b) by Deprivation and Socio Economic Measures

	Agree	Neither/ Nor	Disagree	Unweighted base (n)
Bottom 15% datazones	48%	24%	28%	518
Other datazones	53%	29%	18%	561
Economically active household	54%	27%	19%	538
Economically inactive household	47%	23%	30%	382
At least one qualification	52%	28%	20%	795
No qualifications	46%	20%	34%	284

Table 5.30 shows that all three factors associated with social exclusion were associated with a lower likelihood of feeling safe walking alone even after dark.

Table 5.30: Feel Safe Walking Alone Even After Dark (Q76b) by Factors Associated with Social Exclusion

	Agree	Neither/ Nor	Disagree	Unweighted base (n)
All income from benefits	47%	22%	31%	341
Feel isolated from family and friends	42%	18%	40%	81
Not in control of decisions affecting daily life, or only 'to some extent'	31%	38%	32%	378

For health and wellbeing measures, those more likely to feel safe walking alone even after dark were binge drinkers, those who exceed the recommended weekly alcohol limit, smokers and those with positive views of their health/wellbeing quality of life. Those less

likely to feel safe walking alone even after dark were those with a high GHQ12 score, those with a limiting condition or illness and those who consume fewer than five portions of fruit/vegetables per day.

Table 5.31: Feel Safe Walking Alone Even After Dark (Q76b) by Health and Wellbeing Measures

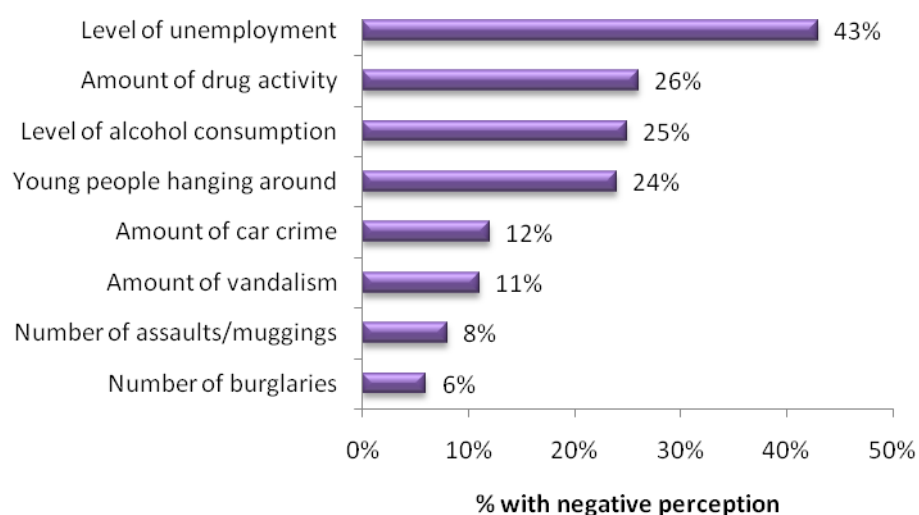
	Agree	Neither/ Nor	Disagree	Unweighted base (n)
Positive view of general health	56%	25%	19%	640
Positive view of physical wellbeing	55%	26%	18%	770
Positive view of mental/emotional wellbeing	53%	26%	21%	873
Positive view of quality of life	53%	27%	21%	864
High GHQ12 Score	31%	28%	41%	180
Limiting condition/illness	33%	27%	40%	264
Current smoker	56%	20%	24%	390
Exceeds weekly alcohol limit	68%	15%	17%	65
Binge drinker	73%	16%	10%	110
Consumes fewer than 5 portions of fruit/veg per day	46%	29%	25%	665

5.5 Social Issues in the Local Area

Using the 'faces' scale, respondents 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 the level of unemployment, the amount of drug activity and the level of alcohol consumption.

Figure 5.9: Negative Perception of Social Issues in the Local Area (Q56a-h)



Comparison with Glasgow City and NHS Greater Glasgow & Clyde Area

As Figure 5.10 shows, those in South West Glasgow were less likely than those in Glasgow City or the NHSGGC area as a whole to be concerned about the amount of vandalism or the number of assaults/muggings in their area. Also, those in South West Glasgow were less likely than those in Glasgow City as a whole to be concerned about the number of burglaries. However, those in South West Glasgow were more likely than those in the NHSGGC area as a whole to be concerned about the level of unemployment or young people hanging around in their area.

Figure 5.10: Negative Perception of Social Issues in the Local Area: Glasgow SW, Glasgow City and NHSGGC (all issues showing a significant difference)

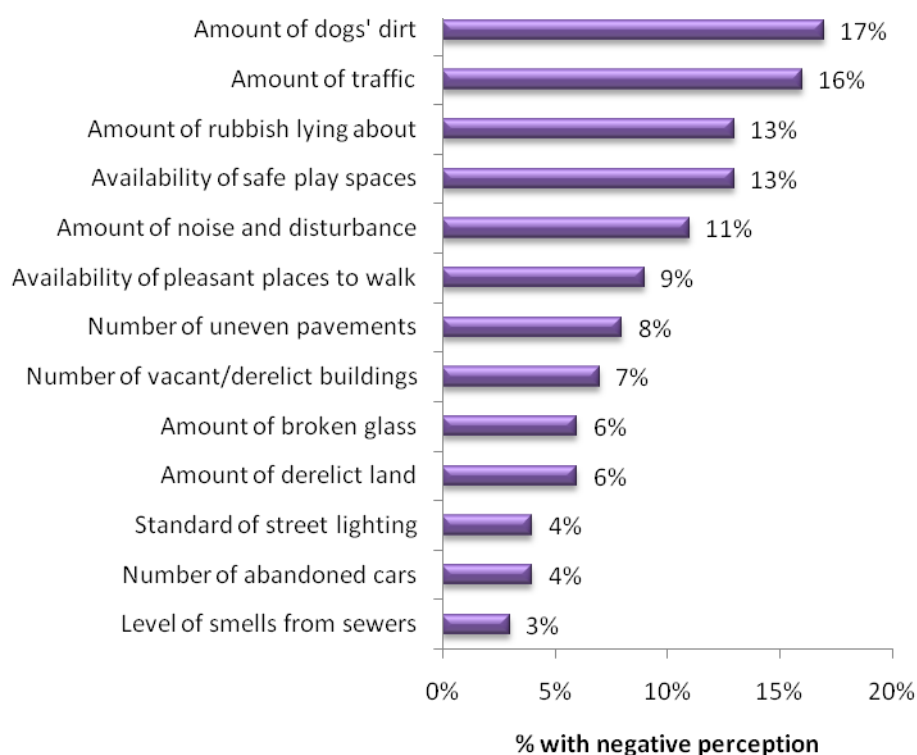


5.6 Environmental Issues in the Local Area

Again using the 'faces' scale, respondent 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, amount of traffic, amount of rubbish lying about and the availability of safe play spaces.

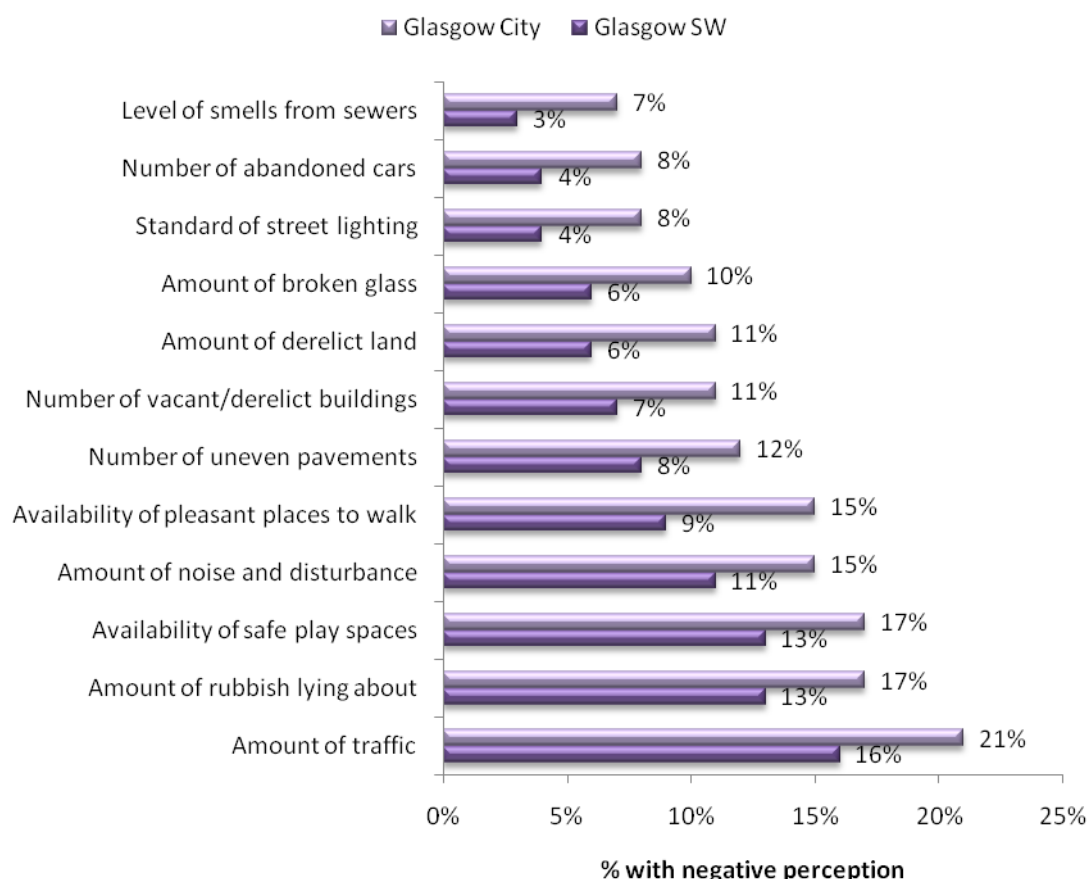
Figure 5.11: Negative Perception of Environmental Issues in the Local Area (Q57a-m)



Comparison with Glasgow City

As Figure 5.12 shows, for 12 of the 13 environmental issues, those in South West Glasgow were significantly less likely than those in Glasgow City as a whole to have a negative perception.

Figure 5.12: Negative Perception of Environmental Issues in the Local Area: Glasgow SW & Glasgow City (all issues showing a significant difference)

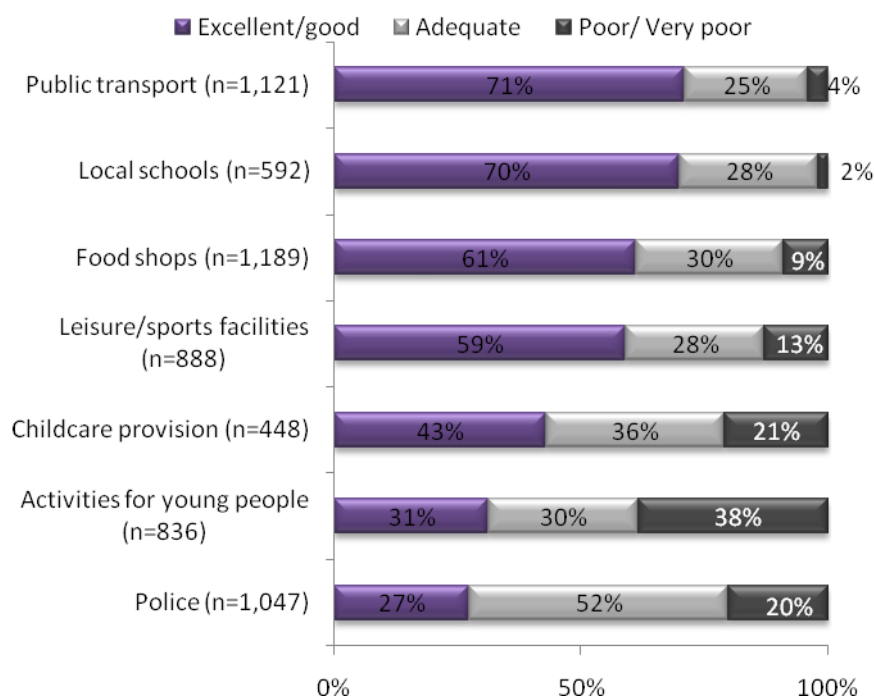


5.7 Perceived Quality of Services in the Area

Respondents were given a list of seven local services and asked to rate each (excellent, good, adequate, poor or very poor). Figure 5.13 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 5.13 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. The police and activities for young people had the lowest proportion of respondents giving a positive rating.

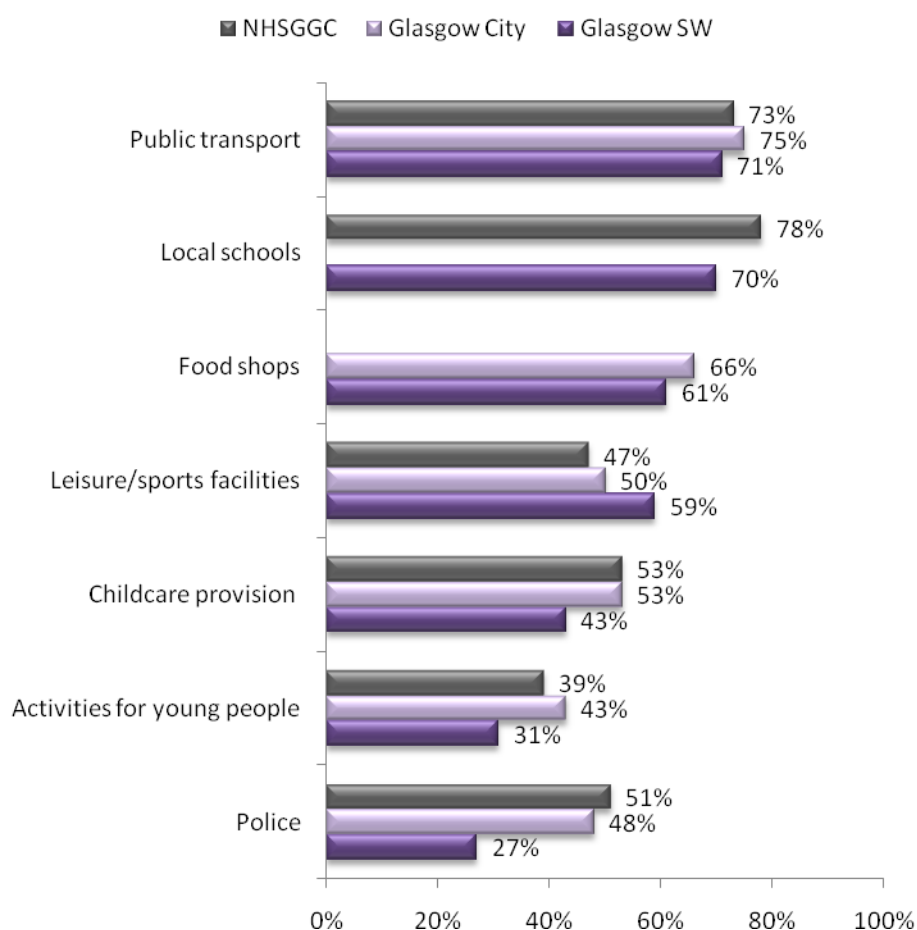
Figure 5.13: Perceived Quality of Local Services



Comparison with Glasgow City and NHS Greater Glasgow and Clyde Area

Figure 5.14 shows that compared to both Glasgow City and the NHSGGC area as a whole, those in Glasgow SW were less likely to have a positive perception of the police, activities for young people, childcare provision and public transport but more likely to have a positive perception of leisure/sports facilities. Also, those in Glasgow SW were less likely than those in the NHSGGC area as a whole to have a positive perception of local schools and less likely than those in Glasgow City as a whole to have a positive perception of local food shops.

Figure 5.14: Positive Perceptions of Quality of Local Services: Glasgow SW, Glasgow City and NHSGGC (all services showing a significant difference).



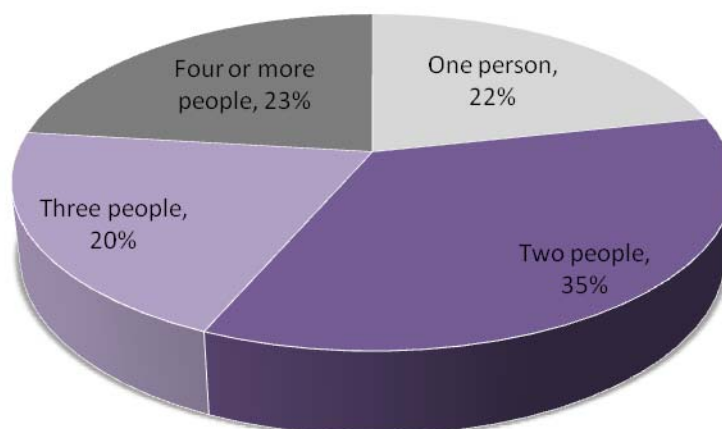
5.8 Individual Circumstances

Household Size

A fifth (22%) of respondents lived alone. Figure 5.15 shows the breakdown of household size.

Figure 5.15: Household Size

(Base: 1,205)



Ethnicity

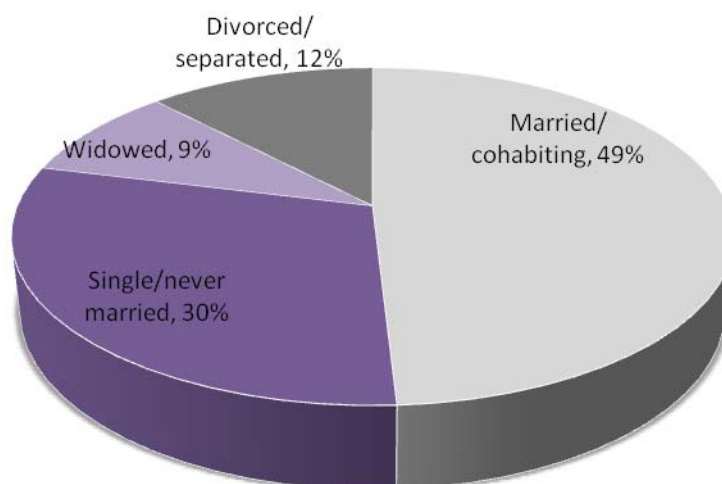
Respondents were asked their ethnicity. Nine in ten (91%) identified themselves as White, 6% were from Asian ethnic groups and 3% were from other ethnic backgrounds.

Marital Status

Half (49%) of respondents were married or living with their partner. Figure 5.16 shows the breakdown of marital status.

Figure 5.16: Marital Status

(Base: 1,195)



The age group most likely to describe themselves as married or cohabiting was 35-44 year olds, of whom 63% were married or living with their partner. More than half (53%) of those aged 75 or over were widowed.

Those in the bottom 15% most deprived areas were less likely than those in other areas to be married or living with their partner (40% in the bottom 15% areas and 57% in other areas were married/cohabiting).

Internet Access

More than half (55%) respondents had access to the internet, and half (50%) had access to the internet in their home. Those aged 35-44 were the most likely to have internet access at their home (71% in this age group did), while those aged 75 and over were the least likely to have internet access at home (6% did).

Those in the bottom 15% most deprived areas were less likely than those in other areas to have internet access in their home (46% and 62% respectively).

Overall, those in Glasgow SW were less likely than those in the NHSGGC area as a whole to have access to the internet at home (50% Glasgow SW; 56% NHSGGC).

Car Ownership

Just over half (55%) of respondents said that they or someone in their household owned a car. Car ownership was highest among those aged 35-44 (64% of whom owned a car) and lowest among those aged 75 or over (40% of whom owned a car).

Car ownership was lower for those in the bottom 15% most deprived areas than those in other areas (44% and 65% respectively).

Those in Glasgow SW were less likely than those in the NHSGGC area as a whole to own a car (55% Glasgow SW; 58% NHSGGC). However, those in Glasgow SW were more likely than those in Glasgow City as a whole to own a car (55% Glasgow SW; 48% Glasgow City).

Main Form of Transport

Respondents were asked which mode of transport they normally use for most journeys they make. One in five (21%) said their usual mode was active travel (walking, cycling); 46% said it was private personal travel (car, motorcycle) and 32% said that it was public travel (bus, train, underground, taxi).

Those aged 16-24 were the most likely to report active travel modes (40%).

Those in the 15% most deprived areas were more likely than those in other areas to say that they usually used active travel (32% in the bottom 15% areas; 11% in other areas).

Caring Responsibilities

One in 26 (3.8%) 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 9.73.

Educational Qualifications

One in four (24%) had no educational qualifications. The likelihood of having no qualifications increased with age, ranging from 9% of those aged 16-24 to 43% of those aged 75 or over. Women were more likely than men to have no qualifications (28% of women; 20% of men).

Those in the bottom 15% most deprived areas were more likely than those in other areas to have no qualifications (34% bottom 15% datazones; 15% other datazones).

Those in Glasgow SW were more likely than those in the NHSGGC area as a whole to have no qualifications (24% Glasgow SW; 21% NHSGGC).

Proportion of Household Income from State Benefits

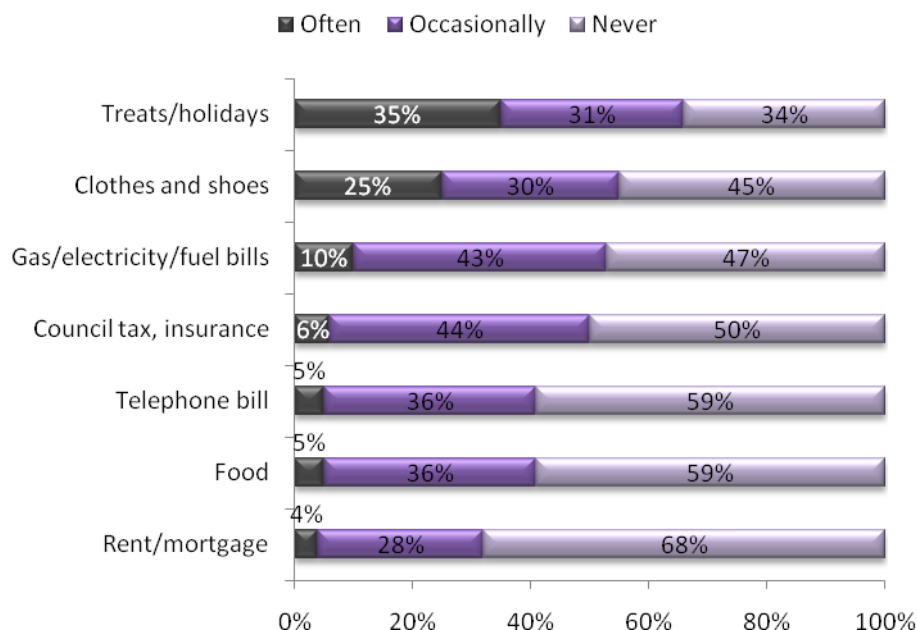
Seven in ten (69%) respondents said that at least some of their household income came from state benefits, and 26% said that all their household income came from state benefits.

Two in five (40%) of those in the bottom 15% most deprived areas received all household income from benefits compared with 14% of those in other areas.

Difficulty Meeting the Cost of Specific Expenses

Figure 5.17 shows the proportion of respondents who said they had difficulty meeting specific expenses often, occasionally and never.

Figure 5.17: How Often Have Difficulty Meeting the Costs of Specific Expenses (Q89)



All together, 64% 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 Glasgow SW were more likely than those in Glasgow City and the NHSGGC area as a whole to ever have difficulty meeting these costs (64% Glasgow SW; 57% Glasgow City; 47% NHSGGC).

Difficulty Finding Unexpected Sums

One in four (24%) said that they would have a problem meeting an unexpected expense of £20; two in three (66%) said they would have a problem meeting an unexpected expense of £100 and nine in ten (89%) would have a problem finding £1,000 for an unexpected expense.

Those in the bottom 15% most deprived areas were more likely to have difficulty finding money for unexpected expenses. In these areas, 32% would have a problem finding £20, 73% would have a problem finding £100 and 93% would have a problem finding £1,000.

Those in Glasgow SW were more likely than those in the NHSGGC area as a whole to have a problem finding £20 (24% Glasgow SW; 18% NHSGGC), £100 (66% Glasgow SW; 49% NHSGGC) or £1,000 (89% Glasgow SW; 80% NHSGGC). Those in Glasgow SW were also

more likely than those in Glasgow City as a whole to have a problem finding £100 (66% Glasgow SW; 60% Glasgow City) or £,1000 (89% Glasgow SW; 86% Glasgow City).

Factors about the Home that Affect Health

One in 20 (5%) of respondents said that there was something about their home that affected their health. The most common factors that affected health were stairs, damp and colds/draughts.

Economic Activity

Less than half (45%) of respondents were in employment (38% were employed full time and 7% were employed part time). Of those aged under 75, 68% lived in households where the main wage earner was economically active.

Men were more likely than women to be employed (49% of men and 38% of women were employed).

Those who lived in the bottom 15% most deprived areas were less likely than those in other areas to live in an economically active household (63% and 72% respectively).

Social Class

Social class classifications were derived from information about the occupation of the main wage earner (or former occupation if retired). In total, 12% comprised class A/B, 50% comprised C1/C2 and 38% comprised class D/E. Table 5.32 shows how this varied for those in the bottom 15% most deprived areas compared to other areas.

Table 5.32 Social Class by Deprivation

Base: All (1,205)

	Bottom 15% Datazones	Other Datazones	All
Social Class			
A/B	3%	20%	12%
C1/C2	46%	54%	50%
D/E	52%	26%	38%

Migrant Workers

A small proportion (2%) of respondents described themselves as migrant workers.

Sexual Orientation

Nine in ten (91%) of respondents described their sexual orientation as heterosexual; less than 1% described themselves as gay or bisexual and 9% described their sexual orientation as 'other'.

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)	76.6%	1,205
Positive perception of local area as a place to bring up children (Q55)	71.7%	1,205
Currently act as a volunteer (Q62)	3.9%	1,205
Positive perception of reciprocity (Q71a)	63.5%	1,168
Positive perception of trust (Q71e)	64.9%	1,151
Value local friendships (Q71c)	59.8%	1,183
Positive perception of social support (Q71g)	67.1%	1,176

Three in four (77%) respondents had a positive view of their area as a place to live and 72% had a positive view of their area as a place to bring up children. Those less likely to have positive views of their area as a place to live or to bring up children were those in the most deprived areas, those exhibiting factors associated with social exclusion, those with a high GHQ12 score, those with a limiting condition or illness, those who exceed the recommended weekly limit for alcohol consumption, those who do not eat breakfast every day and those exposed to second hand smoke.

One in 25 (4%) respondents acted as a volunteer.

Three in five (63%) had a positive view of reciprocity and 65% had a positive view of trust in their area. Those less likely to have positive views of reciprocity and trust were those aged 25-34, men, those in the most deprived areas, those exhibiting factors associated with social exclusion, those who exceeded the recommended weekly limit for alcohol and those who do not eat breakfast every day. Also, those with a high GHQ12 score, binge drinkers and those who consume fewer than five portions of fruit/vegetables per day were less likely to have positive views of trust.

Three in five (60%) respondents valued local friendships. Those less likely to do so were those aged under 35, men, those in the most deprived areas, those who felt isolated from family and friends, those who consumed fewer than five portions of fruit/vegetables per day and those who did not eat breakfast every day.

Two in three (67%) had a positive perception of social support in their area. Those less likely to have positive perceptions of social support were those aged 25-34, men, those in the most deprived areas, those exhibiting factors associated with social exclusion, those with a high GHQ12 score, those who consume fewer than five portions of fruit/vegetables per day and those who do not eat breakfast every day.

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, 77% had a positive view of their area as a place to live and 72% had a positive view of the area as a place to bring up children.

Comparison with Glasgow City and NHS Greater Glasgow & Clyde Area

Compared to those in Glasgow City and the NHS Greater Glasgow and Clyde area as a whole, those in Glasgow SW were less likely to have a positive view of their area as a place to live or to bring up children. This is shown in Figure 6.1.

Figure 6.1: Positive Perception of Area as a Place to Live and as a Place to Bring Up Children: Glasgow SW, Glasgow City and NHSGGC



Those in the most deprived areas were less likely to have positive views of their area as a place to live or to bring up children.

Table 6.2: Positive Perception of Area as a Place to Live (Q54) and as a Place to Bring Up Children (Q55) by Deprivation and Socio Economic Measures

	Place to Live	Place to Bring Up Children	Unweighted base (n)
Bottom 15% datazones	71%	65%	59
Other datazones	82%	78%	615

All three factors associated with social exclusion were associated with a lower likelihood of having positive views of the local area as a place to live or to bring up children.

Table 6.3: Positive Perception of Area as a Place to Live (Q54) and as a Place to Bring Up Children (Q55) by Factors Associated with Social Exclusion

	Place to Live	Place to Bring Up Children	Unweighted base (n)
All income from benefits	69%	67%	401
Feel isolated from family/friends	54%	48%	94
Not in control of decisions affecting daily life, or only 'to some extent'	67%	60%	433

Those with positive views of their health, wellbeing and quality of life were more likely to have positive views of their area as a place to live or to bring up children. Those less likely to have positive views of their area as a place to live or bring up children were those with a high GHQ12 score, those with a limiting condition or illness, those who exceed the recommended weekly limit for alcohol consumption, those who do not eat breakfast every day and those exposed to second hand smoke.

Table 6.4: Positive Perception of Area as a Place to Live (Q54) and as a Place to Bring Up Children (Q55) by Health and Wellbeing Measures

	Place to Live	Place to Bring Up Children	Unweighted base (n)
Positive view of general health	82%	76%	666
Positive view of physical wellbeing	84%	79%	815
Positive view of mental/emotional wellbeing	85%	80%	943
Positive view of quality of life	85%	79%	934
High GHQ12 Score	52%	45%	241
Limiting condition/illness	62%	57%	346
Second hand smoke	72%	67%	470
Exceeds weekly alcohol limit	68%	57%	70
Does not eat breakfast every day	69%	60%	308

6.3 Volunteering

One in 25 respondents (3.9%) were volunteers. Those who volunteered did so for a mean of 4.68 hours per week.

6.4 Reciprocity and Trust

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

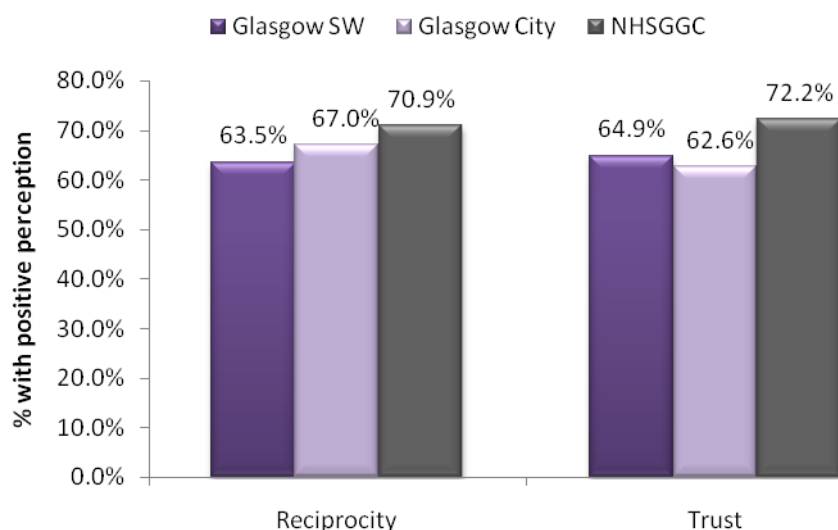
"This is a neighbourhood where neighbours look out for each other", and
 "Generally speaking, you can trust people in my local area".

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, 63% were positive about reciprocity and 65% were positive about trust.

Comparison with Glasgow City and NHS Greater Glasgow & Clyde Area

Compared with those in Glasgow City and the NHSGGC area as a whole, those in Glasgow SW were less likely to have positive views of reciprocity. Those in Glasgow SW were less likely than those in the NHSGGC area, but more likely than those in Glasgow City to have a positive view of trust. This is shown in Figure 6.2.

Figure 6.2: Positive Perceptions of Reciprocity and Trust: Glasgow SW, Glasgow City and NHSGGC



Those aged 25-34 were the least likely to have positive views of reciprocity and trust. Women were more likely than men to have positive views of both reciprocity and trust.

Table 6.5: Positive Perception of Reciprocity (Q71a) and Trust (Q71e) by Age and Gender

	Positive Perception of Reciprocity	Unweighted base (n)	Positive Perception of Trust	Unweighted base (n)
Age:				
16-24	56%	86	65%	89
25-34	52%	169	51%	165
35-44	60%	160	65%	158
45-54	70%	179	67%	176
55-64	65%	167	67%	162
65-74	76%	183	76%	181
75+	76%	224	69%	220
Men	59%	469	60%	460
Women	68%	699	70%	691
Men 16-44	53%	176	55%	175
Women 16-44	60%	239	66%	237
Men 45-64	63%	152	64%	145
Women 45-64	72%	194	70%	193
Men 65+	68%	141	66%	140
Women 65+	81%	266	77%	261
All	63%	1,168	65%	1,151

Those in the most deprived areas were less likely to have positive views of reciprocity or trust.

Table 6.6: Positive Perception of Reciprocity (Q71a) and Trust (Q71e) by Deprivation and Socio Economic Measures

	Reciprocity	Unweighted base (n)	Trust	Unweighted base (n)
Bottom 15% datazones	58%	567	59%	565
Other datazones	69%	601	70%	586

Table 6.7 shows that all three factors associated with social exclusion were associated with a lower likelihood of having a positive perception of trust. Also, those who felt isolated from family and friends and those who did not definitely feel in control of the decisions affecting their life were less likely to have a positive perception of reciprocity.

Table 6.7: Positive Perception of Reciprocity (Q71a) and Trust (Q71e) by Factors Associated with Social Exclusion

	Reciprocity	Unweighted base (n)	Trust	Unweighted base (n)
All income from benefits	61%*	388	61%	383
Feel isolated from friends/family	26%	88	28%	81
Not in control of decisions affecting daily life, or only 'to some extent'	52%	412	53%	410

* denotes non-significant result.

Those with positive views of their mental/emotional health and quality of life were more likely to have positive views of reciprocity and trust. Also, those with positive views of their general health were more likely to have positive views of trust. Obese people were more likely to have positive views of reciprocity.

Those less likely to have positive views of both reciprocity and trust were those who exceeded the recommended weekly limit for alcohol and those who do not eat breakfast every day. Also, those with a high GHQ12 score, binge drinkers and those who consume fewer than five portions of fruit/vegetables per day were less likely to have positive views of trust.

Table 6.8: Positive Perception of Reciprocity (Q71a) and Trust (Q71e) by Health and Wellbeing Measures

	Reciprocity	Unweighted base (n)	Trust	Unweighted base (n)
Positive view of general health	63%*	641	68%	627
Positive view of mental/emotional wellbeing	66%	918	68%	903
Positive view of quality of life	68%	906	68%	892
High GHQ12 score	62%*	232	55%	228
Exceeds weekly limit for alcohol	52%	65	57%	60
Binge drinker	58%*	109	59%	104
Obese	72%	187	68%*	183
Consumes fewer than 5 portions of fruit/veg per day	61%*	732	61%	728
Does not eat breakfast every day	56%	295	60%	290

* denotes non-significant result

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, 60% agreed with this statement.

Comparison with Glasgow City and NHS Greater Glasgow & Clyde Area

Compared to those in Glasgow City and the NHSGGC area as a whole, those in Glasgow SW were less likely to value local friendships. This is shown in Figure 6.3.

Figure 6.3: Whether Value Local Friendships: Glasgow SW, Glasgow City and NHSGGC



Those aged under 35 were the least likely to value local friendships, while those aged 65 or over were the most likely to do so. Women were more likely than men to value local friendships. This is shown in Table 6.9.

Table 6.9: Proportion Value Local Friendships (Q71c) by Age and Gender

	Value Local Friendships	Unweighted base (n)
Age:		
16-24	51%	92
25-34	49%	174
35-44	61%	162
45-54	58%	179
55-64	65%	168
65-74	77%	184
75+	72%	224
Men	52%	477
Women	67%	706
Men 16-44	45%	183
Women 16-44	62%	245
Men 45-64	52%	153
Women 45-64	70%	194
Men 65+	75%	141
Women 65+	74%	267
All	60%	1,183

Those in the most deprived were less likely to value local friendships. This is shown in Table 6.10.

Table 6.10: Proportion Value Local Friendships (Q71c) by Deprivation and Socio Economic Measures

	Value Local Friendships	Unweighted base (n)
Bottom 15% datazones	51%	578
Other datazones	68%	605

Table 6.11 shows that those who felt isolated from family and friends were less likely to value local friendships.

Table 6.11: Proportion Value Local Friendships (Q71c) by Factors Associated with Social Exclusion

	Value Local Friendships	Unweighted base (n)
Feel isolated from family/friends	43%	91

Those with a limiting condition or illness were more likely to value local friendships. Those who consumed fewer than five portions of fruit/vegetables per day and those who did not eat breakfast every day were less likely to value local friendships.

Table 6.12: Proportion Value Local Friendships (Q71c) by Health and Wellbeing Measures

	Value Local Friendships	Unweighted base (n)
Limiting condition/ illness	66%	342
Consumes fewer than 5 portions of fruit/vegetables per day	53%	741
Does not eat breakfast every day	53%	300

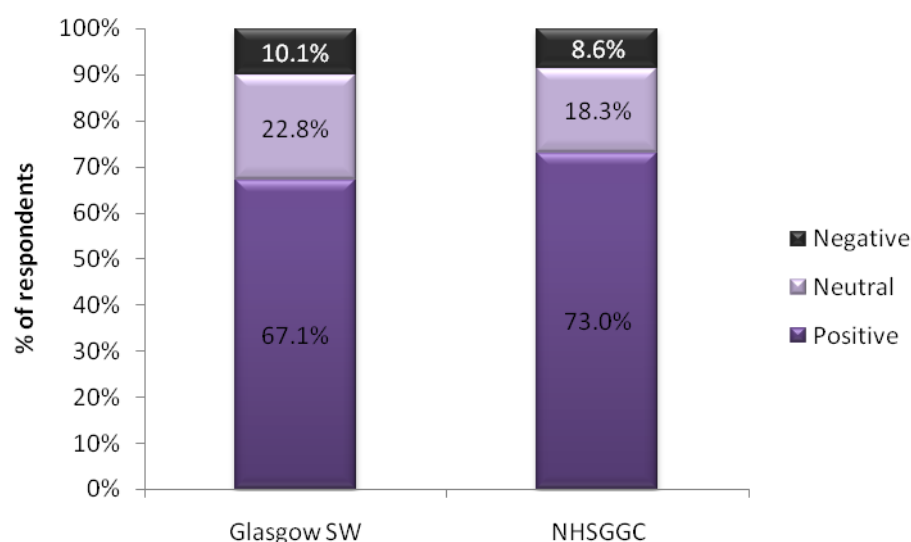
6.6 Social Support

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, 67% overall were positive about social support.

Comparison with NHS Greater Glasgow & Clyde Area

Compared to those in the NHS Greater Glasgow and Clyde area as a whole, those in Glasgow SW were less likely to have a positive view of social support (67% Glasgow SW; 73% NHSGGC).

Figure 6.4: Views of Social Support: Glasgow SW and NHSGGC



Those aged 65 or over were the most likely to have a positive view of social support and those aged 25-34 were the least likely to do so. Also, women were more likely than men to have a positive view of social support.

Table 6.13: Positive View of Social Support (Q71g) by Age and Gender

	Positive View	Unweighted base (n)
Age:		
16-24	70%	91
25-34	52%	170
35-44	69%	162
45-54	65%	179
55-64	68%	168
65-74	77%	182
75+	81%	224
Men	63%	475
Women	71%	701
Men 16-44	62%	182
Women 16-44	64%	241
Men 45-64	58%	152
Women 45-64	74%	195
Men 65+	73%	141
Women 65+	83%	265
All	67%	1,176

Table 6.14 shows that those in the most deprived areas were less likely to have a positive view of social support in their area.

Table 6.14: Positive View of Social Support (Q71g) by Deprivation and Socio Economic Measures

	Positive View	Unweighted base (n)
Bottom 15% datazones	62%	576
Other datazones	71%	600

All three factors associated with social exclusion were associated with a lower likelihood of having a positive view of social support.

Table 6.15: Positive View of Social Support (Q71g) by Factors Associated with Social Exclusion

	Positive View	Unweighted base (n)
All income from benefits	62%	389
Feel isolated from family/friends	44%	88
Not in control of decisions affecting daily life, or only 'to some extent'	54%	418

Table 6.16 shows that for health and wellbeing measures those less likely to have a positive view of social support were those with a high GHQ12 score, those who consume fewer than five portions of fruit/vegetables per day and those who do not eat breakfast every day.

Table 6.16: Positive View of Social Support (Q71g) by Health and Wellbeing Measures

	Positive View	Unweighted base (n)		Positive View	Unweighted base (n)
Positive view of mental/emotional wellbeing	69%	920	Consumes fewer than 5 portions of fruit/vegetables per day	61%	736
Positive view of quality of life	71%	909	Does not eat breakfast every day	61%	297
High GHQ12 score	61%	233			

7 Summary of Comparisons with Glasgow City and NHS Greater Glasgow & Clyde Area

This chapter presents a summary of the comparisons of indicator data from Glasgow South West to those for Glasgow City and the NHS Greater Glasgow & Clyde area as a whole.

7.1 Indicators showing More Favourable Findings

Compared to those in both Glasgow City and the NHS Greater Glasgow & Clyde area as a whole, those in Glasgow South West were:

- (Of those who had used health services in the last year) more likely to feel that they were encouraged to participate in decisions affecting their health or treatment;
- (Of those who had used health services in the last year) more likely to feel that they had a say in how health services are delivered;
- More likely to find it easy to travel to hospital for an appointment;
- Less likely to exceed the recommended weekly limit for alcohol;
- Less likely to have been binge drinkers in the previous week;
- More likely to have participated in at least one sport in the last week, and specifically more likely to have done exercises;
- Less likely to eat fast food takeaways once a week or more;
- More likely to belong to a club/association;
- More likely to feel safe in their own home;
- Less likely to be concerned about the amount of vandalism in their area;
- Less likely to be concerned about the number of assaults/muggings in their area; and
- More likely to have a positive perception of local leisure/sports facilities.

Compared to those in Glasgow City as a whole, those in Glasgow South West were:

- More likely to meet the target for physical activity;
- More likely to meet the target for oily fish consumption;
- Less likely to be concerned about the number of burglaries in their area;
- Less likely to be concerned about 12 of the 13 listed environmental issues;
- More likely to own a car; and
- More likely to have a positive view of trust in their area.

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

- Less likely to report having difficulty getting an appointment to see their GP; and
- Less likely to drink alcohol at least once a week.

7.2 Indicators showing Less Favourable Findings

Compared to those in both Glasgow City and the NHS Greater Glasgow & Clyde area as a whole, those in Glasgow South West were:

- Less likely to give a positive view of their general health;
- Less likely to have a positive view of their physical wellbeing;
- Less likely to have a positive perception of their happiness;
- Less likely to have a positive perception of their quality of life;
- Less likely to brush their teeth twice or more per day;
- Less likely to say it was easy to obtain a hospital appointment;
- Less likely to say that it was easy to get a consultation with a GP within 48 hours when needed;

- Less likely to say that it was easy to get an appointment to see the dentist;
- More likely to exceed the recommended limit of having one high fat and sugary snack per day;
- Less likely to agree with the positive statement about breastfeeding and more likely to agree with the two negative statements;
- Less likely to feel valued as members of their community;
- Less likely to identify with a religion;
- Less likely to feel safe using public transport;
- Less likely to feel safe walking alone in their area even after dark;
- Less likely to have a positive perception of the police;
- Less likely to have a positive perception of activities for young people locally;
- Less likely to have a positive perception of local childcare provision;
- Less likely to have a positive perception of public transport;
- More likely to have difficulty meeting the cost of bills etc;
- More likely to have a problem finding an unexpected sum of £100 or £1,000;
- Less likely to have a positive view of their area as a place to live or to bring up children;
- Less likely to have a positive view of reciprocity in their area; and
- Less likely to value local friendship.

Compared to those in Glasgow City as a whole, those in Glasgow South West were:

- More likely to be receiving treatment for a condition or illness;
- More likely to be receiving treatment for arthritis/rheumatism/painful joints;
- More likely to have a high GHQ12 score, indicating poor mental health; and
- Less likely to have a positive perception of local food shops.

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

- Less likely to have a positive view of their mental/emotional wellbeing;
- More likely to be receiving treatment for stress related conditions;
- Less likely to have visited the dentist in the last six months;
- More likely to be a smoker;
- Less likely to agree that they belonged to the local area;
- More likely to have experienced discrimination in the last year;
- More likely to be concerned about the level of unemployment in their area;
- More likely to be concerned about young people hanging around in their area;
- Less likely to have a positive perception of local schools;
- Less likely to have internet access at home;
- Less likely to have a car;
- More likely to have no qualifications;
- More likely to have a problem finding an unexpected sum of £20;
- Less likely to have a positive view of trust in their area; and
- Less likely to have a positive view of social support in their area.

7.3 Other Significant Differences

Compared to those in both Glasgow City and the NHS Greater Glasgow & Clyde area as a whole, those in Glasgow South West were:

- More likely to have seen a GP in the last year;
- Less likely to have used the GP out of hours service in the last year; and
- (Among those who ever drank alcohol) more likely to drink at someone else's home or at a party with friend.

Compared to those in Glasgow City as a whole, those in Glasgow South West were:

- (Among those who ever drank alcohol) more likely to drink at home;

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

- Less likely to have visited hospital as an outpatient in the last year; and
- (Among those who ever drank alcohol) less likely to drink in a restaurant.

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 were 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 different 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 was weighted before analysis. This replicated the approach taken in earlier surveys.

APPENDIX B: DATA WEIGHTING

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

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:

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

ci 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 is the total number of interviews

t_i is the number of interviews (weighted by the household size wieghting factor) for age/gender/bottom15% versus other areas/CH(C)P area group i

APPENDIX C: INDEPENDENT VARIABLES

The table below lists the independent variables used for the analysis in this report, showing for each the number of categories and how these categories were formed.

Independent Variable	Number of categories	Categories
Gender	2	Men; Women
Age	7	16-24; 25-34; 35-44; 45-54; 55-64; 65-74; 75+
Age/Gender	6	Men 16-44; Women 16-44; Men 45-64; Women 45-64; Men 65+; Women 65+
Bottom 15% vs the rest	2	15% most deprived datazones; Other datazones
Educational Qualifications	2	No qualifications; At least one qualification
Economic activity	2	Economically active household; Economically inactive household (based on main wage earner, and only applicable to those aged under 75)
All income from benefits	2	All household income from benefits; Not all household income from benefits
Whether isolated from family and friends	2	Does ever feel isolated from family/ friends; Does not ever feel isolated from family/friends
Whether have control over decision affecting daily life	2	'Definitely' feel in control of decisions; Only feels in control of decisions 'to some extent' or not at all
Self assessed: general health	2	Q1='excellent' or 'good; Q1='fair' or 'poor'
Self assessed: physical health	2	Positive perception (Q53b); Neutral or negative perception (Q53b)
Self assessed: mental health	2	Positive perception (Q53c); Neutral or negative perception (Q53c)
Quality of life	2	Positive perception (Q53a); Neutral or negative perception (Q53a)
GHQ12	2	High GHQ12 score (4+); Low GHQ12 score (less than 4)
Limiting illness/condition	2	Has long term condition (yes at Q3); Does not have long term condition (no at Q3)
Second Hand Smoke	2	In places with other smokers 'most of the time' or 'some of the time'; 'Seldom' or 'never' in places where others smoke
Current smoking	2	Current smoker; Not current smoker
Exceeds weekly alcohol limits (based on new units)	2	Exceeds weekly (gender-specific) alcohol limits; Does not exceed weekly (gender specific) alcohol limits
Binge drinkers (based on new units)	2	Binge drinker in last week; Not binge drinker in last week
BMI based on new estimates	3	Underweight/ideal(under 25); Overweight (25-29.199); Obese (29.2 or over)
Fruit and veg consumption	2	Consumes 5+ portions of fruit/veg per day; Consumes fewer than 5 portions of fruit/veg per day
Breakfast every day	2	Eats breakfast every day; Does not eat breakfast every day

Appendix D: 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 FOR ANALYSIS 2005	UNIT ASSUMPTION USED 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 E: 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.

APPROVED BY:	Executive		Field		Computing		DATE APPROVED:	
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Main FINAL

NHS Greater Glasgow & Clyde Health and Wellbeing Survey 2008 Questionnaire (IK20408)

OFFICE USE

Serial Number

NAME _____

ADDRESS _____

POSTCODE _____

TELEPHONE _____

INTERVIEWER
ID NUMBER

--	--	--	--

QUESTIONNAIRE
NUMBER

--	--	--	--

AGE

--	--

Social class	AB	1	Occupation of Chief Wage Earner: _____ _____
	C1	2	
	C2	3	
	DE	4	

Good morning/afternoon/evening. My name is from an independent research agency called **mrnk** research. We are carrying out a research study on behalf of the NHS Greater Glasgow and Clyde. I wonder if I could ask you some questions? The survey is about your health including issues such as diet, exercise and the area you live in

(IF REQUIRED): ***(It should take about half an hour.)***

This interview has been conducted within the Code of Conduct of the Market Research Society.

INTERVIEWER SIGN _____

INTERVIEWER PRINT _____

DATE OF INTERVIEW _____

--	--	--	--	--	--	--	--	--

OFFICE USE Serial Number				

JOB
NUMBER

--	--	--	--	--	--	--	--	--

INTERVIEWER
ID NUMBER

--	--	--	--

QUESTIONNAIRE
NUMBER

--	--	--	--

DO NOT FILL IN
RESPONDENT DETAILS ON THIS PAGE

FILL IN ALL OTHER INFO

THANKS

START TIME

--	--	--	--

FINISH TIME

--	--	--	--

This interview has been conducted within the Code of Conduct of the Market Research Society.

INTERVIEWER SIGN

INTERVIEWER PRINT

DATE OF INTERVIEW

EDITED BY

DATE

CODED BY

DATE

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=1,199)**

Excellent	12.4
Good	53.6
Fair	23.1
Poor	10.9
Don't know	n/a

GO TO Q2

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=1,181)**

1	Coronary heart disease	7.1
2	Stroke	1.8
3	Arthritis; rheumatism ; painful joints	12.9
4	Osteoporosis	1.7
5	Chronic pain	3.6
6	Clinical depression	2.9
7	Diabetes	5.6
8	Cancer	1.1
9	Asthma, bronchitis, or persistent cough	5.7
10	Epilepsy	0.7
11	Acquired brain injury	0.1
12	Stress related conditions, e.g. difficulty sleeping or concentrating	4.6
13	Severe hearing problems	1.1
14	Severe eyesight problems	1.6
15	Accident / injury	1.5
16	Gastro-intestinal problems, e.g. peptic ulcer disease, irritable bowel syndrome	1.8
17	High blood pressure	10.0
18	Drug or alcohol related conditions	0.5
19	Sexually transmitted infections, e.g. gonorrhoea, syphilis, chlamydia	0.1
	None	60.8
	Refused	n/a
	Other	2.3

GO TO Q3

GO TO Q2A

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

Q2a Other (please specify) – **RECORD VERBATIM (107 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=1,195)**

Yes	22.0	GO TO Q4
No	78.0	GO TO Q6
Refused	n/a	

Q4	Thinking of these conditions and/or illnesses, would you describe yourself as having...? (READ OUT AND CODE ALL THAT APPLY) (N=346)		
	A physical disability	42.2	
	A mental or emotional health problem	13.6	
	A long-term illness	56.4	GO TO Q5
	Don't know	0.9	
	Other	0.1	GO TO Q4A

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

Q4a Other (please specify) – **RECORD VERBATIM (7 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
A	Taking up training (N=249)	61.2	31.0	7.8	n/a
B	Holding down or obtaining a job (N=248)	64.4	25.8	9.7	n/a
C	Taking exercise/physical activity (N=322)	60.2	31.6	8.2	n/a
D	Socialising (N=333)	32.6	54.4	13.0	n/a

GO TO Q6

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
a.	Seen a GP? (N=1,204)	84.3
b.	Seen a nurse/midwife from your surgery? (N=1,203)	41.9
c.	Seen a physiotherapist/chiroprapist/dietician/occupational therapist/clinical psychologist from your surgery? (N=1,204)	16.7
d.	Seen someone else from your surgery e.g. health care assistant? (N=1,205)	9.3

GO TO Q7

Q7 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=1,205)	15.1
b. Contacted NHS24? (N=1,205)	13.5
c. Been to accident and emergency? (N=1,205)	7.5
d. Visited a hospital out-patient department to see a doctor? (Do not include visits for an X-ray or other tests) (N=1,203)	16.6
e. Been admitted to hospital (either as a day case or for a longer stay)? (N=1,204)	10.9
f. Used GP out of hours service (GEMS) (N=1,205)	1.6

GO TO Q8

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
A	Were you given adequate information about your condition or treatment? (N=869)	58.7	38.0	3.3	n/a	n/a
B	Have you been encouraged to participate in decisions affecting your health or treatment? (N=794)	50.2	40.8	9.0	n/a	n/a
C	Do you feel that you have a say in how these services are delivered? (N=791)	23.8	59.9	16.3	n/a	n/a
D	Do you feel that your views and circumstances are understood and valued? (N=783)	24.3	61.2	14.5	n/a	n/a

GO TO Q9

Q9 Are you registered with a dentist? **SINGLE CODE (N=1,201)**

Yes	74.2	GO TO Q10
No	25.8	GO TO Q11
Refused	n/a	

Q10 Do you receive NHS or private dental treatment? **SINGLE CODE (N=824)**

NHS	93.1	GO TO Q11
Private	6.9	
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=1,020)**

Within last 6 months	43.4	GO TO Q12
Within 6 months to 15 months	32.9	
Over 15 months	23.8	
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=1,198)

All of them	56.3	GO TO Q13
Some of them	31.9	
None of them	11.8	GO TO Q14
Refused	n/a	

Q13 How often do you brush your teeth? **SINGLE CODE (N=952)**

Twice or more a day	69.5	GO TO Q14
About once a day	27.8	
Less than once a day	2.1	
Seldom or never	0.6	
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
A	Get an appointment to see your GP? (N=1,151)	2.5	3.9	17.5	49.5	26.6	n/a
B	Access health services in an emergency? (N=717)	1.1	3.7	13.5	50.0	31.7	n/a
C	Obtain an appointment at the hospital? (N=777)	4.0	10.1	33.6	32.9	19.4	n/a
D	Travel to the hospital for an appointment? (N=1,005)	0.8	3.0	11.3	51.8	33.1	n/a
E	Get an appointment to see the dentist? (N=911)	1.5	3.2	36.1	33.0	26.3	n/a
F	When needed, get a consultation with someone at your GP surgery within 48 hours? (N=819)	1.5	4.0	38.5	34.7	21.4	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.

**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**

Q15 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=1,205)

a) ...been able to concentrate on whatever you're doing?	Better than usual 1.9	Same as usual 86.0	Less than usual 10.9	Much less than usual 1.2
b) ...lost much sleep over worry?	Not at all 25.1	No more than usual 51.1	Rather more than usual 21.5	Much more than usual 2.3
c) ...felt that you are playing a useful part in things?	More so than usual 2.9	Same as usual 86.4	Less useful than usual 10.0	Much less useful 0.7
d) ...felt capable of making decisions about things?	More so than usual 2.0	Same as usual 87.9	Less so than usual 9.7	Much less capable 0.5
e) ...felt constantly under strain?	Not at all 22.7	No more than usual 55.4	Rather more than usual 21.0	Much more than usual 0.9
f) ...felt you couldn't overcome your difficulties?	Not at all 19.2	No more than usual 65.9	Rather more than usual 14.2	Much more than usual 0.7
g) ...been able to enjoy your normal day-to-day activities?	More so than usual 5.0	Same as usual 82.9	Less so than usual 11.2	Much less than usual 0.9
h) ...been able to face up to your problems?	More so than usual 1.6	Same as usual 83.0	Less able than usual 14.9	Much less able 0.5
i) ...been feeling unhappy and depressed?	Not at all 42.4	No more than usual 43.8	Rather more than usual 12.7	Much more than usual 1.1
j) ...been losing confidence in yourself?	Not at all 41.5	No more than usual 47.2	Rather more than usual 10.3	Much more than usual 0.9
k) ...been thinking of yourself as a worthless person?	Not at all 42.3	No more than usual 49.9	Rather more than usual 7.0	Much more than usual 0.8
l) ...been feeling reasonably happy, all things considered?	More so than usual 5.2	About same as usual 84.0	Less so than usual 10.2	Much less than usual 0.6

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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=1,205)

	None of the time	Rarely	Some of the time	Often	All of the time
I've been feeling optimistic about the future	1.4	8.1	43.9	32.2	14.3
I've been feeling useful	0.8	6.6	44.1	36.7	11.8
I've been feeling relaxed	0.9	8.1	51.0	33.8	6.2
I've been interested in other people	0.6	3.8	42.4	32.9	20.3
I've had energy to spare	2.8	13.4	53.5	23.7	6.7
I've been dealing with problems well	0.4	3.5	51.4	36.3	8.4
I've been thinking clearly	0.3	3.6	44.8	36.4	14.9
I've been feeling good about myself	0.5	6.8	47.0	34.8	10.9
I've been feeling close to other people	0.2	4.8	42.3	37.5	15.1
I've been feeling confident	0.7	5.0	48.0	35.8	10.5
I've been able to make up my own mind about things	0.2	3.0	48.1	31.8	16.9
I've been feeling loved	0.5	4.4	39.8	40.4	14.9
I've been interested in new things	0.8	7.7	43.2	32.7	15.7
I've been feeling cheerful	0.4	4.5	49.2	37.4	8.5

GO TO Q17

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

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=1,205)

Yes	4.2	GO TO Q18
No	95.8	GO TO Q21

Q18 How many people had an accidental injury in the home in the past year? (N=44)

WRITE IN NUMBER OF PEOPLE IN THE BOX:

GO TO Q19

1: 97.0 2: 1.4 3: 1.6

Q19 How many of the people who had an accidental injury in the past year were aged under 16 at the time? (N=44)

WRITE NUMBER OF UNDER 16's IN THE BOX:

GO TO Q20

0: 56.1 1: 42.6 2: 1.4

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

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 – INCLUDING THOSE AGED 16 AND OVER)

	DR or Nurse (Not at Hospital)		At Hospital	
Person 1 (N=44)	0 1	22.2 77.8	0 1	27.2 72.8
Person 2 (N=2)	0 1	53.3 46.7	0 1	0.0 100.0
Person 3 (N=1)	0	100.0	1	100.0
Person 4				
Person 5				
Person 6				
Person 7				
Person 8				

GO TO Q21

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=1,204)

Most of the time	22.8
Some of the time	17.0
Seldom	22.9
Never	37.2
Don't know	n/a

GO TO Q22

Q22 **SHOWCARD 5.** Which of the following statements best describes you at present?
SINGLE CODE (N=1,205)

a.	I have never smoked tobacco	47.9	GO TO INSTRUCTION BEFORE Q25
b.	I have only tried smoking once or twice	1.4	
c.	I have given up smoking	14.6	
d.	I smoke some days	4.3	GO TO Q23
e.	I smoke every day	31.8	

Q23 On average, how many cigarettes a day do you smoke? (N=424)
(WRITE NUMBER OF CIGARETTES IN THE BOX)
(CODE AS '995' IF THE PERSON ONLY SMOKES CIGARS / PIPE / LOOSE TOBACCO. CODE AS 999 FOR DON'T KNOW)

WRITE NUMBER IN THE BOX:

mean	17.74
------	-------

GO TO Q24

Q24 Do you intend to stop smoking? **SINGLE CODE (N=429)**

Yes	30.4	GO TO INSTRUCTION BEFORE Q25
No	69.6	

ASK Q25 OF THOSE RESPONDING C, D OR E AT Q22. OTHERWISE GO TO Q27

Q25 We are interested in whether people use any of the nicotine replacement products that are now available, such as nicotine chewing gum or patches. Have you used any of the following nicotine replacements products in the last year? **READ OUT (N=637)**

Nicotine gum e.g. Nicorette, NiQuitin, Nicotinelle	4.2	GO TO INSTRUCTION AFTER Q25
Nicotine patches that you stick on your skin e.g. Nicorette, Nicoderm, Nicotinelle	10.3	
Nasal spray / nicotine inhaler e.g. Nicorette, Nicotrol	2.2	
No	86.3	
Other	0.2	

IF CODED 'OTHER' AT Q25 GO TO Q25A, OTHERWISE GO TO INSTRUCTION BEFORE Q26

Q25A Other (please specify) – **RECORD VERBATIM (2 Responses)**

GO TO INSTRUCTION BEFORE Q26

IF YES USED GUM, PATCHES OR NASAL SPRAY / INHALERS AT Q25 ASK Q26 OTHERWISE GO TO Q27

Q26 Was your use of these products accompanied by stop smoking support? (N=77)

Yes	15.2	GO TO Q26A
No	84.8	GO TO Q27

Q26a Which of these NHS Smokefree services did you use? **READ OUT (N=12)**

Community Group	11.0
Pharmacy Service	48.1
Hospital Service	13.3
Pregnancy service	0.0
Other	27.6

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

Q26b Other (please specify) – **RECORD VERBATIM (3 Responses)**

GO TO Q27

Q27 How often do you drink alcohol? **PROBE TO PRECODE – SINGLE CODE (N=1,200)**

Never	38.9	GO TO Q32
Less than once a month	20.5	
More than once a month but not weekly	12.6	
1-2 days per week	24.5	GO TO Q28
3-5 days per week	2.0	
6-7 days per week	1.3	
Refused		

Q28 Have you had a drink containing alcohol in the past 7 days? **SINGLE CODE (N=693)**

Yes	46.5	GO TO Q28A
No	53.5	GO TO Q30

Q28a **SHOWCARD 6.** Have you had any of the following in the past 7 days? **(N=313)**

Normal strength beer/lager/stout/cider (e.g. McEwan's lager, heavy) – Pints	27.5
Normal strength beer/lager/stout/cider (e.g. McEwan's lager, heavy) – Cans	13.1
Normal strength beer/lager/stout/cider (e.g. McEwan's lager, heavy) – Bottles	8.2
Strong beer/lager/cider (e.g. Guinness, Murphy's, Budweiser) – Pints	0.0
Strong beer/lager/cider (e.g. Guinness, Murphy's, Budweiser) – Cans	3.5
Strong beer/lager/cider (e.g. Guinness, Murphy's, Budweiser) – Bottles	0.4
Extra strong beer/lager/ cider (e.g. Tennant's super lager) – Pints	0.4
Extra strong beer/lager/ cider (e.g. Tennant's super lager) – Cans	0.6
Extra strong beer/lager/ cider (e.g. Tennant's super lager) – Bottles	2.7
Single measures of spirits (e.g. whisky, gin, vodka) (a bottle contains 28 measures)	28.4
Single measures of Martini/sherry/buckfast/Mad Dog 20/20 (a bottle contains 14 measures)	1.4
Glasses of wine – Small Glass	15.8
Glasses of wine – Large Glass	9.4
½ bottle of wine	4.2
Full bottle of wine	4.7
Small bottles (300ml) of alcoholic carbonate (alcopops, such as Smirnoff Ice and Bacardi Breezer)	2.4
Large bottles (1.5litre) of alcoholic carbonate (alcopops, such as Smirnoff Ice and Bacardi Breezer)	0.0
Other	0.3

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 (1 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		FRI		SAT		SUN	
Normal strength beer/lager/stout/cider (e.g. McEwan's lager, heavy)														
Pints														
Cans														
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														
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														
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 carbonate (alcopops, such as Smirnoff Ice and Bacardi Breezer)														
Please tell me how much you drink on each day in the past week of <%Q28b>														

GO TO Q30

Q30 Where have you had a drink in the last 6 months? **READ OUT AND CODE ALL THAT APPLY (N=693)**

In a pub	56.8
In a restaurant	24.6
In a club or disco	12.1
At a party with friends	25.5
At my home	75.9
At someone else's home	40.1
Out on the street, in a park or other outdoor area	1.2
Somewhere else	2.1

IF CODED 'SOMEWHERE ELSE' AT Q30 GO TO Q30A, OTHERWISE GO TO Q31

Q30a Somewhere else (write in) – **RECORD VERBATIM (12 Responses)**

GO TO Q31

Q31 In which place did you drink the most alcohol (again in the last 6 months)? **(N=693)**

In a pub	34.5
In a restaurant	2.4
In a club or disco	4.2
At a party with friends	5.9
At my home	45.7
At someone else's home	6.8
Out on the street, in a park or other outdoor area	0.0
Somewhere else	0.5

GO TO Q32

GO TO Q31A

IF CODED 'SOMEWHERE ELSE' AT Q31 GO TO Q31A, OTHERWISE GO TO Q32

Q31a Somewhere else (write in) – **RECORD VERBATIM (5 Responses)**

GO TO Q32

Q32 Now I'd like to ask you some questions about the food you eat. On average, how many portions of fruit do you eat EACH DAY? Examples of a portion are one apple, one tomato, 2 tablespoons canned fruit, one small glass of fruit juice.
(WRITE NUMBER IN BOX. IF LESS THAN ONE, WRITE '0'; IF DON'T KNOW CODE AS 99) (N=1,204)

WRITE NUMBER IN THE BOX:

mean	1.97
------	------

GO TO Q33

Q33 On average, how many portions of vegetables or salad (not counting potatoes) do you eat each day? A portion of vegetables is 2 tablespoons.
(WRITE NUMBER IN BOX. IF LESS THAN ONE, WRITE '0'; IF DON'T KNOW CODE AS 99) (N=1,204)

WRITE NUMBER IN THE BOX:

mean	2.11
------	------

GO TO Q34

- Q34 How often per day 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=1,202)

WRITE NUMBER IN THE BOX:

mean	1.47
------	------

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=1,202)

WRITE NUMBER IN THE BOX:

mean	2.26
------	------

GO TO Q36

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

- Q36 How often PER WEEK 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=1,204)

WRITE NUMBER IN THE BOX:

mean	1.01
------	------

GO TO Q37

- Q37 How frequently do you eat fast food takeaways? **PROBE TO PRECODE (N=1,205)**

Never	21.7
Less than once a month	40.7
More than once a month but not weekly	23.5
1-2 days a week	13.6
3-5 days a week	0.4
6-7 days a week	0.2

GO TO Q38

- 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=1,183)

WRITE NUMBER IN THE BOX:

GO TO Q39

0	1	2	3	4	5	6	7
12.6	1.2	3.7	2.3	3.7	4.2	2.0	70.4

Q39 What, if anything, did you eat for breakfast this morning?
(code as many as apply) (N=1,205)

Nothing	16.8
Breakfast cereal	43.1
Porridge/rice porridge	11.0
Bread / toast	42.3
Fruit (incl. fresh fruit juice/smoothie, but not fruit squash/cordial)	11.0
Yoghurt	1.8
Meat (e.g. bacon, sausage, black pudding)	2.7
Egg(s)	4.0
Breakfast bar, e.g. Nutrigrain	0.1
Pastry, e.g. croissant, pain au chocolat, pie	0.1
Other	2.7

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

Q39a Other (please specify) – **RECORD VERBATIM (49 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 Agree	Tend to Agree	Tend to Disagree	Strongly Disagree	Don't know
a.	Women should be made to feel comfortable breastfeeding their babies in public (N=1,036)	30.1	54.1	11.6	4.1	n/a
b.	Women should only breastfeed their babies at home or in private (N=1,023)	5.9	21.8	48.0	24.3	n/a
c.	I would feel embarrassed seeing a women breastfeeding her baby (N=1049)	5.6	24.1	48.3	22.0	n/a

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 OR 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=1,110) Stone Pounds
Or
b. Kilograms (N=27)

GO TO Q42

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.

a. Feet / inches (N=1,169)

--	--	--

 Feet

--	--	--

 Inches GO TO Q43
Or
b. Centimeters (N=12)

--	--	--

Q43 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=1,205)

WRITE NUMBER IN THE BOX:

--

GO TO Q44

0	1	2	3	4	5	6	7
25.5	4.4	9.5	9.8	15.6	14.4	2.7	18.0

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=1,205)

WRITE NUMBER IN THE BOX:

--

GO TO Q45

0	1	2	3	4	5	6	7
57.7	4.9	14.6	7.3	5.2	6.1	0.8	3.5

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=1,205)

Yes – all activities have been included	97.5	GO TO Q48
No – there are more activities to add	2.5	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=35)

WRITE NUMBER IN THE BOX:

--

GO TO Q47

0	1	2	3	4	5	6	7
0.0	4.7	19.6	8.0	45.4	14.1	2.6	5.6

- Q47 And including **ALL** 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=34)

WRITE NUMBER IN THE BOX:

GO TO Q48

0	1	2	3	4	5	6	7
51.5	1.9	20.7	8.7	5.6	5.7	0.0	5.8

- 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 **4 WEEKS** and how many days a week you did them?
Include teaching, coaching, training and practice sessions.

	Yes, done 1 day a week	Yes, done 2 days a week	Yes, done 3 days a week	Yes, done 4 days a week	Yes, done 5 days a week	Yes, done 6 days a week	Yes, done 7 days a week	No, have not done in last 4 weeks	Don't know
Swimming (N=1,183)	9.0	3.2	0.7	0.2	0.1	0.1	0.1	86.8	n/a
Cycling (N=1,174)	1.8	1.4	0.7	0.4	0.3	0.0	1.1	94.4	n/a
Workout at a gym / exercise bike / weight training (N=1,171)	2.8	5.6	2.7	1.6	0.2	0.3	1.0	85.7	n/a
Aerobics / Keep Fit / Gymnastics / Dance for Fitness (N=1,169)	3.8	1.7	0.9	0.4	0.1	0.3	0.7	92.2	n/a
Any other type of dancing (N=1,164)	1.8	0.7	0.4	0.1	0.0	0.1	0.4	96.5	n/a
Running / jogging (N=1,164)	1.0	1.6	1.2	0.6	0.6	0.0	1.4	93.6	n/a
Football / rugby (N=1,162)	2.0	2.8	0.9	0.0	0.0	0.0	0.5	93.9	n/a
Badminton / Tennis (N=1,162)	0.6	0.7	0.0	0.0	0.0	0.0	0.5	98.2	n/a
Squash (N=1,162)	0.1	0.3	0.1	0.0	0.0	0.0	0.5	99.0	n/a
Exercises (e.g. press-up, sit ups) (N=1,181)	1.5	3.4	2.0	1.6	1.0	0.1	0.8	89.4	n/a

GO TO Q49

- Q49 Have you done any other sport or exercise not listed on the card? (N=1,205)

Yes	16.1	GO TO Q50
No	83.9	GO TO Q51

Q50 Probe for name of sport or exercise and write in – **RECORD VERBATIM.**
Note to Interviewer: If done more than 1, prompt for most recent.
(198 responses)

a.

b. Ask frequency as above **(N=199)**

1 day a week	12.0
2 days a week	7.2
3 days a week	14.6
4 days a week	16.2
5 days a week	27.6
6 days a week	8.8
7 days a week	13.6

GO TO Q51

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=1,205)**

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=1,204)**

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=1,205)

1	2	3	4	5	6	7
5.7	28.8	45.8	15.1	2.8	1.6	0.3

GO TO Q54

b. Which face best rates your general physical well being?
(WRITE NUMBER IN BOX) (N=1,205)

1	2	3	4	5	6	7
12.5	22.4	38.9	17.3	4.7	2.8	1.5

c. Which face best rates your general mental or emotional well being?
(WRITE NUMBER IN BOX) (N=1,205)

1	2	3	4	5	6	7
13.4	29.8	38.2	13.0	3.1	1.7	0.8

- 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=1,205)**

WRITE NUMBER IN THE BOX:

GO TO Q55

1	2	3	4	5	6	7
8.0	27.6	40.9	16.3	3.2	1.8	2.1

- Q55 **SHOWCARD 9.** And how do you feel about this area as a place in which to bring up children? **(N=1,205)**

WRITE NUMBER IN THE BOX:

GO TO Q56

1	2	3	4	5	6	7
7.7	24.8	39.2	19.2	4.1	2.7	2.3

- 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
A	The level of unemployment in your area (N=918)	8.3	12.7	18.9	17.0	14.8	16.8	11.5	n/a
B	The number of burglaries in your area (N=1,096)	7.4	30.5	44.2	12.1	3.9	1.2	0.8	n/a
C	The amount of vandalism / graffiti in your area (N=1,161)	7.7	24.4	40.3	16.5	6.5	2.6	1.9	n/a
D	The number of assaults / muggings in your area (N=1,033)	8.8	27.3	41.0	14.7	4.6	2.4	1.3	n/a
E	The amount of drug activity in your area (N=893)	7.9	17.0	33.3	15.9	16.8	5.4	3.7	n/a
F	The level of alcohol consumption in your area (N=1,118)	6.5	14.1	31.3	23.1	17.0	4.7	3.2	n/a
G	Young people hanging around in your area (N=1,174)	7.4	14.6	33.3	20.4	18.2	4.0	2.1	n/a
H	The amount of car crime in your area (N=911)	8.9	30.3	37.7	10.7	7.5	3.1	1.8	n/a

GO TO Q57

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
A	The amount of rubbish lying about in your area (N=1,193)	8.2	24.3	37.7	16.7	6.2	3.4	3.5	n/a
B	The amount of noise and disturbance in your area (N=1,199)	7.2	19.2	38.3	24.3	7.6	2.1	1.3	n/a
C	The standard of street lighting in your area (N=1,199)	12.8	32.8	40.5	9.8	3.0	0.9	0.3	n/a
D	The amount of vacant/derelict land in your area (N=1,159)	9.4	31.2	43.4	9.7	3.4	2.4	0.6	n/a
E	The number of vacant/derelict buildings in your area (N=1,154)	9.3	33.2	40.2	10.8	3.6	2.1	0.9	n/a
F	The amount of dog's dirt in your area (N=1,187)	4.3	15.2	30.4	32.8	7.3	5.5	4.5	n/a
G	The number of abandoned cars in your area (N=958)	15.7	35.4	34.8	10.6	2.2	1.2	0.1	n/a
H	The amount of traffic in your area (N=1,198)	4.9	20.6	32.8	25.6	9.4	4.7	2.0	n/a
I	The level of smells from sewers in your area (N=1,191)	14.6	31.9	42.4	7.8	2.4	0.7	0.3	n/a
J	The amount of broken glass lying around in your area (N=1,192)	8.5	26.0	45.1	14.0	3.6	1.5	1.2	n/a
K	The number of uneven pavements in your area (N=1,188)	3.4	36.1	40.6	11.6	4.6	1.5	2.2	n/a
L	The availability of safe play spaces in your area (N=913)	6.4	34.5	35.2	10.6	4.5	4.9	3.8	n/a
M	The availability of pleasant places to walk etc in your area (N=1,132)	6.7	31.9	40.1	12.7	4.7	1.8	2.2	n/a

GO TO Q58

Q58 Do you belong to any social clubs, associations, church groups or anything similar?
SINGLE CODE (N=1,205)

Yes	17.8	GO TO Q59
No	82.2	GO TO Q61

Q59 How many do you attend regularly in your local area? And elsewhere? **(N=234)**
(Write number in each box. If 'none' write in '0'.)

a. Your local area
(WRITE NUMBER IN BOX)

mean	1.19
------	------

GO TO Q60

b. Elsewhere
(WRITE NUMBER IN BOX)

mean	0.18
------	------

Q60 In the past 3 years, have you had any responsibilities in the groups you belong to, such as being a committee member, raising funds, organising events, or doing administrative or clerical work? **SINGLE CODE (N=234)**

Yes	29.7
No	70.3

GO TO Q61

Q61 **X**

Q62 Do you act as a volunteer? **SINGLE CODE (N=1,205)**

Yes	3.9	GO TO Q63
No	96.1	GO TO Q64

Q63 How many hours (approximately) do you volunteer per week? **(N=44)**

WRITE NUMBER IN THE BOX:

mean	4.68
------	------

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=1,205)

GO TO Q65

<input type="text"/>	<input type="text"/>	Years	<input type="text"/>	<input type="text"/>	Months
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Q65 How long have you lived in your present home?
(WRITE IN YEARS AND/OR MONTHS). INTERVIEWER PLEASE ENSURE THAT THE LENGTH OF TIME RESPONDENT HAS LIVED IN THEIR PRESENT HOME DOES NOT EXCEED LENGTH OF TIME THEY HAVE LIVED IN THEIR NEIGHBOURHOOD/LOCAL AREA (Q64). IF DON'T KNOW OR REFUSED ENTER 99 IN YEARS (N=1,205)

GO TO Q66

<input type="text"/>	<input type="text"/>	Years	<input type="text"/>	<input type="text"/>	Months
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Q66 Do you have access to the internet? **SINGLE CODE (N=1,205)**

Yes	54.6	GO TO Q67
No	45.4	GO TO Q68

Q67	Is this at home, elsewhere or both? SINGLE CODE (N=504)		
	Home	61.5	
	Elsewhere	7.7	GO TO Q68
	Both	30.8	
Q68	Is there anything about your home that affects your health? SINGLE CODE (N=1,205)		
	Yes	5.0	GO TO Q69
	No	95.0	GO TO Q70
Q69	What would that be? – RECORD VERBATIM (56 Responses)		
			GO TO Q70
Q70	Is your home bought or rented? SINGLE CODE (N=1,203)		
	Owner occupied/being bought	48.1	
	Rented from private owner	11.8	
	Rented from local housing association or Glasgow Housing Association	39.7	GO TO Q71
	B&B/Hostel	0.0	
	Refused	n/a	
	Other	0.4	GO TO Q70A
IF CODED 'OTHER' AT Q70 GO TO Q70A, OTHERWISE GO TO Q71			
Q70a	Other (please specify) – RECORD VERBATIM (3 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
A	This is a neighbourhood where neighbours look out for each other (N=1,168)	11.9	51.6	22.5	11.0	3.0	n/a
B	I feel I belong to this local area (N=1,188)	11.5	51.7	20.4	12.4	3.9	n/a
C	The friendships and associations I have with other people in my local area mean a lot to me (N=1,183)	9.8	50.1	31.5	6.6	2.1	n/a
D	I feel valued as a member of my community (N=1,170)	5.8	37.2	34.5	19.2	3.4	n/a
E	Generally speaking, you can trust people in my local area (N=1,151)	8.7	56.2	26.8	6.3	2.0	n/a
F	By working together, people in my neighbourhood can influence decisions that affect my neighbourhood (N=1,124)	9.6	53.1	28.9	6.6	1.8	n/a
G	If I have a problem, there is always someone to help me (N=1,176)	9.7	57.4	22.8	8.3	1.8	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=1,202)

WRITE NUMBER IN THE BOX:

mean	0.95
------	------

GO TO Q73

Q73 Do you ever feel isolated from family and friends? **SINGLE CODE (N=1,202)**

Yes	7.5
No	92.5
Refused	n/a

GO TO Q74

Q74 SHOWCARD 13. Please look at the card I've given you and tell me what you think of the quality of services in your area.

(READ OUT AND CODE ONE FOR EACH)

		Very Poor	Poor	Adequate	Good	Excellent	Don't know
A	Food shops (N=1,189)	1.7	6.9	30.3	52.5	8.5	n/a
B	Local schools (N=592)	0.4	1.9	27.6	66.9	3.3	n/a
C	Public transport (N=1,121)	0.7	3.7	24.9	58.3	12.4	n/a
D	Activities for young people (N=836)	6.2	32.2	30.3	30.3	1.0	n/a
E	Leisure / sports facilities (N=888)	2.5	10.8	27.5	53.0	6.3	n/a
F	Childcare provision (N=448)	3.1	18.2	36.2	40.4	2.1	n/a
G	Police (N=1,047)	2.2	18.6	52.5	25.9	0.9	n/a

GO TO Q75

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=1,202)

Walking	20.7
Driver car / van	39.1
Passenger car / van	7.2
Motorcycle / moped	0.0
Bicycle	0.5
School bus	0.0
Works bus	0.0
Ordinary (service) bus	28.0
Taxi / minicab	1.8
Train	0.4
Underground	2.3
Ferry	0.0
Aeroplane	0.0
Horse-riding	0.0
Other	0.0

GO TO Q76

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
A	I feel safe using public transport in this local area (N=1,069)	24.3	58.9	15.4	0.9	0.6	n/a
B	I feel safe walking alone around this local area even after dark (N=1,079)	7.3	43.4	26.5	16.0	6.8	n/a
C	I feel safe in my own home (N=1,196)	39.9	59.2	0.4	0.4	0.2	n/a

GO TO Q77

Q77 **SHOWCARD 15.** Taking all things into account, which face best indicates how happy you are in general? **(N=1,205)**

WRITE NUMBER IN THE BOX:

GO TO Q78

1	2	3	4	5	6	7
6.1	34.2	43.2	11.9	3.2	1.0	0.4

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=1,192)**

Definitely	67.1
To some extent	31.1
No	1.8
Don't know	n/a

GO TO Q79

Q79 Now I'd like to ask you about the members of your household.

A: How many people are there in this household (including yourself)?
(N=1,205)

WRITE NUMBER IN THE BOX:

--	--

1	2	3	4	5	6	7	8	9	10
21.6	34.9	20.5	15.9	4.9	0.6	1.0	0.5	0.0	0.2

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			AGE				WORK STATUS		
	1 = Male	2 = Female	3 = Transsexual	Write in age last birthday				1 = Employed	2 = Education	3 = Unemployed
			4 = Refused					4 = Other / Retired / under 16	5 = Refused	
1 = Respondent	Q79a (N=1,205)			Q79ab (N=1,205)				Q79ac (N=1,205)		
2	Q79b (N=696)			Q79ba (N=695)				Q79bb (N=692)		
3	Q79c (N=303)			Q79ca (N=299)				Q79cb (N=303)		
4	Q79d (N=140)			Q79da (N=140)				Q79db (N=140)		
5	Q79e (N=38)			Q79ea (N=37)				Q79eb (N=38)		
6	Q79f (N=10)			Q79fa (N=10)				Q79fb (N=10)		
7	Q79g (N=6)			Q79ga (N=6)				Q79gb (N=6)		
8	Q79h (N=3)			Q79ha (N=3)				Q79hb (N=3)		
9	Q79i (N=1)			Q79ia (N=1)				Q79ib (N=1)		
10	Q79j (N=1)			Q79ja (N=1)				Q79jb (N=1)		
11	Q79k			Q79ka				Q79kb		
12	Q79l			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=1,179)**

Bisexual	0.1
Gay or lesbian (same sex relationship)	0.4
Heterosexual (opposite sex relationships)	90.7
Other	8.8
Prefer not to answer	n/a

GO TO Q81

Q81 SHOWCARD 16. What is the highest level of educational qualifications you've obtained? **SINGLE CODE (N=1,205)**

A	School leaving certificate	12.6
B	'O' Grade, Standard Grade, GCSE, CSE, Senior Cert or equivalent	28.9
C	Higher Grade, CSYS, 'A' Level, AS Level, Advanced Senior Cert or equivalent	12.0
D	GSVQ/SVQ Level 1 or 2, Scotvec Module, BTEC First Diploma, City and Guilds Craft, RSA or equivalent	5.7
E	GSVQ/SVQ Level 3, ONC, OND, Scotvec National Diploma, City and Guilds Advanced Craft, RSA Advanced Diploma or equivalent	3.5
F	Apprenticeship / trade qualification	1.5
G	HNC, HND, SVQ Level 4 or 5, RSA Higher Diploma or equivalent	6.3
H	First Degree, Higher Degree	4.7
I	None	24.1
	Other Professional qualification	0.7

GO TO Q82

GO TO Q81A

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

Q81a Other Professional qualification (specify) – RECORD VERBATIM (12 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=1,205)**

Yes	74.8
No	25.2

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=1,205)	Q83a Main Wage Earner (N=202)
Employed full-time	38.0	76.3
Employed part-time	6.7	1.1
Unemployed and seeking work	9.6	5.1
Unable to work due to illness or disability	8.9	4.3
Retired	21.9	11.8
Looking after home/family	9.4	1.4
In full-time education/training	5.2	0.0
In part-time education/training	0.2	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 (1,012 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 (1,196 Responses)

WRITE IN NUMBER:

mean	1.67
------	------

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=1,205)**

Manufacturing and mining	7.7
Construction	9.5
Transport	8.4
Health service	8.3
Local or national government	5.9
Service industries (e.g. banking, insurance, travel, entertainment)	11.7
Retail services	13.1
Catering/food preparation	4.9
Professional services (e.g. teaching, legal, surveying services)	2.7
Voluntary or community sector	1.0
Other	26.7

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

- Q86a Other (please specify) – **RECORD VERBATIM (298 Responses)**

GO TO Q87

Q87 SEG (N= 1,205)

A	1.9
B	9.7
C1	26.4
C2	23.6
D	20.6
E	17.8

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=77)

Years Months
 Never GO TO Q89

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
A	Rent/mortgage (N=1,089)	0.4	4.0	27.5	68.2	n/a	n/a	n/a
B	Gas, electricity and other fuel bills (N=1,168)	1.1	9.3	42.9	46.7	n/a	n/a	n/a
C	Telephone bill (N=1,129)	0.4	4.5	36.0	59.0	n/a	n/a	n/a
D	Council tax, insurance (N=1,159)	0.5	5.4	44.1	50.0	n/a	n/a	n/a
E	Food (N=1,170)	0.6	4.8	36.0	58.7	n/a	n/a	n/a
F	Treats / holidays (N=1,155)	6.2	28.7	31.1	34.1	n/a	n/a	n/a
G	Clothes and shoes (N=1,171)	2.4	22.8	29.8	45.0	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 Find	A big Problem	A bit of a Problem	No Problem	Don't know
A	£20 (N=1,190)	0.5	1.2	22.7	75.5	n/a
B	£100 (N=1,187)	2.1	29.2	34.3	34.5	n/a
C	£1,000 (N=1,189)	34.8	39.8	14.8	10.6	n/a

GO TO Q91

Q91 **SHOWCARD 21.** What proportion of your household income comes from state benefits? **SINGLE CODE (N=1,187)**

None	31.2
Very little	20.9
About a quarter	7.2
About a half	8.8
About three quarters	5.5
All	26.4
Don't know	n/a
Refused	n/a

GO TO Q92

Q92 **SHOWCARD 22.** Thinking of the total income of your household, which face on the scale indicates how you feel about the adequacy of that income? **IF DON'T KNOW PLEASE ENTER 9 (N=1,192)**

WRITE NUMBER IN THE BOX:

GO TO Q93

1	2	3	4	5	6	7
2.3	14.5	39.8	22.7	10.0	8.9	1.9

Q93 Outwith work, are you responsible for caring for someone on a day to day basis? – e.g. a disabled child, elderly person, etc. (Do not include 'ordinary' childcare.) **(N=1,205)**

Yes	3.8
No	96.2

GO TO Q94

GO TO Q95

Q94 On average, how many hours per day do you spend looking after this person(s)? **(N=40)**

WRITE NUMBER IN THE BOX:

mean	9.73
------	------

GO TO Q95

Q95 Do you, or any member of your household, own a car? **SINGLE CODE (N=1,205)**

Yes	54.6
No	45.4

GO TO Q96

Q96 **SHOWCARD 23.** Can you tell me which of these descriptions applies to you? **SINGLE CODE (N=1,195)**

Married / civil partnership	43.0
Cohabiting / living with partner	6.1
Single / never married	29.8
Widowed	9.0
Divorced / civil partnership dissolved	9.2
Separated / civil partnership separated	2.9
Refused	n/a

GO TO Q97

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=1,193)

	White	
A	Scottish	86.7
B	Other British	2.9
C	Irish	0.7
D	Other White British	0.2
	Mixed	
E	Any mixed background	0.0
	Asian, Asian Scottish, Asian English, Asian Welsh or other Asian British	
F	Indian	0.8
G	Pakistani	4.3
H	Bangladeshi	0.5
I	Chinese	0.6
J	Any other Asian background	0.1
	Black, Black Scottish, Black English, Black Welsh or other Black British	
K	Caribbean	0.1
L	African	1.2
M	Any other Black background	0.3
	Other Ethnic background	
N	Any other background	1.6
	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 (19 Responses)**

GO TO Q98

Q98 What religion, if any, do you identify with? **SINGLE CODE (N=1,185)**

None	45.7
Christianity, Church of Scotland	27.7
Christianity, Roman Catholic	18.0
Christianity, Other	1.2
Buddhism	0.3
Hinduism	1.3
Judaish	0.2
Islam	4.7
Sikhism	0.3
Refused	n/a
Other religion	0.6

IF CODED 'OTHER' AT Q98, GO TO Q98A, OTHERWISE GOT TO Q99.

Q98A Other religion group – **RECORD VERBATIM (4 Responses)**

GO TO Q99

Q99 What month were you born in? **PROBE TO PRECODE (N=1,194)**

January	7.3
February	11.4
March	11.3
April	9.9
May	8.9
June	9.3
July	9.8
August	9.1
September	7.2
October	6.8
November	5.0
December	4.0
Refused	n/a

GO TO Q100

Q100 **SHOWCARD 25.** Have you experienced discrimination on any of the following grounds in the last twelve months? **CODE ALL THAT APPLY (N=1,205)**

Accent	0.4
Age	0.7
Disability	0.2
Ethnicity	0.3
Language	0.4
Nationality	1.0
Religion / faith / belief	0.8
Sex	1.6
Sexual orientation	0.2
Skin colour	2.4
None	93.4
Other	0.2

IF CODED 'OTHER' AT Q100 GO TO Q100A, OTHERWISE GO TO Q101

Q100a Other (please specify) – **RECORD VERBATIM (3 responses)**

GO TO Q101

Q101 Do you consider yourself to be a migrant worker? **(N=1,205)**

Prompt: A migrant worker is someone who has come to Scotland over the past few years from outside the UK for the purpose of employment. This question is asked to allow the health service to improve understanding of the health needs of these new communities....it will be used for no other purposes

Yes	1.9	GO TO Q102
No	98.1	GO TO Q103

Q102 What is your country of origin? **SINGLE CODE (N=13)**

One of the new accession 10 countries (Poland, Lithuania, Estonia, Latvia, Slovenia, Slovakia, Hungary, Czech Republic, Romania, Bulgaria)	54.1
One of the other member states of the European Union (Austria, Belgium, Cyprus, Denmark, Finland, Greece, Germany, Ireland, Italy, Luxembourg, Malta, Netherlands, Portugal, Spain, Sweden)	6.7
A country from outside the European Union	39.2

GO TO Q103

Q103 NHSGG&C are keen to look at health and wellbeing of residents across the health board area. For this reason, may I record your postcode? This will be passed with responses to this questionnaire to NHSGG&C, and will only be used for planning and monitoring health across the area.

Yes	1	GO TO Q103A
No	2	GO TO Q104

Q103a What is your postcode? **PLEASE RECORD POSTCODE**

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Q103b Could you repeat that please, just to ensure I have recorded it correctly.
PLEASE RECORD POSTCODE

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GO TO Q104

IF Q103A DOES NOT EQUAL Q103B, DISPLAY VALUES ARE NOT THE SAME PLEASE RE-ENTER

Q104 May we have your permission to give NHS Greater Glasgow & Clyde or its partners your name and address so they can contact you in the future about similar research studies in relation to health? The partners are the Glasgow Centre for Population Health and the community health partnerships. We would not give them any of your answers to this interview – just your name and address. Should you agree, this follow-up research could take the form of a self completion questionnaire, telephone or face to face interview, over the course of the next 2 years.

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

Q105 When reviewing the results of the survey, it is possible that **mrug** research may want to recontact you to clarify one or two of your answers. Would you be happy for us to call you if necessary following our analysis stage (likely to be during next 4 months)? We would not take up more than 2 or 3 minutes of your time. Please note that should you agree your contact details will not be passed to our client (unless previous permission given) and will only be used for the purpose of recontacting you should any clarification be required.

Please also note that it is not definite that you will be contacted and your details will only be held for this purpose a maximum of 6 months.

Yes	1	
No	2	GO TO Q106

Q106 Please record how Q15 and Q16 were completed.
SINGLE CODE

Self completion	1
Read out for the respondent	2

Q104a Record respondent details?
Name:

GO TO Q104B

You must enter the full name with whom the survey was completed.

Q104b Record respondent details?
Address

GO TO Q104C

You must enter the full address

Q104c Record respondent details?
Postcode:

GO TO Q104D

You must enter the full postcode

Q104d Record respondent details?
Telephone Number

You must enter the telephone number.

THANK AND CLOSE
MAKE SURE POSTCODE IS COMPLETE & CORRECTLY RECORDED FROM SAMPLE FOR ALL
RESPONDENTS WHO AGREE
HAND OUT "THANK YOU" LEAFLET