NHS Greater Glasgow and Clyde

NHS Greater Glasgow and Clyde 2022/23 Adult Health and Wellbeing Survey

Greater Glasgow and Clyde Report

February 2024

Foreword

I would like to welcome you to NHS Greater Glasgow and Clyde's 2022/23 Adult Health and Wellbeing (HWB) Survey Report. This is the eighth survey since the inception in 1999 and the biggest single source of data about current health behaviours and perceptions of health and wellbeing across our population. The survey provides information on health trends and analysis by different population groups to inform planning within NHS Greater Glasgow and Clyde and highlights areas where we need to work with partners and local communities to improve health.

As the interviews were conducted in 2022/23, it is the first HWB survey conducted post-Covid and provides intelligence on the impact of the pandemic for our community. We know that, alongside the pandemic, austerity has also had a more disproportionate negative impact on some of our residents.

Post pandemic, unsurprisingly, the indicators of self-perceived health and wellbeing showed a decline since the last report in 2017/18. Despite these challenging findings, the report provides an opportunity to galvanise and mobilise partners around a shared understanding of the public health priorities for our communities.

As a strong advocate for a data-driven approach within public health, I can assure you that, across NHS Greater Glasgow and Clyde, we will use the survey results to improve services with a specific focus on reducing inequalities. You can read more on these commitments in my upcoming DPH Report.

I hope you find the report useful in providing an overview of the many factors which contribute to people's perceptions of their health and wellbeing. I am grateful to everyone who worked hard to produce this report. My thanks, in particular, go to the 10,000 participants who took part in NHS Greater Glasgow and Clyde's Health and Wellbeing Survey.

Dr Emilia Crighton
Director of Public Health

Summary

Introduction
This summary provides an overview of the key findings from the Health and Wellbeing survey conducted through face-to-face interviews with 10,030 adult residents across the NHS Greater Glasgow and Clyde area between September 2022 and May 2023. The survey has been conducted every three years since 1999 in the Greater Glasgow area, and in the expanded Greater Glasgow and Clyde area since 2008. The COVID pandemic caused a postponement to the survey in 2020/21, meaning there has been a five-year gap since the previous survey in 2017/18.

Data were weighted to ensure they are representative of age, gender, deprivation groups and geographical areas across Greater Glasgow and Clyde.

Health and Illness
Indicators of self-perceived health and wellbeing showed a decline between 2017/18 and 2022/23, including perceptions of physical and mental/emotional health, perceived quality of life and feeling in control. Perceived mental/emotional wellbeing showed a particularly significant drop to the lowest level seen across the last five surveys. A quarter of adults had a WEMWBS score indicating depression (rising to a third for those in the most deprived areas).

Overall, the proportion of people with a long-term limiting condition/illness has increased in each survey since 2011. The proportion being treated for at least one condition showed little change between 2011 and 2017/18 but then rose sharply in 2022/23. Among those aged 75 or over, 61% had a condition or illness which limited what they could do and 81% were receiving treatment for at least one condition.

Across a range of indicators of perceptions of physical and mental wellbeing and quality of life, men fared better than women.

Health Behaviours
Smoking rates have continuously fallen across the last five surveys, with a slower but significant decline observed between 2017/18 and 2022/23. The smoking rate in the most deprived areas (28%) continues to be double that of other areas (14%). Exposure to second hand smoke has fallen each year since 2011, and while this continued between the last two surveys, there was no change in the most deprived areas. Young adults were the most likely to be exposed to second hand smoke.

E-cigarette use was more common among young adults and has become more prevalent since the last survey. More than a quarter of 16-24 year olds had used e-cigarettes in the previous year.

Men were more likely than women to drink alcohol or to have indicators of harmful drinking. Drinking alcohol and indicators of harmful drinking have risen since the last survey.

The proportion who meet the target of consuming five or more portions of fruit or vegetables (34%) was considerably lower than in the previous two surveys.

Those in the most deprived areas had poorer indicators for health behaviours including smoking, exposure to smoke, consuming fruit/vegetables and meeting the target for physical activity. The exception was drinking alcohol, which was less common among those in the most deprived areas. However, among those who did drink, those in the most deprived areas were more likely to binge.

Social Health

Previous surveys showed the proportion who felt isolated from family and friends fluctuated between 8% and 12%, but there was a very sharp increase to 20% in 2022/23. A third of those with a limiting condition or illness felt isolated. More than a third of people aged 75 or over had felt lonely in the previous two weeks.

Indicators of social health showed a decline since 2017/18 including sense of belonging to the local area, feeling valued as a member of the community and feeling that local people can influence local decisions – although in the latter two, there was an elimination or narrowing of the gap between the most deprived and other areas.

The proportion who felt safe using public transport has fluctuated over the last five surveys, with a decrease between 2017/18 and 2022/23. However, the gap between the most deprived and other areas, observed over the previous two surveys, disappeared in 2022/23. Feelings of safety walking alone in the local area have decreased since 2017/18, but remain higher than those seen in earlier surveys, and the gap between the most deprived areas and others has reduced.

One in five people overall had caring responsibilities, but among women aged 45-64 this rose to one in three.

Social Capital

Since the last survey, there has been a fall in the proportion with positive views of reciprocity and trust in their area, and in the proportion who valued

local friendships. However, each of these measures has seen fluctuation over the last five surveys. For these three measures, there was a widening of the gap between the most deprived and other areas between 2017/18 and 2022/23 to the widest gaps seen across the last five surveys.

A fifth had formally volunteered in the last year and a quarter overall had volunteered (formally or informally). Rates of volunteering were lower in the most deprived areas. The most deprived areas also had a lower proportion who belonged to clubs/groups or who engaged in social activism.

Financial Wellbeing

Half of those in the most deprived areas, and a third of those in other areas said they had difficulty meeting the cost of food and/or energy at least occasionally. A quarter of those in the most deprived areas who paid for rent/mortgage had difficulty meeting the cost of this, compared to 16% of those in other areas.

The proportion who reported experiences indicating food insecurity almost doubled from 9% in 2017/18 to 17% in 2022/23. Food insecurity affected those aged under 55 more than older people. More than a quarter of those in the most deprived areas experienced food insecurity. Overall, two in four reported experiences indicating difficulty affording energy – but more than half (52%) of those in the most deprived areas reported such experiences.

Population Characteristics

The proportion with no qualifications decreased since the last survey, building on a decrease seen since 2008, and there has been a narrowing of the gap between the most deprived and other areas.

Three in ten people in the most deprived areas lived in owner-occupied homes compared to seven in ten of those in other areas. More than half of those in the most deprived areas lived in socially rented homes.

Just over half (55%) of adults were economically active, including 38% who were in full-time employment.

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1 Introduction

1.1 Introduction[1]

This report contains the findings of a research survey on the health and wellbeing (HWB) of NHS Greater Glasgow and Clyde (NHSGGC) residents carried out in 2022/23. The fieldwork and data entry were performed by BMG on behalf of NHSGGC, and the analysis and reporting were performed by Traci Leven Research.

The survey has been conducted every three years since 1999 and is the eighth in the series of studies; initially covering the NHS Greater Glasgow area it was expanded in 2008 to cover the new NHS Greater Glasgow and Clyde area. The health and wellbeing survey was due to be conducted between autumn 2020 and early 2021 but was postponed due to the COVID pandemic.

This report provides the findings for the full Greater Glasgow and Clyde area. A further 15 reports are available for smaller geographies:

- Glasgow City Health and Social Care Partnership (HSCP)
- Three locality reports for the Glasgow City HSCP:
  - North West Glasgow
  - North East Glasgow
  - South Glasgow
- Thriving Places (combined findings for the four areas within Glasgow City designated Thriving Places – Parkhead/Dalmarnock, Ruchill/Possilpark, Govanhill and Gorbals)
- Five Neighbourhood reports for the individual Thriving Places and the comparator area in Glasgow City:
  - Parkhead/Dalmarnock
  - Ruchill/Possilpark
  - Govanhill
  - Gorbals
  - Garthamlock/Ruchazie
- East Dunbartonshire HSCP
- Inverclyde HSCP
- Renfrewshire HSCP
- East Renfrewshire HSCP
- West Dunbartonshire HSCP

[1] This section has been prepared by NHSGGC

Background

The aims of the survey:

- to provide intelligence to inform Board wide planning e.g. Public Health priorities, Health and Social Care Partnerships and local Community Planning Partnerships;
- to explore the different experience of health and wellbeing in our most deprived communities compared to other areas;
- to provide intelligence on the impact of the COVID pandemic on health behaviours; health and illness; social health; social capital; financial wellbeing; and
- to provide information that would be useful for monitoring health improvement interventions.

There have been many policy changes since the first HWB survey was conducted in 1999. Social Inclusion Partnership areas (SIPs) were in place until around 2005 as a focus of tackling area-based deprivation. The Scottish Index of Multiple Deprivation (SIMD) was established as the main tool for measuring area-based deprivation and focusing of resources. Various structures (some dictated by policy) have been in place during the last 24 years; Community Health & Care Partnerships, Community Health Partnerships and more recently Health and Social Care Partnerships (HSCPs) as a vehicle for integrated planning and delivery of health and social care services at a local authority level. The introduction of Local Outcome Improvement Plans have led to a recognition of the breadth of influencing factors on health. Locality planning has become a key requirement of local government. There have been many policies and strategies over this time relating to factors which impact on health and wellbeing. These include areas such as: child poverty; mental health; employability; loneliness and isolation; drugs and alcohol; community empowerment and many more. The factors which impact on health and wellbeing are complex and the political and strategic landscape is ever-changing in relation to this.

The HWB survey is formed around a set of core questions which have remained the same since 1999. Prior to the 2022/23 survey an extensive consultation exercise took place to modernise the questionnaire. New questions were included on the impact of the COVID pandemic on health and illness; health behaviours; social health; social capital and financial wellbeing, fuel poverty, dental health and internet use. An online component to the HWB survey was introduced in 2022/23 that covered more sensitive topics on sexual health and relationships, drugs, aspects of health and illness and social health. The 2022/23 survey provides an opportunity to explore trends over time while also exploring some contemporary public health issues.

The survey continues to offer flexible solutions for monitoring the health of the population in a range of geographies within NHSGGC. Again in 2022/23 we conducted neighbourhood level boosts. Intensive interviewing took place in Govanhill; Ruchill/Possilpark; Gorbals; Parkhead/Dalmarnock and Garthamlock/Ruchazie (to provide intelligence for monitoring the Thriving Places

Programme). Boosts which enable the exploration of our most deprived areas compared to least deprived areas have taken place in Inverclyde, East Dunbartonshire, Renfrewshire, West Dunbartonshire and East Renfrewshire.

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

Margaret McGranachan	Public Health Researcher
Heather Jarvie	Programme Manager
Katy Levin	Senior Researcher
Rebecca Campbell	Consultant in Public Health

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We would also like to thank our partners for their feedback and comments during the questionnaire consultation.

1.2 Summary of Methodology

The 2022/23 survey comprises 10,030 interviews conducted face-to-face at homes with adults aged 16 or over throughout the NHSGGC area.

The fieldwork was conducted between September 2022 and May 2023. A full account of the sampling procedures, fieldwork and survey response can be found in Appendix A. A comparison with previous survey methods and key changes for the 2022/23 survey are presented in Appendix B. The sample profile is in Appendix C. The survey questionnaires are in Appendices G and H.

Note that the methodology and survey response described in Appendix A details the initial dataset of 10,346 interviews obtained. However, this was subsequently reduced to 10,030 when cases with missing compulsory data of age group and/or household size (required for data weighting) were removed.

Table C1 in the Appendix C shows the breakdown of the sample of the 10,030 interviews by gender, age group, most deprived/other areas and local authority area (both before and after weighting).

Social and Economic Context

It is important to consider the very significant social and economic changes that occurred since the previous survey in 2017/18 and continued to change during the survey period. Those surveyed in 2022/23 were living in a very different context to those in 2017/18, not least those associated with:

- **the UK's withdrawal from the European Union** (formally initiated in January 2020)

- **the COVID pandemic** since March 2020 and its impacts on physical health, mental health, isolation, financial wellbeing and other factors. Beyond the period of restrictions (Spring 2022), some lasting changes in lifestyle (e.g. working patterns/home working), long-lasting physical effects (e.g. long Covid), longer term impacts on mental health and knock-on effects (e.g. on hospital waiting lists) etc. should be considered as contextual factors of the 2022/23 survey

- the very significant rise in the **cost of living**, including steep rises in energy costs from October 2021, exacerbated by the war in Ukraine from February 2022. Inflation has been consistently over 5% since January 2022, and was over 10% during most of the survey period.

In addition, the continuing effects of pre-pandemic austerity have been explored by work led by Glasgow Centre of Population Health and University of Glasgow which have linked **austerity** to life expectancy plateauing (or decreasing in the most deprived areas) in Scotland and across the UK since 2012[2], and healthy life expectancy showing a two-year decrease in Scotland between 2011 and 2019[3].

1.3 This Report

Chapters 2-7 report on all the survey findings, with each subject chapter containing its own infographic summary at the start, and a 'key messages' summary at the end. For each indicator, figures and/or tables are presented showing the proportion of the sample which met the criteria, broken down by demographic (independent) variables. **Only findings by independent variables which were found to be significantly different ($p \leq 0.01$) are reported.** The independent variables which were tested were:

- Age group
- Gender
- Age and gender[4]

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[2] McCartney G, Walsh D, Fenton L, Devine R. Resetting the course for population health: evidence and recommendations to address stalled mortality improvements in Scotland and the restof the UK. Glasgow; Glasgow Centre for Population Health/University of Glasgow:2022. https://www.gcph.co.uk/assets/0000/8723/Stalled_Mortality_report_FINAL_WEB.pdf

[3] Walsh D, Wyper GMA, McCartney G: Trends in healthy life expectancy in the age of austerity *J Epidemiol Community Health 2022*;76:743-745.https://jech.bmj.com/content/76/8/743

[4] Findings by the variable 'age and gender' are only reported if they provide additional insight beyond the findings for the separate variables 'age group' and 'gender' – e.g. if gender differences are only observed in some age groups, or more marked in some age groups compared to others.

- Most deprived 15% datazones (or most deprived 20% datazones in East Dunbartonshire and East Renfrewshire[5]) versus other areas

- Presence versus absence of a long-term limiting condition or illness

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

Data Weighting

Findings are all based on **weighted data**, ensuring that the sample was representative of the geography, population profile and deprivation groups of the NHSGGC area as a whole. An explanation of the weighting process is in Appendix C.

Missing and 'Don't Know' Responses

Unless otherwise stated, all findings exclude 'don't know' and 'prefer not to say' responses.

Trends

Trends are reported for key indicators. The trends explored are listed in Appendix F. The narrative preceding each chart on trends states whether a significant ($p \leq 0.01$) change has occurred since the 2017/18 survey. Trend data show key indicators since the 2008 NHSGGC health and wellbeing survey.

Trends are broken down by the bottom 15% areas and other areas. It is important to use a baseline definition of 'bottom 15%' areas for monitoring trends over time. Although each survey uses the most recent SIMD classifications for fieldwork quotas and analysis, it is important to take account of the fact that some areas may have become more or less deprived since the previous survey. Indeed, SIMD classifications are based on many of the indicators which the survey seeks to measure and it would not be helpful to measure trends over time with an evolving set of areas constituting the 'most deprived' – this would simply lead to findings showing a continuation of indicators consistent with deprivation. Trend analysis for bottom 15%/other areas are therefore based on the 2006 SIMD classifications (which were used in the 2008 survey), rather than the 2020 classifications which were used in the 2022/23 survey. Findings by deprivation for 2022/23 presented in trend charts and will therefore differ from those presented elsewhere in this report. It should be noted that 'bottom 15%' includes 'bottom 20%' for East Dunbartonshire in the trend data (but not bottom 20% in East Renfrewshire).

[5] Previous surveys have extended the 'most deprived' category to 20% in East Dunbartonshire, but the 2022/23 survey was the first time it was extended to 20% in East Renfrewshire also.

Reporting of Findings from the Online Survey

In addition to the main survey, an additional online survey was completed by a small subset of respondents (N=1,194), and a separate weighting factor was calculated and applied for analysis (see Appendix C). The much smaller sample size limited exploration by independent variables. The significance level of $p \leq 0.05$ was used to explore differences by independent variables for the online survey questions. Appendix B describes the limitations associated with both the self-completion component of the main survey and the online survey. Charts and tables are not provided for the online survey findings, but all findings are reported, including significant differences by independent variables.

A Note on Rounding and Interpreting Percentages

Most percentages are presented to the nearest whole number. However, there are some instances where a small proportion gave a particular response and it is helpful to examine statistics to one decimal place. Where whole numbers are used, the convention of '<1%' is used to represent a value greater than 0% but less than 0.5%.

Due to rounding, not all questions recoded into positive or negative type responses will necessarily appear to add up to the quoted overall figure. For example, in Section 2.1 the overall proportion who had a positive view of their general health was 74%, comprising 26% who said it was very good and 49% who said was good. These appear to sum 75%, but the more precise figures were 25.65% and 48.53%, which total 74.18%, thus rounded to 74%.

Columns and bars presented in charts are built with statistics to one decimal place, but the figures on the charts are usually rounded to the nearest whole number.

Some questions, for example experience of crime (reported in Table 4.1), allow the respondent to select more than one category, so total responses can add up to more than proportion who say 'any of the above'.

Unreported Findings

There are two questions from the survey which are not reported due to errors/difficulties in data collection. These are:

- B18 in the main questionnaire (sedentary behaviour) where respondents appeared to misunderstand the question and data parameters were not applied - respondents frequently gave responses outside of expected limits (hours appear to have been given per week rather than per day in many cases).

- D05/D06 in the online questionnaire where there appears to have been routing errors around partners' use of pornography and impacts.

Other Surveys Cited in This Report

For context and comparison, findings from other surveys are cited in this report. These are:

For context and comparison, findings from other surveys are cited in this report. These are:

- The 2022 Scottish Household Survey
  https://www.gov.scot/collections/scottish-household-survey-publications/

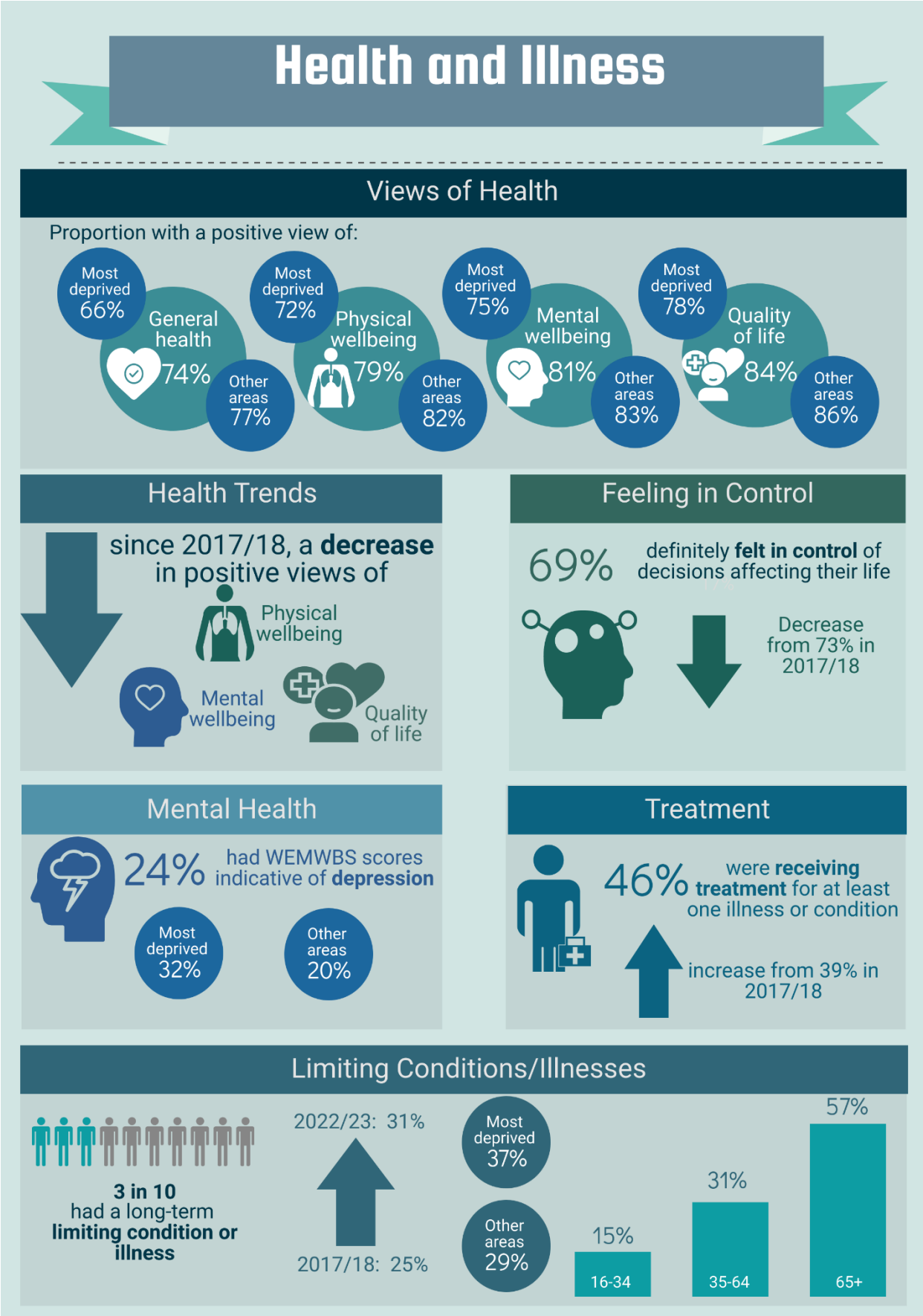
- The 2021 and 2022 Scottish Health Surveys[6]
  https://www.gov.scot/publications/scottish-health-survey-2021-volume-1-main-report/
  https://www.gov.scot/publications/scottish-health-survey-2022-volume-1-main-report/

- Previous NHS Greater Glasgow and Clyde Health and Wellbeing Surveys
  https://www.stor.scot.nhs.uk/ggc/

Policy Context

Policy context is provided for some of the topics within the findings chapters. These are shown in shaded boxes, and have been prepared by policy colleagues in NHSGGC.

[6] 2022 Scottish Health Survey findings are used for comparisons where available, but relevant 2021 findings are used for indicators not included in the 2022 survey.


Health and Illness
Views of Health
Proportion with a positive view of:
Most deprived 66%
General health
74%
Other areas 77%
Most deprived 72%
Physical wellbeing
79%
Other areas 82%
Most deprived 75%
Mental wellbeing
81%
Other areas 83%
Most deprived 78%
Quality of life
84%
Other areas 86%
Health Trends
since 2017/18, a decrease in positive views of
Physical wellbeing
Mental wellbeing
Quality of life
Feeling in Control
69% definitely felt in control of decisions affecting their life
Decrease from 73% in 2017/18
Mental Health
24% had WEMWBS scores indicative of depression
Most deprived 32%
Other areas 20%
Treatment
46% were receiving treatment for at least one illness or condition
increase from 39% in 2017/18
Limiting Conditions/Illnesses
3 in 10 had a long-term limiting condition or illness
2022/23: 31%
2017/18: 25%
Most deprived 37%
Other areas 29%
15%
16-34
31%
35-64
57%
65+

2.1 Self-Perceived Health and Wellbeing

General Health

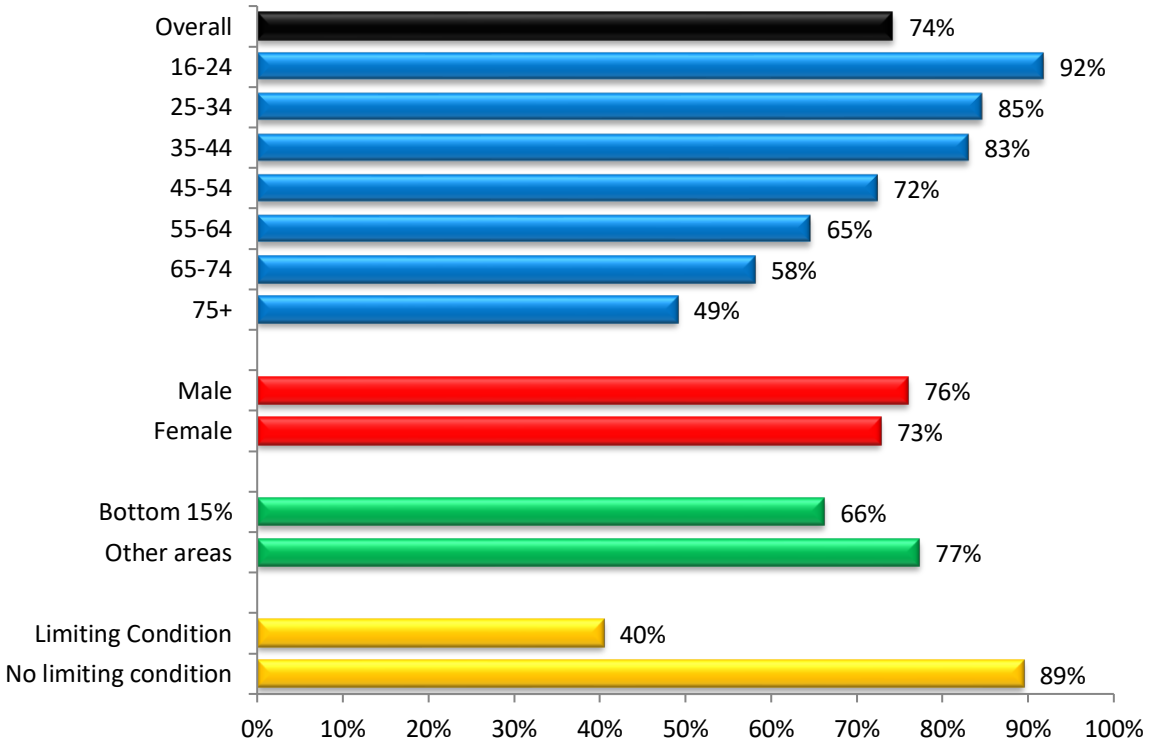
Respondents were asked to describe their general health over the last year on a five point scale (very good, good, fair, bad or very bad). Overall, three in four (74%) gave a positive view of their health, with 26% saying their health was very good and 49% saying their health was good. However, 26% gave a negative view of their health, with 17% saying their health was fair, 7% saying it was bad and 2% saying it was very bad.

As Figure 2.1 shows, the likelihood of having a positive view of general health decreased with age, ranging from 92% of those aged 16-24 to 49% of those aged 75 or over. Men were more likely than women to have a positive view of their general health.

Those in the most deprived areas were less likely to have a positive view of their general health.

As would be expected, those who had a long-term limiting condition or illness were much less likely than others to rate their general health positively.

Figure 2.1: Positive View of General Health by Age, Gender, Deprivation and Limiting Conditions

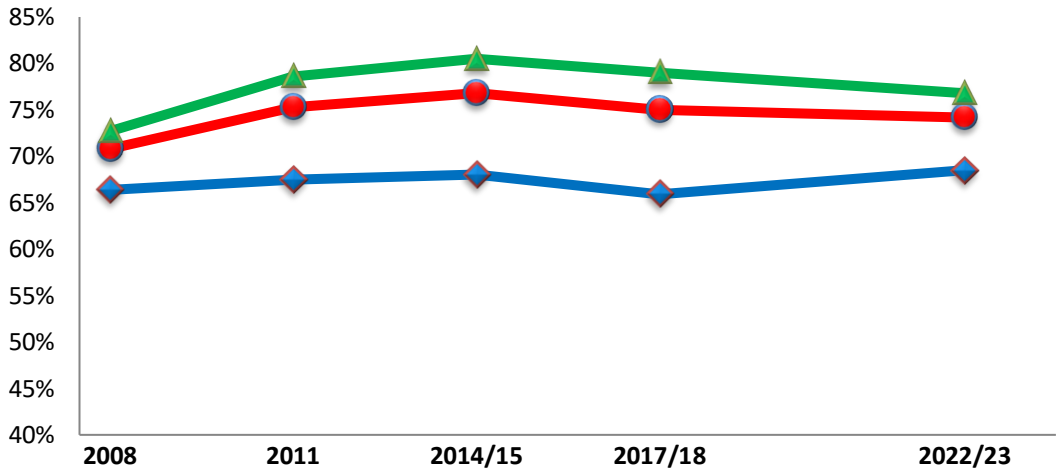


Trends

After a rise in the proportion with a positive view of their general health between, 2008 and 2011, there has been little change since 2011.

Although overall, there was no significant change in the proportion with a positive view of their general health between 2017/18 and 2022/23, there was a significant increase among those in the most deprived areas[7], but a decrease among those in other areas, thus there was a reduction in the gap between the most deprived and other areas.

Figure 2.2: Trends for Positive View of General Health 2008 to 2022/23



	2008	2011	2014/15	2017/18	2022/23
NHSGGC	70.8%	75.3%	76.8%	75.0%	74.2%
Bottom 15%	66.4%	67.5%	68.0%	65.9%	68.5%
Other areas	72.7%	78.6%	80.5%	79.0%	76.8%

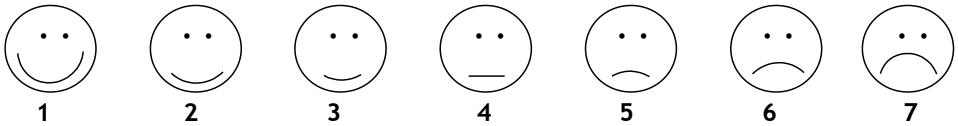
Evidence from Other Sources

The finding of 74% for NHSGGC is slightly higher than the national findings of the **Scottish Health Survey** (2022) which found that overall 70% of adults in Scotland had a positive view of their general health, declining with age from 85% of 16-24 year olds to 52% of those aged 75+.

[7] 'Most deprived' areas for trend data are based on 2006 SIMD classifications for the bottom 15% datazones (bottom 20% in East Dunbartonshire).

Physical Wellbeing and Mental/Emotional 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 wellbeing and general mental or emotional wellbeing. Those selecting any of the three 'smiling' faces (1-3) were categorised as having a positive perception.

In total, 79% gave a positive view of their physical wellbeing, and 81% gave a positive view of their mental/emotional wellbeing.

As Figures 2.3 and 2.4 show, perceptions of both physical and mental/emotional wellbeing varied significantly by all four independent variables:

- The proportion with a positive perception of their physical wellbeing decreased with age, varying from 59% of those aged 75 or over to 90% of those aged 16-24. However, the relationship between age and mental/emotional wellbeing was more varied, with those aged 45-54 being the age group least likely to give a positive rating.

- Men were more likely than women to rate both their physical wellbeing and their mental/emotional wellbeing positively.

- Those in the most deprived areas were less likely than others to have positive ratings of either measure.

- As would be expected, positive ratings of both measures were also higher for those without limiting conditions or illnesses.

Figure 2.3: Positive Perception of Physical Wellbeing by Age, Gender, Deprivation and Limiting Conditions

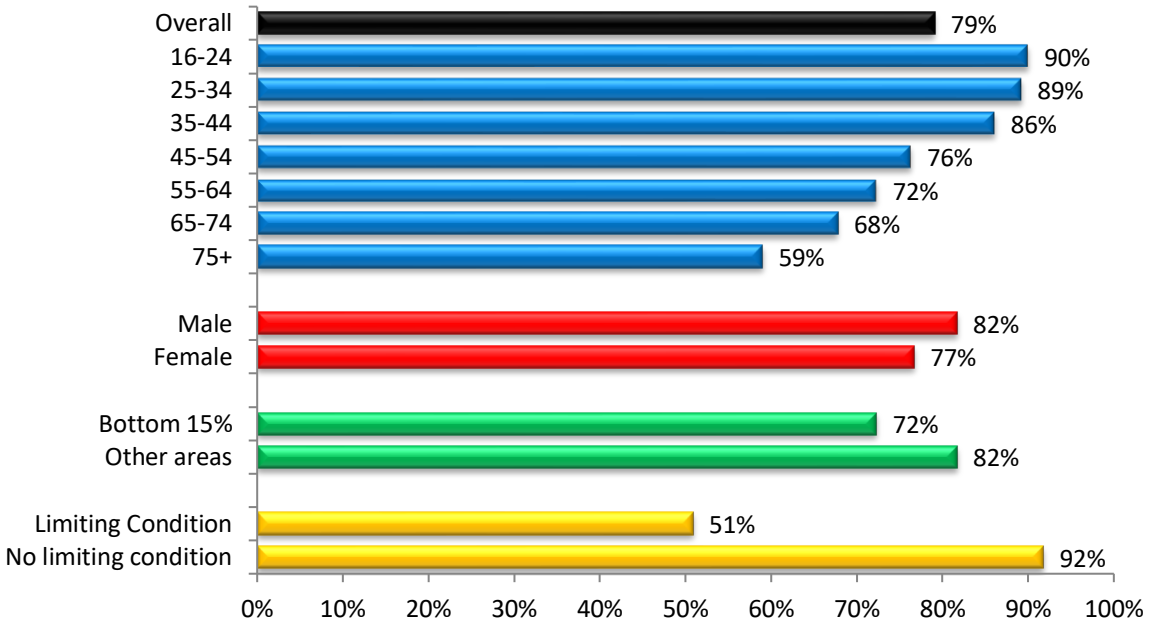
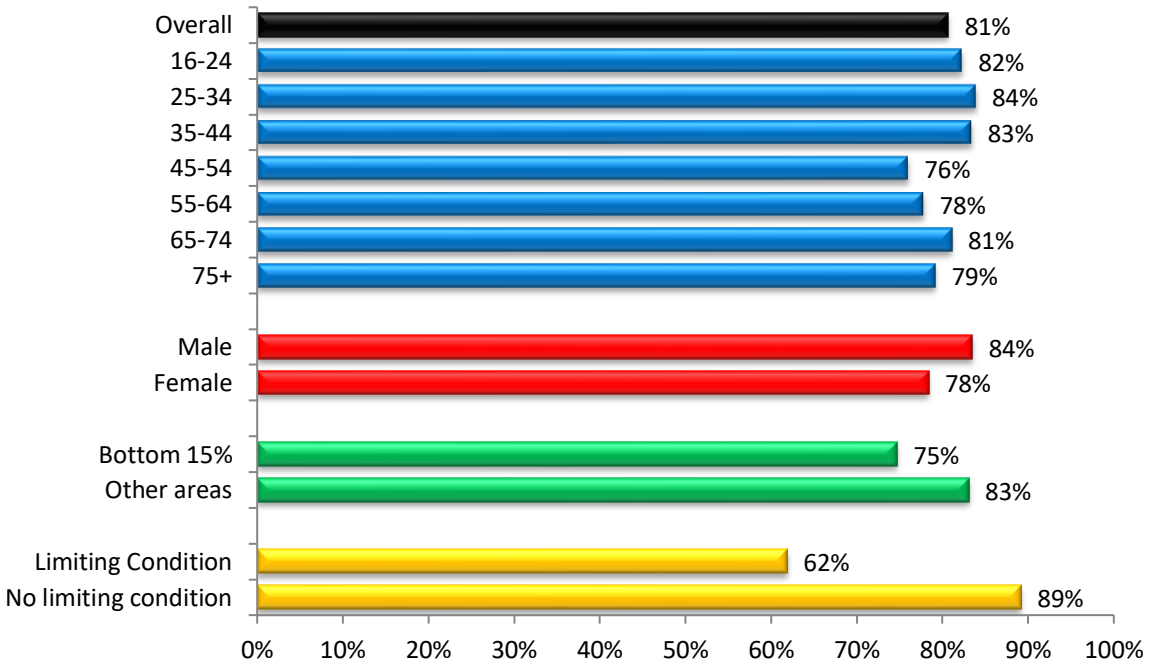


Figure 2.4: Positive Perception of Mental/Emotional Wellbeing by Age, Gender, Deprivation and Limiting Conditions

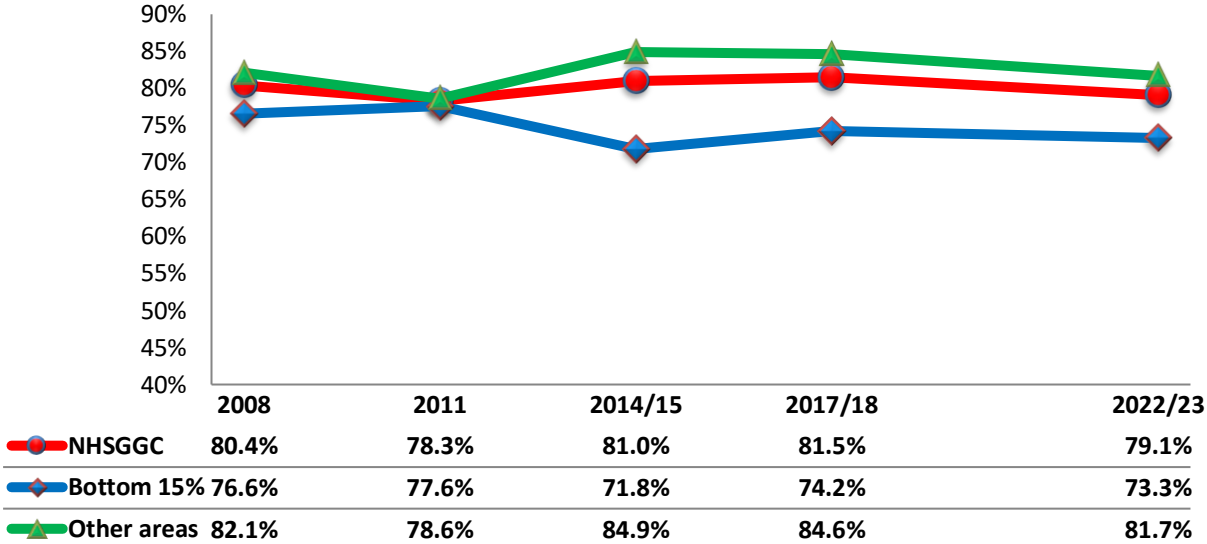


Trends

The overall proportion with a positive view of their physical health has hovered around 80% in all surveys since 2008. There was a small, but statistically significant, drop between 2017/18 and 2022/23. However, there was no significant change in the most deprived areas in the proportion who had a positive

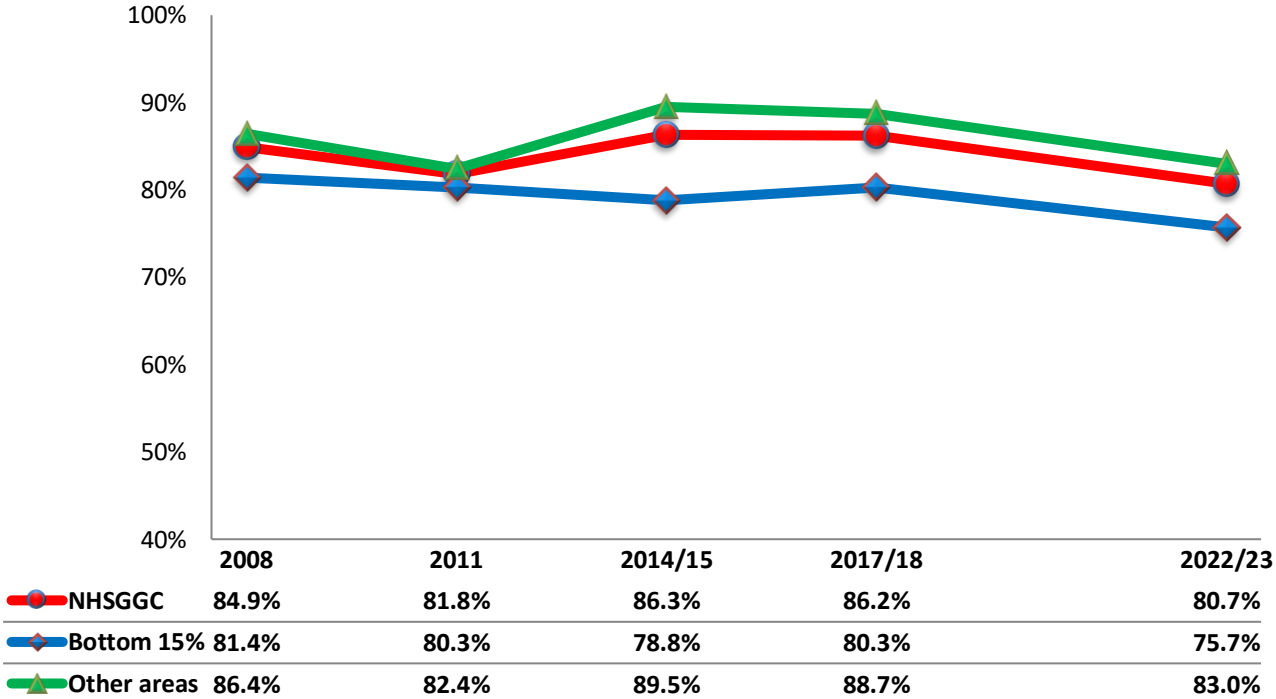
view of their physical health – in other areas this fell from 85% in 2017/18 to 82% in 2022/23.

Figure 2.5: Trends for Positive View of Physical Wellbeing 2008 to 2022/23



The trend for the proportion with a positive view of their mental health has fluctuated, with a previous dip seen in 2011, but there was a significant drop between 2017/18 and 2022/23 from 86% to 81%. The drop was significant in both the most deprived and other areas.

Figure 2.6: Trends for Positive View of Mental/Emotional Wellbeing 2008 to 2022/23

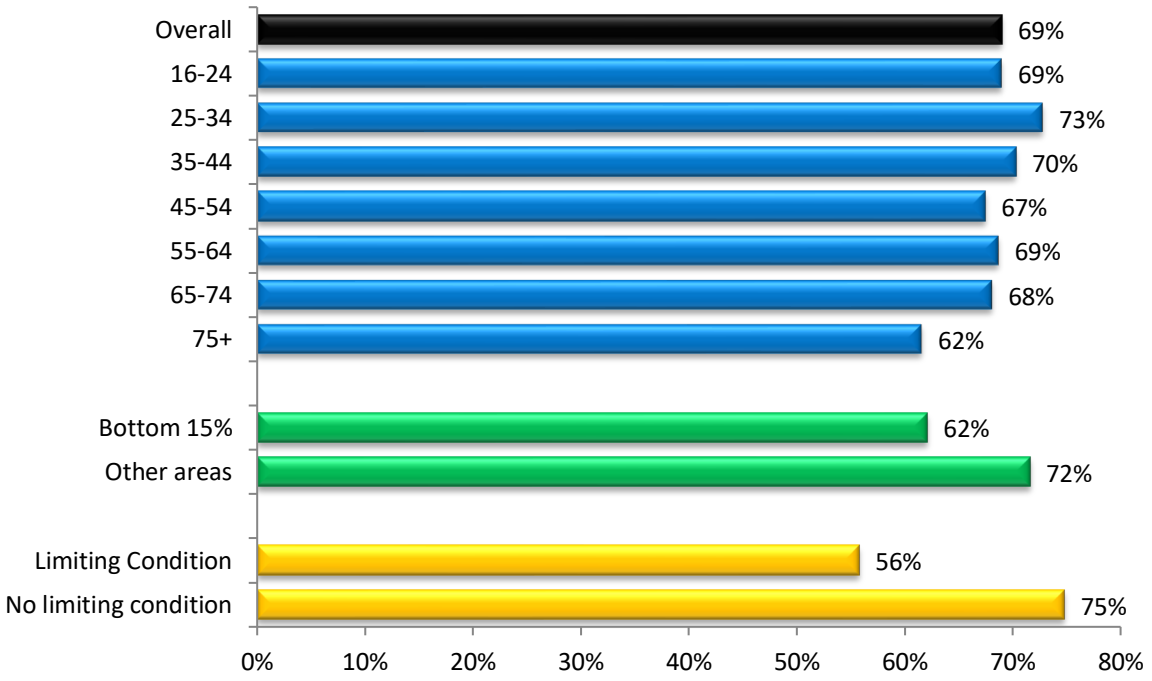


Feeling in Control of Decisions Affecting Life

Respondents were asked whether they feel in control of decisions that affect their life, such as planning their budget, moving house or changing job. Just under seven in ten (69%) said that they 'definitely' felt in control of these decisions, while 24% said that they felt in control 'to some extent' and 7% did not feel in control of these decisions.

- Those aged 25-34 were the most likely to say they definitely felt in control of decisions affecting their life, and those aged 75 or over were the least likely.
- Those in the most deprived areas were less likely to definitely feel in control of the decisions affecting their life.
- Those with a long-term limiting condition or illness were less likely than others to definitely feel in control of these decisions.

Figure 2.7: 'Definitely' Feel in Control of Decisions Affecting Life by Age, Deprivation and Limiting Conditions

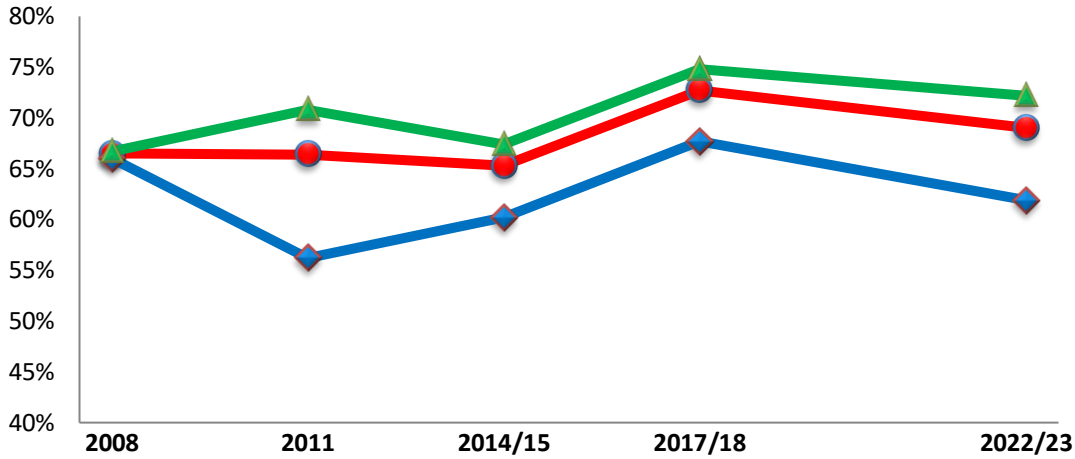


Trends

Having observed a very significant rise in the proportion who felt definitely in control of the decisions affecting their life between 2014/15 and 2017/18,

findings show a decrease between 2017/18 and 2022/23, although levels remained higher than in 2014/15.

Figure 2.8: Trends for 'Definitely' Feel in Control of Decisions Affecting Life – 2008 to 2022/23



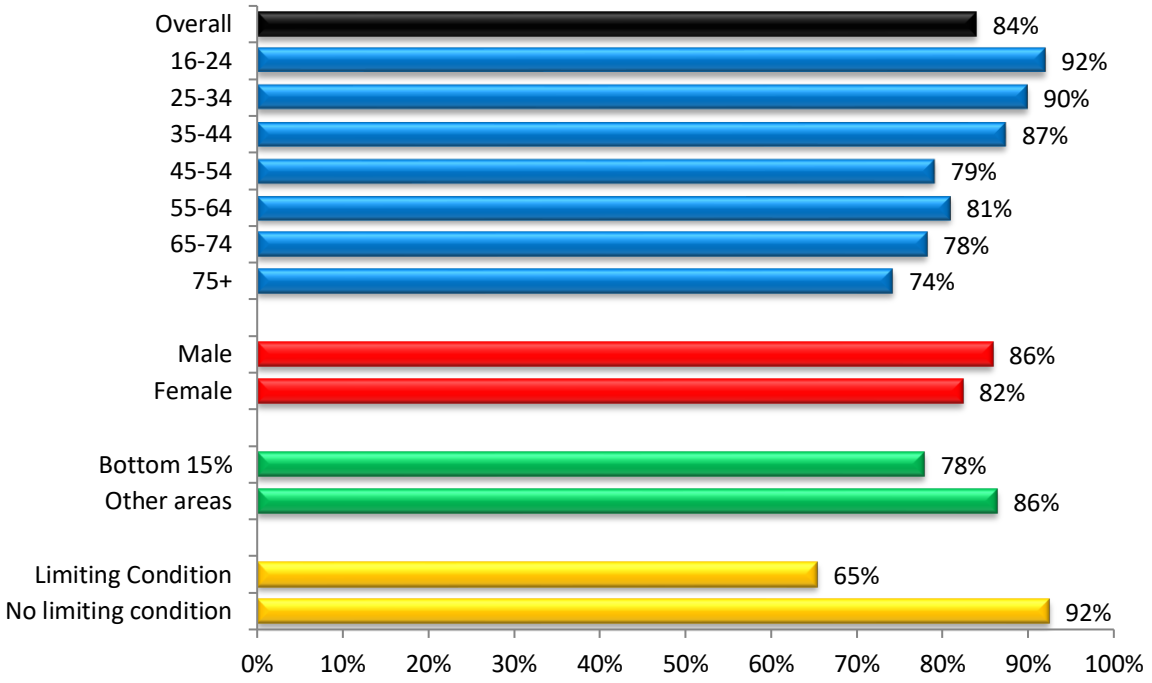
	2008	2011	2014/15	2017/18	2022/23
NHSGGC	66.5%	66.4%	65.3%	72.7%	69.0%
Bottom 15%	66.0%	56.2%	60.2%	67.7%	61.9%
Other areas	66.7%	70.8%	67.4%	74.8%	72.2%

2.2 Self-Perceived Quality of Life

Using the 'faces' scale, respondents were asked to rate their overall quality of life. Overall, 84% gave a positive rating of their quality of life.

- Those aged 16-24 were the age group most likely to have a positive perception of their quality of life, and those aged 75 or over were the least likely.
- Men were more likely than women to have a positive perception of their quality of life.
- Those in the most deprived areas were less likely to have a positive perception of their overall quality of life.
- Those with a long-term limiting condition or illness were much less likely than others to have a positive view of their quality of life.

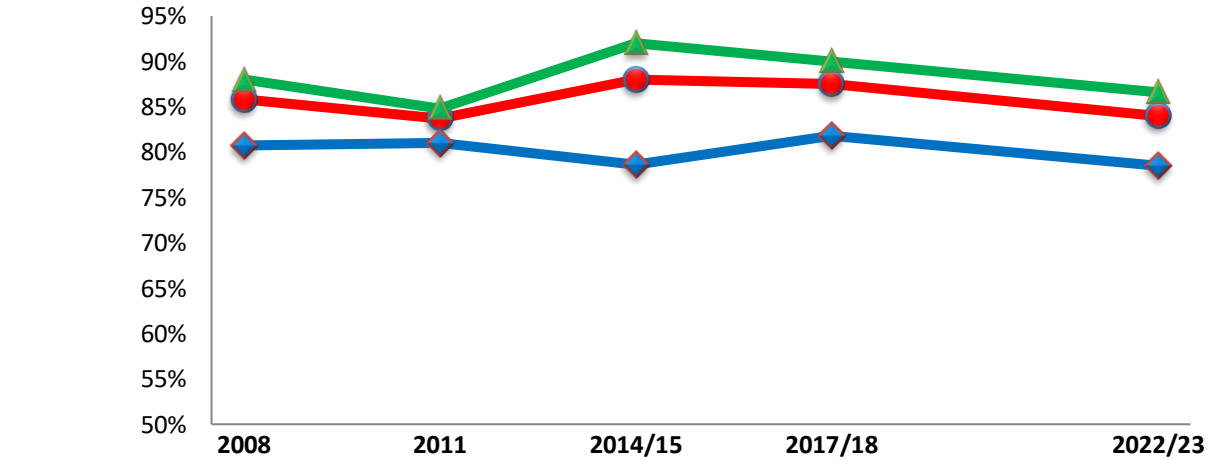
Figure 2.9: Positive Perception of Quality of Life by Age, Gender, Deprivation and Limiting Condition



Trends

There was a decrease between 2017/18 and 2022/23 in the proportion who had a positive perception of their overall quality of life, returning levels to those seen in 2011.

Figure 2.10: Trends for Positive Perception of Quality of Life – 2008 to 2022/23



	2008	2011	2014/15	2017/18	2022/23
NHSGGC	85.8%	83.7%	88.0%	87.5%	84.0%
Bottom 15%	80.7%	81.0%	78.6%	81.8%	78.5%
Other areas	88.0%	84.8%	92.0%	90.0%	86.6%

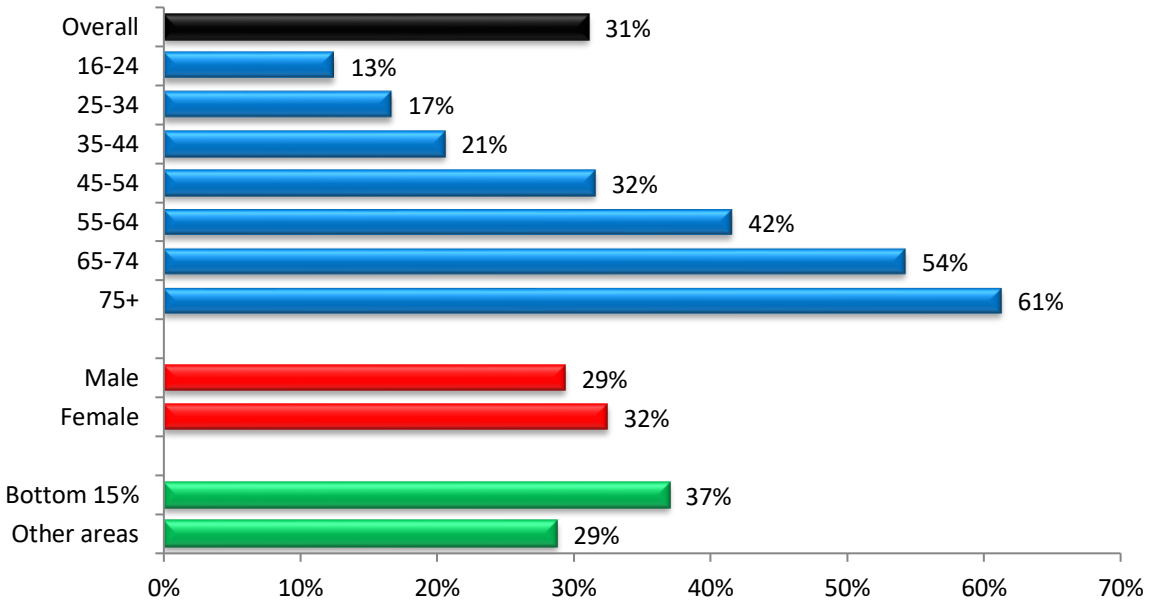
2.3 Long Term Conditions or Illness

Three in ten (31%) said they had a long-term condition or illness that substantially interfered with their day to day activities. Of these:

- 52% had a physical disability
- 29% had a mental or emotional health problem
- 67% had a long-term illness.

The likelihood of having a limiting condition or illness increased with age, ranging from 13% of those aged under 25 to 61% of those aged 75 or over. The likelihood of having such a condition was also higher for women and those in the most deprived areas.

Figure 2.11: Limiting Long-Term Condition or Illness by Age, Gender and Deprivation



Although overall women were more likely than men to have a limiting condition or illness, this was not true for those aged 65 or over, and the largest difference by gender was observed in the 45-64 age group, as Table 2.1 shows.

Table 2.1: Limiting Long-Term Condition or Illness by Age and Gender

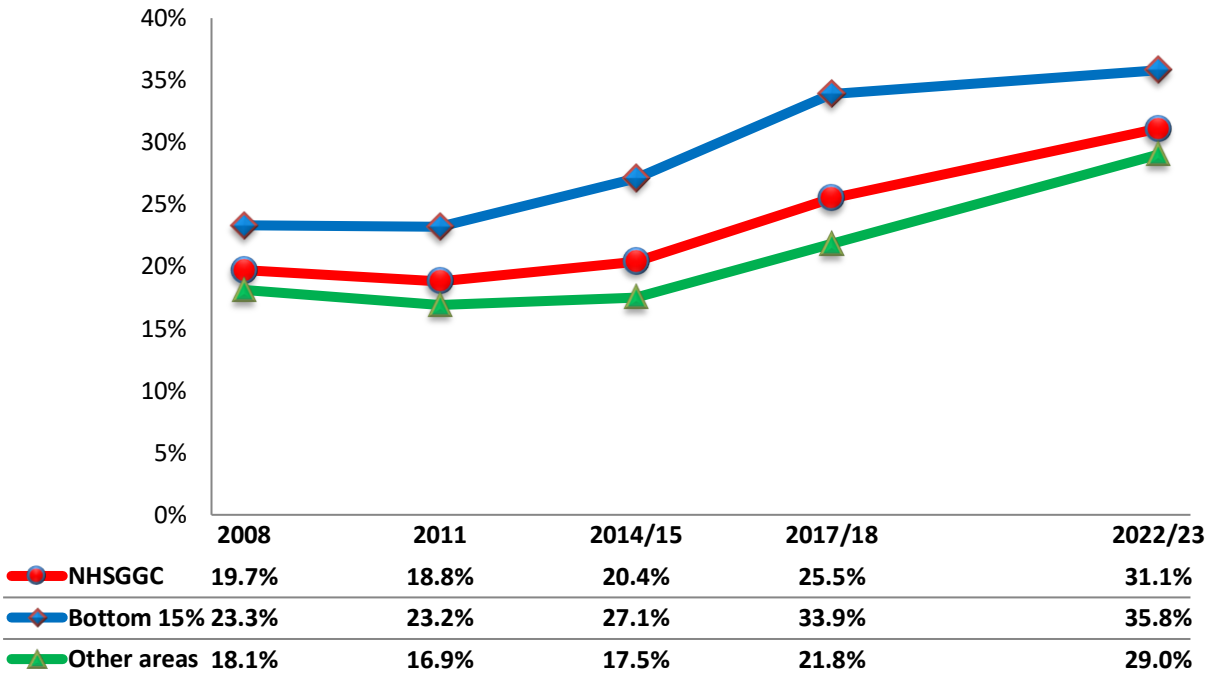
	Limiting Long-Term Condition or Illness
Men 16-44	16%
Women 16-44	17%
Men 45-64	35%
Women 45-64	38%
Men 65+	58%
Women 65+	57%

The proportion who reported having a limiting long-term condition/illness (31%) was lower than the national figure from the **Scottish Health Survey (2022)** which found that overall 37% had a limiting condition/illness, showing an overall increase from 26% in 2008 and from 34% in 2021. The Scottish Health survey findings showed that 42% of women and 32% of men had a limiting conditions/illness (compared to 32% of women and 29% of men in the NHSGGC survey) - thus the rates between the two surveys are more similar for men but show a greater difference for women.

Trends – Long Term Limiting Condition/Illness

Overall, the proportion of people with a long-term limiting condition/illness has increased in each survey since 2011. There was an overall significant increase between 2017/18 and 2022/23 but there was no significant change in the most deprived areas, thus a narrowing of the gap between the most deprived and other areas.

Figure 2.12: Trends for Long-Term Limiting Condition or Illness – 2008 to 2022/23

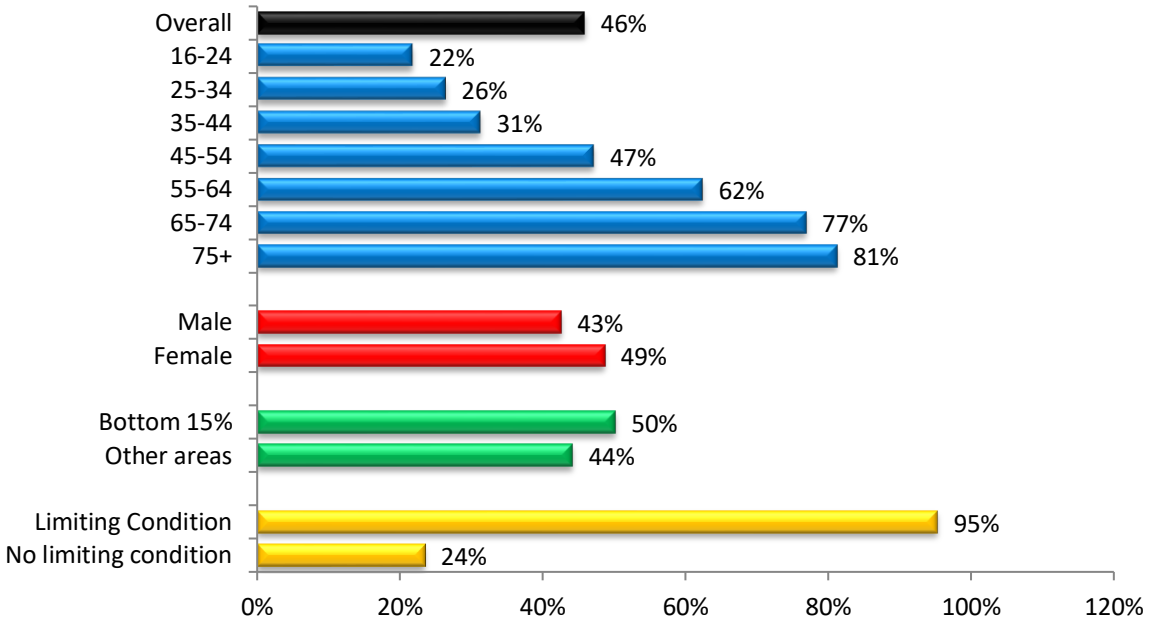


Illnesses/Conditions for Which Treatment is Being Received

Just under half (46%) of respondents said they had one or more illness or condition for which they were currently being treated (not necessarily 'limiting' illnesses/conditions) – 22% were being treated for one condition, and 24% were being treated for two or more.

- The proportion being treated for any conditions/illnesses ranged from 22% of those aged under 25 to 81% of those aged 75 or over.
- Women were more likely than men to be receiving treatment.
- Those in the most deprived areas were more likely to be receiving treatment for at least one condition.
- Nearly all (95%) of those who had a long-term limiting condition or illness said they were receiving treatment.

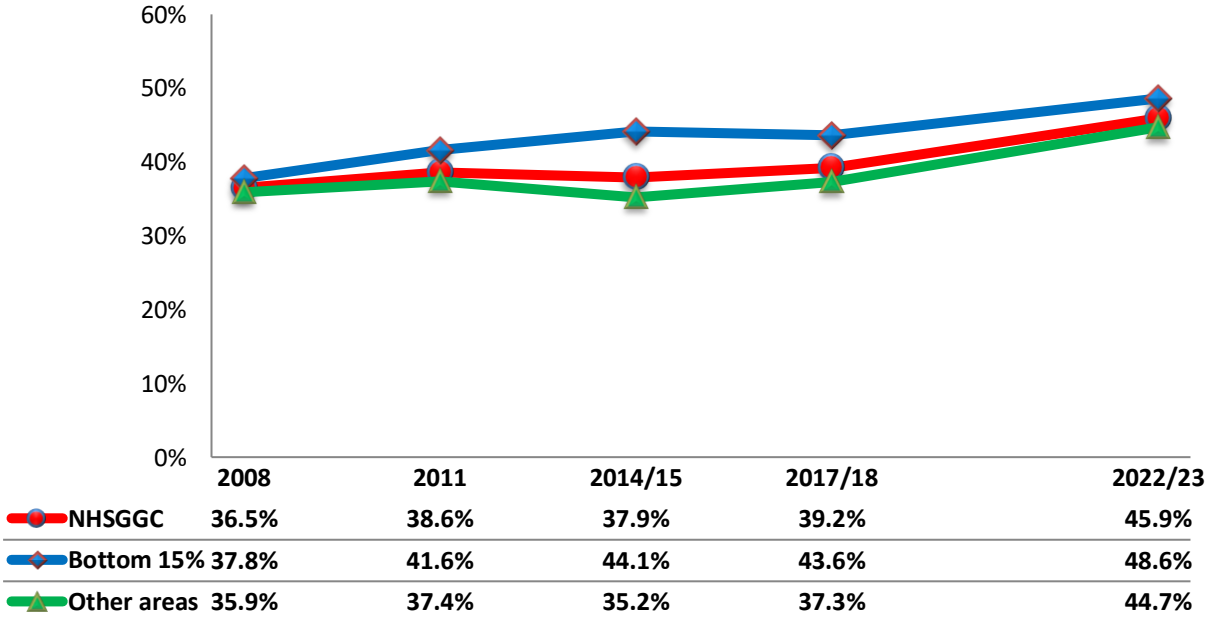
Figure 2.13: Proportion Receiving Treatment for at Least One Condition by Age, Gender, Deprivation and Limiting Conditions



Trends

Between 2017/18 and 2022/23, there was a rise in the proportion of people who said they were receiving treatment for at least one condition, bringing rates to the highest recorded over the last five surveys. A sharper rise in areas outside the most deprived resulted in a narrowing of the gap between the most deprived and other areas.

Figure 2.14: Trends for Receiving Treatment for at least One Condition 2008 to 2022/23

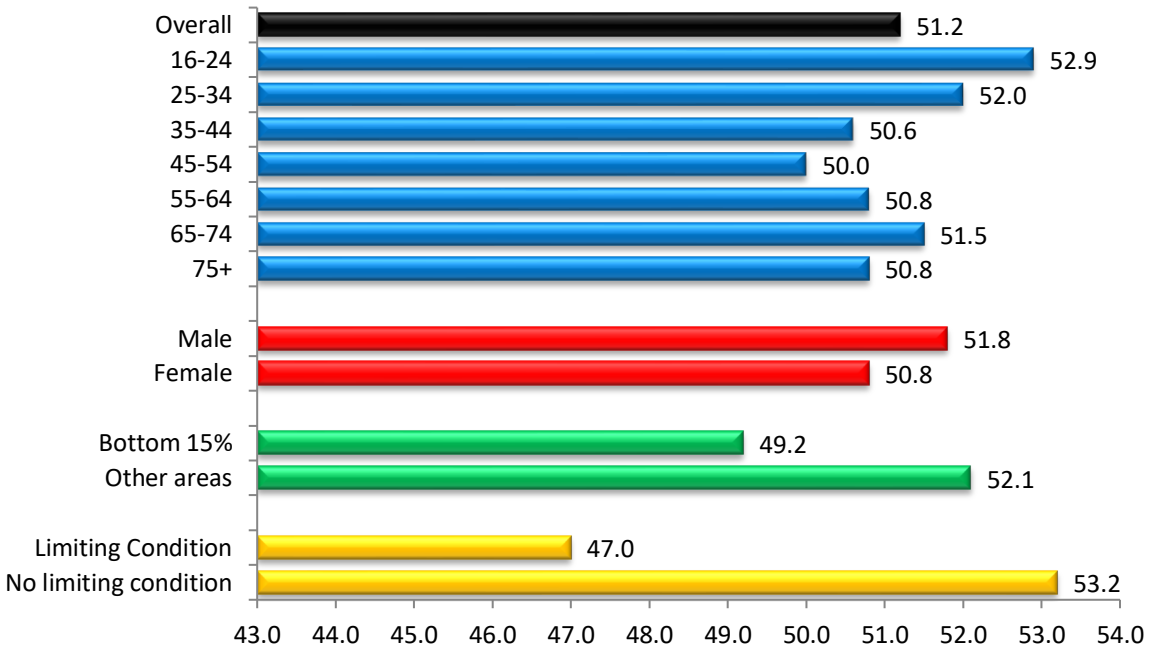


2.4 Mental Health

WEMWBS

The self-completion section of the main survey questionnaire included the fourteen questions of the Warwick-Edinburgh Mental Well-being Scale (WEMWBS). This measures mental wellbeing. The mean WEMWBS score was 51.2. Mean WEMWBS scores varied significantly by age, gender, deprivation and limiting conditions, as Figure 2.15 shows.

Figure 2.15: Mean WEMWBS Scores by Age, Gender, Deprivation and Limiting Conditions (Higher Scores = better mental wellbeing).



Validated categorisations of WEMWBS scores are:

- Score under 41: Probable clinical depression
- Score 41-44: Possible/mild depression
- Score 45+: No depression

Using these categories, just under one in four (24%) had a WEMWBS score indicating depression – either probable clinical depression (14%) or possible mild/depression (9%).

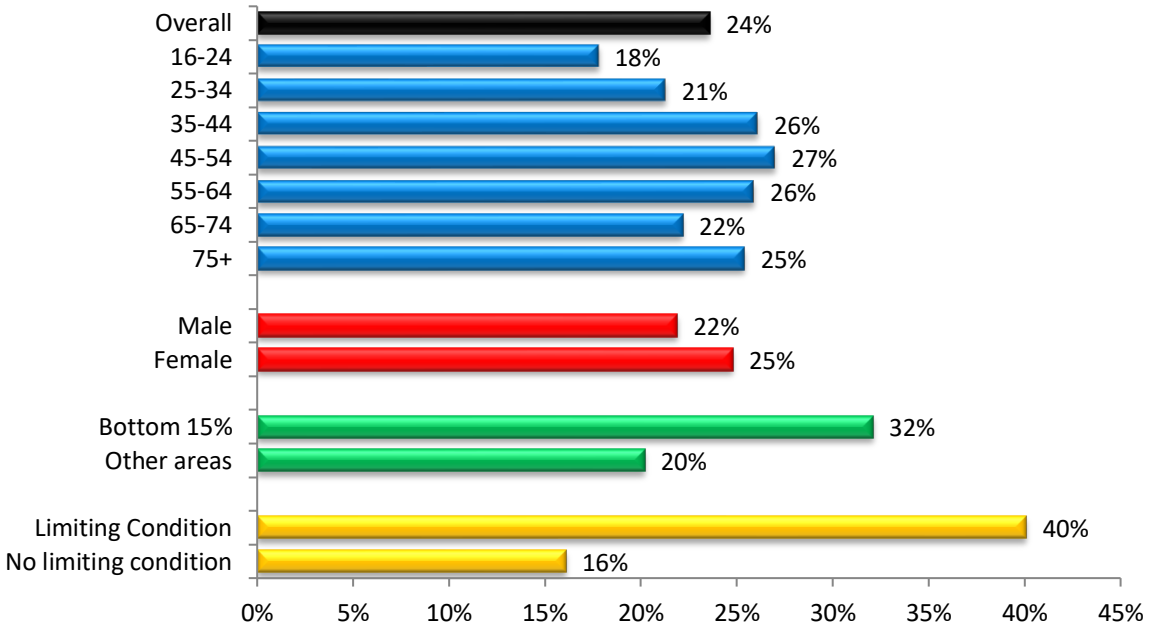
- Those aged under 25 were the least likely to have a WEMWBS score indicating depression.

- Women were more likely than men to have a score indicating depression.

- Nearly a third (32%) of those in the most deprived areas had a score indicating depression, compared to one in five (20%) of those in other areas.

- Two in five (40%) people living with a long-term limiting condition or illness had a WEMWBS score indicating depression.

Figure 2.16: Proportion with a WEMWBS Score Indicating Depression by Age, Gender, Deprivation and Limiting Conditions



Evidence from Other Sources

- The **Scottish Health Survey 2022** found, after a decade of fairly constant mean WEMWBS scores, there was a decrease between 2019 and 2021 from 49.8 to 48.6, and a further decrease to 47.0 in 2022 - lower than the mean of 51.2 measured by the NHSGGC survey. The mean SHS WEMWBS score in 2022 for the most deprived quintile was 44.7.

GHQ12

The much smaller sample of respondents who completed the online survey answered questions to measure depression using the GHQ12 scale. This is a self-administered questionnaire designed to detect persons that are symptomatic or at risk of developing the common, non-psychotic mental health problems associated with depression, anxiety, somatic symptoms and social dysfunction.

Three in ten (30%) scored 4 or more, indicative of a possible psychiatric disorder. This was higher for:

- women (35%) compared to men (23%);
- those in the most deprived areas (38%) compared to those in other areas (27%);
- those with a long-term limiting condition or illness (41%) compared to others (23%).

The age group most likely to have a score of 4 or more was 45-54 (39%) and those aged 65-74 were the least likely (18%).

2.5 Dental Health

Respondents were asked how they would describe the current state of the health of their mouth and teeth. Seven in ten (70%) said they felt their mouth and teeth were in good health, while 24% said they felt that their mouth and teeth had some problems that need to be fixed and 7% said they felt their mouth and teeth were in a poor state.

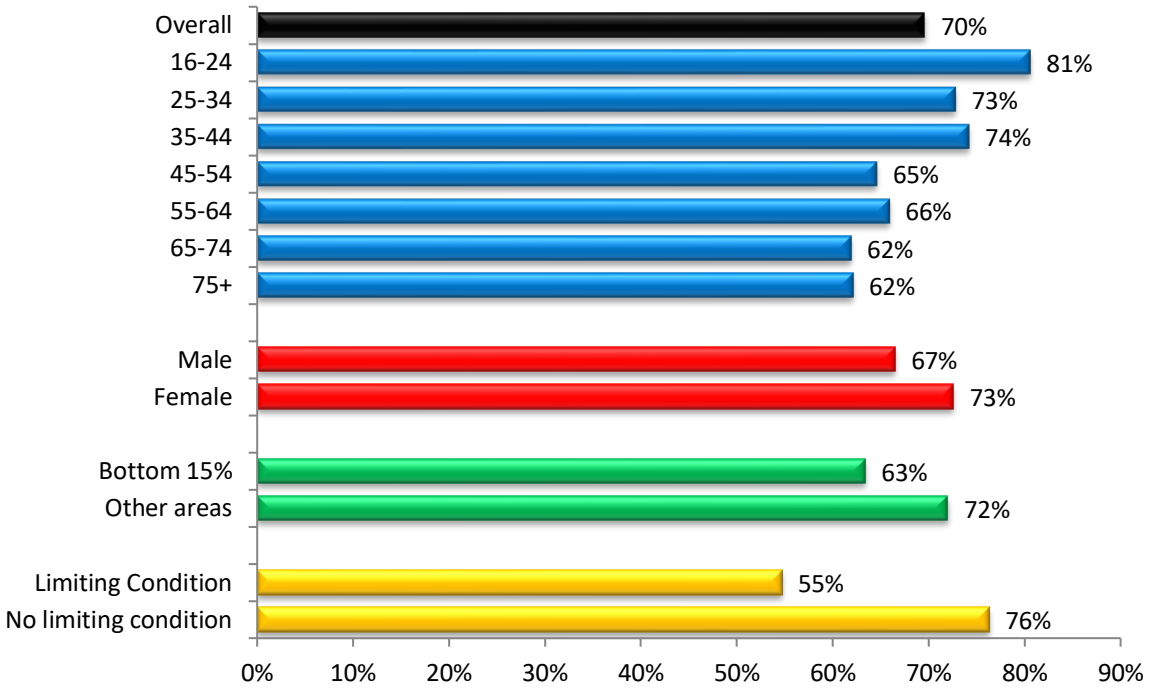
- Those aged 45 or over were less likely than younger people to feel their mouth/teeth were in good health.

- Women were more likely than men to feel their mouth/teeth were in good health.

- Those in the most deprived areas were less likely to say they felt their mouth/teeth were in good health.

- Those with a long-term limiting condition or illness were less likely than others to say they felt their mouth/teeth were in good health.

Figure 2.17: Proportion Rating Mouth/Teeth in Good Health by Age, Gender, Deprivation and Limiting Conditions



More than half (54%) indicated that in the last two years they have required services for a dental problem. Of these, most (94%) had used a high street dental practice. Other services used were: medical GP (5%), pharmacist (5%), out of hours/emergency dental service (4%) and Accident and Emergency Department (1%).

Among the small subset of respondents who answered additional questions in the online survey:

- 60% had a problem with their teeth or mouth in the last two years which required them to seek the advice of a medical or dental professional (30% said this had happened once, 23% said twice or more and a further 7% said although it had happened, they did not seek advice).

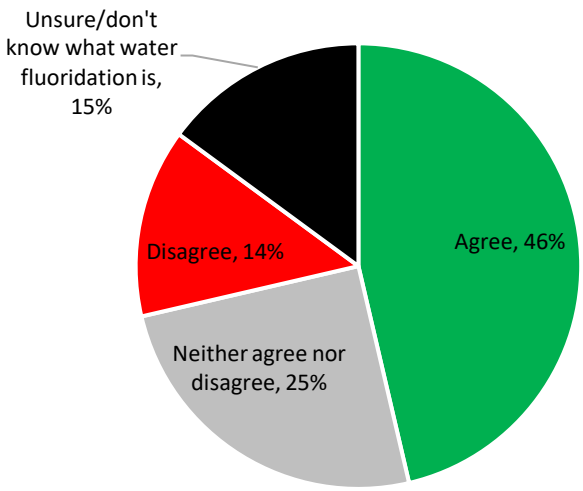
- Of those who had such a problem in the last two years, 13% had missed work or not attended a social occasion due to the problems with their mouth or teeth.

- Of those who had such a problem, half (52%) said they had no problems arranging a dental appointment; 35% said they were able to get a dental appointment, but had to wait longer than they wanted to; one in eight (13%) said they were unable to get an appointment with their own dentist.

All respondents in the main survey were asked the extent to which they agreed or disagreed with the statement: 'I am open to the possibility of water fluoridation in my local area'. Just under half (46%) agreed with this, while 14% disagreed

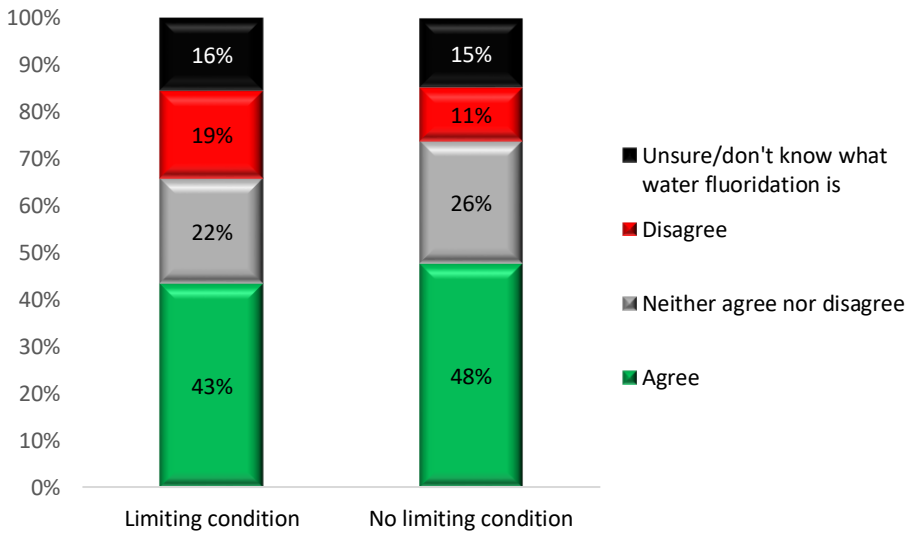
and 40% either said they did not agree nor disagree or that they were unsure/did not know what fluoridation is.

Figure 2.18: Responses to the statement 'I am open to the possibility of water fluoridation in my local area'



Those with a limiting condition/illness were less likely than others to be open to the possibility of water fluoridation, as shown in Figure 2.19.

Figure 2.19: Responses to the statement 'I am open to the possibility of water fluoridation in my local area' by Limiting Conditions

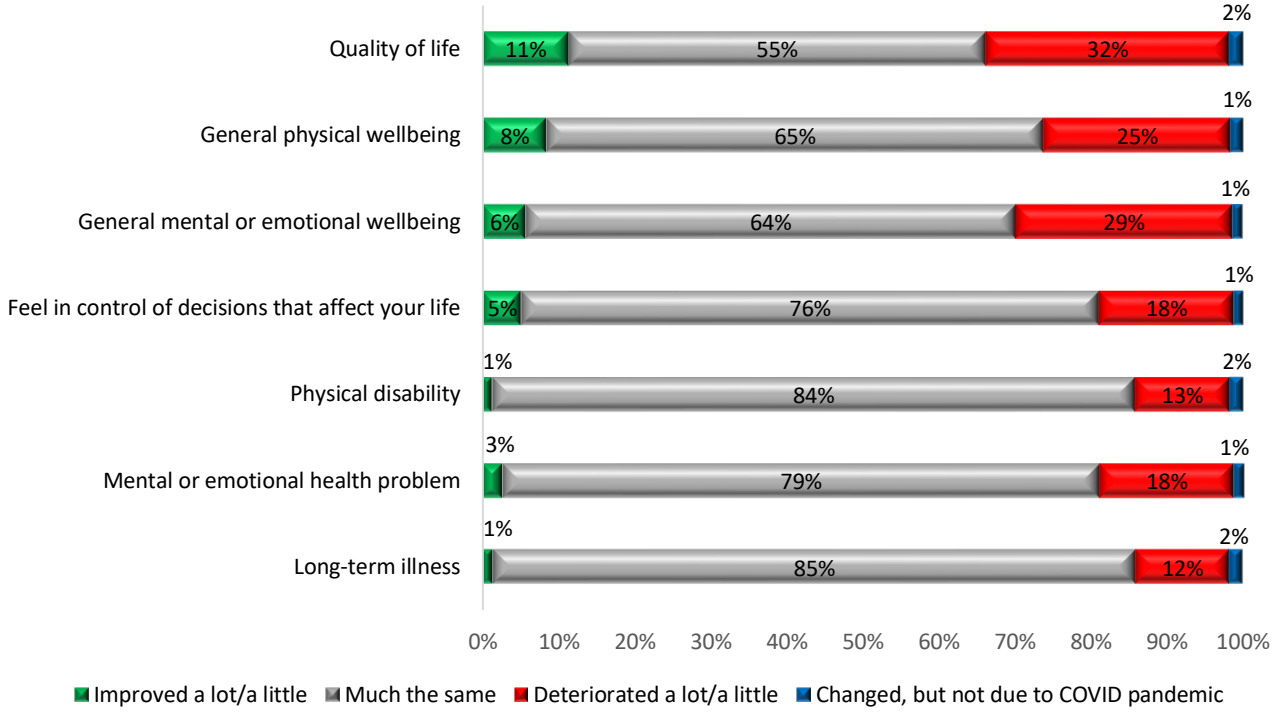


2.6 Effects of COVID on Health and Wellbeing

Respondents were asked how a number of health and wellbeing indicators had changed for them due to the COVID pandemic. Responses are shown in Figure 2.20. For each indicator, a majority said they were 'much the same'. However, a third (32%) said their quality of life had deteriorated due to the pandemic; 29%

said their general mental or emotional wellbeing had deteriorated and a quarter (25%) said their general physical wellbeing had deteriorated due to the pandemic.

Figure 2.20: Perceived Effects of the COVID Pandemic on Wellbeing



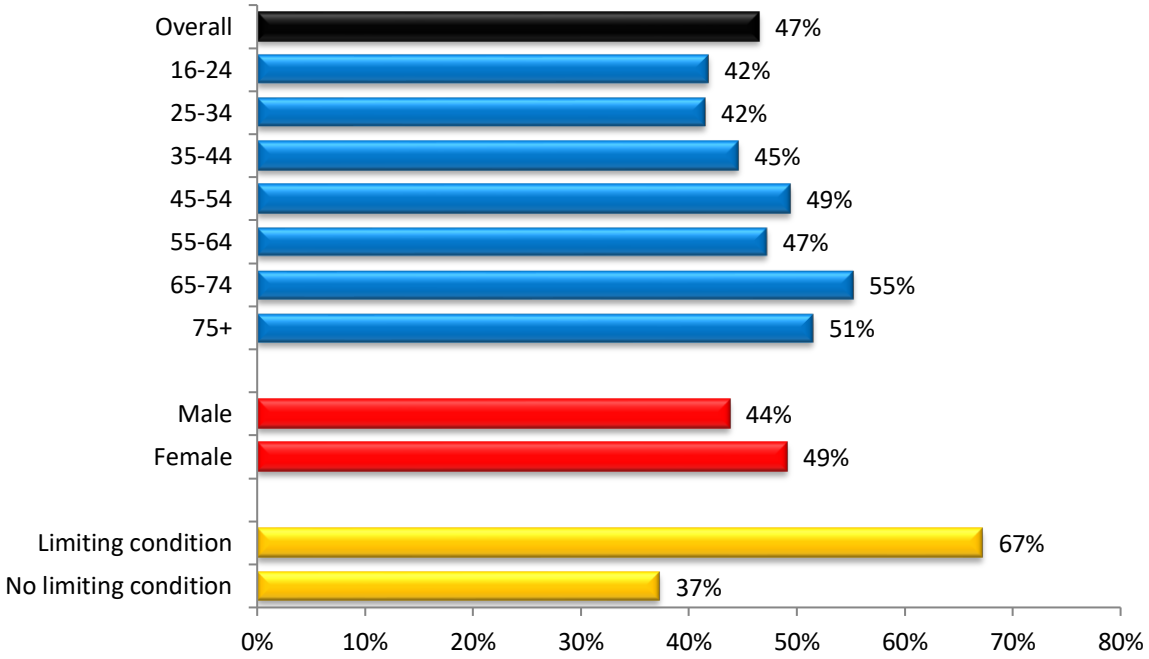
Overall, just under half (47%) said that at least one of the health and wellbeing indicators had deteriorated due to the COVID pandemic.

- Those aged under 35 were the least likely to indicate wellbeing indicators having deteriorated due to the COVID pandemic; those aged 65 and over were the most likely.

- Women were more likely than men to report negative effects of the pandemic on wellbeing.

- Those with a limiting condition or illness were much more likely than others to say that at least one wellbeing indicator had deteriorated due to the pandemic.

Figure 2.21: Proportion Reporting Deterioration of at Least One Wellbeing Indicator due to the COVID Pandemic by Age, Gender, and Limiting Conditions



2.7 Summary of Key Messages from This Chapter

Differences by Age and Gender

- The likelihood of having a positive view of general health, physical wellbeing and quality of life decreased with age. Men were more likely than women to have a positive view of each of these.

- Those aged 45-54 were the least likely to have a positive view of their mental/emotional wellbeing. Men were more likely than women to have a positive view of this.

- Those aged 25-34 were the most likely to definitely feel in control of the decisions affecting their life.

- Women were more likely than men to have a limiting condition/illness or to be receiving treatment for at least one condition/illness.

- The likelihood of having a limiting condition/illness or receiving treatment for an illness/condition increased sharply with age.

- Those aged under 25 were the least likely to have WEMWBS scores indicating depression, and women were more likely than men to have scores indicating depression.

- Those aged 45 and over were less likely than younger people to feel their mouth/teeth were in good health, and women were more likely than men to report their mouth/teeth were in good health.

- Those aged 65 and over were the most likely to report deterioration of wellbeing indicators as a result of the COVID pandemic, and women were more likely than men to report such effects.

Differences by Deprivation

Those living in the most deprived areas were:

- less likely to have positive views of their general health, physical wellbeing, mental/emotional wellbeing and quality of life

- less likely to feel in control of the decisions affecting their life

- more likely to have a limiting condition/illness or to be receiving treatment for at least one condition

- more likely to have WEMWBS scores indicating depression

- less likely to feel their mouth/teeth were in good health.

Differences by Limiting Conditions

Those with a long-term limiting condition or illness were:

- less likely to have positive views of their general health, physical wellbeing, mental/emotional wellbeing and quality of life
- less likely to feel in control of the decisions affecting their life
- more likely to be receiving treatment for at least one condition
- more likely to have WEMWBS scores indicating depression
- less likely to feel their mouth/teeth were in good health
- more likely to report deterioration in wellbeing indicators due to the COVID pandemic.

Changes since 2017/18

- Although overall, there was no significant change in the proportion with a positive view of their general health between 2017/18 and 2022/23, trends show a narrowing of inequalities, with an increase among those in the most deprived areas, but a decrease among those in other areas.
- There was a significant decrease since 2017/18 in the proportion who had positive views of their physical wellbeing, mental/emotional wellbeing and quality of life, and in the proportion who definitely felt in control of the decisions affecting their life.
- There was a rise since 2017/18 in the proportion who had a long-term limiting condition or illness and in the proportion who were receiving treatment for at least one illness/condition.

2.8 Key Indicators by Local Authority Area

* denotes significant (p≤0.01) difference to NHSGGC

	Positive View of General Health	Positive Perception of Physical Wellbeing	Positive Perception of Mental/ Emotional Wellbeing
NHSGGC	**74.2%**	**79.1%**	**80.7%**
Glasgow City	74.3%	79.0%	79.9%
East Dunbartonshire	79.0%*	82.6%*	87.1%*
Inverclyde	71.5%	74.8%*	76.9%*
Renfrewshire	73.0%	78.4%	80.4%
East Renfrewshire	75.3%	79.6%	79.0%
West Dunbartonshire	71.1%	79.9%	85.0%*

	Definitely feel in control of decisions affecting life	Positive Perception of Quality of Life	Long-term Limiting Condition or Illness
NHSGGC	**69.0%**	**84.0%**	**31.1%**
Glasgow City	64.7%*	83.5%	29.0%*
East Dunbartonshire	76.4%*	88.4%*	33.9%
Inverclyde	74.8%*	78.5%*	36.7%*
Renfrewshire	76.3%*	85.0%	33.1%
East Renfrewshire	68.1%	84.8%	31.3%
West Dunbartonshire	71.4%	85.0%	34.1%

	Receiving Treatment for at Least One Condition	WEMWBS Score Indicating Depression	Perceived deterioration in health indicators due to COVID pandemic
NHSGGC	**45.9%**	**23.6%**	**46.5%**
Glasgow City	44.5%	24.7%	44.8%
East Dunbartonshire	44.7%	18.5%*	53.0%*
Inverclyde	51.2%*	24.3%	46.7%
Renfrewshire	49.3%	23.0%	48.9%
East Renfrewshire	45.7%	19.6%*	50.1%
West Dunbartonshire	45.8%	26.2%	42.8%

As the preceding tables show:

- The proportion with a positive view of their **general health** (74%) did not vary significantly across local authority areas, with the exception of **East Dunbartonshire** where it was significantly higher (79%).

- The proportion with a positive view of their **physical wellbeing** (79%) was significantly higher in **East Dunbartonshire** (83%) and lower in **Inverclyde** (75%).

- The proportion with a positive view of their **mental/emotional wellbeing** (81%) was significantly different in three local authority areas; it was higher in **East Dunbartonshire** (87%) and **West Dunbartonshire** (85%), and lower in **Inverclyde** (77%).

- The proportion who definitely felt in control of the **decisions affecting their life** (69%) was significantly lower in **Glasgow City** (65%), but higher in **East Dunbartonshire** (76%), **Renfrewshire** (76%) and **Inverclyde** (75%).

- The proportion with a positive perception of their **quality of life** (84%) only varied significantly where it was highest – **East Dunbartonshire** (88%) and lowest – **Inverclyde** (78%).

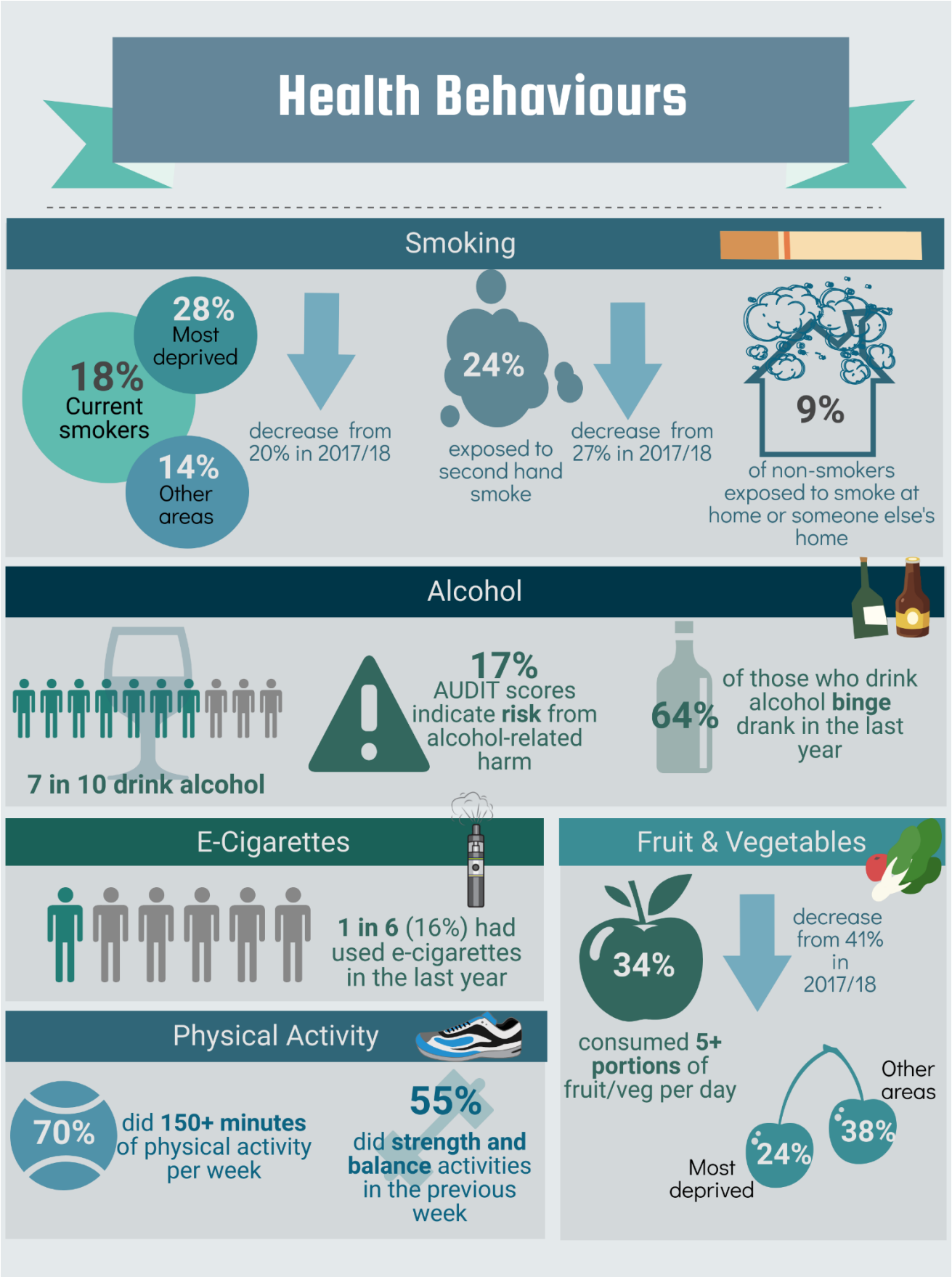
- The proportion who had a **limiting condition/illness** (31%) was significantly lower in **Glasgow City** (29%) and higher in **Inverclyde** (37%).

- The proportion receiving **treatment** for at least one condition (46%) did not vary significantly across local authority areas, with the exception of **Inverclyde**, where it was higher (51%).

- The proportion with a WEMWBS score indicating **depression** (24%) was significantly lower in **East Dunbartonshire** (19%) and **East Renfrewshire** (20%).

- The proportion who had perceived **deterioration of health indicators due to COVID** (47%) only showed a significant difference in **East Dunbartonshire** where it was higher (53%).

3 Health Behaviours

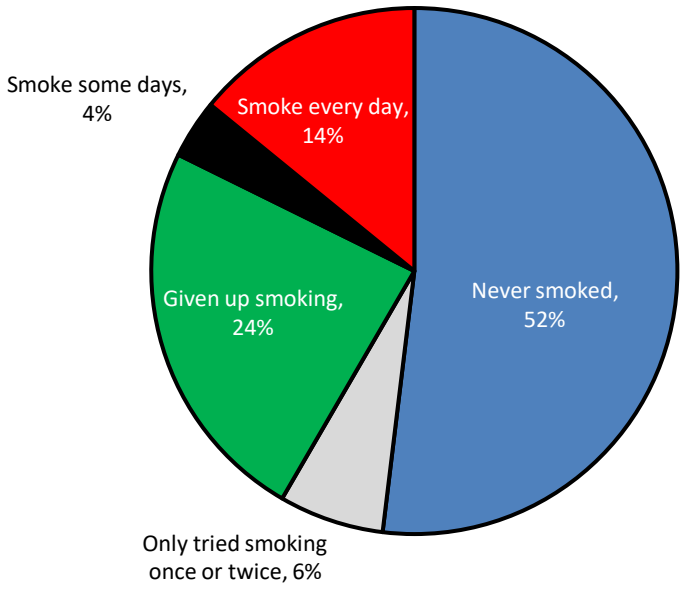


3.1 Smoking

Smoking

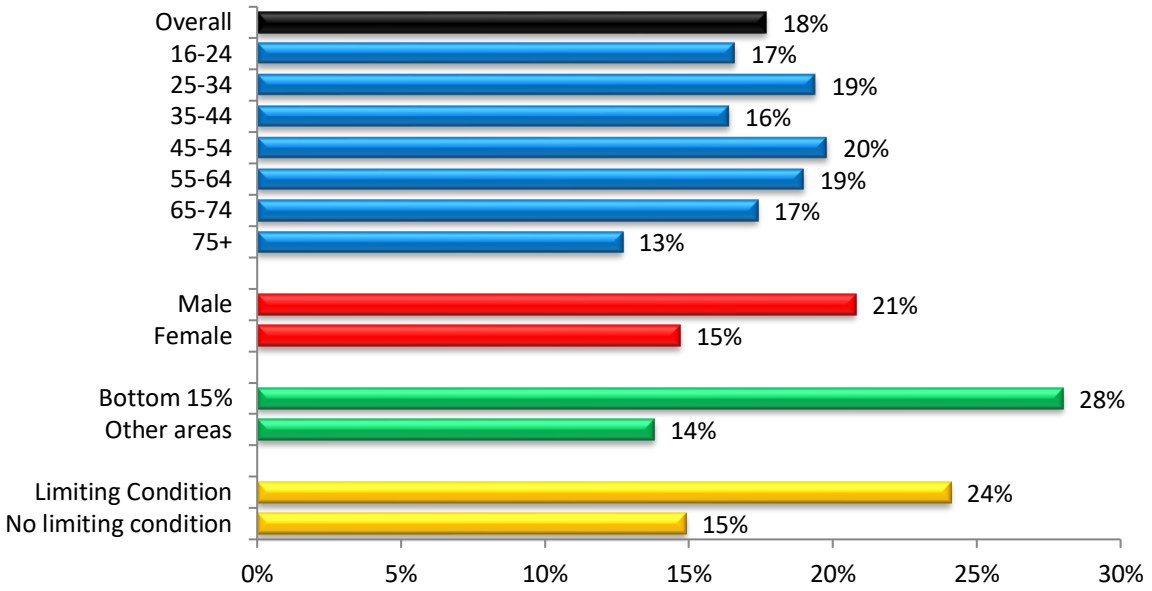
One in six (18%) were smokers, smoking either every day (14%) or some days (4%).

Figure 3.1: Current Smoking Status



- Men were more likely than women to be smokers.
- Those aged 75 or over were less likely than those in other age groups to smoke.
- Those in the most deprived areas were twice as likely as those in other areas to be smokers.
- Those with a long-term limiting condition or illness were more likely than others to be smokers.

Figure 3.2: Proportion of Current Smokers by Age, Gender, Deprivation and Limiting Conditions



Among current smokers, a third (33%) indicated they wanted to stop smoking soon, a third (32%) did not want to stop smoking and a further third (35%) wanted to stop or felt they should but did not plan to do so soon.

Table 3.1: Intentions among Current Smokers

	Proportion of Smokers	
I REALLY want to stop smoking and intend to in the next month	5%	**Want/intend to stop soon 33%**
I REALLY want to stop smoking and intend to in the next 3 months	7%	
I want to stop smoking and hope to soon	20%	
I REALLY want to stop smoking but I don't know when I will	12%	**Want/intend to stop smoking, but not soon 35%**
I want to stop smoking but haven't thought about when	12%	
I'm thinking I should stop smoking but don't really want to	12%	
I don't want to stop smoking	32%	**Do not want to stop 32%**

Base: Current Smokers (Unweighted N=2,158)

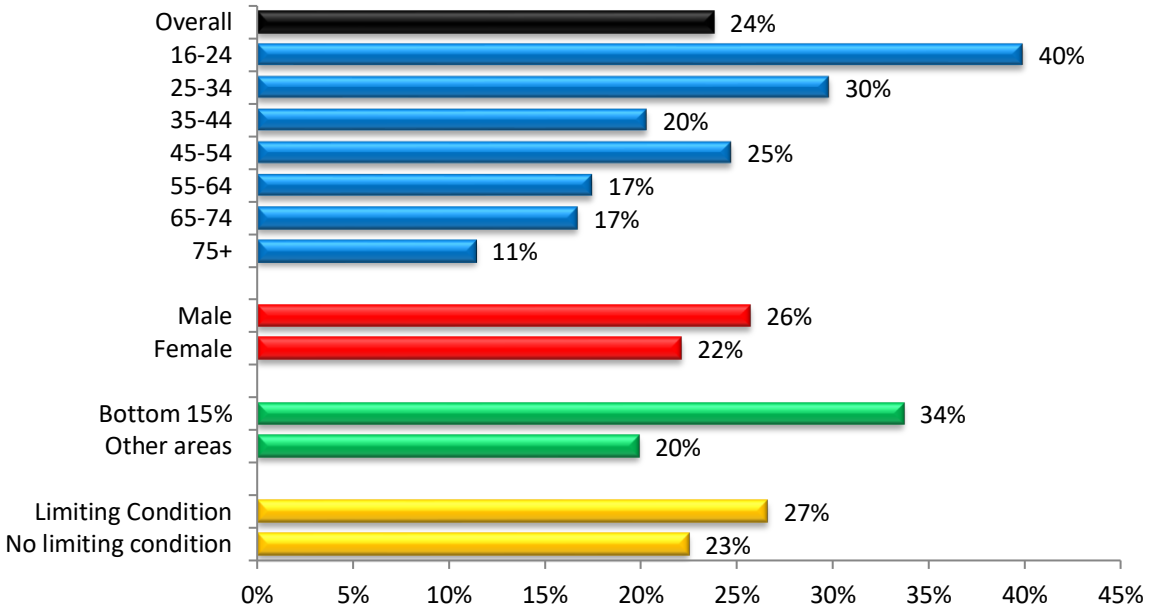
Exposure to Second Hand Smoke

Respondents were asked how often they were in places where there is smoke from other people smoking tobacco. In total, 24% said that this happened most

of the time (8%) or some of the time (16%). A further 24% said that they were seldom exposed to second hand smoke and 53% said they were never exposed.

- Those aged under 25 were the most likely to be exposed to second hand smoke.
- Men were more likely than women to be exposed.
- Those in the most deprived areas were more likely to be exposed to second hand smoke.
- Those with a long-term limiting condition or illness were more likely than others to be exposed to second hand smoke.

Figure 3.3: Exposure to Second Hand Smoke (most/some of the time) by Age, Gender, Deprivation and Limiting Conditions



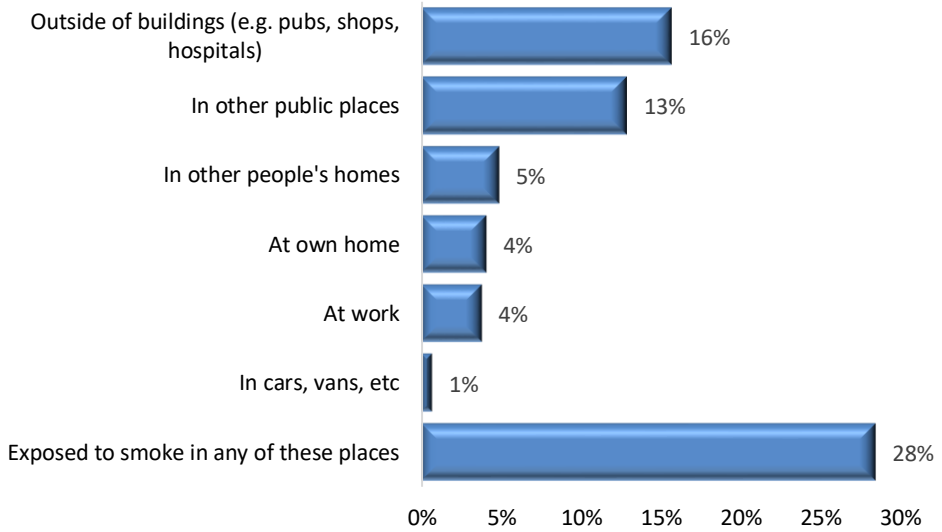
Although overall men were more likely than women to be exposed to second hand smoke, this was only true among those aged under 45 and those aged 65 or over.

Table 3.2: Exposure to Second Hand Smoke by Age and Gender

	Exposed most/some of the time
Men 16-44	32%
Women 16-44	26%
Men 45-64	20%
Women 45-64	22%
Men 65+	17%
Women 65+	13%

Respondents were also asked whether they were exposed to other people's smoke in any of a number of places. Responses are shown in Figure 3.4 for non-smokers. Overall, 28% of non-smokers were exposed to smoke in at least one of these places, the most common being outside of buildings (16%).

Figure 3.4: Proportion of Non-Smokers Exposed to Second Hand Smoke in Specific Places

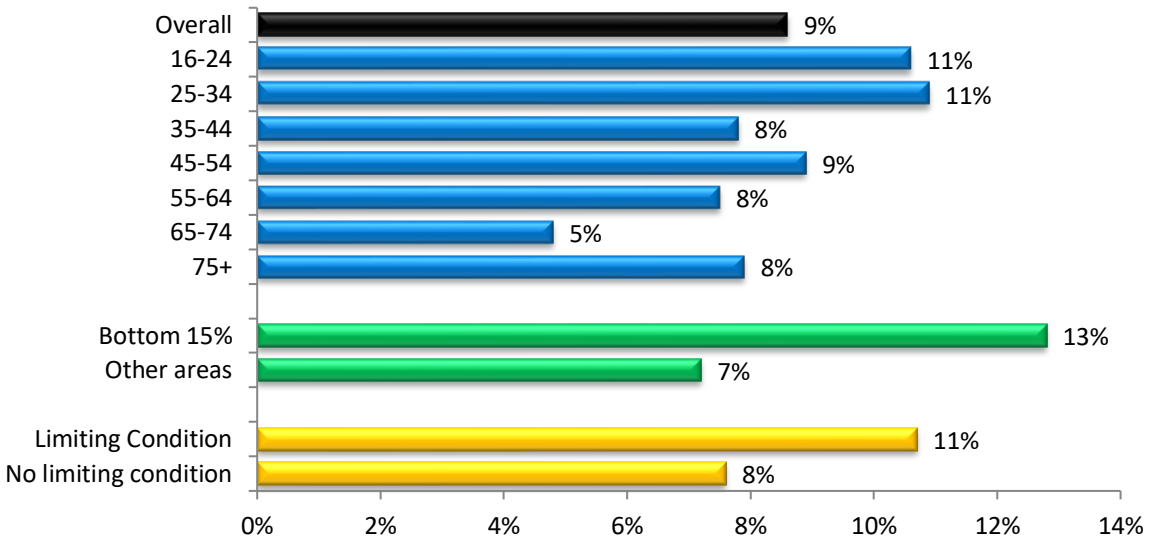


Base: Non-smokers (unweighted N=7,823)

In total, 9% of non-smokers were exposed to cigarette smoke in their own or someone else's home.

- Non-smokers aged under 35 were the most likely to say they were exposed to cigarette smoke in their own or someone else's home.
- Non-smokers in the most deprived areas were more likely than others to be exposed to cigarette smoke in any home.
- Those with a limiting condition or illness were more likely than others to be exposed to smoke in homes.

Figure 3.5: Proportion of Non-Smokers Exposed to Second Hand Smoke in Their Own or Someone Else's Home by Age, Deprivation and Limiting Conditions



Base: Non-smokers (unweighted N=7,823)

Policy Context – Smoking

Legislation and policy in Scotland had sought to decrease smoking and exposure to second hand smoke over the last 15 years as follows.

- In 2006, the Smoking Health and Social Care (Scotland) Act was introduced which banned smoking in enclosed public spaces. https://www.legislation.gov.uk/asp/2005/13/contents
- In 2007, the minimum age for the sale or purchase of tobacco was raised from 16 to 18.
- The Tobacco and Primary Medical Services Act 2010 made provision about the retailing of tobacco products, including provision prohibiting the display of tobacco products and establishing a register of tobacco retailers https://www.legislation.gov.uk/asp/2010/3/contents
- In 2013, the Scottish Government published its strategy on tobacco *Creating a Tobacco-Free Generation: A Tobacco Control Strategy for Scotland.* This set a target to reduce smoking rates to 5% or less among the adult population by 2034. https://www.gov.scot/publications/tobacco-control-strategy-creating-tobacco-free-generation/
- The above strategy contained a specific action that 'all NHS Boards will implement and enforce smoke-free grounds by March 2015'. The Prohibition of Smoking in Certain Premises (Scotland) Regulations 2006 allowed for certain exemptions within mental health units, so a phased approach was taken. https://www.legislation.gov.uk/ssi/2006/90/contents/made
- CEL 01(2012) sets out the expectation of all NHS grounds being smoke-free, including mental health units. In 2016 all mental health units in NHS GGC became smokefree.
- The Health (Tobacco, Nicotine etc. and Care) (Scotland) Bill was passed in 2016 which made provisions for the sale and purchase of Nicotine Vapour Products and introduced smoke-free perimeters around NHS hospitals. http://www.parliament.scot/parliamentarybusiness/Bills/89934.aspx

- At the end of 2016, a ban on smoking in cars carrying anyone aged under 18 was introduced Smoking Prohibition (Children in Motor Vehicles) (Scotland) Act 2016 https://www.legislation.gov.uk/asp/2016/3/contents
- A 5-year action plan was produced in June 2018, *Raising Scotland's Tobacco Free Generation,* the new plan for 2023 onwards is in development. https://www.gov.scot/publications/raising-scotlands-tobacco-free-generation-tobacco-control-action-plan-2018/
- In 2022 Scottish Government launched a consultation on *Tightening rules on advertising and promoting vaping products* to seek views on proposed regulations which aim to strike a balance between protecting non-smokers and making information available to smokers. https://www.gov.scot/publications/tightening-rules-advertising-promoting-vaping-products-consultation-paper-2022/documents/
- The *Prohibition of Smoking Outside Hospital Buildings (Scotland) Regulations 2022* made it an offence to smoke within 15 metres of a hospital building. This applies to everyone, including staff, visitors, and patients and applies to all NHS hospital buildings in Scotland. https://www.legislation.gov.uk/sdsi/2022/9780111053843?view=plain
- In 2023 Scottish Government published the Tobacco and vaping framework: roadmap to 2034, which also includes the first implementation plan, which will run until November 2025. https://www.gov.scot/publications/tobacco-vaping-framework-roadmap-2034/documents/

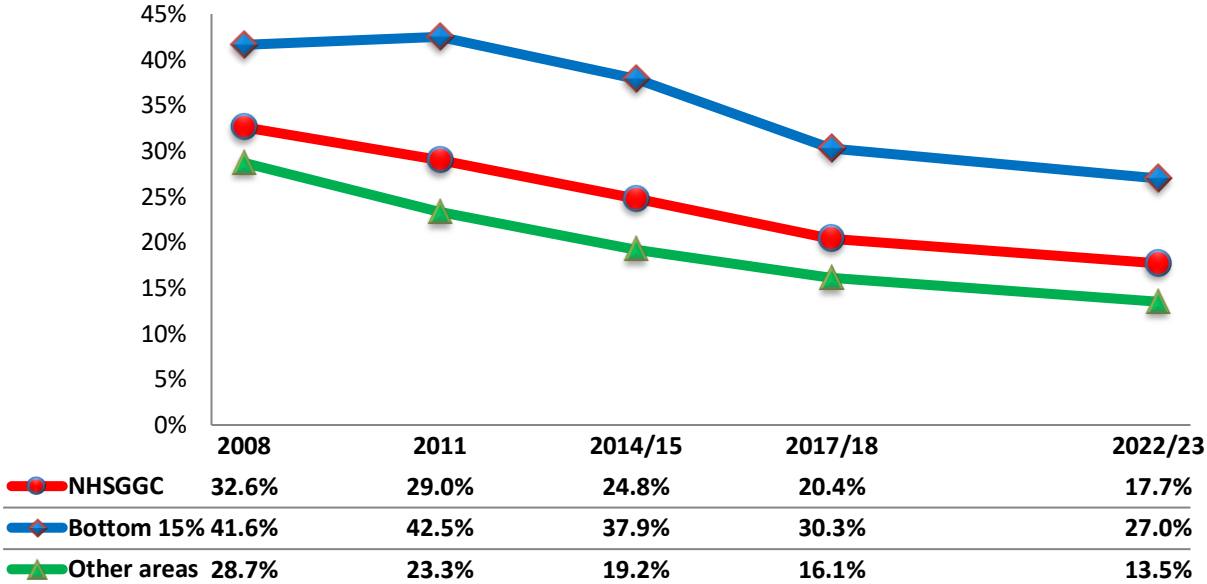
Evidence from Other Sources

- **The 2022 Scottish Health Survey** showed that 15% of adults in Scotland were current smokers, lower than the rate of 18% in NHSGGC in 2022/23. As in NHSGGC, nationally smoking was more prevalent in the most deprived areas - 25% in the most deprived quintile were smokers.

Trends – Smoking and Exposure to Smoke

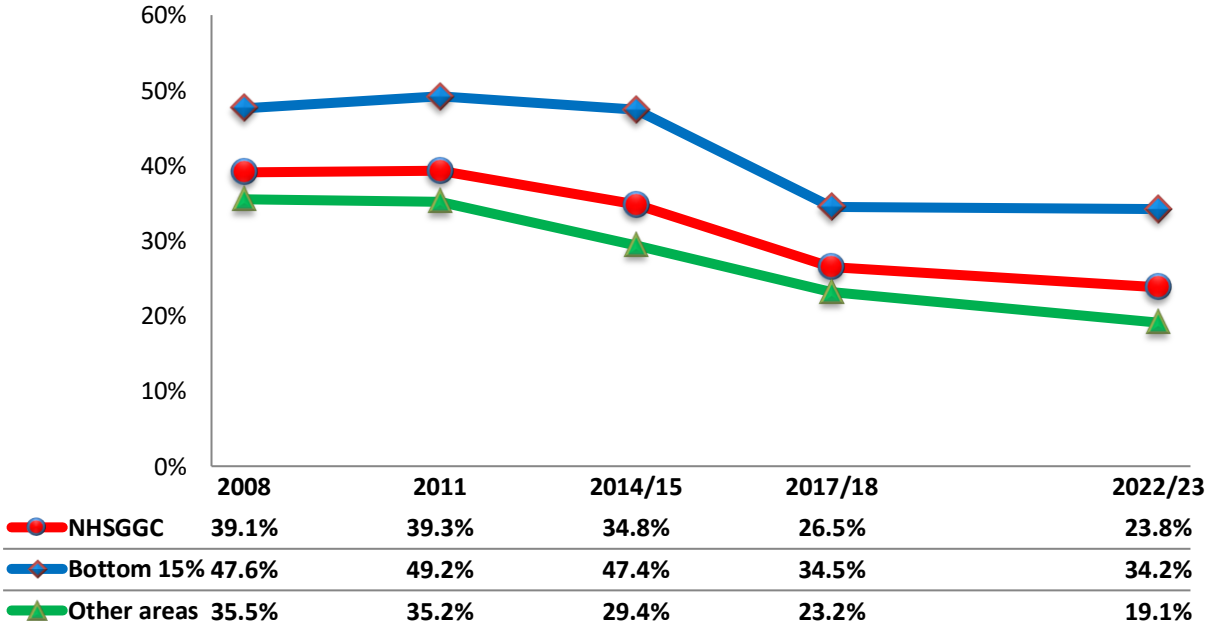
Smoking rates have declined in every survey since 2008, and this continued between 2017/18 and 2022/23, albeit it at a proportionately slower level of decline. A decrease in smoking rates was observed both in the most deprived areas and other areas, and at similar levels which maintained the gap between the most deprived and other areas.

Figure 3.6: Trends for Smoking – 2008 to 2022/23



The proportion who were exposed to second hand smoke has fallen consistently since 2011. Overall, there has been a significant reduction in the proportion who were exposed to second hand smoke most/some of the time since 2017/18. However, there was no significant change in the most deprived areas, and thus there is a widening of the gap between the most deprived and other areas, as shown in Figure 3.7.

Figure 3.7: Trends for Exposure to Second Hand Smoke Most/Some of the Time – 2008 to 2022/23



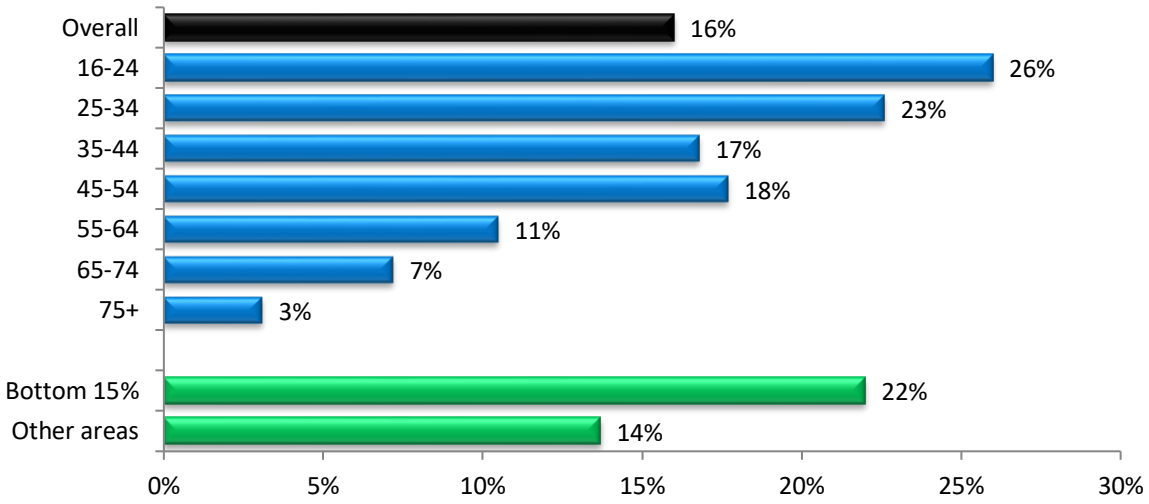
E-Cigarettes/Vaping

One in six (16%) had used e-cigarettes at least some days in the last year. These comprised 6% who had used e-cigarettes every day in the last year, 5% who had done so on some days and 4% who had done so just once or twice in the last year.

- Those aged 75 or over were less likely to have used e-cigarettes. Those aged under 35 were more likely to have done so.

- Those in the most deprived areas were more likely to have used e-cigarettes on at least some days in the last year.

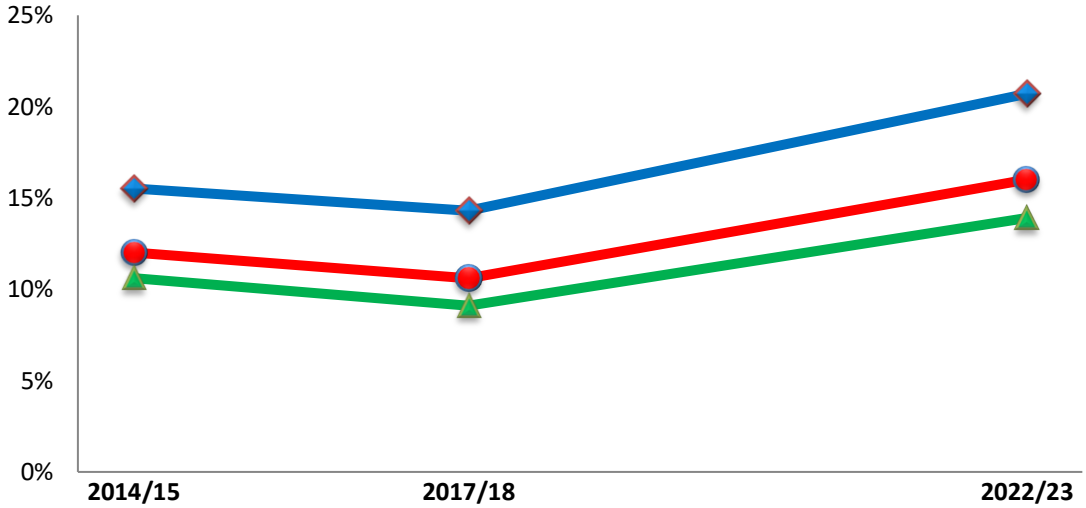
Figure 3.8: Proportion who had used E-Cigarettes in the Last Year by Age and Deprivation



Trends

After a small decrease between 2014/15 and 2017/18, there was a significant rise from 11% in 2017/18 to 16% in 2022/23 in the proportion who had used e-cigarettes in the last year.

Figure 3.9: Trends for Used E-Cigarettes in the Last Year 2014/15 to 2022/23



	2014/15	2017/18	2022/23
NHSGGC	12.0%	10.6%	16.0%
Bottom 15%	15.5%	14.3%	20.7%
Other areas	10.6%	9.1%	13.9%

3.2 Alcohol

AUDIT Scores

The survey used a series of 10 questions which comprise the Alcohol Use Disorders Identification Test (AUDIT). The AUDIT scoring is shown in Appendix E. Together, responses to these questions allow scores to be calculated for each respondent and categorised according to a level of risk. The proportion which fell into each category is shown in Table 3.3.

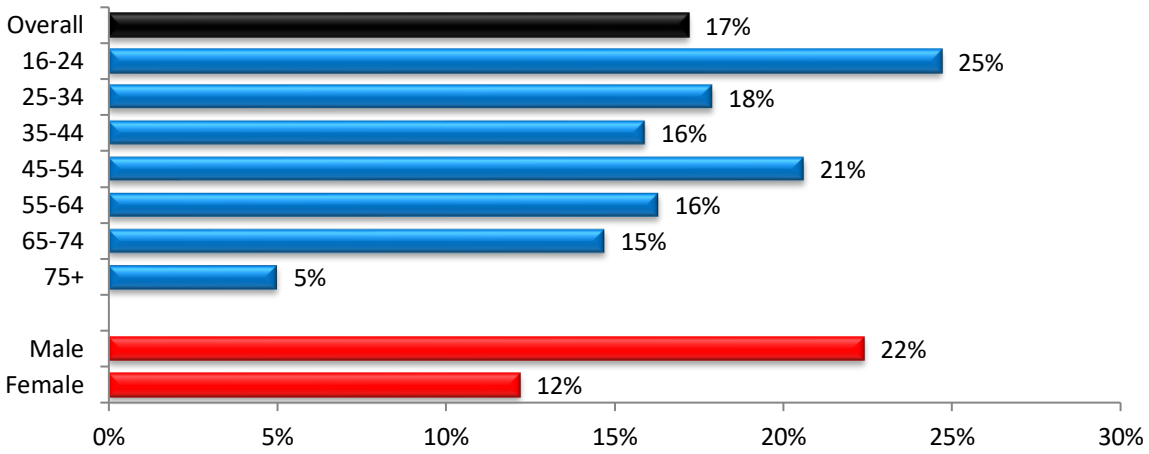
Table 3.3: Proportion in each Alcohol Use Disorders Identification Test (AUDIT) Category

	%
Low Risk (AUDIT score 0-7)	83%
Increasing Risk (AUDIT score 8-15)	16%
Higher Risk (AUDIT score 16-19)	1%
Possible Dependence (AUDIT score 20+)	1%

Those with a score greater than 7 indicates increased risk (17%).

Those under 25 were the most likely to have an AUDIT score which indicated risk, and those aged 75 or over were the least likely. Men were nearly twice as likely as women to have scores indicating risk.

Figure 3.10: AUDIT Score Indicating Risk by Age and Gender

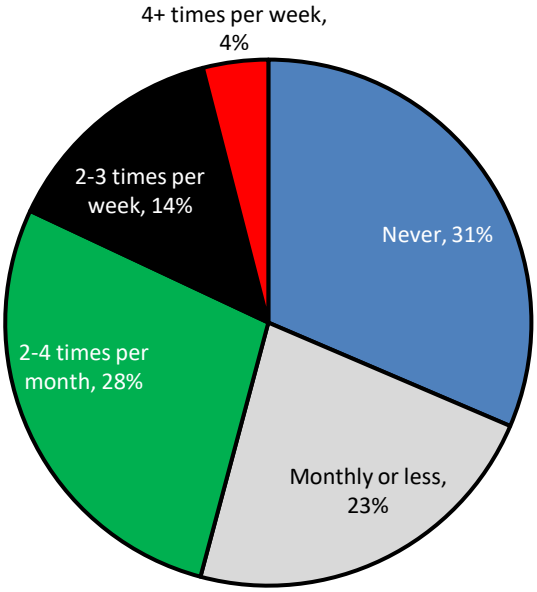


- **The 2021 Scottish Health Survey** found that nationally, 14% of adults had AUDIT scores indicating risk (18% for men and 9% for women), lower than the levels measured in NHSGGC in 2022/23.

Frequency of Drinking

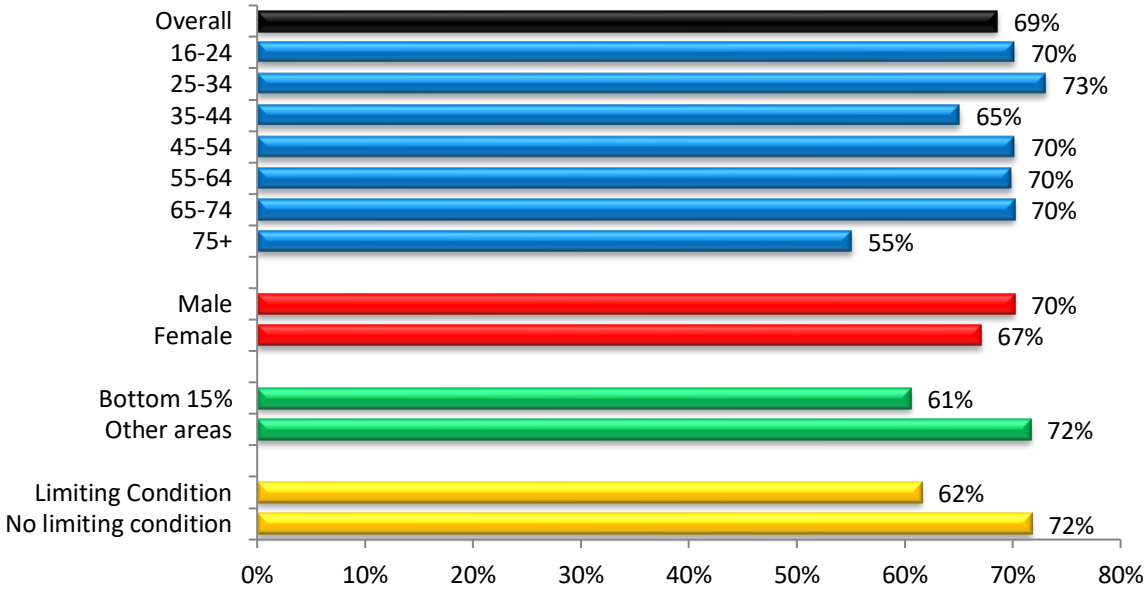
Respondents were asked how often they drank alcohol. Three in ten (31%) said they never drank alcohol. One in six (18%) drank alcohol at least twice per week.

Figure 3.11: How Often Drank Alcohol



- Those aged 75 or over were the least likely to drink alcohol. Men were more likely than women to drink alcohol.
- Those in the most deprived areas were less likely to drink alcohol.
- Those with a limiting condition or illness were less likely to drink alcohol.

Figure 3.12: Proportion who Drink Alcohol by Age, Gender, Deprivation and Limiting Conditions



Although men were overall more likely than women to drink alcohol, this was almost entirely due to the gender difference observed among those aged 65 and over, as Table 3.4 shows.

Table 3.4: Proportion who Drink Alcohol by Age and Gender

	Drink Alcohol
Men 16-44	71%
Women 16-44	69%
Men 45-64	70%
Women 45-64	70%
Men 65+	70%
Women 65+	59%

Evidence from Other Sources

- **The 2022 Scottish Health Survey** found that nationally, 81% of adults drank alcohol (83% of men and 79% of women) - much higher than the 69% measured by the NHSGGC survey.

Binge Drinking

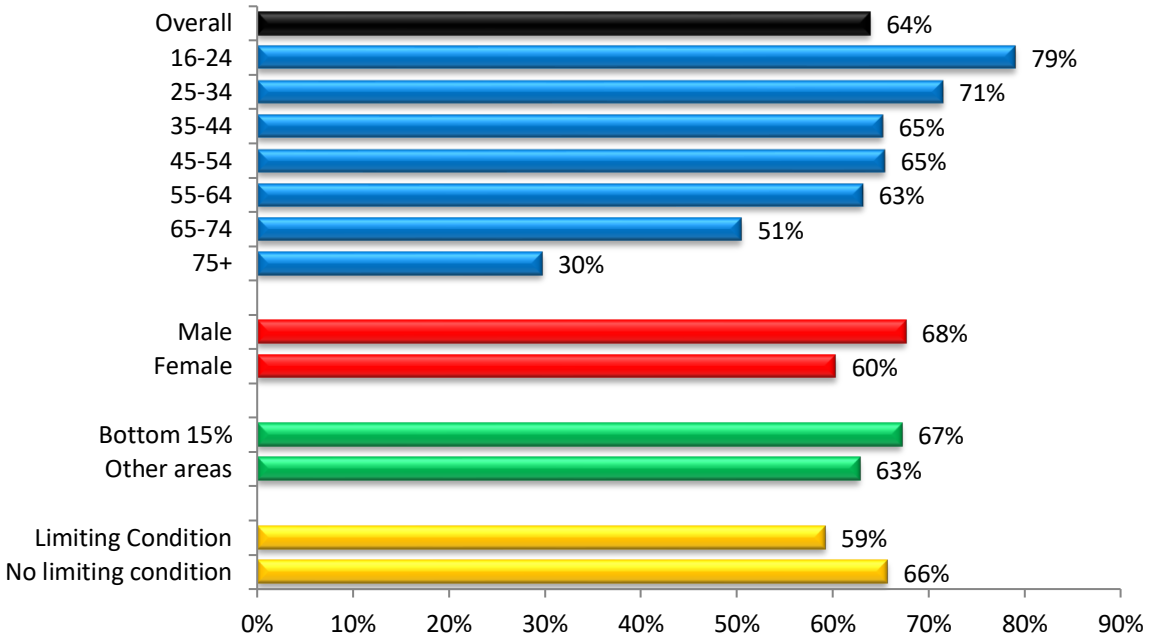
Those who drank alcohol were asked how often they had 6 or more units if female, or 8 or more if male on a single occasion in the last year. In total, 64% of drinkers had drunk alcohol at this level in the last year – 1% had done so daily/almost daily, 15% weekly, 18% monthly, and 29% less than monthly.

Drinkers aged under 35 were the most likely to have binged in the last year, and men were more likely than women to have done so.

Although overall people in the most deprived areas were less likely than others to drink alcohol, among those who did drink alcohol those in the most deprived areas were more likely to binge drink.

Among those who drank, those with a limiting condition or illness were less likely to binge drink.

Figure 3.13: Proportion of Alcohol Drinkers who had Consumed 6+ Units (if female) or 8+ units (if male) on a Single Occasion in the Last Year by Age, Gender, Deprivation and Limiting Conditions



Base: Those who drank alcohol (unweighted N=6,323).

Among those who drank alcohol, men aged under 45 were the most likely to have binge drank in the last year (74%), and women aged 65 or over were the least likely (33%).

Table 3.5: Proportion of Alcohol Drinkers who had Consumed 6+ Units (if female) or 8+ units (if male) on a Single Occasion in the Last Year by Age and Gender

	Binge drinker
Men 16-44	74%
Women 16-44	70%
Men 45-64	66%
Women 45-64	63%
Men 65+	52%
Women 65+	33%

Policy Context – Alcohol

- The Scottish Government published *Changing Scotland's Relationship with Alcohol: a Framework for Action* in 2009 which set out measures to reduce alcohol consumption, support families and communities, promote positive attitudes and positive choices and improve treatment and support. An updated framework was published in 2018. https://www.gov.scot/publications/alcohol-framework-2018-preventing-harm-next-steps-changing-relationship-alcohol/

- Initiatives introduced since the framework was implemented include the delivery of alcohol brief interventions and the establishment of Alcohol and Drug Partnerships. Since ADP's have been formed they have developed strategies, most recently covering 2020 - 2023, with the aims of reducing the harms and health inequalities caused by alcohol and drugs.

- Legislation implemented has included the quantity discount ban and the introduction of a lower drink-drive limit.

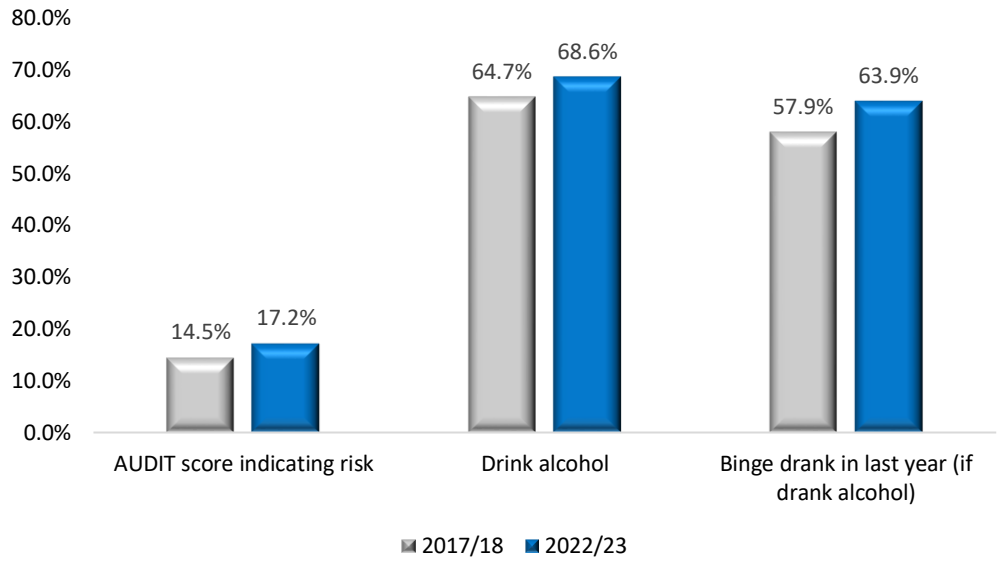
- Alcohol Minimum pricing legislation was introduced in 2018 (after the NHSGGC health and wellbeing survey fieldwork concluded) http://www.legislation.gov.uk/asp/2012/4/contents/enacted

- In November 2018, The Scottish Government published *Rights, Respect and Recovery – Scotland's strategy to improve health by preventing and reducing alcohol and drug use, harm and related deaths* https://www.gov.scot/publications/rights-respect-recovery/

Alcohol Trends

The questions on alcohol consumption changed for the 2017/18 survey, so it is not possible to examine trends. As Figure 3.13 shows, there was a significant rise between 2017/18 and 2022/23 for all three measures of alcohol consumption. The proportion who had AUDIT scores indicating risk rose from 14.5% to 17.2%. Overall, the proportion of adults who said they ever drank alcohol rose from 64.7% to 68.6%. And among those who did drink alcohol, the proportion who binged in the previous year rose from 57.9% to 63.9%.

Figure 3.14: Alcohol Consumption Indicators: 2017/18 and 2022/23

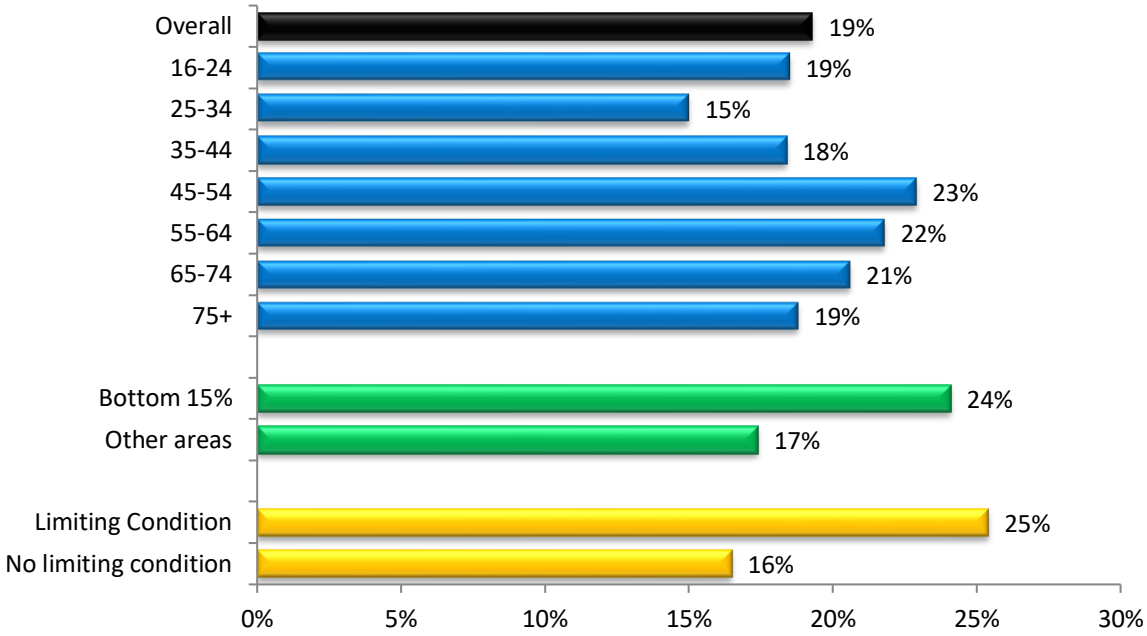


Attitudes to Places Selling Alcohol

More than three in four (77%) adults felt that there was the right amount of off-licences, local grocers and supermarkets selling alcohol in their local area, while 19% felt there were too many and 3% felt there were too few.

- Those aged 25-34 were the least likely to feel there were too many shops selling alcohol in their area.
- Those in the most deprived areas were more likely to feel there were too many shops selling alcohol in their local area.
- Those with a long-term limiting condition or illness were more likely than others to feel there were too many shops selling alcohol in their local area.

Figure 3.15: Proportion who Felt there Are Too Many Shops Selling Alcohol in their Area by Age, Deprivation and Limiting Conditions



When considering the amount of pubs, bars and restaurants selling alcohol in their local area, 77% felt there was the right amount, 13% felt there was too many and 10% felt there was too few.

- Those in the most deprived areas were more likely to say there were too many pubs, bars or restaurants selling alcohol in their area (17% most deprived; 11% other areas).

- Those with a limiting condition or illness were more likely than others to say there were too many pubs, bars or restaurants selling alcohol in their area (18% compared to 11%).

3.3 Drugs

Among those who answered the online survey and who answered the question on drugs (N=1,165), one in four (25%) said they had ever taken illegal drugs, new psychoactive substances (NPS), solvents or prescription drugs that were not prescribed to them.

Self-reported drug use was more common among:

- Men (36%) compared to women (14%)
- Those outside the most deprived areas (28%) compared to the most deprived areas (16%).

Among those had ever used drugs, 68% said they used to take drugs but do not take them anymore and 6% had only ever taken drugs once. Thus, among those

who had ever used drugs, 27% were current drug users – taking drugs a few times a year (16%), once or twice a month (4%), at least once a week (4%) or most days (2%).

Among those who had ever used drugs and answered the question about where they last used them (N=227), the most common places drugs had been used were:

- At a friend's house (49%)
- At a club, gig or festival (25%)
- At home with friends (21%)
- Outside with friends (18%)
- At home alone (16%).

Among those who said they had taken drugs in the last year and gave details of which drugs they had used (N=110), the most common drugs used in the last year were:

- Cannabis (89%)
- Cocaine (30%)
- MDMA (19%)
- Ecstasy (16%)
- Magic mushrooms (15%)
- Ketamine (13%)
- Non prescribed Benzos (11%).

Of those who had ever used drugs, 3% (n=10) said they had injected themselves with non-prescribed drugs or other substances.

3.4 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. Respondents were asked how many portions of fruit and how many portions of vegetables they had consumed on the previous day.

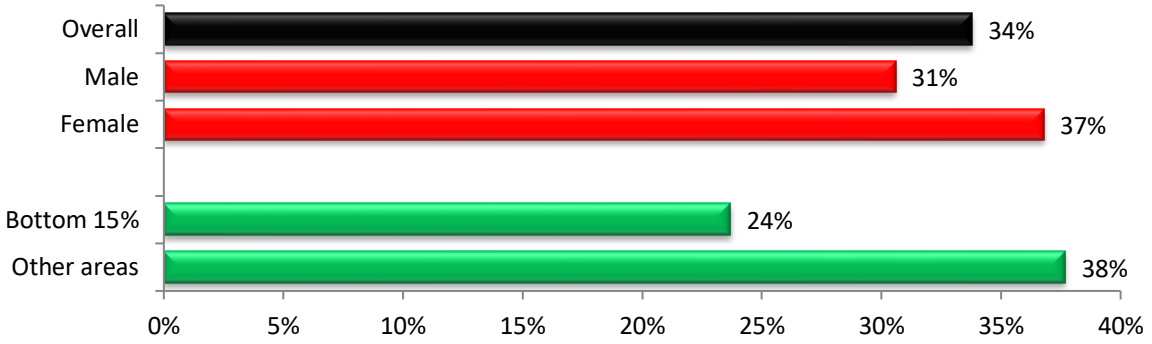
- One in three (34%) met the target of five portions.

- One in 12 (8%) had consumed no fruit or vegetables in the previous day.

Men were less likely than women to meet the target for fruit/vegetable consumption.

Those in the most deprived areas were less likely to meet the target of consuming five or more portions of fruit/vegetables per day.

Figure 3.16: Proportion who Meet the Target of 5+ Portions of Fruit/Vegetables Per Day by Gender and Deprivation



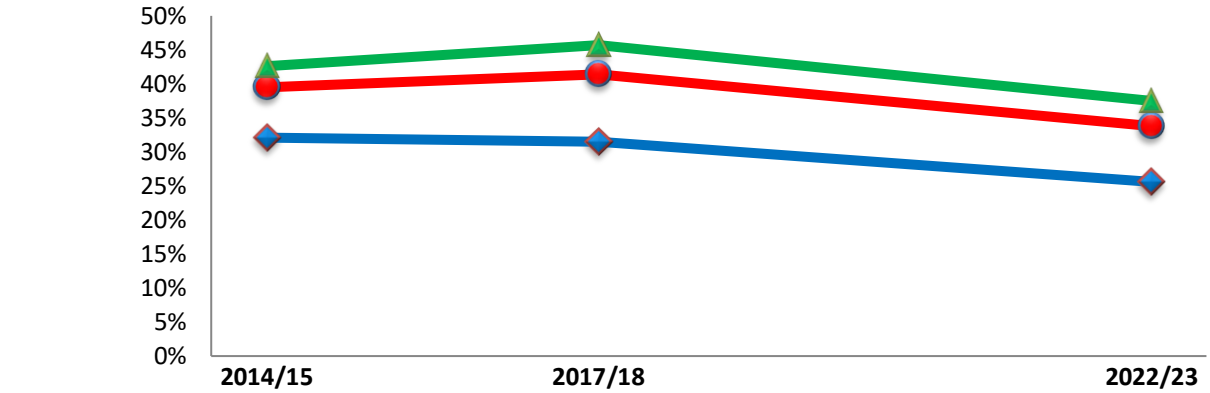
Evidence from Other Sources

- **The 2021 Scottish Health Survey**, which used a more detailed exploration of food intake and mean number of portions per day, found that 22% of adults meet the target for fruit/vegetable consumption - a rate which has remained fairly consistent since 2003. This may indicate that the rate of 34% measured by the NHSGGC survey based on self-reported numbers of 'portions' based on 'yesterday' may represent some over-estimating.

Trends

The questions on fruit and vegetable consumption have been asked in the same way since the 2014/15 survey. While there was no significant change between 2014/15 and 2017/18, the 2022/23 survey showed a significant decrease in the proportion who met the target of consuming five or more portions of fruit/vegetables per day. This was observed both in the most deprived areas and other areas, as Figure 3.17 shows.

Figure 3.17: Trends for Proportion Meeting the Target of Consuming Five or More Portions of Fruit/Vegetables per Day 2014/15 to 2022/23



	2014/15	2017/18	2022/23
NHSGGC	39.5%	41.4%	33.8%
Bottom 15%	32.1%	31.5%	25.6%
Other areas	42.6%	45.7%	37.5%

Policy Context: Diet

- In 2010 the Scottish Government published *Preventing Overweight and Obesity in Scotland: A Route Map Towards Healthy Weight.* This was complemented by *The Obesity Route Map Action Plan*, which set out actions to address the increasing prevalence of obesity in Scotland. https://www.gov.scot/Publications/2010/02/17140721/0

- In January 2015, the Scottish Government launched *Eat Better Feel Better* to encourage and support people to make healthier choices to the way they shop, cook and eat. This is now known as Parent Club. Food & Eating | Parent Club

- Following a consultation from October 2017 to January 2018, the Scottish Government published its diet and healthy weight delivery plan in July 2018, 'A Healthier Future'. This recognises that eating habits are the second major cause (after smoking) of poor health in Scotland, and sets out approaches to address children's diet, ensure food environment supports healthier choices, provide access to weight management services, promote healthy diet and weight, and reduce diet-related health inequalities. https://beta.gov.scot/publications/healthier-future-scotlands-diet-healthy-weight-delivery-plan/pages/3/

- As part of *A Healthier Future*, the Scottish Government set out a framework for Type 2 Diabetes prevention, early detection and intervention in July 2018. https://www.gov.scot/publications/healthier-future-framework-prevention-early-detection-early-intervention-type-2/

- Turning the tide through prevention: Public Health Strategy (2018-2028) concentrates on improving public health in NHS Greater Glasgow and Clyde and sets out many programmes for action including, *applying a life-course approach, recognising the importance of early years and healthy ageing* in relation to diet and physical activity. Public Health Strategy 2018 - 2028 A4 - Landscape - 10-08-18- 01.pdf (scot.nhs.uk)

- Food Standards Scotland have developed an online tool "Eat well your way" to help people in Scotland make healthier food and drink choices when planning and shopping, preparing food and eating out. https://www.foodstandards.gov.scot/consumers/healthy-eating/eat-well-your-way

Food and Drink

The small subset of respondents who completed the online survey were asked questions about how often they consumed certain types of food and drink.

Lean meat and fish: Four in five (80%) said they had lean meat such as poultry at least once a week, including 19% who did so at least once a day. A total of 55% said they ate fish/shellfish at least once a week, including 3% who did so at least once a day.

- Those aged 16-24 were the least likely to report weekly consumption of lean meat (54%) or fish (30%).
- Those in the most deprived areas were less likely than others to report weekly consumption of lean meat (74% compared to 82%) or fish (49% compared to 56%).

Wholegrains, nuts and seeds: Four in five (81%) said they consumed wholegrains such as brown bread and pasta at least once a week, including 38% who did so every day. Just under half (48%) said they consumed nuts and seeds at least once a week, including 16% who did so every day.

- Those aged under 35 were the least likely to say they consumed nuts/seeds weekly (41%).
- Men were more likely than women to consume nuts/seeds weekly (53% compared to 43%).
- Those in the most deprived areas were less likely than others to report weekly consumption of wholegrains (75% compared to 83%) or nuts/seeds (42% compared to 50%).
- Those with a limiting condition/illness were less likely than others to report weekly consumption of wholegrains (75% compared to 84%) or nuts/seeds (44% compared to 50%).

Low fat dairy: Four in five (80%) said they consumed low fat dairy or alternative such as milk, cheese and yoghurt at least once a week, including 56% who did so daily.

- Those aged 75 or over were the least likely to consume low fat dairy weekly (66%).
- Those with a limiting condition/illness were less likely than others to consume low fat dairy weekly (76% compared to 83%).

Drinks: Nine in ten (89%) drank water and sugar free/diet drinks at least once a week, including 77% who did so daily. Two in five (41%) drank sugary drinks at least once a week, including 18% who did so daily.

- Those aged 75 or over were the least likely to drink water or sugar free drinks every day (54%). Those aged under 35 were the most likely to report weekly consumption of sugary drinks (57%).
- Men were less likely than women to drink water or sugar free drinks every day (71% compared to 83%), but more likely than women to report weekly consumption of sugary drinks (46% compared to 37%).

Pastries, Chips and Processed Meats: Two in five (41%) said they ate pies, pastries, sausage rolls or chips at least once a week, including 4% who did so every day. Two in three (66%) had processed meats such as bacon, sausages and cold meats at least weekly, including 9% who did so daily.

- Weekly consumption of processed meats was highest for those aged 55-74 (74%).
- Men were more likely than women to say they ate processed meats at least weekly (69% compared to 62%).
- Those in the most deprived areas were more likely than others to report weekly consumption of pies/pastries/chips (47% compared to 38%).

Sweet and Salty Snacks: Three in four (75%) said they ate cakes, sweets, chocolate or ice cream at least once a week, with 30% doing so every day. Two in three (66%) ate savoury salted snacks such as crisps or pretzels at least once a week, including 15% who did so daily.

- Those aged 75+ were by far the least likely to report weekly consumption of salty snacks (39%).
- Those with a limiting condition/illness were less likely than others to report weekly consumption of sweet snacks (70% compared to 78%).

Take-aways and Eating Out: One in three (32%) said they had takeaways such as fast food, burgers, Indian, Chinese, pizza, at least once a week, including 1% who did so daily. In total 2% ate from a food truck/van at least weekly. One in four (26%) said they ate out in a café/restaurant weekly.

- Those aged under 25 were the most likely to report weekly consumption of takeaways (46%), and those aged 75% were the least likely (3%).
- Men were more likely than women to report having takeaways at least weekly (39% compared to 26%).
- Those with a limiting condition or illness were less likely than others to report weekly consumption of takeaways (25% compared to 36%) or eating out weekly (21% compared to 29%).

Homemade food and Ready Meals: Nine in ten (89%) said they ate homemade food from fresh ingredients at least once a week, including 59% who did so daily. Three in ten (31%) ate ready meals at least once a week, including 3% who did so daily.

- The age groups most likely to report daily consumption of homemade food were those aged under 25 (78%) and those aged 75 or over (76%).
- Women were more likely than men to say they had homemade food every day (63% compared to 55%).
- Those in the most deprived areas were less likely than those in other areas to say they ate homemade food every day (48% compared to 64%).
- Those with a limiting condition/illness were less likely than others to consume homemade food daily (52% compared to 64%).

Food Banks: One in eleven (9%) said they ever used food banks, including 5% who did so at least once a month.

- Those aged under 45 were the most likely to ever use food banks (15%).

- Women were more likely than men to say they ever used food banks (12% compared to 6%).
- Those in the most deprived areas were much more likely than those in other areas to say they ever used food banks (21% compared to 5%).

3.5 Physical Activity

Respondents were asked on how many days in the last week had they taken a total of 30 minutes or more of physical activity which was enough to increase their heart rate, make them feel warmer and made them breathe a little faster. The 2022/23 survey for the first time included the instruction to count vigorous activity such as running as double. One in five (21%) said that they had not taken physical activity for 30 minutes on any day in the last week, but 43% has done this on five or more days in the last week. The mean number of days was 3.7.

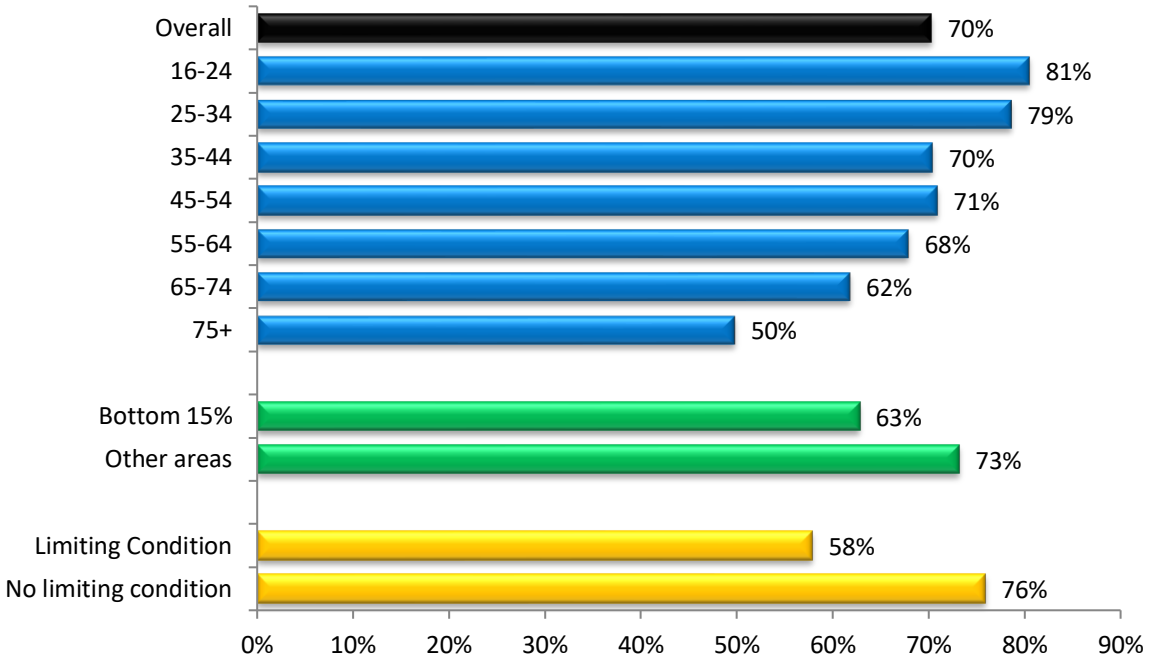
Subsequently, respondents who had been active for 30 minutes or more on fewer than five days were asked whether they had done this type of activity for at least a total of two and a half hours (150 minutes) over the course of the last week, again with vigorous activity counting double. Combining the responses to both questions, seven in ten (70%) met the target of at least 150 minutes of exercise per week.

- The likelihood of meeting the target of 150 minutes of exercise per week decreased with age – from 81% of those aged under 25 to 50% of those aged 75 or over.

- Those in the most deprived areas were less likely than others to meet the physical activity target.

- Those with a limiting condition or illness were less likely to meet the physical activity target.

Figure 3.18: Proportion who met the Target of 150 Minutes of Exercise Per Week by Age, Deprivation and Limiting Conditions



Questions about physical activity differed from previous surveys, so it is not possible to examine trends.

Evidence from Other Sources

- **The 2021 Scottish Health Survey** found that nationally, 65% met the target for physical activity (lower than the rate measured by the NHSGGC survey in 2022/23). As with the NHSGGC survey, those in the most deprived areas were less likely to meet the target - nationally, 57% in the most deprived quintile met the target.

Policy Context – Physical Activity

- In 2014, the Scottish Government published *A More Active Scotland – building a legacy from the Commonwealth Games* which set out a 10-year physical activity implementation plan which aimed to get the population more physically active through initiatives to increase uptake of sport, physical activity and active travel. The plan included efforts in education, work place settings, health and social care, and facilities and infrastructure. https://beta.gov.scot/publications/more-active-scotland-building-legacy-commonwealth-games/

- As part of this overall plan, a National Walking Strategy was launched. https://beta.gov.scot/publications/lets-scotland-walking-national-walking-strategy/

- Also in 2014, a revised Cycling Action Plan for Scotland was launched, and this was subsequently revised in the 2017-2020 plan published in January 2017. https://www.transport.gov.scot/publication/cycling-action-plan-for-scotland-2017-2020/

- Updated National Physical Activity Guidelines (2019) - Physical activity guidelines: UK Chief Medical Officers' report - GOV.UK (www.gov.uk)

- Active Scotland Delivery Plan (2018) - Active Scotland Delivery Plan - gov.scot (www.gov.scot)

- WHO More Active People for a Healthier World (2018) - Global action plan on physical activity 2018–2030: more active people for a healthier world (who.int)

- Scotland Public Health Priorities: Priority 6 (2018) - Scotland's public health priorities - gov.scot (www.gov.scot)

- Public Health Scotland: Physical Activity Referral Standards - Physical activity referral standards - Publications - Public Health Scotland

Strength and Balance Activities

Respondents were asked how many days they had done strength and balance physical activities that made their muscles become warm, shake and/or burn. Examples are weight training, exercise, sport, heavy housework, DIY or gardening.

More than half (55%) had done any of these types of activity in the previous week, including 14% who had done so on five or more days in the previous week.

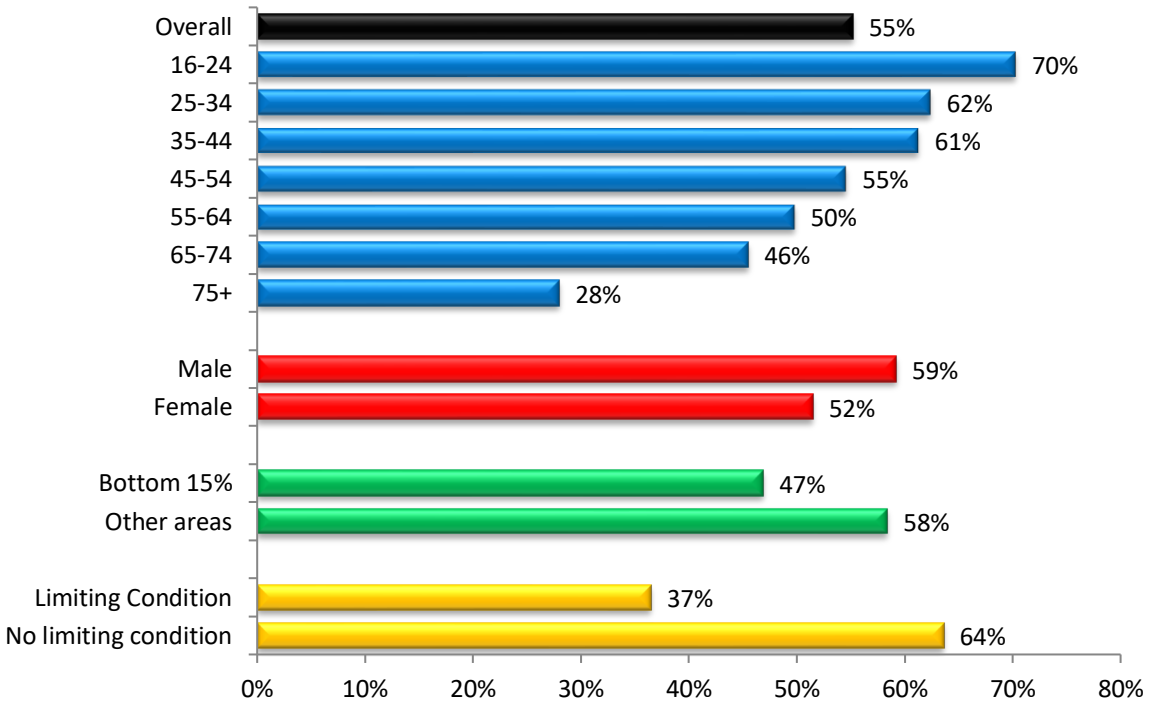
- The likelihood of participating in strength and balance activities decreased with age, from 70% of those aged under 25 to 28% of those aged 75 or over.

- Men were more likely than women to participate in strength and balance activities.

- Those in the most deprived areas were less likely than others to participate in strength and balance activities.

- Those with a limiting condition or illness were less likely than others to participate in strength and balance activities.

Figure 3.19: Proportion who Participated in Strength and Balance Activities in the Previous Week by Age, Gender, Deprivation and Limiting Conditions



Although overall men were more likely than women to take part in strength and balance activities, this was largely the case only for those aged under 45.

Table 3.6: Proportion who Participated in Strength and Balance Activities in the Previous Week by Age and Gender

	Participated in strength and balance activities
Men 16-44	70%
Women 16-44	59%
Men 45-64	54%
Women 45-64	51%
Men 65+	38%
Women 65+	37%

Effects of the COVID Pandemic on Physical Activity Levels

Respondents were asked about their physical activity levels since the COVID pandemic started in March 2020. One in four (25%) said they were physically active more often, 31% said they were active less often and 44% said there was no change to their physical activity levels.

- Those aged under 25 were the most likely to say they were physically more active and those aged 75 or over were the most likely to say they were physically less active since the pandemic.

- Women were more likely than men to say they were physically less active since the pandemic.

- Those outside the most deprived areas were more likely than those in the most deprived areas to say they had become physically more active.

- Those with a limiting condition were much more likely than others to say they had become physically less active.

Table 3.7: Physical Activity Levels Since the COVID Pandemic Began by Age, Gender, Deprivation and Limiting Conditions

	Physically active more often	Physically active less often	No change to physical activity
16-24	39%	22%	39%
25-34	32%	23%	45%
35-44	26%	30%	44%
45-54	20%	36%	44%
55-64	23%	33%	44%
65-74	18%	38%	44%
75+	9%	41%	49%
Men	25%	29%	46%
Women	26%	32%	42%
Bottom 15%	22%	31%	47%
Other areas	27%	30%	43%
Limiting Condition	17%	45%	37%
No limiting condition	29%	24%	47%
Overall	25%	31%	44%

3.6 Sexual Health and Relationships

This section presents findings on sexual health and relationships from the small subsample (N=1,194) who answered the online questionnaire

BBV Testing

The online questionnaire included a question on when respondents were last tested for three types of blood borne viruses (BBVs):

- 19% had ever been tested for HIV (16% more than 12 months ago; 4% in the last 12 months)
- 20% had ever been tested for Hepatitis C (16% more than 12 months ago and 4% in the last 12 months)
- 20% had ever been tested for Hepatitis B (16% more than 12 months ago and 4% in the last 12 months).

Overall, one in four (24%) had ever been tested for any of these three types of BBV.

- Those aged 25-44 were the most likely to have been tested for any BBV (42%).

Relationship Status

When asked about their current relationship status, the breakdown of online survey respondents was:

- 34% not currently in a sexual relationship
- 62% in a sexual relationship with one person of the opposite sex
- 3% in a sexual relationship with one person of the same sex
- 1% in a sexual relationship with more than one person.

Thus, overall 66% were currently in a sexual relationship.

- The age group most likely to be in a current sexual relationship was 25-44 (79%).

- Men were more likely than women to say they were currently in a sexual relationship (72% compared to 61%).

- Those in the most deprived areas were less likely than those in other areas to say they were currently in a sexual relationship (50% compared to 72%).

- Those with a long-term limiting condition or illness were less likely than others to say they were currently in a sexual relationship (61% compared to 70%).

Domestic Abuse

Regardless of whether they currently had a sexual partner, online survey respondents were asked whether five things had happened to them in the last year. The proportion which said each thing had happened to them was:

In the last year, have you been….

- Humiliated or emotionally abused in other ways by a partner or ex-partner – 4%
- Afraid of a partner or ex-partner – 3%
- Forced to have any kind of sexual activity by a partner or ex-partner – 1%
- Kicked, hit, slapped or otherwise physically hurt by a partner or ex-partner without your consent – 1%
- Told by a partner who you could see and where you could go – 1%.

Overall, 5% had experienced at least one of these forms of domestic abuse in the last year.

- The age group most likely to report having experienced domestic abuse in the last year was 45-54 (11%).

- Women were twice as likely as men to have experienced domestic abuse (6% female; 3% male).

- Those who had a limiting condition or illness were more likely than others to have experienced domestic abuse in the last year (7% compared to 4%).

The main questionnaire (self-completion section) also asked respondents whether they had been a victim of domestic abuse in the last year. Just 1.6% said they had been victims, but this is likely to be an underestimation, particularly due to the high level of interviewer-administration of this section (see Section Appendix B).

Pornography

One in three (32%) said they viewed pornography.

- Use of pornography decreased with age, ranging from 64% of those aged under 25 to 7% of those aged 75 and over, and men were much more likely than women to say they watched pornography (54% male; 11% female).

- Those in the most deprived areas were less likely than those in other areas to say they watched pornography (24% compared to 35%).

- Those with a limiting condition or illness were less likely than others to say they watched pornography (26% compared to 35%).

3.7 Summary of Key Messages from This Chapter

Differences by Age and Gender

- Smoking and use of e-cigarettes was less common among those aged 75 or over than other age groups. Men were more likely than women to be smokers.
- Exposure to second hand smoke was most common among those aged under 25. Men were more likely than women to be exposed to second hand smoke.
- Those aged 75 or over were the least likely to drink alcohol. Men were more likely than women to drink alcohol.
- Among those who drank alcohol, those age under 25 were the most likely to binge drink. Among drinkers, men were more likely than women to binge drink.
- AUDIT scores which indicated alcohol-related risk were most common among those aged under 25. Men were more likely than women to have a score indicating risk.
- Women were more likely than men to meet the target of consuming five or more portions of fruit/vegetables per day.
- The likelihood of meeting the physical activity target of 150 minutes or more per week decreased with age.
- Participation in strength and balance activities decreased with age and was more common among men than women.

Differences by Deprivation

Those in the most deprived areas were:

- more likely to be smokers or to be exposed to second hand smoke, and more likely to use e-cigarettes
- less likely to drink alcohol - however, among those who did drink alcohol, those in the most deprived areas were more likely to binge drink
- more likely to feel there were too many places selling alcohol in their local area
- less likely to meet the target of consuming five or more portions of fruit/vegetables per day

- less likely to meet the target for physical activity and less likely to participate in strength and balance activities.

Limiting Conditions

Those with a long-term limiting condition or illness were:

- more likely to smoke and more likely to be exposed to second hand smoke
- less likely to drink alcohol, and among those who did drink, less likely to binge drink
- more likely to feel there were too many places selling alcohol in their local area
- less likely to meet the target for physical activity and less likely to participate in strength and balance activities.

Changes since 2017/18

- There was a significant decrease between 2017/18 and 2022/23 in the proportion who were smokers and in the proportion who were exposed to second hand smoke.
- There was an increase between 2017/18 and 2022/23 in the proportion who had used e-cigarettes in the last year.
- There was an increase between 2017/18 and 2022/23 in the proportion who drank alcohol and the proportion who had AUDIT scores indicating alcohol-related risk. Among drinkers, there was a rise in the proportion who binge drank.
- There was a decrease between 2017/18 and 2022/23 in the proportion who consumed five or more portions of fruit/vegetables per day.

3.8 Key Indicators by Local Authority Area

* denotes significant (p≤0.01) difference to NHSGGC

	Current smokers	Exposed to second hand smoke	Drink alcohol	AUDIT score indicating risk
NHSGGC	**17.7%**	**23.8%**	**68.6%**	**17.2%**
Glasgow City	21.6%*	27.3%*	64.8%*	17.8%
East Dunbartonshire	9.0%*	14.4%*	78.3%*	18.2%
Inverclyde	19.2%	20.2%*	70.7%	15.2%
Renfrewshire	13.6%*	23.8%	72.1%	15.2%
East Renfrewshire	7.9%*	14.1%*	73.7%*	19.3%
West Dunbartonshire	17.4%	23.3%	69.9%	14.7%

	Binge drinks (as % of drinkers)	Consumes 5+ portions fruit/veg per day	150 mins+ per week of physical activity
NHSGGC	**63.9%**	**33.8%**	**70.3%**
Glasgow City	66.6%*	33.1%	70.1%
East Dunbartonshire	51.4%*	42.5%*	77.7%*
Inverclyde	61.7%	29.0%*	65.1%*
Renfrewshire	63.2%	32.2%	68.6%
East Renfrewshire	68.6%*	44.2%*	76.3%*
West Dunbartonshire	61.0%	24.8%*	64.3%*

As the preceding tables show:

- The proportion who were **smokers** (18%) varied signigicantly across local authorities, with higher rates in **Glasgow City** (22%) and lower rates in **East Renfrewshire** (8%), **East Dunbartonshire** (9%) and **Renfrewshire** (14%).

- The proportion who were **exposed to second hand smoke** (24%) also varied significantly across local authorities, with higher rates in **Glasgow City** (27%) and lower rates in **East Renfrewshire** (14%), **East Dunbartonshire** (14%) and **Inverclyde** (20%).

- The proportion who **drank alcohol** (69%) was higher in **East Dunbartonshire** (78%) and **East Renfrewshire** (74%), and lower in **Glasgow City** (65%).

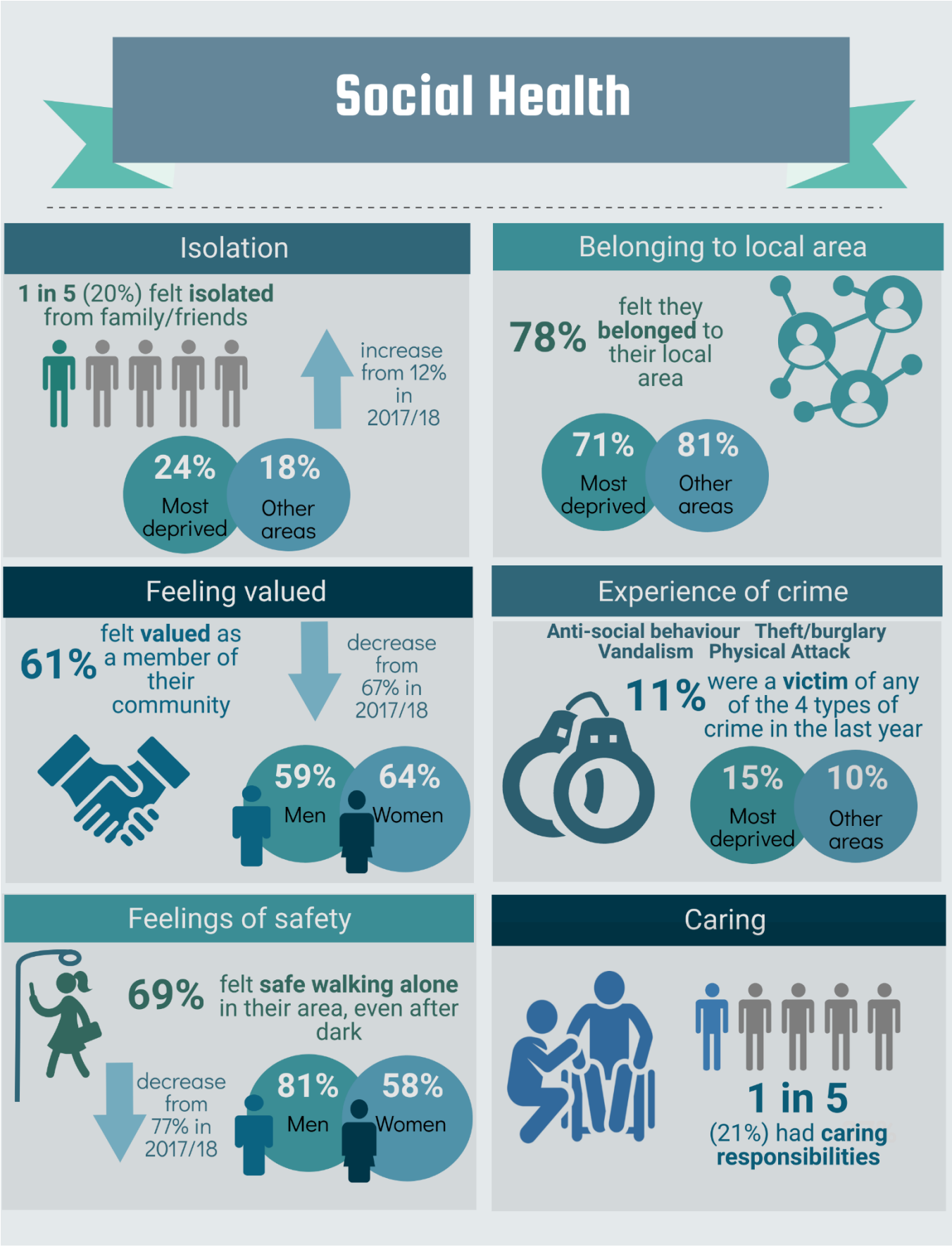
- There was no significant variation across local authorities in the proportion who had an **AUDIT score indicating risk**.

- Among those who drank alcohol, the proportion who were binge drinkers (64%) was significantly higher in **East Renfrewshire** (69%) and **Glasgow City** (67%) but lower in **East Dunbartonshire** (51%).

- The proportion who consumed **5+ portions of fruit/vegetables per day** (34%) was significantly higher in **East Renfrewshire** (44%) and **East Dunbartonshire** (43%) and significantly lower in **West Dunbartonshire** (25%) and **Inverclyde** (29%).

- The proportion who met the target for **physical activity** (70%) was higher in **East Dunbartonshire** (78%) and **East Renfrewshire** (76%) and lower in **West Dunbartonshire** (64%) and **Inverclyde** (65%).

4 Social Health



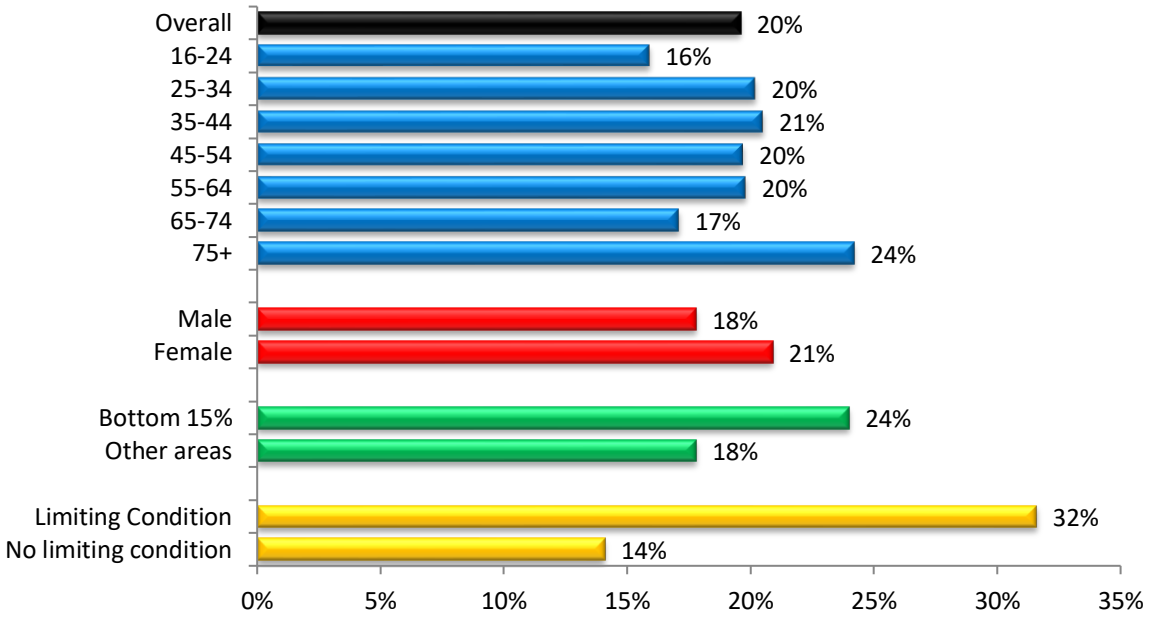
4.1 Social Connectedness

Isolation from Family and Friends

One in five (20%) said they felt isolated from family and friends.

- Feeling isolated was most common among those aged 75 or over, and women were more likely than men to feel isolated.
- Those in the most deprived areas were more likely to feel isolated.
- Those with a long-term limiting condition or illness were more than twice as likely as others to feel isolated from family and friends.

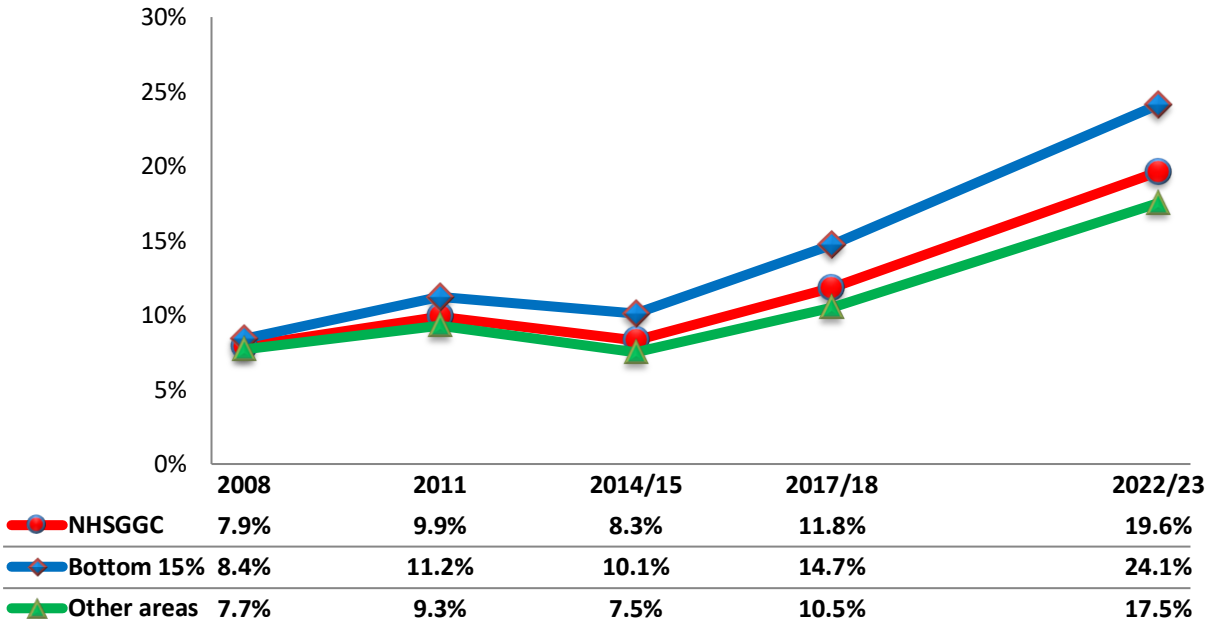
Figure 4.1: Proportion who Feel Isolated from Family and Friends by Age, Gender, Deprivation and Limiting Conditions



Trends

Between 2008 and 2017/18, the proportion who felt isolated hovered around 8-12%. However, a sharp and significant increase was observed between 2017/18 and 2022/23 in the proportion who felt isolated from family and friends, as Figure 4.2 shows.

Figure 4.2: Trends for Feel Isolated – 2008 to 2022/23



When asked whether feeling of isolation from family and friends had changed due to the COVID pandemic, 6% said it had changed for the better, 20% said it had changed for the worse and 75% said there had been no change.

Those with a long-term limiting condition or illness were more likely than others to say that their isolation from family/friends had changed for the worse due to the COVID pandemic (31% compared to 15%).

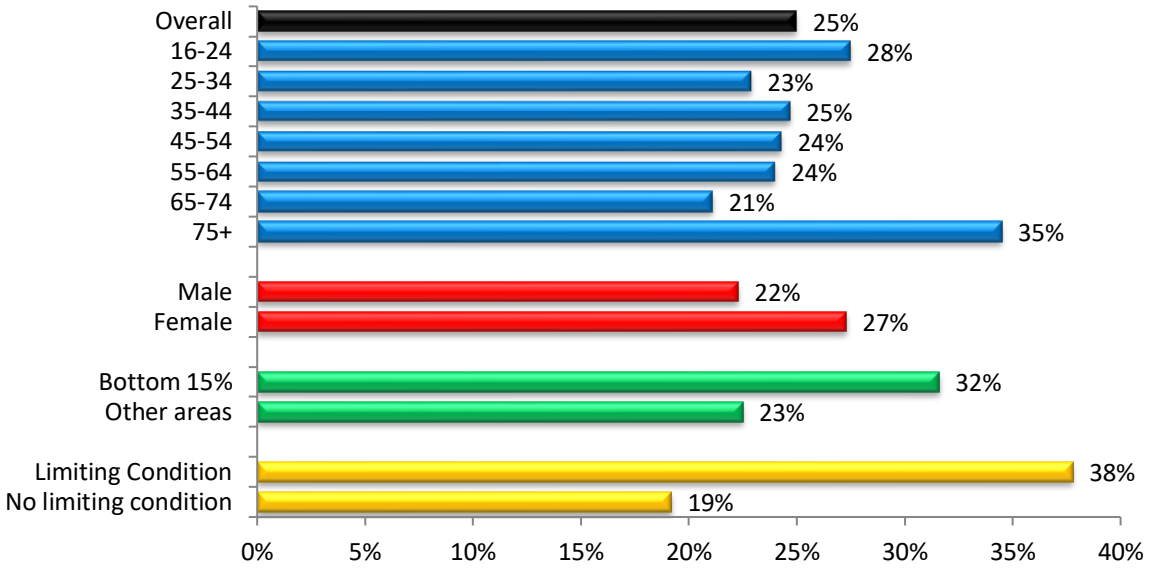
Feeling Lonely

Respondents were asked how often they had felt lonely in the past two weeks. Two percent said that had felt lonely all the time, 6% said often, 18% some of the time, 19% rarely and 56% never.

Thus, overall 25% said that they felt lonely at least some of the time in the previous two weeks.

- Those aged 75 or over were the most likely to feel lonely, with 35% in this age group saying they felt lonely at least some of the time in the last two weeks.
- Women were more likely than men to feel lonely.
- Those in the most deprived areas were more likely to feel lonely.
- Those with a long-term limiting condition or illness were twice as likely as others to feel lonely.

Figure 4.3: Proportion who had Felt Lonely at Least Some of the Time in the Last Two Weeks by Age, Gender, Deprivation and Limiting Conditions.



Respondents were asked how lonely they had felt compared to before the COVID pandemic which started in March 2020. One in eight (13%) said they felt more lonely and 8% felt less lonely. The remainder either said it was the same as before (44%) or that they never felt lonely (35%).

Changes since 2017/18

The question on feeling lonely was asked for the first time in 2017/18, so it is not possible to examine trends, but the proportion who had felt lonely in the previous two weeks rose from 17% in 2017/18 to 25% in 2022/23.

Evidence from Other Sources

- **The 2022 Scottish Household Survey** found that nationally 23% had experienced feelings of loneliness in the previous week - similar to the 25% in the NHSGGC survey who who said they had felt lonely at least some of the time in the previous two weeks. Nationally, 29% of those aged 75 or over and 29% of those in the most deprived quintile had felt lonely in the last week.

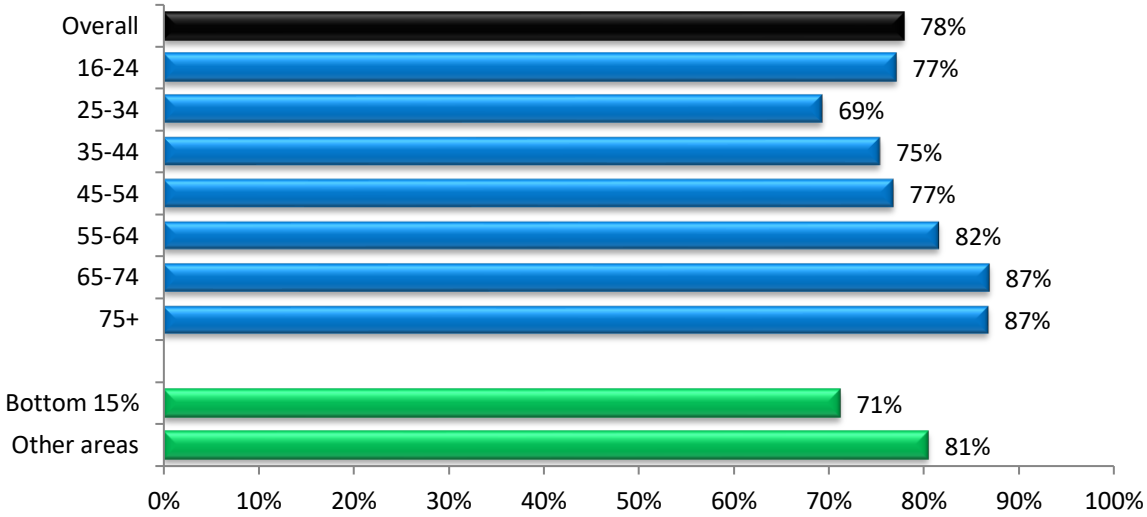
Sense of Belonging to the Community

Respondents were asked to indicate the extent to which they agreed or disagreed with the statement "I feel I belong to this local area". In total, 78% agreed with this (23% strongly agreed and 55% agreed), while 14% neither agreed nor disagreed and 8% disagreed (7% disagreed and 1% strongly disagreed).

- Those aged 65 or over were the most likely to feel they belonged to their local area.

- Those in the most deprived areas were less likely than others to feel they belonged to their local area.

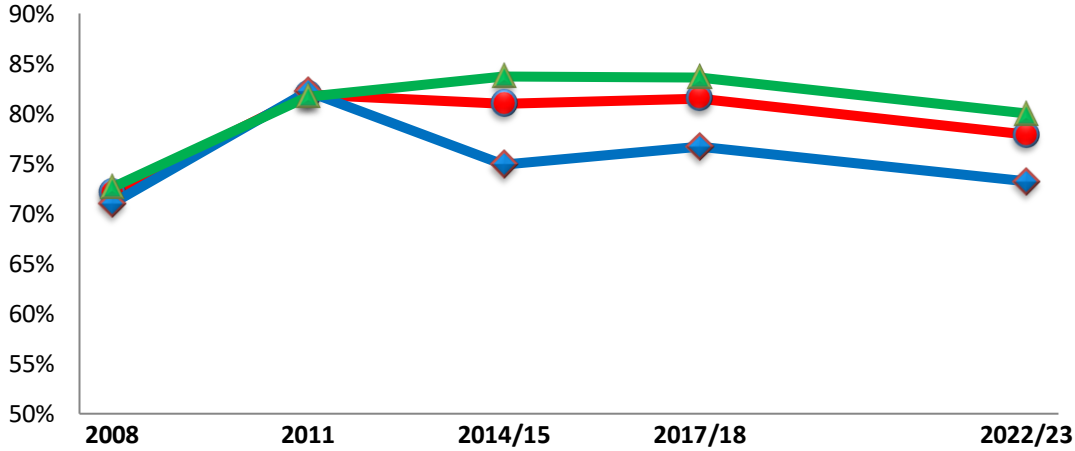
Figure 4.4: Proportion who Agreed they Felt that they Belonged to their Local Area by Age and Deprivation



Trends

The proportion who felt they belonged to their local area rose between 2008 and 2011, then remained consistent between 2011 and 2017/18. However, between 2017/18 and 2022/23 there was a significant decrease in the proportion of people who felt they belonged to their local area, although it remained above 2008 levels.

Figure 4.5: Trends for Feeling Belong to the Local Area 2008 to 2022/23



	2008	2011	2014/15	2017/18	2022/23
NHSGGC	72.1%	81.9%	81.0%	81.5%	77.9%
Bottom 15%	71.0%	82.2%	74.9%	76.7%	73.2%
Other areas	72.6%	81.7%	83.7%	83.6%	80.0%

Evidence from Other Sources

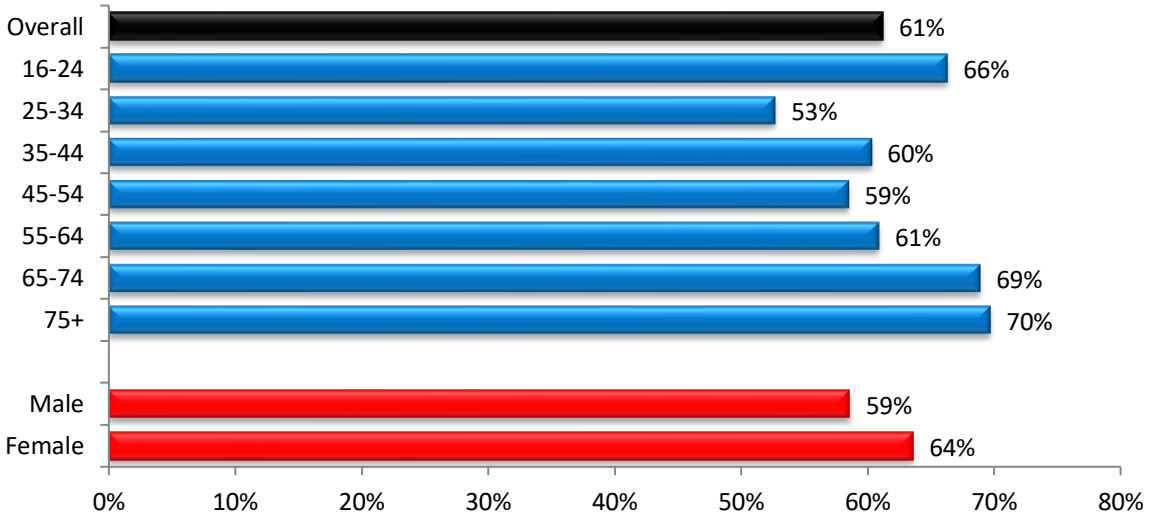
- **The 2022 Scottish Household Survey** asked how strongly people felt they belonged to their community. Across Scotland, 83% said 'very strongly or 'fairly strongly' - higher than the 78% who agreed they belonged to the local community in the NHSGGC survey. As with the NHSGGC survey, strength of feeling of belonging to the community was lower in the most deprived areas.

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". In total, three in five (61%) agreed with this (13% strongly agreed and 48% agreed), while 27% neither agreed nor disagreed with this, and 12% disagreed (10% disagreed and 1% strongly disagreed).

Those aged 65 or over were more likely than younger people to feel valued as a member of the community, and women were more likely than men to do so.

Figure 4.6: Proportion who Agreed they Felt Valued as a Member of their Community by Age and Gender



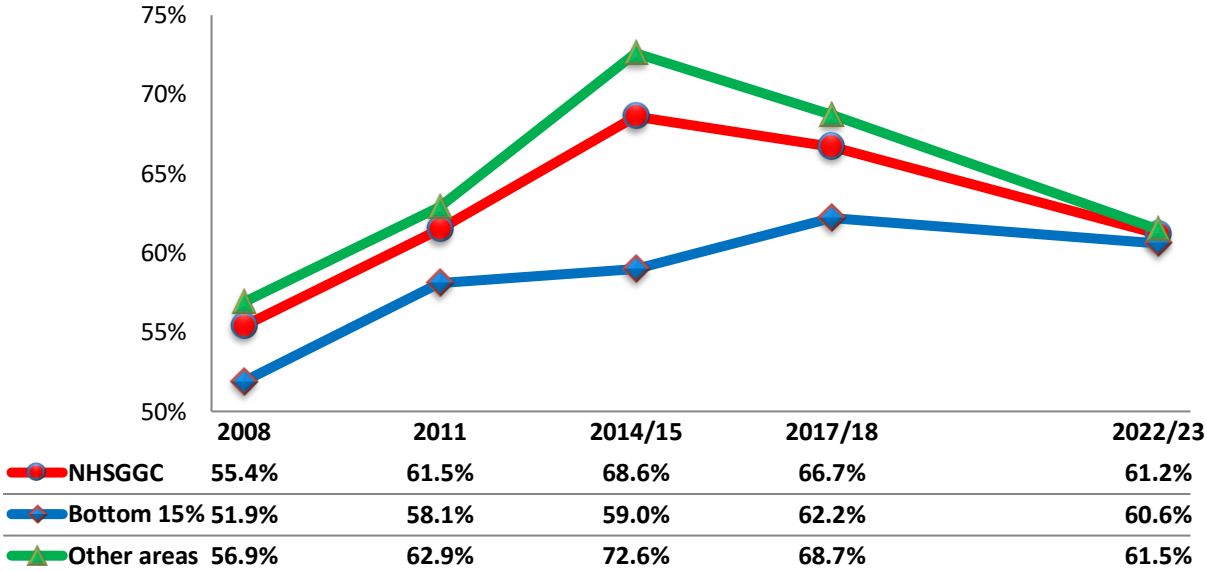
Trends

The proportion who felt valued as members of their community rose considerably between 2008 and 2014/15, and then decreased between 2014/15 and 2022/23.

There was an overall significant decrease between 2017/18 and 2022/23 in the proportion who felt valued as members of the community. However, there was

no significant change among those in the most deprived areas, with only a significant decrease observed in other areas, bringing both most deprived and other areas to similar levels.

Figure 4.7: Trends for Feeling Valued as a Member of the Community 2008 to 2022/23



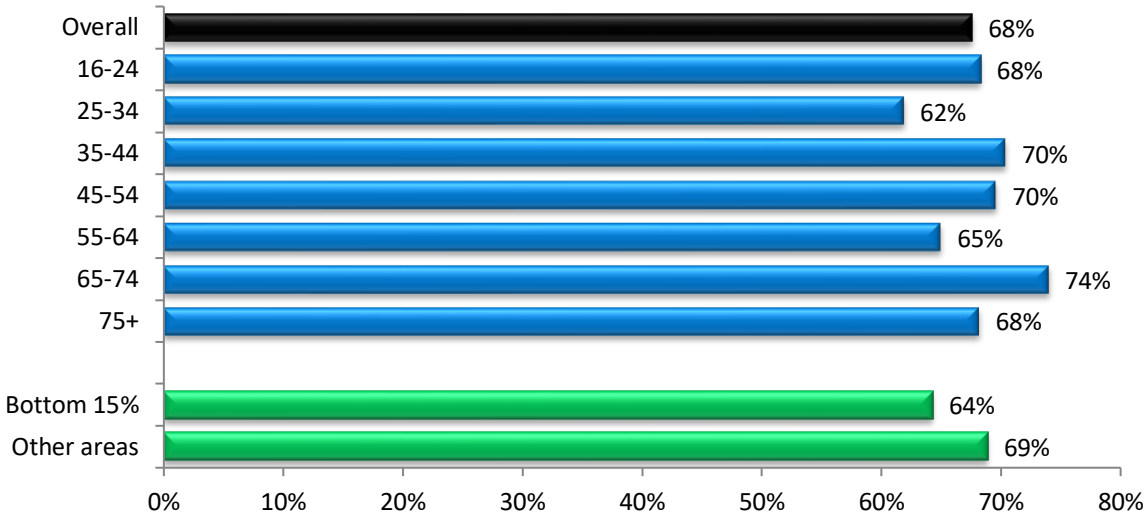
Influence in the Neighbourhood

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". Two in three (68%) agreed with this (15% strongly agreed and 53% agreed), 22% neither agreed nor disagreed and 11% disagreed (9% disagreed and 2% strongly disagreed).

- Although there was not a clear pattern for age groups, those aged 25-34 were the least likely to agree that local people could influence local decisions.

- Those in the most deprived areas were less likely to agree that local people working together could influence local decisions.

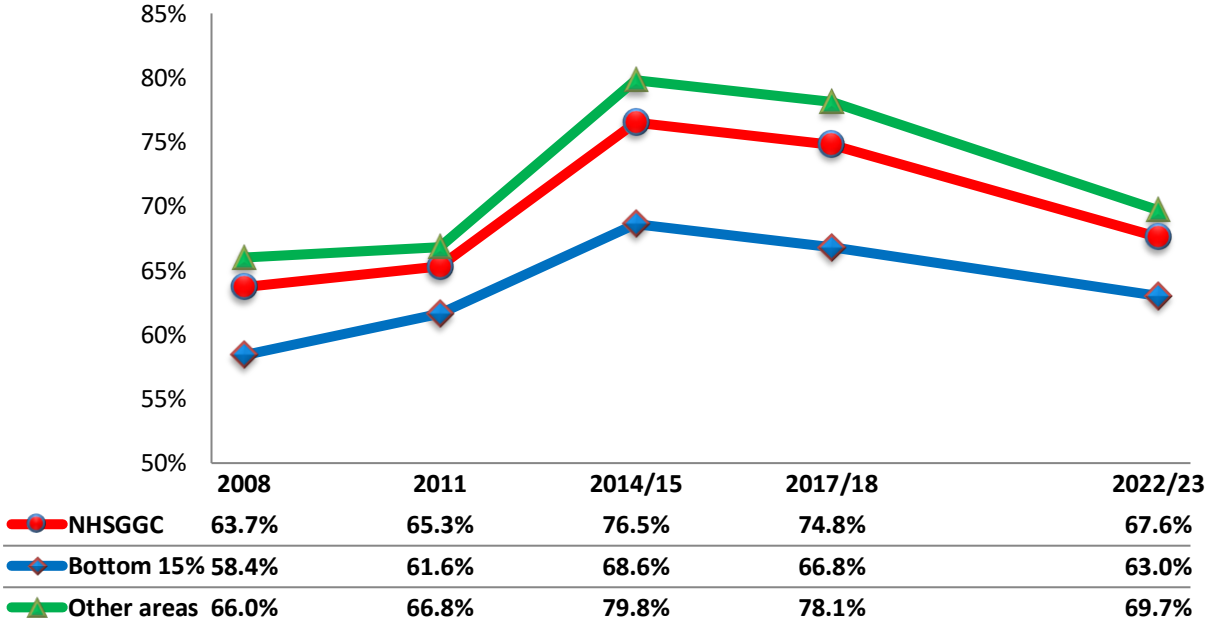
Figure 4.8: Proportion who Agreed that By Working Together Local People Can Influence Local Decisions by Age and Deprivation



Trends

Between 2008 and 2014/15 there was an increase in the proportion who felt that by working together local people can influence local decisions, but this has been followed by a decrease, with a significant drop observed between 2017/18 and 2022/23, although the gap between the most deprived and other areas has decreased since 2017/18.

Figure 4.9: Trends for Feeling that Local People can Influence Local Decisions 2008 to 2022/23



4.2 Experience of Crime

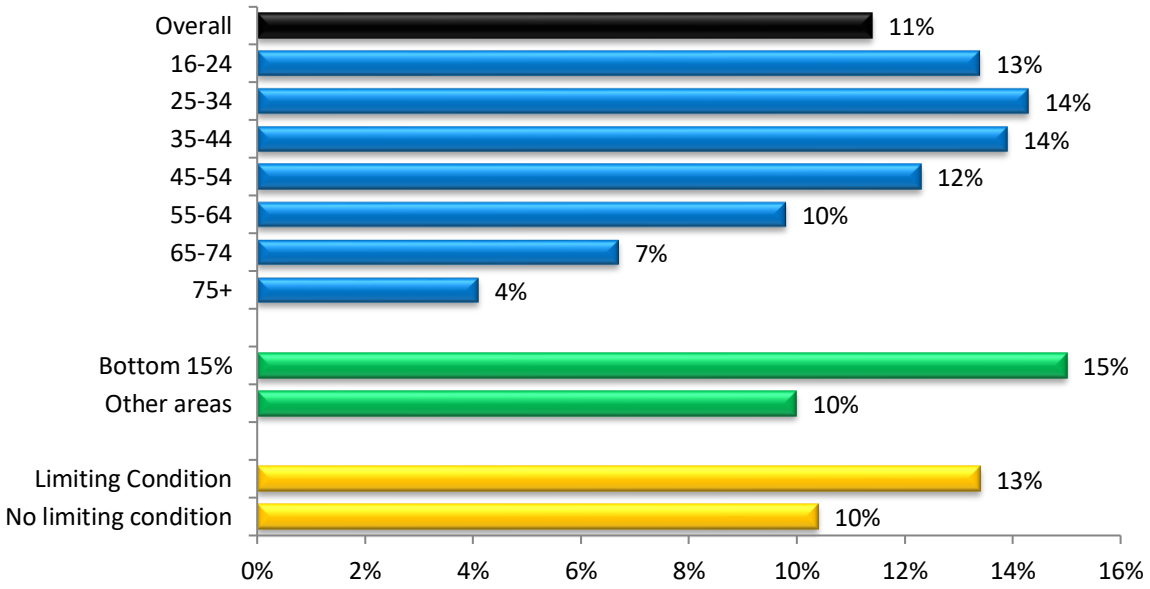
Respondents were asked whether they had been a victim of specific types of crime in the last year. Overall, one in nine (11%) had been the victim of any of the four types of crime listed. The most common was anti-social behaviour.

Table 4.1: Proportion who had Been the Victim of Crime in the Last Year

	% Victim in last year
Anti-social behaviour	8.0%
Vandalism	2.7%
Any type of theft or burglary	2.5%
Physical attack	1.7%
Any of the above 4 types of crime	**11.4%**

- Those aged under 45 were more likely than older people to have been the victim of crime in the previous year.
- Those in the most deprived areas were more likely to have experienced crime.
- Those with a limiting condition or illness were more likely than others to have been a victim of crime.

Figure 4.10: Proportion who had Been the Victim of Crime in the Last Year by Age, Deprivation and Limiting Conditions



4.3 Feelings of Safety

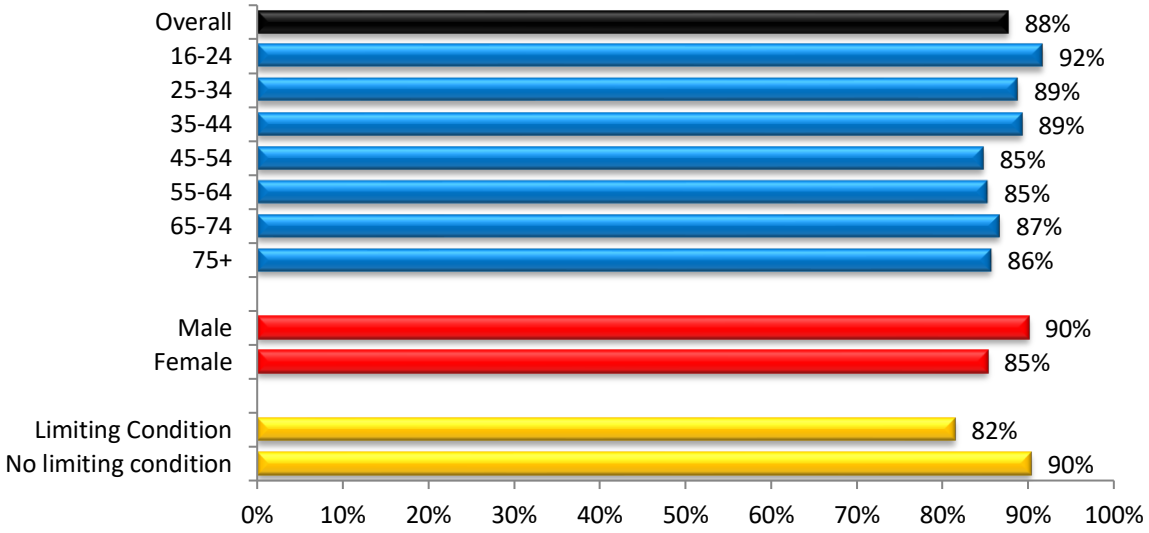
Respondents were asked the extent to which they agreed or disagreed with the statement "I feel safe using public transport in this local area". In total, 88%

agreed with this (29% strongly agreed and 59% agreed), 9% neither agreed nor disagreed and 4% disagreed (3% disagreed and 1% strongly disagreed).

- Those aged under 25 were the most likely to feel safe using local public transport, and men were more likely than women to feel safe doing so.

- Those with a limiting condition or illness were less likely than others to feel safe using public transport.

Figure 4.11: Proportion who Felt Safe Using Local Public Transport by Age, Gender and Limiting Conditions



Respondents were also asked the extent to which they agreed or disagreed with the statement "I feel safe walking alone around this local area even after dark". In total, 69% agreed with this (16% strongly agreed and 53% agreed), 12% neither agreed nor disagreed and 19% disagreed (16% disagreed and 4% strongly disagreed).

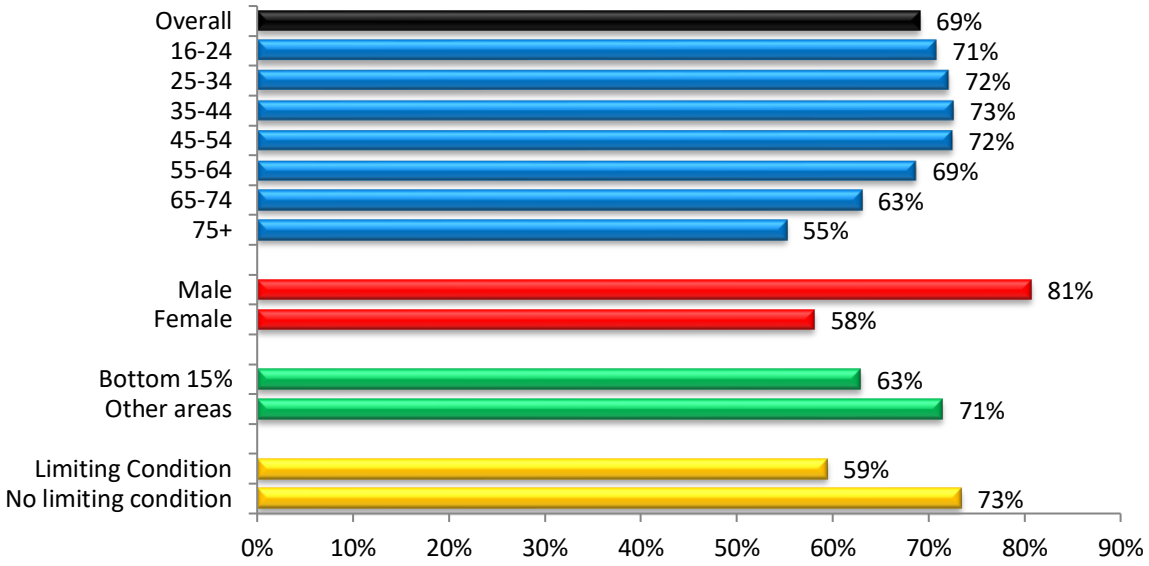
- Those in the older age groups were the least likely to feel safe walking alone in their area.

- Women were much less likely than men to feel safe walking alone.

- Those in the most deprived areas were less likely than others to feel safe walking alone.

- Those with a limiting condition/illness were less likely than others to feel safe walking alone.

Figure 4.12: Proportion who Felt Safe Walking Alone in their Local Area Even After Dark by Age, Gender, Deprivation and Limiting Conditions



Evidence from Other Sources

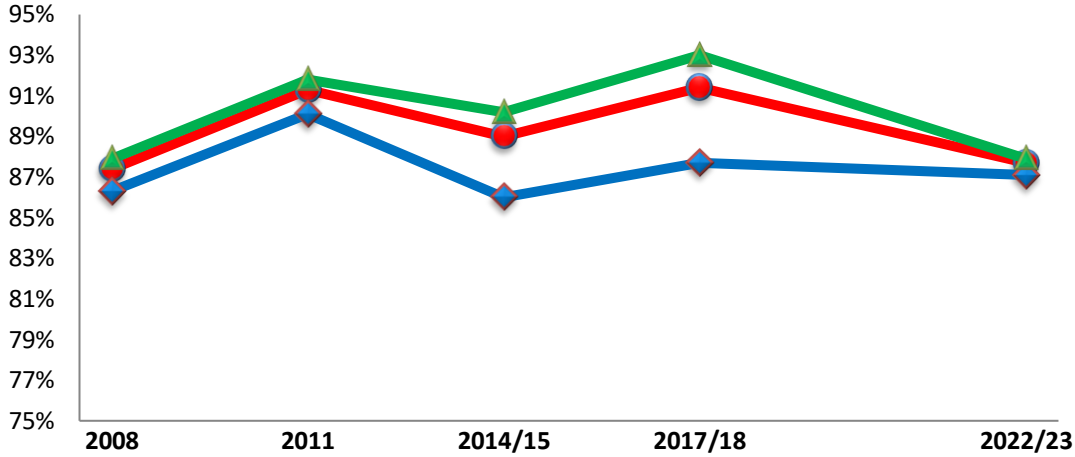
- **The 2022 Scottish Household Survey** found that nationally 81% of people felt very or fairly safe walking alone in their neighbourhood after dark (92% for men; 72% for women), much higher than the 69% in the NHSGGC survey.

Trends – Feelings of Safety

The proportion who felt safe using local public transport has fluctuated between 87% and 91% across the last five surveys.

Between 2017/18 and 2022/23 there was an overall decrease in the proportion who felt safe using local public transport. However, there was no significant change among those in the most deprived areas, with the overall decrease being attributed largely to the decrease among those in other areas, thus eliminating the difference between the most deprived and other areas. Rates were very similar to those seen in 2008.

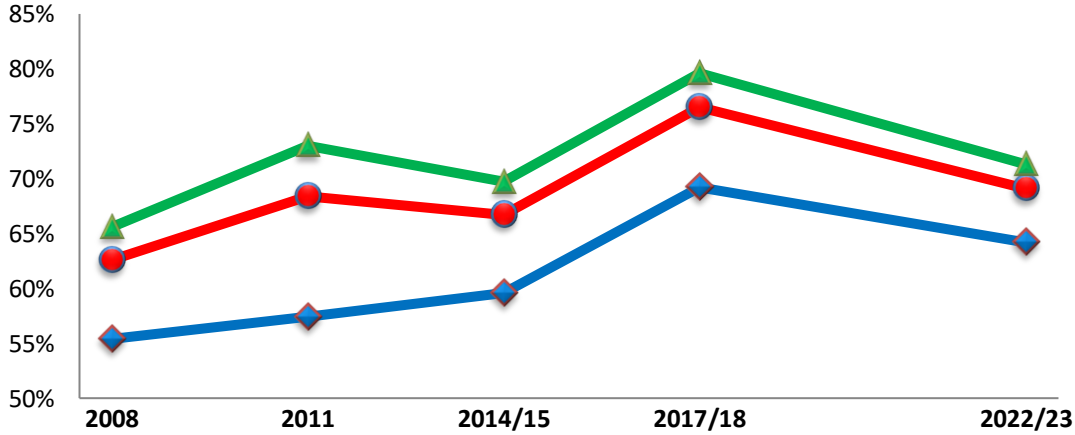
Figure 4.13: Trends for Feeling Safe Using Public Transport and 2008 to 2022/23



	2008	2011	2014/15	2017/18	2022/23
NHSGGC	87.4%	91.3%	89.0%	91.4%	87.7%
Bottom 15%	86.3%	90.1%	86.0%	87.7%	87.1%
Other areas	87.9%	91.8%	90.2%	93.0%	87.9%

Between 2017/18 and 2022/23, the proportion who felt safe walking alone in their area fell from 77% to 69%, but was higher than any surveys prior to 2017/18. The drop between 2017/18 and 2022/23 was sharper outside the most deprived areas, and the gap between the most deprived and other areas was therefore reduced.

Figure 4.14: Trends for Feeling Safe Walking Alone in Local Area Even After Dark 2008 to 2022/23



	2008	2011	2014/15	2017/18	2022/23
NHSGGC	62.6%	68.4%	66.7%	76.5%	69.1%
Bottom 15%	55.4%	57.4%	59.6%	69.2%	64.2%
Other areas	65.6%	73.0%	69.7%	79.6%	71.3%

4.4 Perceived Quality of Services in the Area

Respondents were given a list of ten local services and asked to rate each one (excellent, good, adequate, poor or very poor).

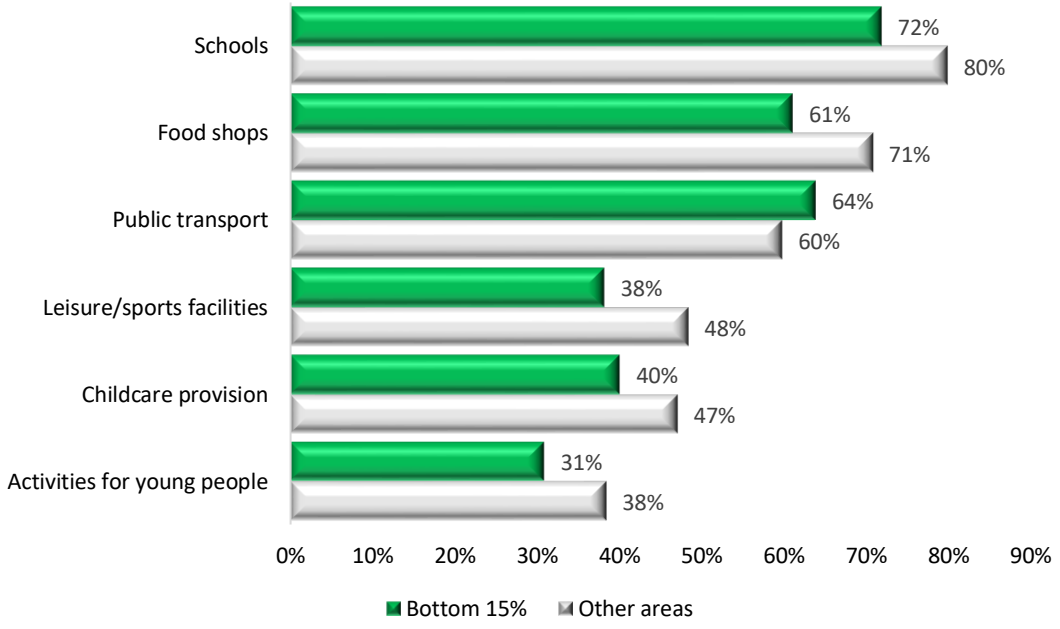
Nine of the ten services showed variations in ratings by age. These are shown in Table 4.2. The other service was local schools (for which 78% gave a positive rating).

Table 4.2: Proportion with Positive Perception of Quality of Local Services by Age

	Food shops	Nurse-led clinics	Public transport	GP/ Doctor	Out of hours medical service	Leisure/ sports facilities	Police	Childcare provision	Activities for young people
16-24	81%	31%	72%	70%	63%	60%	67%	53%	48%
25-34	69%	40%	64%	55%	50%	47%	51%	45%	39%
35-44	67%	38%	62%	55%	53%	43%	47%	47%	40%
45-54	64%	39%	56%	49%	46%	40%	38%	44%	29%
55-64	65%	38%	57%	46%	44%	43%	35%	40%	30%
65-74	62%	37%	57%	47%	46%	39%	35%	40%	30%
75+	67%	32%	56%	53%	55%	46%	43%	42%	36%
Overall	**68%**	**63%**	**61%**	**53%**	**51%**	**46%**	**46%**	**45%**	**36%**

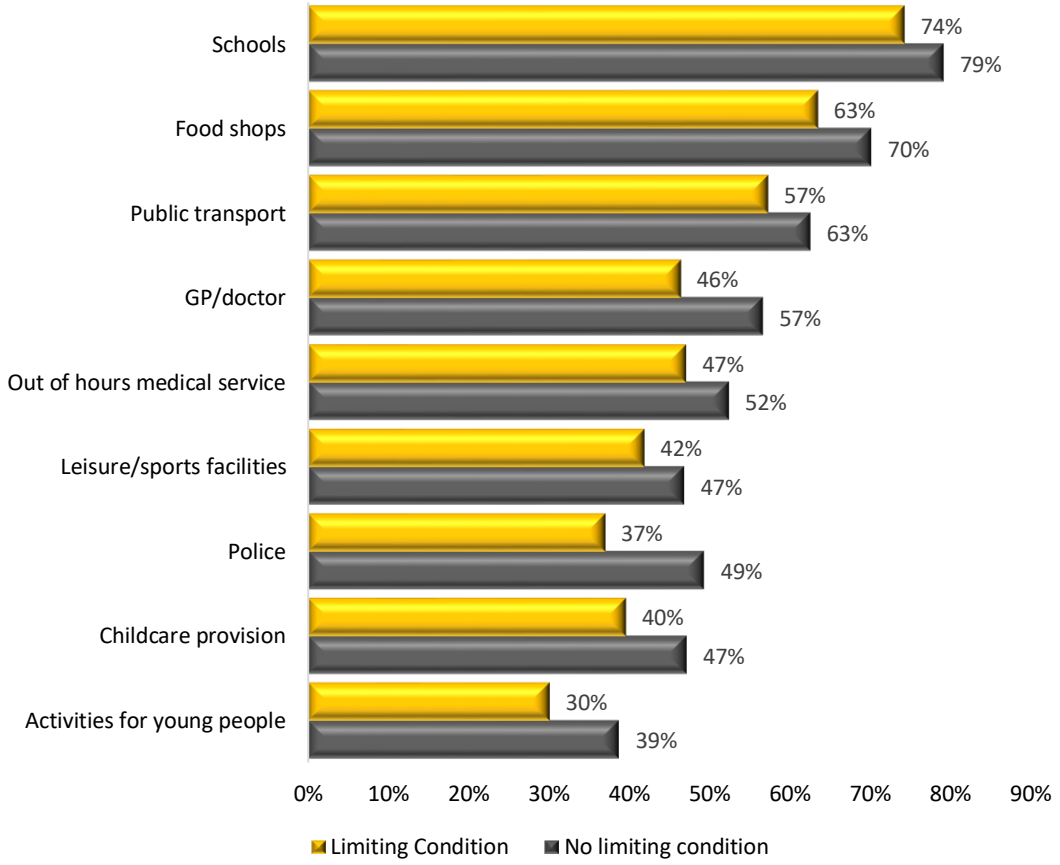
There were five types of service for which those in the most deprived areas were less likely to have a positive perception, and one (public transport) where those in the most deprived areas were more likely to have a positive perception. These are shown in Figure 4.15.

Figure 4.15: Proportion with a Positive Perception of Local Services by Deprivation



Those with a limiting condition or illness were less likely than others to have a positive view of nine of the ten local services. These are shown in Figure 4.16.

Figure 4.16 Proportion with a Positive Perception of Local Services by Limiting Conditions

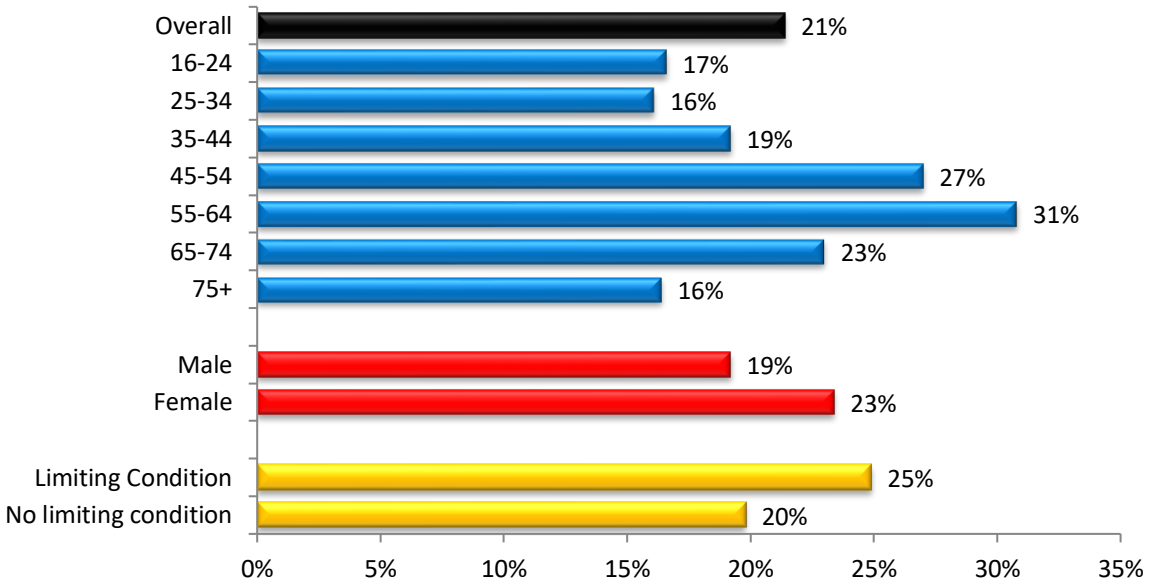


4.5 Caring Responsibilities

One in five (21%) said that they looked after, or gave regular help or support to family members, friends, neighbours or others because of long-term physical or mental ill-health or disability, or problems relating to old age. This was a rise from 14% in the 2017/18 survey.

- Those aged 55-64 were the most likely to have caring responsibilities.
- Women were more likely than men to be carers.
- Those with a long-term limiting condition were themselves more likely than others to be carers.

Figure 4.17: Proportion with Caring Responsibilities by Age, Gender and Limiting Conditions



The age/gender group most likely to be carers was women aged 45-64 – a third (32%) of whom were carers.

Table 4.3: Proportion with Caring Responsibilities by Age and Gender

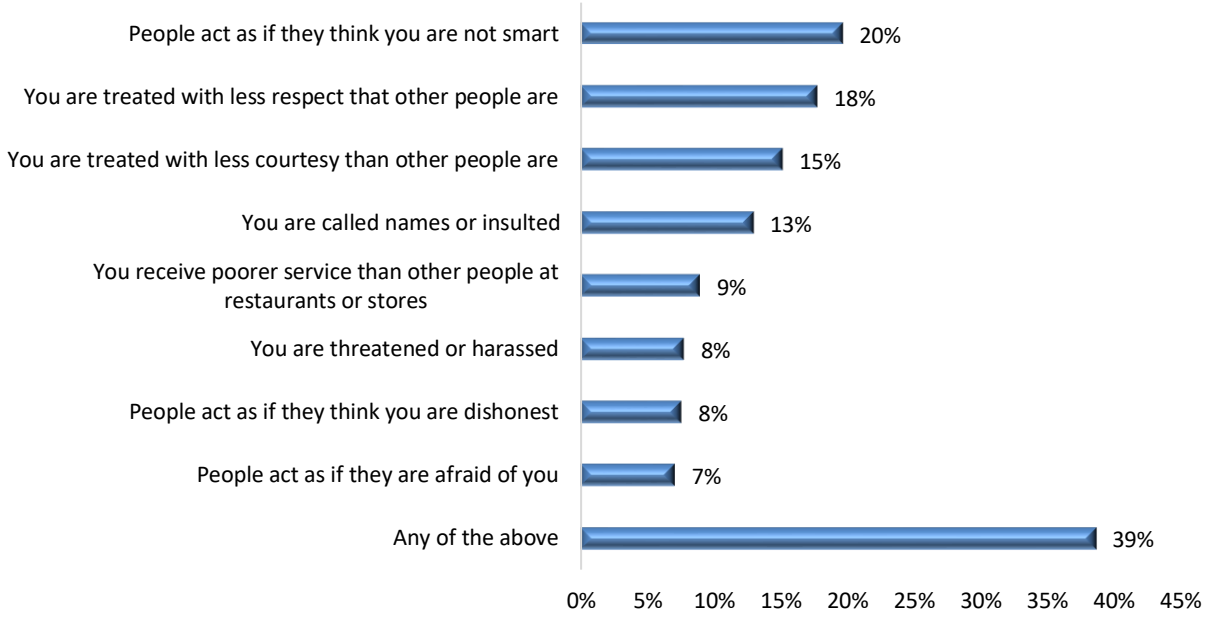
	Carers
Men 16-44	16%
Women 16-44	19%
Men 45-64	25%
Women 45-64	32%
Men 65+	19%
Women 65+	21%

4.6 Discrimination

The main questionnaire (self-completion section) included The Everyday Discrimination Scale[8]. The proportion who reported each type of discrimination happening at least a few times a year is shown in Figure 4.18. Overall, two in five (39%) had experienced at least one type of discrimination at least a few times in the last year.

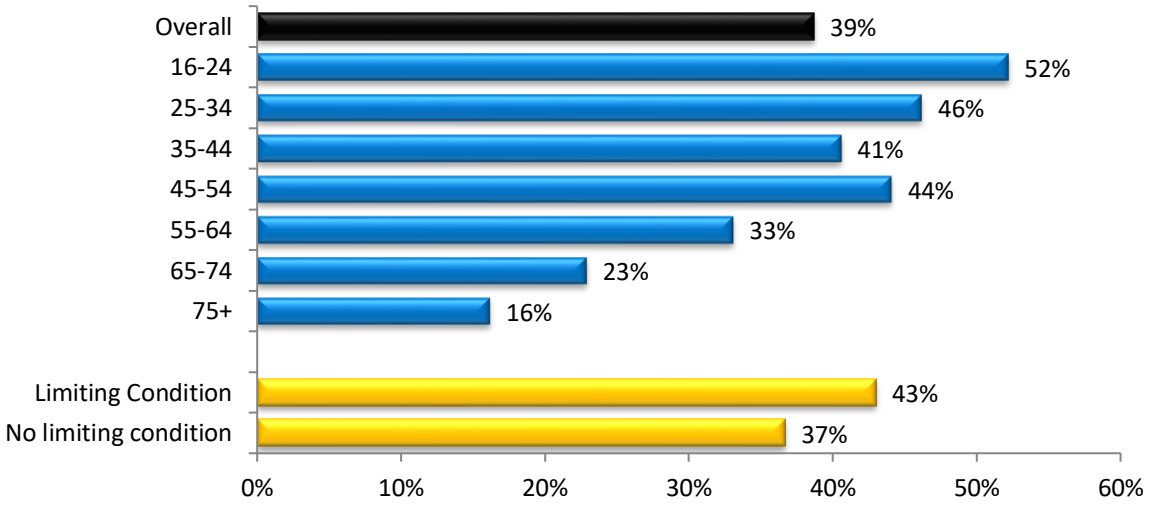
8 https://scholar.harvard.edu/files/davidrwilliams/files/discrimination_resource_doc._2020.pdf

Figure 4.18: Proportion who Experienced Each Type of Discrimination at Least a Few Times Per Year



- Experience of discrimination generally decreased with age, from 52% of those aged under 25 to 16% of those aged 75 or over.
- Those with a long-term limiting condition or illness were more likely than others to experience discrimination.

Figure 4.19: Proportion who Experienced Discrimination by Age and Limiting Conditions



Those who experienced discrimination were asked what they thought were the main reasons for these experiences (with the option of selecting multiple reasons).

In order of frequency of responses from the given list of reasons for discrimination were:

- Age (41%)
- Gender (31%)
- Education or income level (21%)
- Weight (15%)
- Race (14%)
- Some other aspect of physical appearance (14%)
- Height (13%)
- Ancestry or national origins (11%)
- Shade of skin colour (11%)
- Sexual orientation (10%)
- Religion (9%)
- Physical disability (7%).

In addition, 13% said there was another perceived reason for their experiences of discrimination. The most common other reason was their job/occupation.

The six most common perceived reasons for discrimination are shown in Table 4.4 broken down by age group. Among those who had experienced discrimination, those aged 65 or over were the most likely to cite age as the perceived reason. Those aged 35-54 were the least likely to cite age as the reason.

Table 4.4: Top Six Perceived Reasons for Discrimination by Age Group

	16-24	25-34	35-44	45-54	55-64	65-74	75+
Age	55%	33%	24%	28%	49%	61%	75%
Gender	43%	38%	35%	23%	19%	5%	8%
Education or income level	27%	21%	26%	21%	13%	10%	17%
Weight	19%	15%	12%	16%	12%	15%	2%
Race	9%	24%	21%	14%	8%	3%	4%
Other aspect of physical appearance	21%	15%	14%	13%	8%	7%	2%

Base: Those who had experienced discrimination (N=3,218)

4.7 Views of Social and Environmental Issues in Local Area

The small subset of respondents who participated in the online survey were asked about their perceptions of a number of social and environmental issues in their area using the 'faces' scale (see Chapter 2).

Social Issues

The proportion who had a negative perception of each social problem in their area was:

- The amount of drug activity – 32%
- The level of unemployment – 30%
- The level of alcohol consumption – 27%
- People being attacked or harassed because of their skin colour, ethnic origin or religion – 22%
- The amount of troublesome neighbours – 15%.

Those aged 25-34 were the most likely to have a negative perception of the amount of drug activity (42%), the level of unemployment in their area (42%) and people being attacked or harassed because of their skin colour, ethnic origin or religion (36%). Those aged under 25 were the most likely to have a negative perception of the level of alcohol consumption (39%) and the amount of troublesome neighbours (30%).

Men were more likely than women to have a negative perception of the amount of troublesome neighbours in their area (20% compared to 10%).

Those in the most deprived areas were more likely than others to have a negative perception of:

- The amount of drug activity (48% compared to 26%)
- The level of unemployment (45% compared to 24%)
- The level of alcohol consumption (47% compared to 20%)
- The amount of troublesome neighbours (22% compared to 12%).

Those with a limiting condition or illness were more likely than others to have a negative perception of:

- The amount of drug activity (38% compared to 29%)
- The level of unemployment (40% compared to 24%)
- The level of alcohol consumption (34% compared to 24%).

Environmental Issues

The proportion who had a negative perception of each environmental problem in their area was:

- The amount of dogs' dirt – 45%
- The amount of rubbish lying about – 45%
- The availability of safe play spaces – 23%
- The availability of pleasant places to walk – 17%

Those aged 35-54 were the most likely to have a negative perception of the amount of dogs' dirt in their area (56%). Those aged 16-24 were the most likely

to have a negative perception of the availability of safe play spaces (37%) and the availability of pleasant places to walk (40%).

Men were more likely than women to have a negative perception of

- The amount of rubbish lying about (49% compared to 42%)
- The availability of safe play spaces (27% compared to 18%).

Those in the most deprived areas were the more likely than others to have a negative perception of:

- The amount of dogs' dirt (52% compared to 43%)
- The availability of safe play spaces (29% compared to 20%).

Those with a limiting condition/illness were more likely than others to have a negative perception of:

- The amount of dogs' dirt (50% compared to 42%)
- The availability of safe play spaces (27% compared to 20%).

4.8 Summary of Key Messages from This Chapter

Differences by Age and Gender

- Those aged 75 and over were the most likely to say they felt isolated from friends/family or that they and felt lonely in the last two weeks and women were more likely than men to feel isolated or lonely.
- Those aged 65 or over were the most likely to feel they belonged to their community or to feel valued as a member of their community. Women were more likely than men to feel valued as members of their community.
- Those aged under 45 were the most likely to have been a victim of crime in the last year.
- Those in the oldest age groups and women were less likely to feel safe walking alone in their area.
- Those aged 55-64 were the most likely to be carers, and women were more likely than men to be carers.
- Those aged under 25 were the most likely to experience discrimination.

Differences by Deprivation

Those in the most deprived areas were:

- more likely to feel isolated or lonely
- less likely to feel they belonged to their community or feel that local people could influence local decisions
- more likely to have been a victim of crime in the last year
- less likely to feel safe walking alone in their area.

Differences by Limiting Conditions

Those with a long-term limiting condition or illness were:

- more likely to feel isolated or lonely
- more likely to have been a victim of crime in the last year
- less likely to feel safe using local public transport or walking alone in their local area

- more likely to be carers
- more likely to experience discrimination.

Changes since 2017/18

- Between 2017/18 and 2022/23 there was an increase in the proportion who felt isolated from family and friends and the proportion who felt lonely.
- Between 2017/18 and 2022/23 there was a decrease in the proportion who felt they belonged to their local area, the proportion who felt valued as members of their community and the proportion who felt that local people can influence local decisions.
- There was a decrease between 2017/18 and 2022/23 in the proportion who felt safe using local public transport and who felt safe walking alone in their local area even after dark.

4.9 Key Indicators by Local Authority Area

* denotes significant (p≤0.01) difference to NHSGGC

	Isolated from family and friends	Felt Lonely in last 2 weeks (at least some of the time)	Feel belong to the local area
NHSGGC	**19.6%**	**25.0%**	**77.9%**
Glasgow City	22.1%*	27.4%*	76.9%
East Dunbartonshire	17.4%	18.6%*	81.0%
Inverclyde	16.2%*	27.4%	78.4%
Renfrewshire	17.5%	23.1%	78.8%
East Renfrewshire	15.1%*	18.0%*	84.5%*
West Dunbartonshire	15.7%*	25.2%	71.9%*

	Feel valued as a member of the community	Feel local people can influence local decisions	Feel safe using local public transport
NHSGGC	**61.2%**	**67.6%**	**87.7%**
Glasgow City	62.6%	62.9%*	89.1%*
East Dunbartonshire	59.9%	76.0%*	88.9%
Inverclyde	63.4%	76.4%*	83.9%*
Renfrewshire	59.2%	72.2%*	84.9%
East Renfrewshire	64.1%	73.5%*	90.2%
West Dunbartonshire	51.5%*	69.2%	81.3%*

	Feel safe walking alone in local area even after dark	Has caring responsibilities	Experienced discrimination
NHSGGC	**69.1%**	**21.4%**	**38.7%**
Glasgow City	70.6%	18.5%*	39.2%
East Dunbartonshire	72.7%*	27.1%*	37.8%
Inverclyde	64.1%*	26.4%*	33.1%*
Renfrewshire	67.0%	24.2%	44.8%*
East Renfrewshire	74.2%*	22.8%	34.5%*
West Dunbartonshire	56.8%*	24.2%	32.7%*

As the preceding tables show:

- The proportion who felt **isolated from family/friends** (20%) varied significantly across local authorities, being higher in **Glasgow City** (22%)

but lower in **East Renfrewshire** (15%), **West Dunbartonshire** (16%) and **Inverclyde** (16%).

- The proportion who **felt lonely** in the previous two weeks (25%) was significantly higher in **Glasgow City** (27%) but significantly lower in **East Renfrewshire** (18%) and **East Dunbartonshire** (19%).

- The proportion who felt they **belonged to the local area** (78%) was significantly higher in **East Renfrewshire** (84%) and significantly lower in **West Dunbartonshire** (72%).

- The proportion who felt **valued as a member of the community** (61%) did not vary significantly across local authority areas, with the exception of **West Dunbartonshire** where it was lower (51%).

- The proportion who felt that **local people can influence local decisions** (68%) varied significantly across local authority areas, with higher proportions agreeing with this in **Inverclyde** (76%), **East Dunbartonshire** (76%), **East Renfrewshire** (73%) and **Renfrewshire** (72%), but a lower proportion in **Glasgow City** (63%).

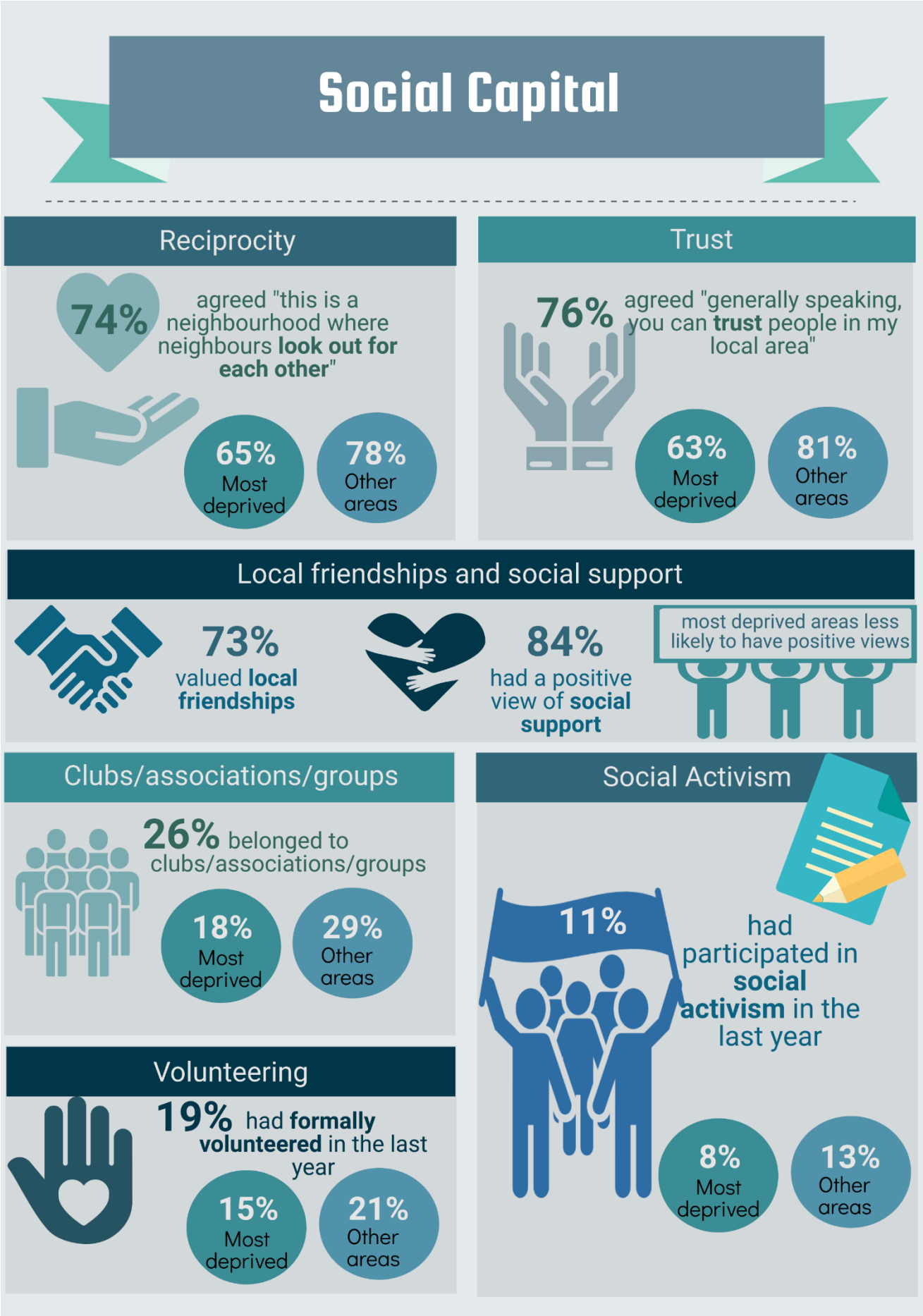
- The proportion who **felt safe using local public transport** (88%) was signigicantly higher in **Glasgow City** (89%) but significantly lower in **West Dunbartonshire** (81%) and **Inverclyde** (84%).

- The proportion who **felt safe walking alone** in their area (69%) was significantly higher in **East Renfrewshire** (74%) and **East Dunbartonshire** (73%) but significantly lower in **West Dunbartonshire** (57%) and **Inverclyde** (64%).

- The proportion who were **carers** (21%) was significantly higher in **East Dunbartonshire** (27%) and **Inverclyde** (26%) but lower in **Glasgow City** (18%).

- The proportion who gave responses indicating experience of **discrimination** (39%) was significantly higher in **Renfrewshire** (45%) but significantly lower in **West Dunbartonshire** (33%), **Inverclyde** (33%) and **East Renfrewshire** (34%).

5 Social Capital



5.1 Reciprocity and Trust

Respondents were asked to indicate the extent to which they agree 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, 74% were positive about reciprocity and 76% were positive about trust.

There was a high degree of crossover on these two questions; 88% of those who were positive about trust were also positive about reciprocity.

- Those aged 65 or over were the most likely to have a positive perception of both reciprocity and trust.
- Women were more likely than men to have a positive perception of reciprocity.
- Those in the most deprived areas were less likely than others to have a positive perception of reciprocity or trust.

Figure 5.1: Proportion with a Positive Perception of Reciprocity by Age, Gender and Deprivation

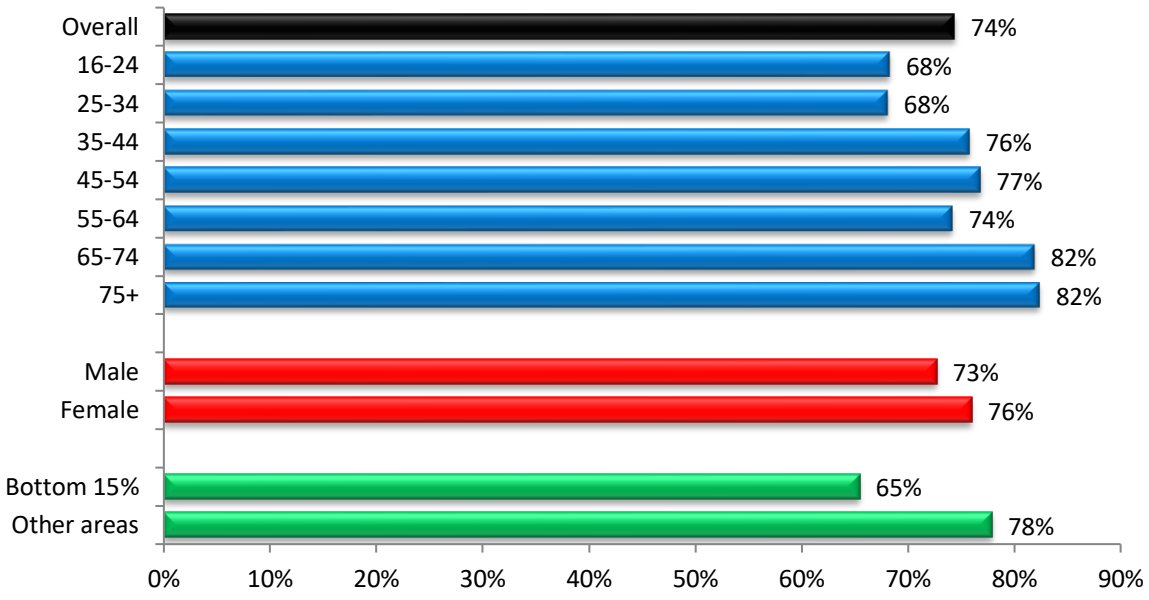
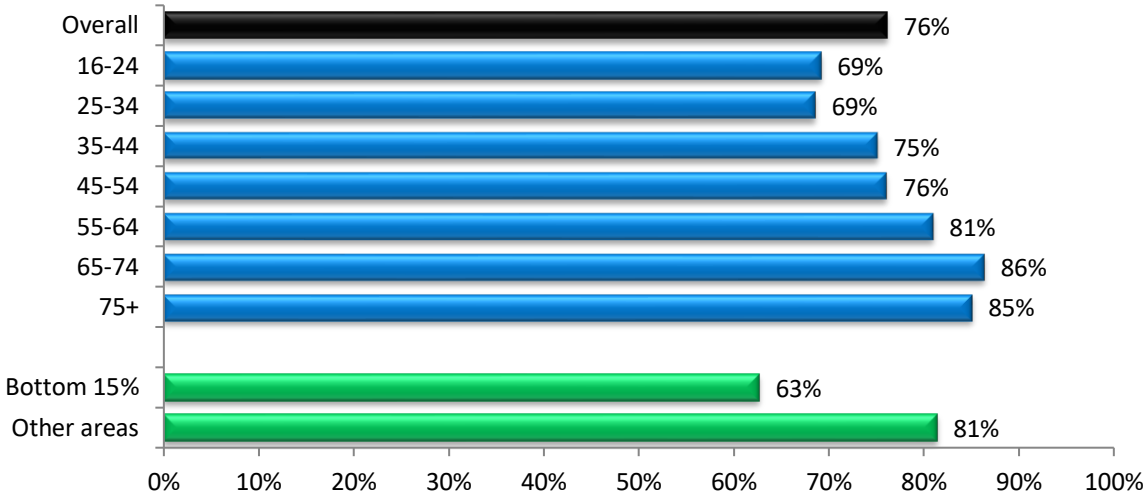


Figure 5.2: Proportion with a Positive Perception of Trust by Age and Deprivation

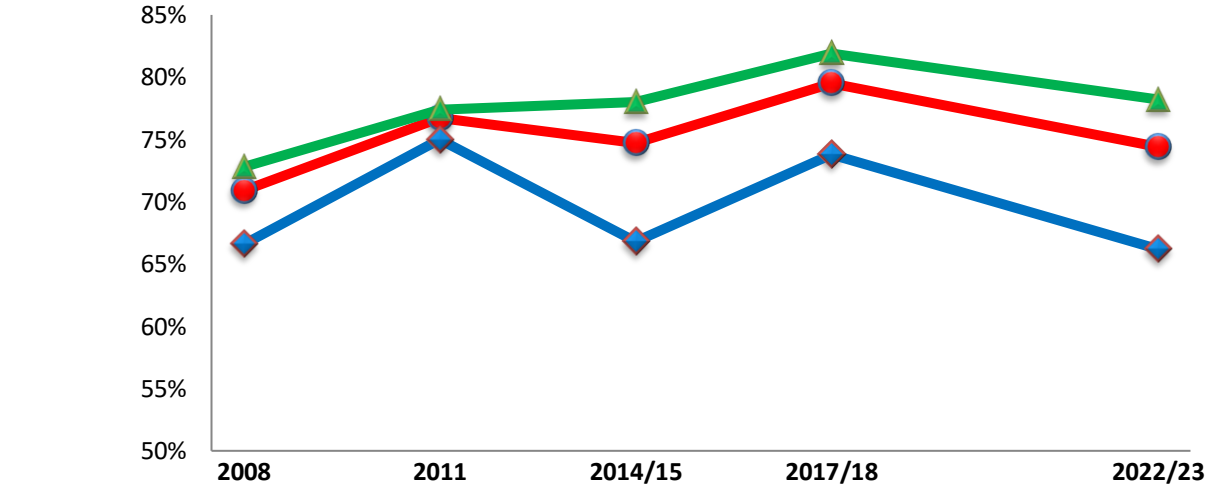


Trends – Reciprocity and Trust

Trends for both reciprocity and trust have fluctuated up and down across the last five surveys.

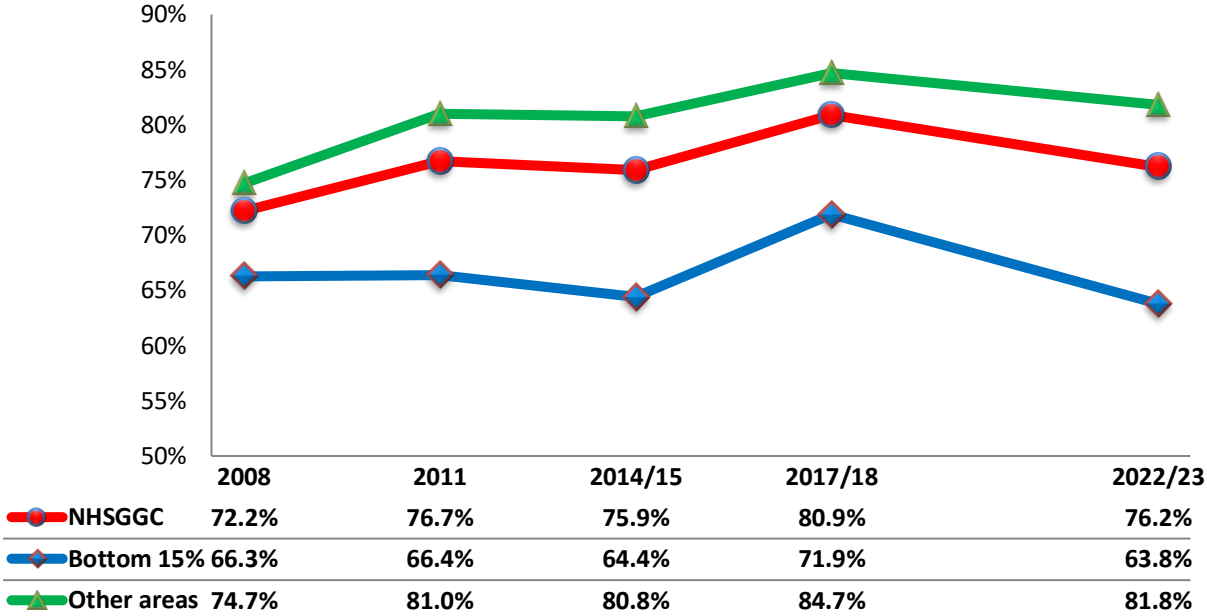
There was a decrease between 2017/18 and 2022/23 in the proportion with a positive perception of reciprocity and trust, as Figures 5.3 and 5.4 show. For both measures, there was a widening of the gap between the most deprived and other areas.

Figure 5.3: Trends for Positive Perception of Reciprocity 2008 to 2022/23



	2008	2011	2014/15	2017/18	2022/23
NHSGGC	70.9%	76.7%	74.7%	79.5%	74.4%
Bottom 15%	66.6%	75.0%	66.8%	73.8%	66.2%
Other areas	72.8%	77.4%	78.0%	81.9%	78.2%

Figure 5.4: Trends for Positive Perception of Trust 2008 to 2022/23

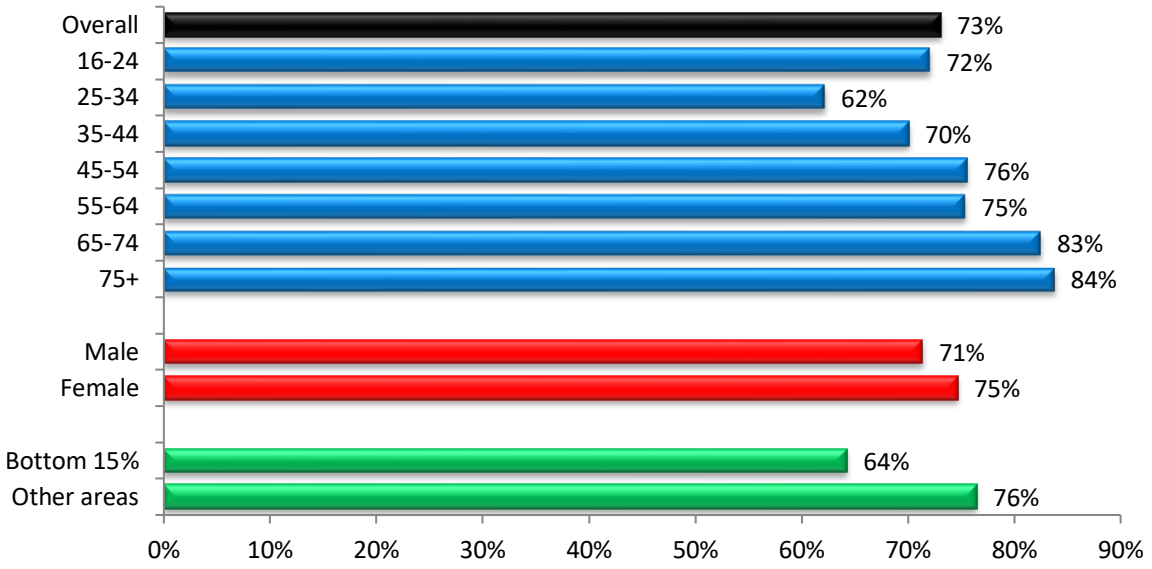


5.2 Local Friendships

Respondents were asked to indicate the extent to which they agreed or disagreed with the statement: *"The friendships and associations I have with other people in my local area mean a lot to me"*. Overall, 73% agreed with this, while 19% neither agreed nor disagreed and 9% disagreed.

- Those in the older age groups were the most likely to value local friendships.
- Women were more likely than men to value local friendships.
- Those in the most deprived areas were less likely to value local friendships.

Figure 5.5: Proportion Value Local Friendships by Age, Gender and Deprivation

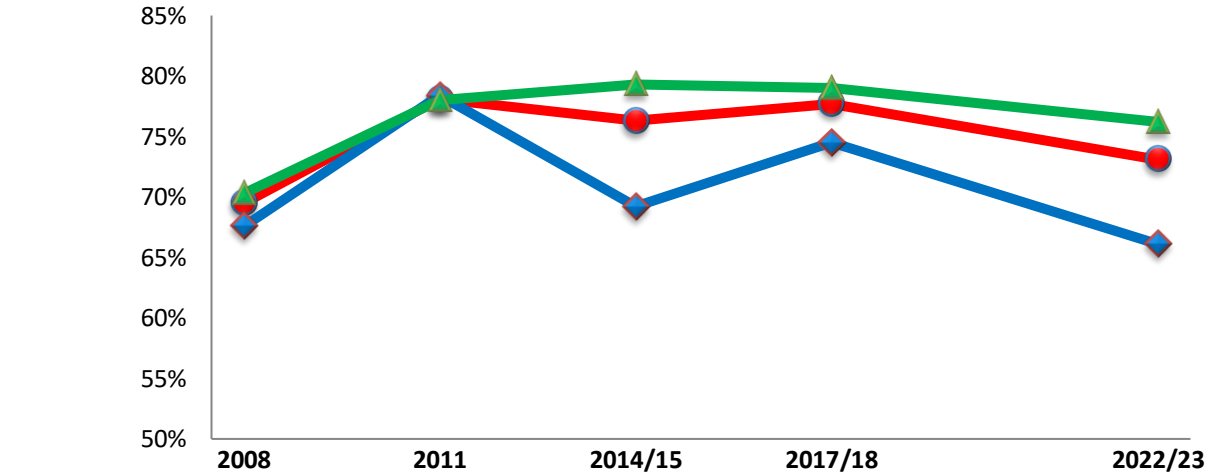


Trends – valuing local friendships

Between 2008 and 2011 there was a sharp rise in the proportion who valued local friendships, then the rate remained between 76% and 78% between 2011 and 2017/18, but there was a significant decrease between 2017/18 and 2022/23.

The most deprived areas have seen the most change across the surveys with a gap emerging between the most deprived and other areas in 2014/15, reducing in 2017/18, and re-widening in 2022/23.

Figure 5.6: Trends for Valuing Local Friendships – 2008 to 2022/23



	2008	2011	2014/15	2017/18	2022/23
NHSGGC	69.5%	78.1%	76.3%	77.7%	73.1%
Bottom 15%	67.6%	78.4%	69.2%	74.5%	66.1%
Other areas	70.3%	78.0%	79.3%	79.0%	76.2%

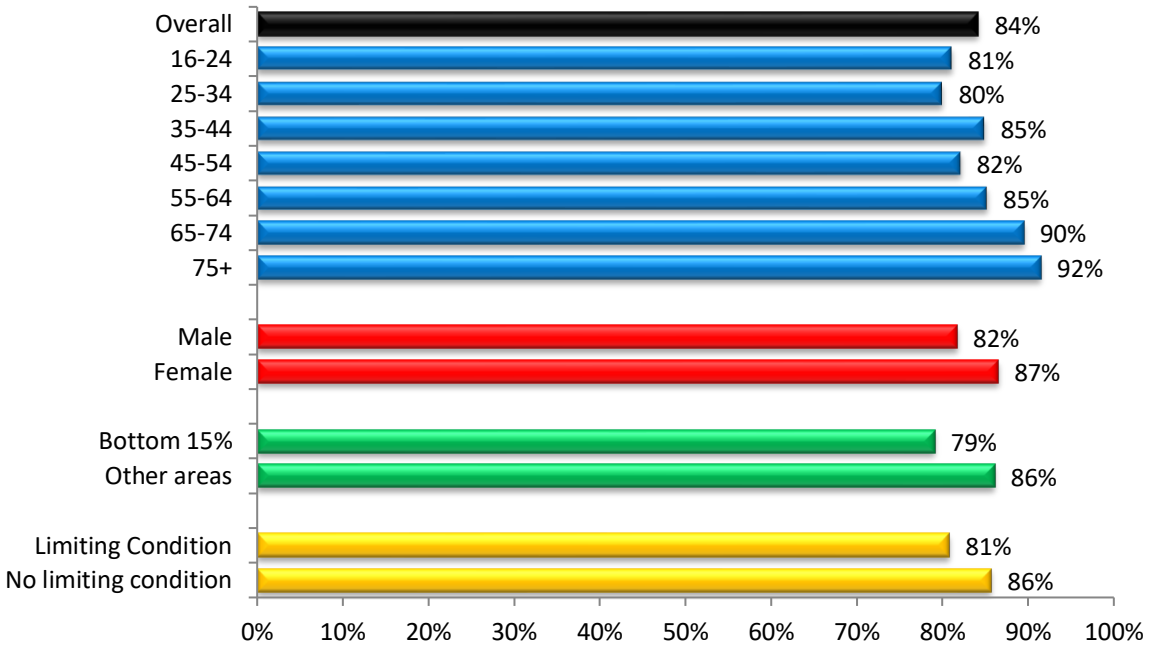
5.3 Social Support

Respondents were asked to indicate the extent to which they agreed or disagreed 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. Responses showed that overall 84% had a positive view of social support.

Positive views of social support were more common among:

- those in the oldest age groups,
- women
- those outside the most deprived areas
- those without a limiting condition or illness.

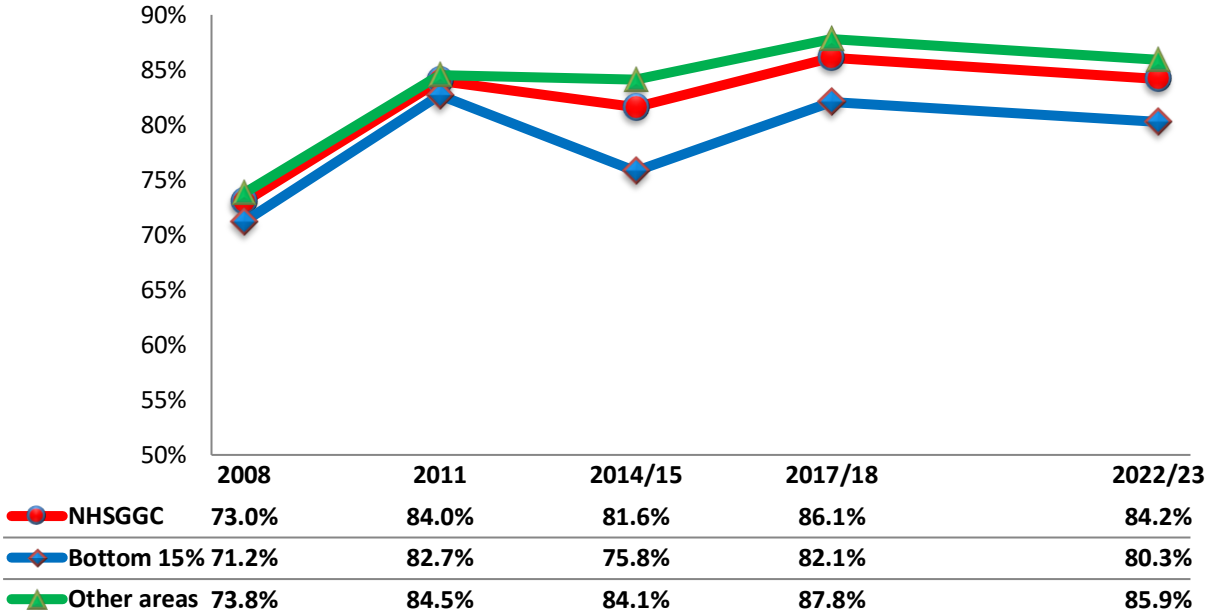
Figure 5.7: Proportion with a Positive View of Social Support by Age, Gender, Deprivation and Limiting Conditions



Trends – Positive Perception of Social Support

There was a sharp rise between 2008 and 2017 in the proportion who had a positive perception of social support from 73% to 84%, and the rate has remained above 82% since then. Between 2017/18 and 2022/23 there was a slight, but statistically significant, decrease in the proportion who were positive about social support in their area from 86% to 84%. There was no significant change among the most deprived areas.

Figure 5.8: Trends for Positive Perception of Social Support – 2008 to 2022/23

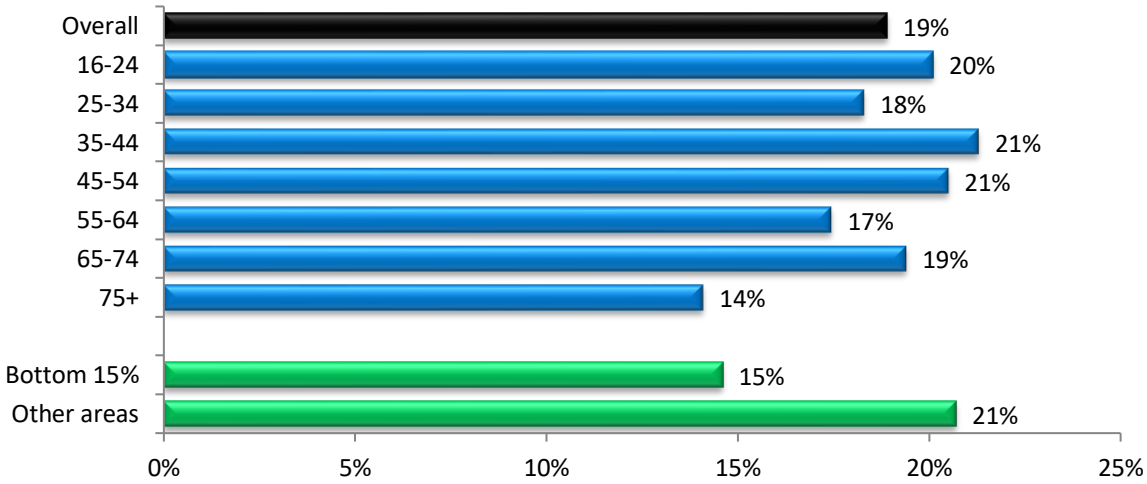


5.4 Volunteering

One in five (19%) said they had given up time to help clubs, charities, campaigns or organisations in an unpaid capacity in the last year.

- Volunteering to help clubs, charities, campaigns or organisations was least common among those aged 75 or over.
- Those in the most deprived areas were less likely than those in other areas to volunteer in this way.

Figure 5.9: Proportion who Volunteered to help Clubs/Charities/Campaigns/Organisations in Last 12 Months by Age and Deprivation

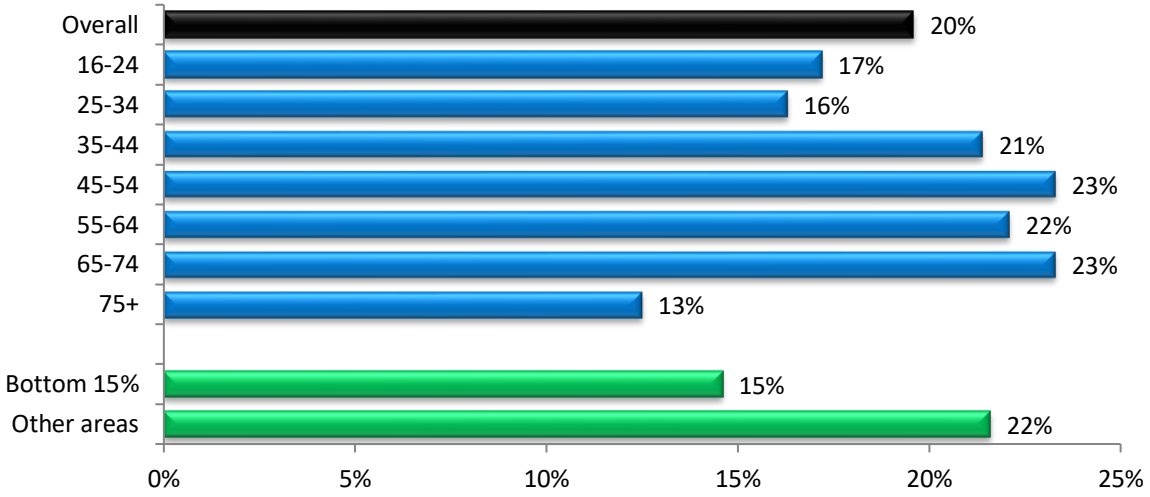


Respondents were also asked whether in the last 12 months they had given any voluntary unpaid help as an individual (not through a group or organisation) to help other people outside their family or to support their local environment (e.g. keeping in touch with someone at risk of being lonely, helping neighbours with shopping or chores, litter picking not part of an organised activity). One in five (20%) had volunteered in this way.

- Volunteering as an individual was more common among those aged 35-74 than those in younger or older age groups.

- Those in the most deprived areas were less likely than those in other areas to volunteer in this way.

Figure 5.10: Proportion who Volunteered as an Individual in Last 12 Months by Age and Deprivation



Combining responses to both questions, overall 26% of people had volunteered in the last year. Overall rates of volunteering were 20% for those in the most deprived areas compared to 28% of those in other areas.

Evidence from Other Sources

- **The 2022 Scottish Household Survey** showed that 22% of adults in Scotland had **formally** volunteered in the previous 12 months, slightly higher than the 19% who had formally volunteered in the NHSGGC survey. Overall, the 2022 Household Survey showed that 46% had done any volunteering (formal or informal) - much higher than the 26% in the NHSGGC survey. As with the NHSGGC survey, volunteering measured in the Household Survey was less prevalent in the most deprived areas.

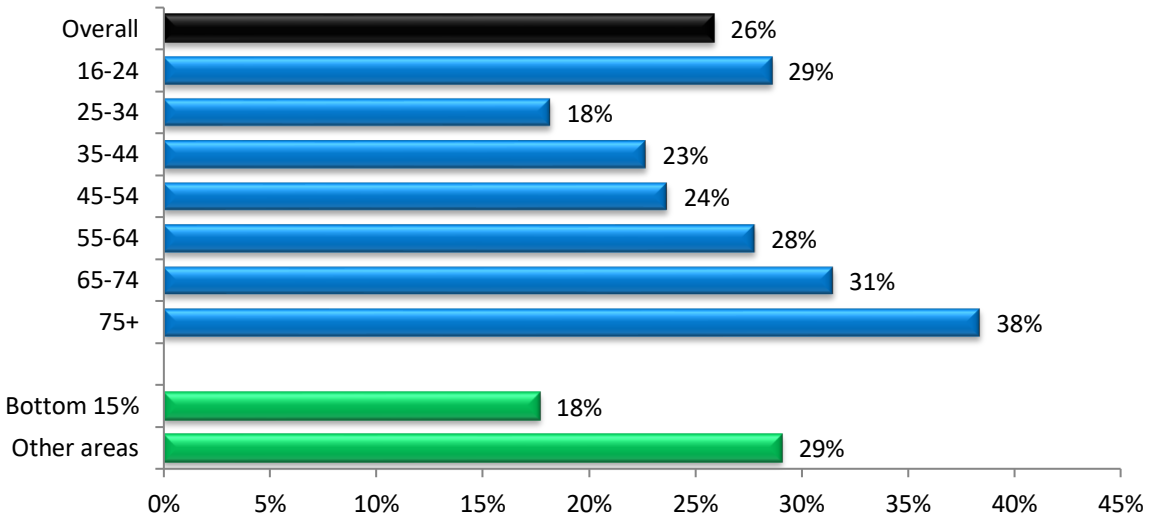
5.5 Belonging to Clubs, Associations and Groups

One in four (26%) belonged to social clubs, associations, church groups or similar.

- Those in the oldest age groups were the most likely to belong to clubs/associations/groups, and those aged 25-34 were the least likely.

- Those in the most deprived areas were less likely than others to belong to these types of groups or organisations.

Figure 5.11: Proportion Belong to Social Clubs, Associations, Church Groups or Similar by Age and Deprivation



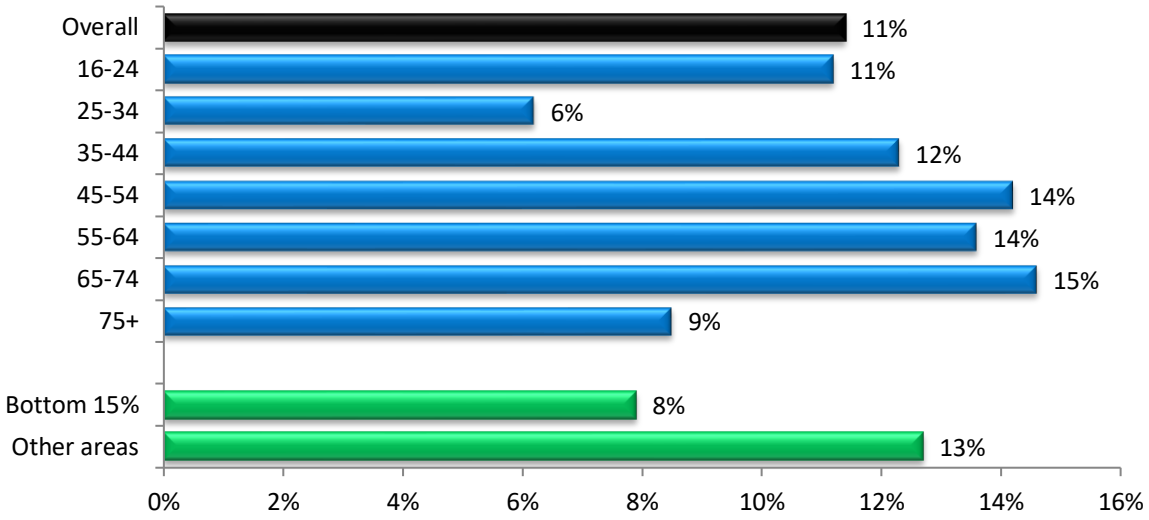
5.6 Social Activism

Respondents were asked whether, in the last 12 months, they had taken any actions in an attempt to solve a problem affecting people in their local area – e.g. contacted any media, organisation, council, councillor, MSP or MP; organised a petition. Overall, one in nine (11%) had engaged in this type of social activism in the last year.

- Although there was significant variation by age group, there was no clear pattern, with the age groups 25-34 and 75+ being the least likely to have engaged in social activism.

- Those in the most deprived areas were less likely than others to have engaged in social activism in the last year.

Figure 5.12: Proportion Engaged in Social Activism in Last 12 Months by Age and Deprivation



5.7 Summary of Key Messages from This Chapter

Differences by Age and Gender

- Those aged 65 or over were more likely to have a positive view of reciprocity or trust in their area, more likely to value local friendships, more likely to have a positive view of social support and more likely to belong to clubs/associations etc.

- Women were more likely than men to have a positive view of reciprocity, value local friendships or have a positive view of social support.

Differences by Deprivation

Those in the most deprived areas were:

- less likely to have positive views of reciprocity or trust

- less likely to value local friendships or have a positive view of social support

- less likely to volunteer, belong to clubs/associations or engage in social activism.

Differences by Limiting Conditions

Those with a limiting condition or illness were less likely than others to have a positive view of social support.

Changes since 2017/18

There was a **decrease** between 2017/18 and 2022/23 in:

- the proportion who had a positive perception of reciprocity in their local area
- the proportion who had a positive perception of trust in their local area
- the proportion who valued local friendships
- the proportion who had a positive view of social support.

5.8 Key Indicators by Local Authority Area

* denotes significant (p≤0.01) difference to NHSGGC

	Positive perception of reciprocity	Positive perception of trust	Value local friendships	Positive perception of social support
NHSGGC	**74.4%**	**76.2%**	**73.1%**	**84.2%**
Glasgow City	71.4%*	73.2%*	70.6%*	82.0%*
East Dunbartonshire	81.3%*	83.8%*	79.3%*	88.9%*
Inverclyde	76.7%	75.9%	73.5%	86.3%
Renfrewshire	79.0%*	79.5%*	75.6%	85.1%
East Renfrewshire	82.4%*	87.6%*	80.9%*	87.6%*
West Dunbartonshire	68.4%*	70.6%*	69.3%*	86.1%

	Volunteered formally	Volunteered in last year (informal or formal)	Belong to clubs, associations or groups	Engaged in social activism in last year
NHSGGC	**18.9%**	**25.9%**	**25.9%**	**11.4%**
Glasgow City	17.5%	24.4%	24.7%	10.5%
East Dunbartonshire	23.8%*	31.5%*	31.7%*	14.7%*
Inverclyde	17.8%	22.4%	26.2%	14.5%*
Renfrewshire	22.4%*	30.9%*	25.9%	13.1%
East Renfrewshire	22.6%*	29.2%	30.8%*	11.6%
West Dunbartonshire	13.7%*	19.0%*	22.3%	7.5%*

The preceding tables show:

- There was significant variation across local authority areas in the proportion who had a positive perception of **reciprocity** (74%) and **trust** (76%), with higher proportions in **East Renfrewshire** (82%; 88%), **East Dunbartonshire** (81%; 84%) and **Renfrewshire** (79%; 80%), but lower proportions in **West Dunbartonshire** (68%; 71%) and **Glasgow City** (71%; 73%).

- The proportion who **valued local friendships** (73%) and who had a positive perception of **social support** (84%) was significantly higher in **East Renfrewshire** (81%; 88%) and **East Dunbartonshire** (79%; 89%), but lower in **Glasgow City** (71%; 82%).

- The proportion who **formally volunteered** (19%) was significantly higher in **East Dunbartonshire** (24%), **East Renfrewshire** (23%) and

Renfrewshire (22%), but significantly lower in **West Dunbartonshire** (14%).

- The proportion who **volunteered** (either formally or informally) in the previous year (26%) was significantly higher in **East Dunbartonshire** (32%) and **Renfrewshire** (31%) but significantly lower in **West Dunbartonshire** (19%).

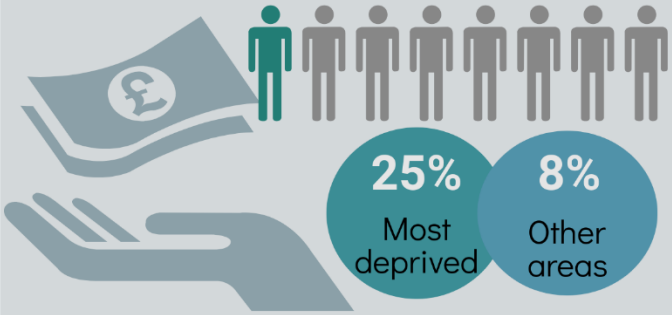
- The proportion who **belonged to clubs etc** (26%) was significantly higher in **East Dunbartonshire** (32%) and **East Renfrewshire** (31%).

- The proportion who had engaged in **social activism** in the last year (11%) ws significantly higher in **East Dunbartonshire** (15%) and **Inverclyde** (14%), but significantly lower in **West Dunbartonshire** (7%).

Financial Wellbeing

Income from benefits

1 in 8 (13%) said **all** household income came from **benefits**



25% Most deprived

8% Other areas

Adequacy of household income

72% had a **positive** view of the adequacy of their **household income**

61% Most deprived

77% Other areas

Finding unexpected sums

15% difficulty finding **£35**

41% difficulty finding **£165**

74% difficulty finding **£1,600**

Difficulty meeting expenses

38% had **difficulty** meeting the costs of **food** and/or **energy**

51% Most deprived

33% Other areas

Food insecurity

17% experienced **food insecurity** in the last year

increase from 9% in 2017/18

27% Most deprived

13% Other areas

Gambling

12% spent money on **gambling** in the last month (excluding lottery)

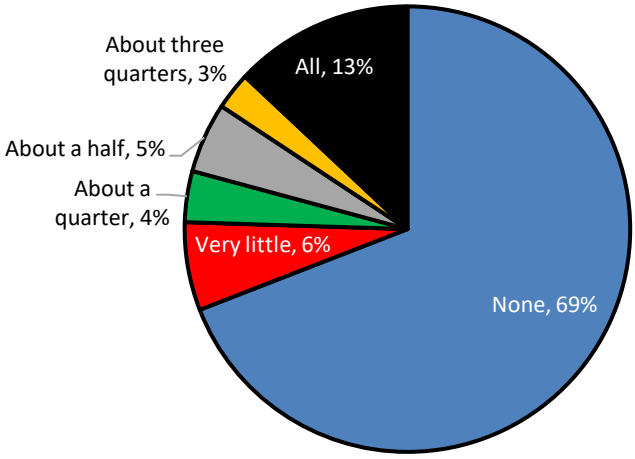
15% Men

9% Women

6.1 Income from State Benefits

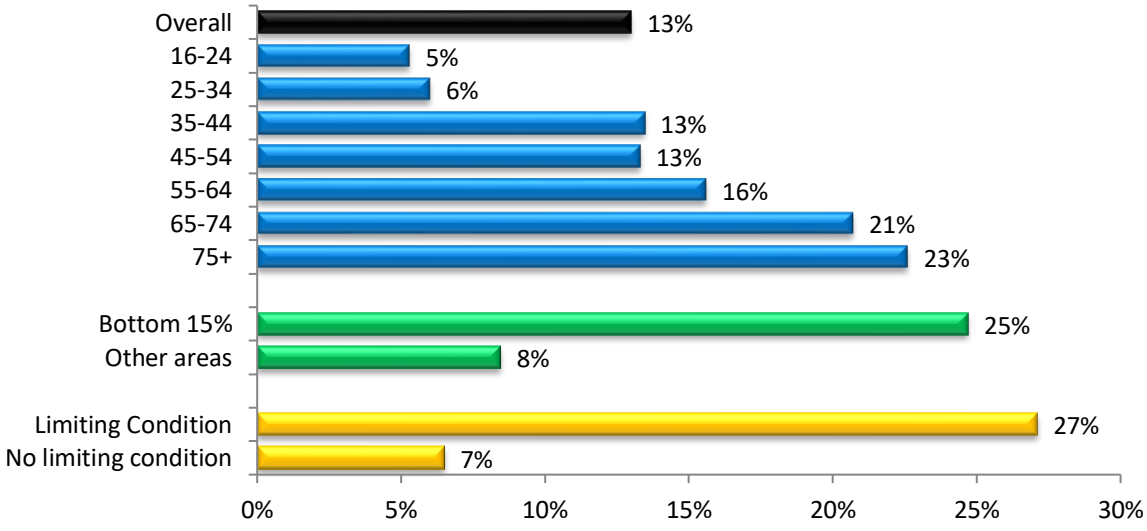
Three in ten (31%) said that at least some of their household income came from state benefits, and 13% said that all their household income came from state benefits.

Figure 6.1: Proportion of Household Income from State Benefits



The proportion who received all household income from state benefits rose with age from 5% of those aged under 25 to 23% of those aged 75 or over. Those in the most deprived areas and those with limiting conditions were much more likely than others to receive all household income from state benefits.

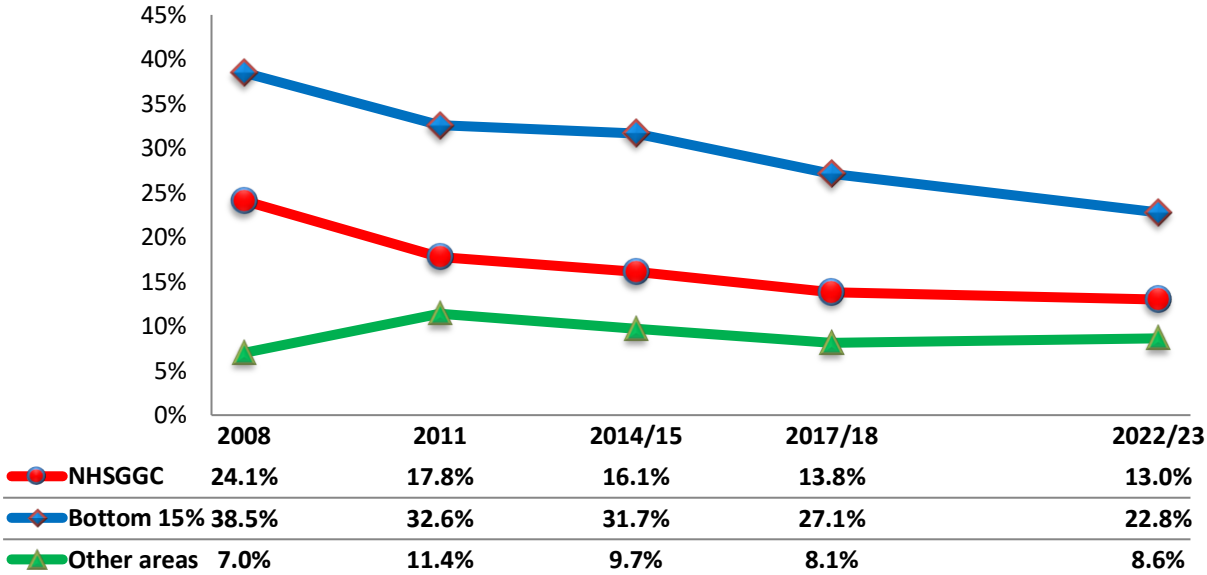
Figure 6.2: Proportion who Received All Household Income from State Benefits by Age, Deprivation and Limiting Conditions



Trends

Overall, there was no significant change between 2017/18 and 2022/23 in the proportion who received all household income from benefits, with a plateauing of the general downward trend between 2008 to 2017/18. However, among the most deprived areas (based on 2006 SIMD classifications), there was a significant decrease between 2017/18 to 2022/23 from 27% to 23%.

Figure 6.3: Trends for All Household Income from State Benefits: 2008 to 2022/23



Those who received any of their household income from benefits were asked whether they had experienced benefits sanctions or delays in benefits payments in the last year.

- 2.5% had experienced benefits sanctions
- 5.5% had experienced delays in benefits payments in the last year.

Those who received benefits were asked whether their household had been affected by benefit changes in the last 12 months (e.g. Universal Credit, Carer's Allowance, Disability Living Allowance/Adult Disability Payment, Child Disability Payment, Best Start payments).

Overall, 10% of benefit recipients said they had been affected by benefit changes. Those in the most deprived areas were more likely to have been affected by benefit changes (13% most deprived; 8% other areas), and those with a limiting condition were more likely than others to have been affected (12% compared to 8%). Of those who had been affected by benefit changes, 61% said the changes had made their household financially worse off, 24% said it had made their household financially better off and 15% said it had made no difference.

Policy Context: Financial Wellbeing

The impact of the COVID19 pandemic and the withdrawal of the United Kingdom from the European Union (Brexit) in 2020 have generated significant economic and welfare change since the last survey. There have also been significant changes to the welfare system in Scotland since the Social Security (Scotland) Act 2018 Social Security (Scotland) Act 2018 (legislation.gov.uk) and the establishment of Social Security Scotland Social Security Scotland - Homepage which enabled the devolution of aspects of the social security system and the introduction of Scotland specific welfare measures.

The Health and Wellbeing Survey asks questions about financial security and insecurity to continue to understand these impacts on residents. The survey has included an additional question on fuel insecurity as a consequence of the significant rise in fuel costs across the UK.

The Child Poverty Scotland Act, 2017 and the subsequent Scottish Government Child Poverty Action Plans – Every Child, Every Chance: the Tackling Child Poverty Delivery Plan 2018-2022, and Best Start, Bright Futures: Tackling Child Poverty Delivery Plan 2022-2026 identify the need for concerted partnership approaches and plans to tackle child poverty. While the targets seek to reduce child poverty levels, the Act and subsequent strategic plans provide a need to focus on Parents/ Carers in six priority family groups at highest risk of poverty: lone parent families, minority ethnic families, families with a disabled adult or child, families with a younger mother (under 25), families with a child under one, and larger families (3+ children). As a result of the Child Poverty Act, the Poverty and Inequality Commission was established. The Public Services Reform (Poverty and Inequality Commission) (Scotland) Order 2018 widened the scope of the Commission to advise the government on matters relating to poverty more broadly and promote the reduction of poverty and inequality across the population as a whole.

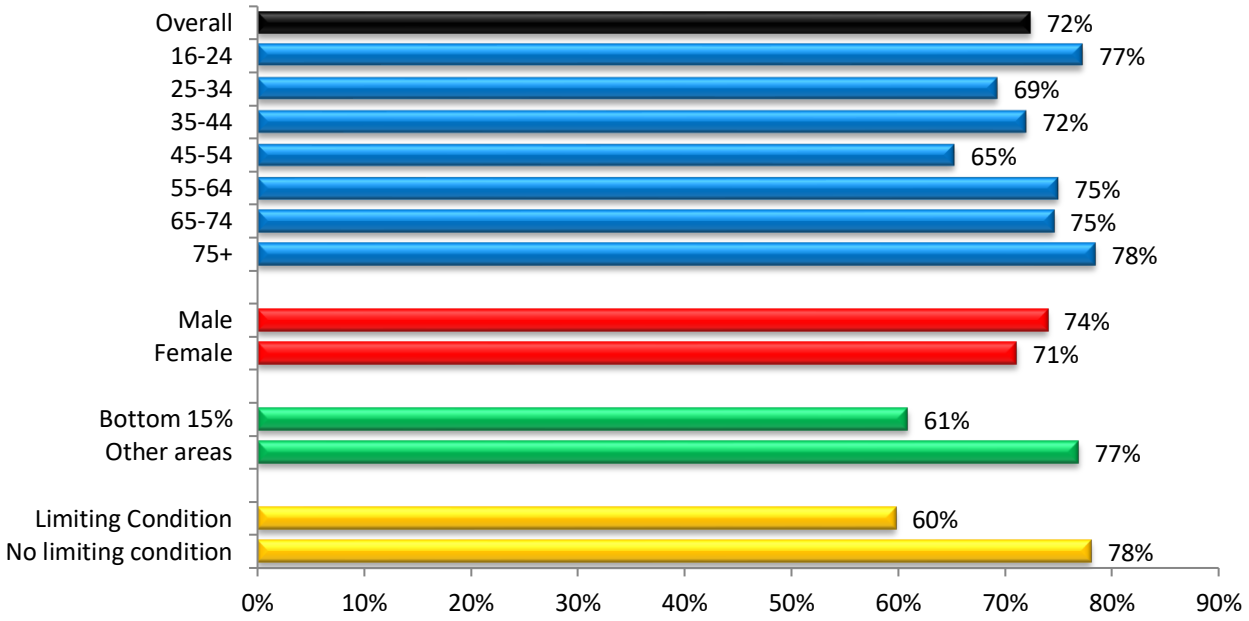
6.2 Adequacy of Income

Using the 'faces' scale (see Chapter 2), respondents were asked how they felt about the adequacy of their household income. Just over seven in ten (72%) expressed a positive perception of the adequacy of their household income, while 15% had a neutral perception and 13% had a negative perception.

- Those aged 25-54 were less likely than younger or older people to give a positive view of the adequacy of their household income.
- Men were more likely than women to have a positive view of the adequacy of their household income.
- Those in the most deprived areas were less likely to give a positive view.

- Those with a limiting condition or illness were less likely to give a positive view.

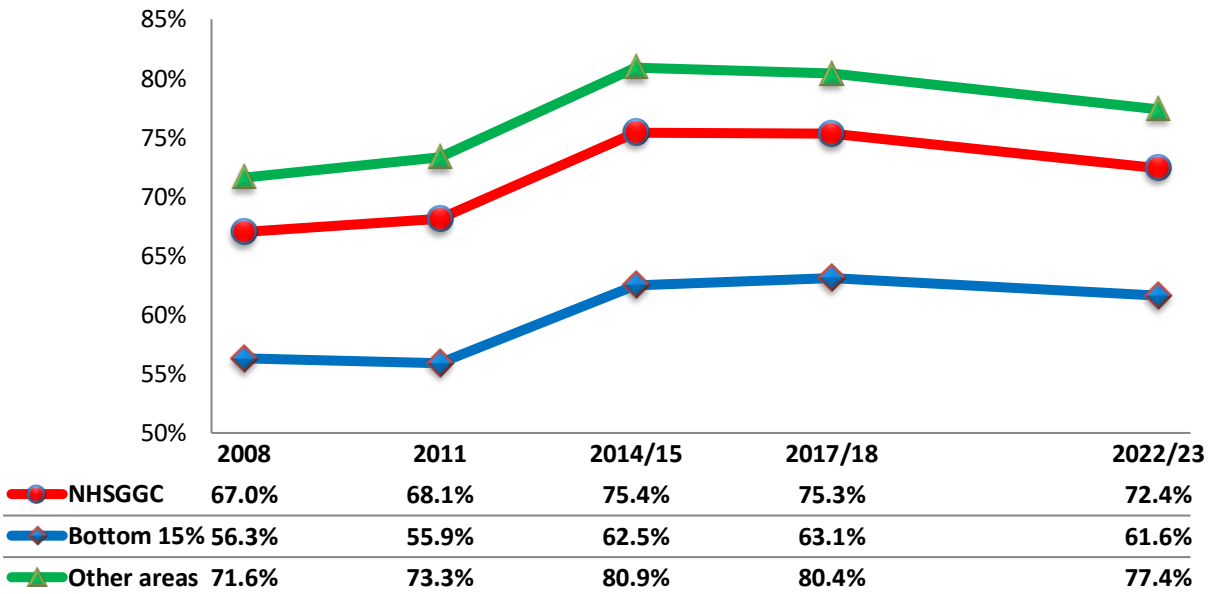
Figure 6.4: Proportion with a Positive Perception of the Adequacy of their Household Income by Age, Gender, Deprivation and Limiting Conditions



Trends

There was a significant decrease between 2017/18 and 2022/23 in the proportion who had a positive view of the adequacy of their household income, which was the first decrease observed over the last five surveys. However, no significant change was observed for those in the most deprived areas.

Figure 6.5: Trends for Positive Perception of the Adequacy of Household Income 2008 to 2022/23



6.3 Views on Poverty

Respondents were asked what they felt was the main reason some people in their area lived in poverty. The most frequent response was lack of jobs (43%). Sixteen percent said that there was no one living in poverty in their area. All responses are shown in Table 6.1, together with the differing profile of responses for those living in the most deprived areas compared to those in other areas.

Those living in the most deprived areas were:

- much less likely to say there was no-one living in poverty in their area
- more likely to say that poverty was due to lack of jobs or laziness/lack of willpower.

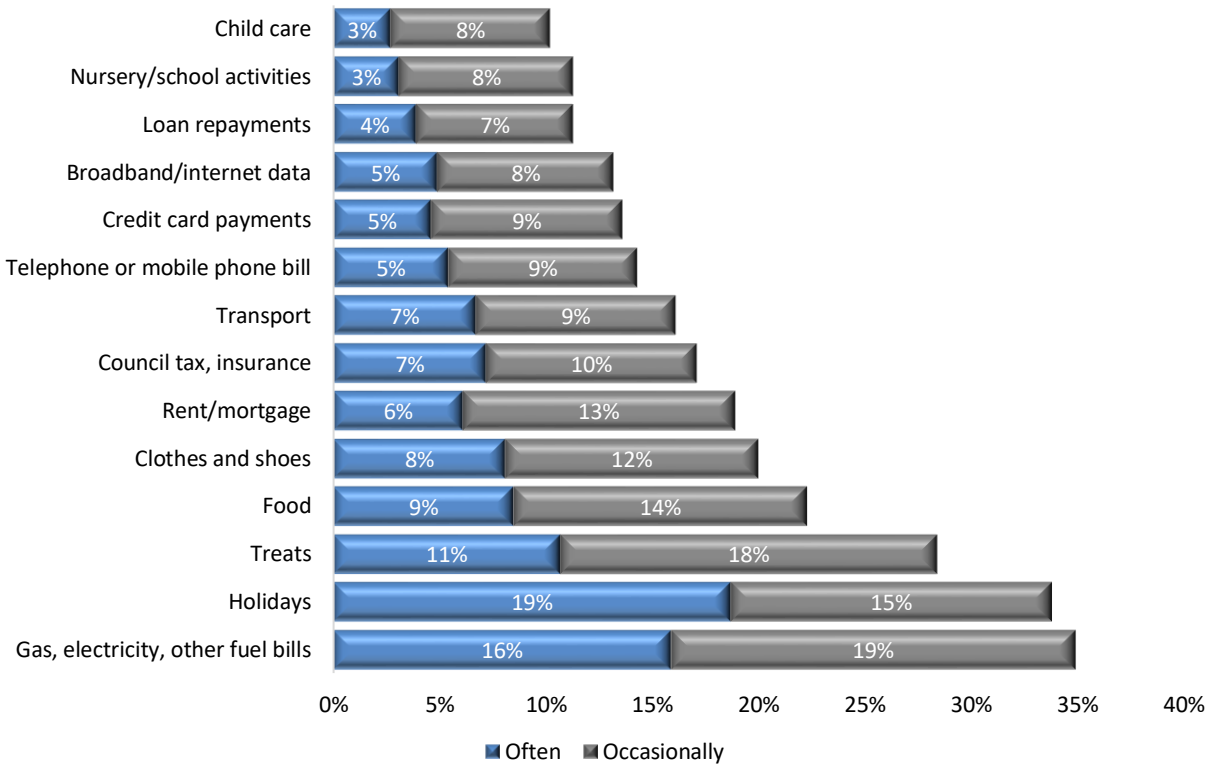
Table 6.1: Perceived Reasons for Poverty in Local Area by Deprivation

	Overall	Bottom 15%	Other areas
An inevitable part of modern life	18%	16%	19%
Laziness or lack of willpower	10%	14%	9%
Because they have been unlucky	8%	7%	8%
Because of injustice in society	22%	19%	24%
Lack of jobs	20%	28%	17%
There is no one living in poverty in this area	7%	2%	9%
Other	11%	11%	11%
None of the above	3%	2%	4%

6.4 Difficulty Meeting the Cost of Specific Expenses

Figure 6.6 shows the proportion of people who said they had difficulty meeting specific expenses often or occasionally.

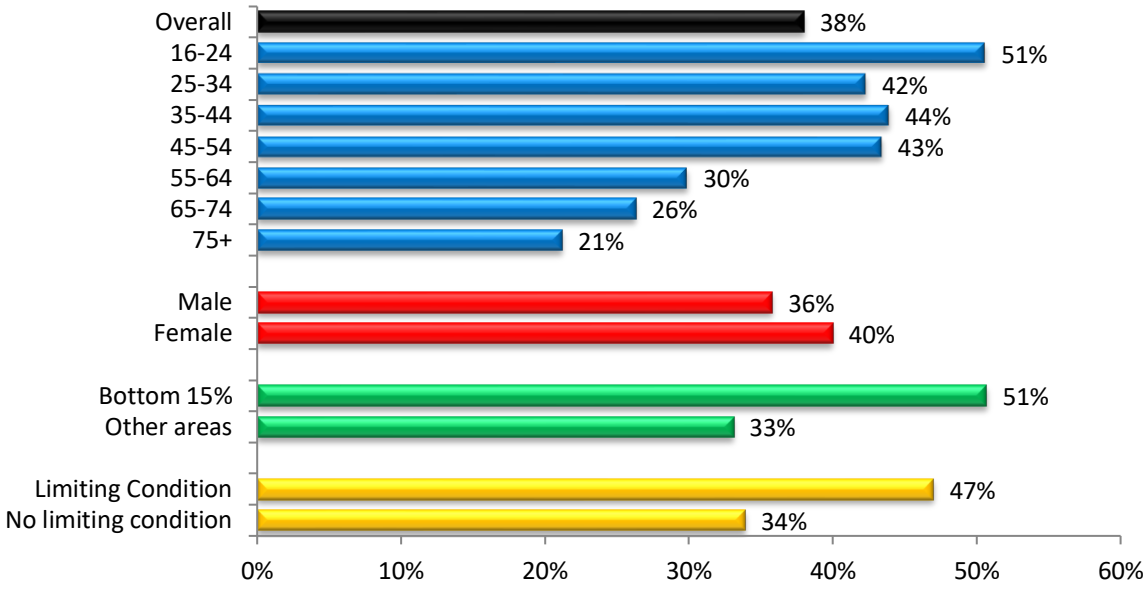
Figure 6.6: How Often People Have Difficulty Meeting the Cost of Specific Expenses



Altogether, just under two in five (38%) said that they had difficulty meeting the cost of food and/or energy (at least occasionally).

- Those aged under 25 were the most likely to have difficulty meeting the cost of food or energy and those in the oldest age groups were the least likely.
- Women were more likely than men to have difficulty meeting these costs.
- Half (51%) of those in the most deprived areas had difficulty meeting the costs of food or energy compared to one in three (33%) of those in other areas.
- Those with a limiting condition or illness were more likely than others to have difficulty meeting these costs.

Figure 6.7: Proportion who Had Difficulty Meeting the Cost of Food and/or Energy by Age, Gender, Deprivation and Limiting Conditions



Difficulty meeting the cost of each individual type of expenses (shown in Figure 6.6) has not been explored by independent variables. However, it is of note that, for those who paid rent or mortgage, a quarter (25%) of adults in the most deprived areas had difficulty meeting the cost of rent/mortgage compared to 16% of those in other areas.

6.5 Difficulty Finding Unexpected Sums

Respondents were asked how their household would be placed if they suddenly had to find a sum of money to meet an unexpected expense such as a repair or new washing machine. Overall, 15% said it would be a problem to find £35, 41% said it would be a problem to find £165 and 74% said it would be a problem to find £1,600.

- Those in the older age groups were less likely to say they would have difficulty finding these sums.
- Women were more likely than men to say they would have difficulty meeting these sums.
- Those in the most deprived areas were more likely to have difficulty meeting any of these sums.
- Those with a limiting condition were more likely than others to have difficulty finding sums of £35 or £165.

Table 6.2: Proportion who would Find it Difficult Meeting Unexpected Sums of £35, £165 or £1,600 by Age, Gender, Deprivation and Limiting Conditions

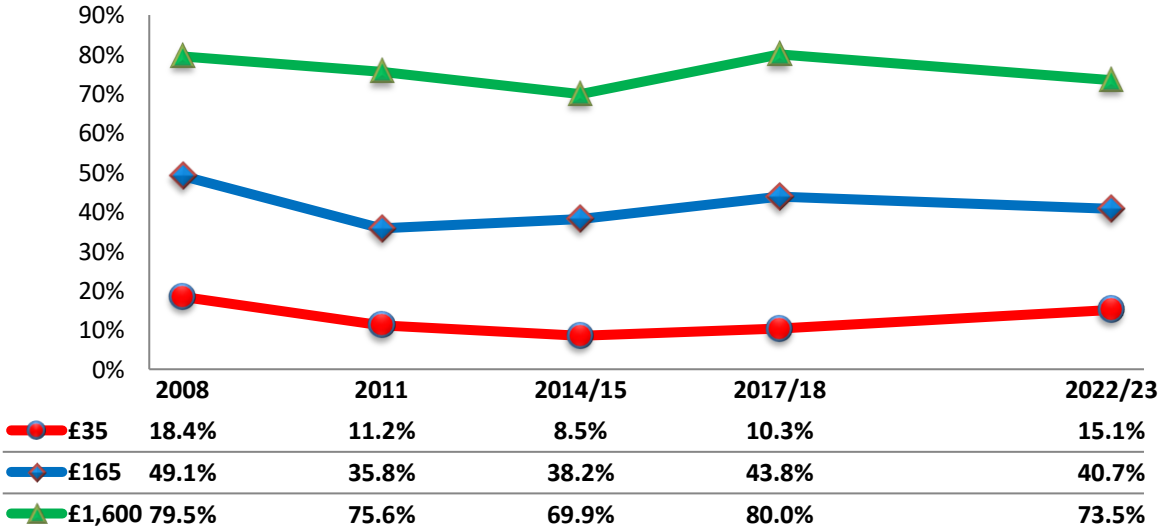
	Problem finding £35	Problem finding £165	Problem finding £1,600
16-24	18%	60%	93%
25-34	15%	41%	80%
35-44	17%	45%	79%
45-54	20%	44%	78%
55-64	13%	32%	62%
65-74	11%	32%	56%
75+	8%	26%	57%
Men	14%	37%	71%
Women	16%	43%	76%
Bottom 15%	24%	60%	86%
Other areas	11%	33%	68%
Limiting condition	24%	49%	NS
No limiting condition	11%	37%	NS
Overall	**15%**	**41%**	**74%**

NS=no significant difference

Trends for Difficulty Meeting Unexpected Sums

Between 2017/18 and 2022/23 there was an increase in the proportion of people who said they would find it difficult to meet unexpected costs of £35, but there was a decrease in the proportion who said it would be difficult to find £165 or £1,600.

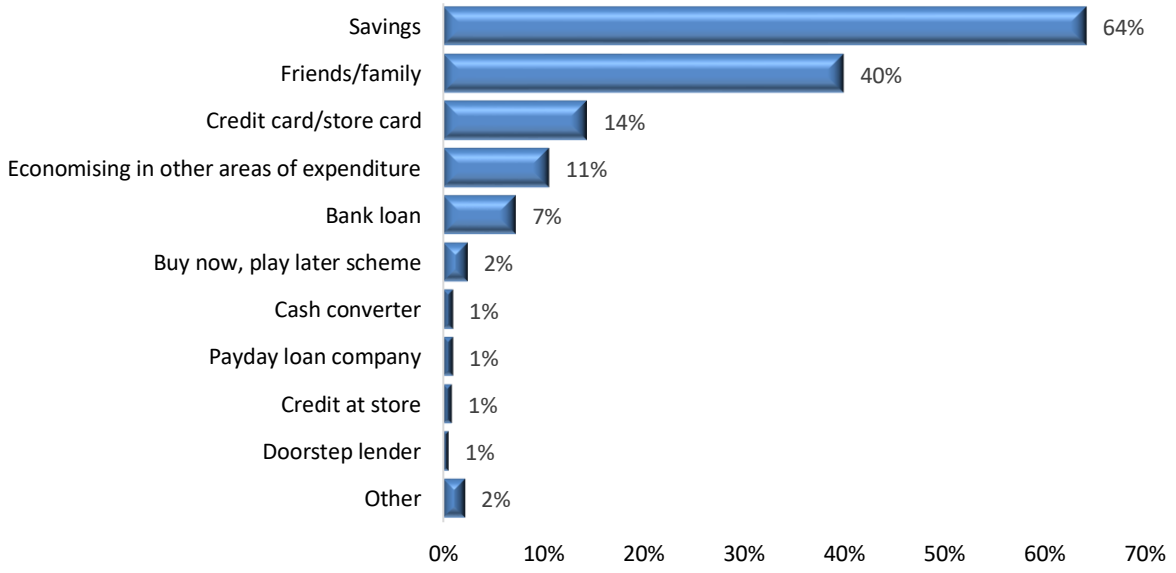
Figure 6.8: Trends for Proportion who would Find it Difficult Meeting Unexpected Sums of £35, £165 or £1,600[9] 2008 to 2022/23



[9] Surveys from 1999 to 2014 asked about the amounts of £20, £100 and £1,000. These were changed for the 2017/18 survey, adjusted using the Retail Price Index

Respondents were asked, if they suddenly had to find a sum of money to meet an unexpected bill, where would they get the money from (with the option of giving more than one response). The most common sources were savings (64%) and friends/family (40%). All responses are shown in Figure 6.9.

Figure 6.9: Where Would Find Sum of Money to Meet Unexpected Bill



The most common 'other' responses were credit unions and doing extra work.

The proportion who said they would use savings ranged from 49% of those aged under 25 to 78% of those aged 65 and over. Those in the youngest age group were the most likely to say they would source money from friends/family (61%).

Those in the most deprived areas were:

- less likely to use savings to pay unexpected bills (50% most deprived; 70% other areas)

- more likely to get money from friends/family (52% most deprived; 35% other areas).

Those in the most deprived areas were also more likely than those in other areas to use cash converter (1.7% compared to 0.7%) or use sources of money likely to incur high interest rates, including:

- Bank loan (9.1% compared to 6.6%)
- Buy now, pay later scheme (5.3% compared to 1.4%)
- Payday loan company (2.5% compared to 0.5%)
- Credit at store (1.5% compared to 0.7%)
- Doorstep lender (1.4% compared to 0.3%).

Those with a limiting condition were less likely than others to use savings (58% compared to 67%) or a credit/store card (10% compared to 16%).

6.6 Credit

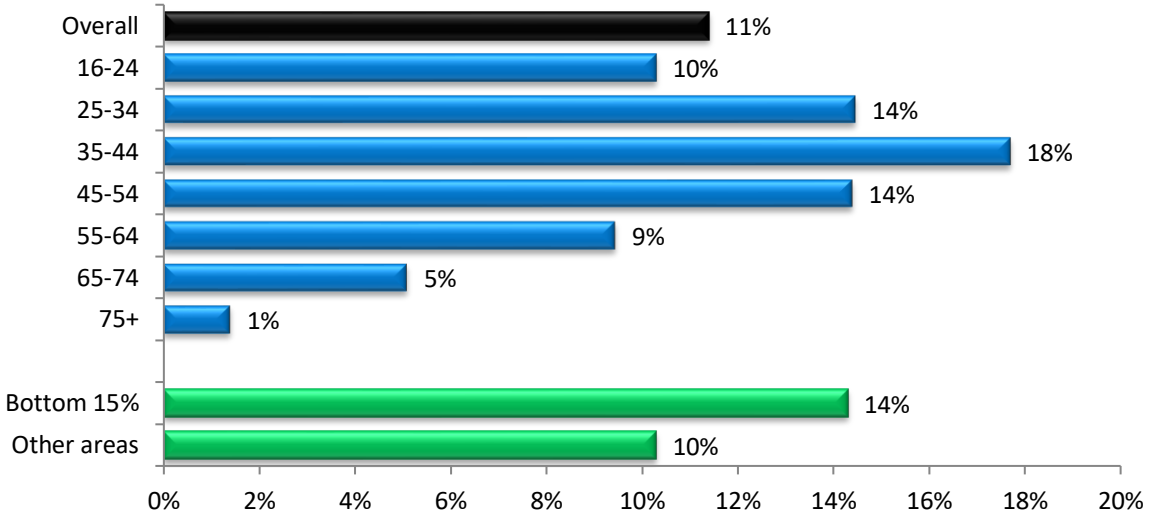
Respondents were asked how many months from the last six months they had to use a source of credit to cover essential living costs due to a lack of money that they may struggle to pay off.

One in nine (11%) had used credit to cover essential living costs they may struggle to pay off during the previous six months, consisting of 4% who had done so in one month, 3% who had done so in two months, 1% who had done so in three months and 3% who had used credit in this way for three or more months.

- Those aged 35-44 were the age group most likely to have used credit to cover essential living costs and those aged 75 and over were the least likely.

- Those in the most deprived areas were more likely than others to have used credit for essential living costs.

Figure 6.10: Proportion who Used Credit to Cover Essential Living Costs in the Last Six Months by Age and Deprivation



6.7 Food Insecurities

Respondents were asked eight questions which comprise the Food Insecurity Experiences Scale[10]. The proportion who said 'yes' to each question is shown in Table 6.3. Altogether, 17% had experienced at least one event in the last year which was an indication of food insecurity.

[10] See: http://www.fao.org/in-action/voices-of-the-hungry/fies/en/

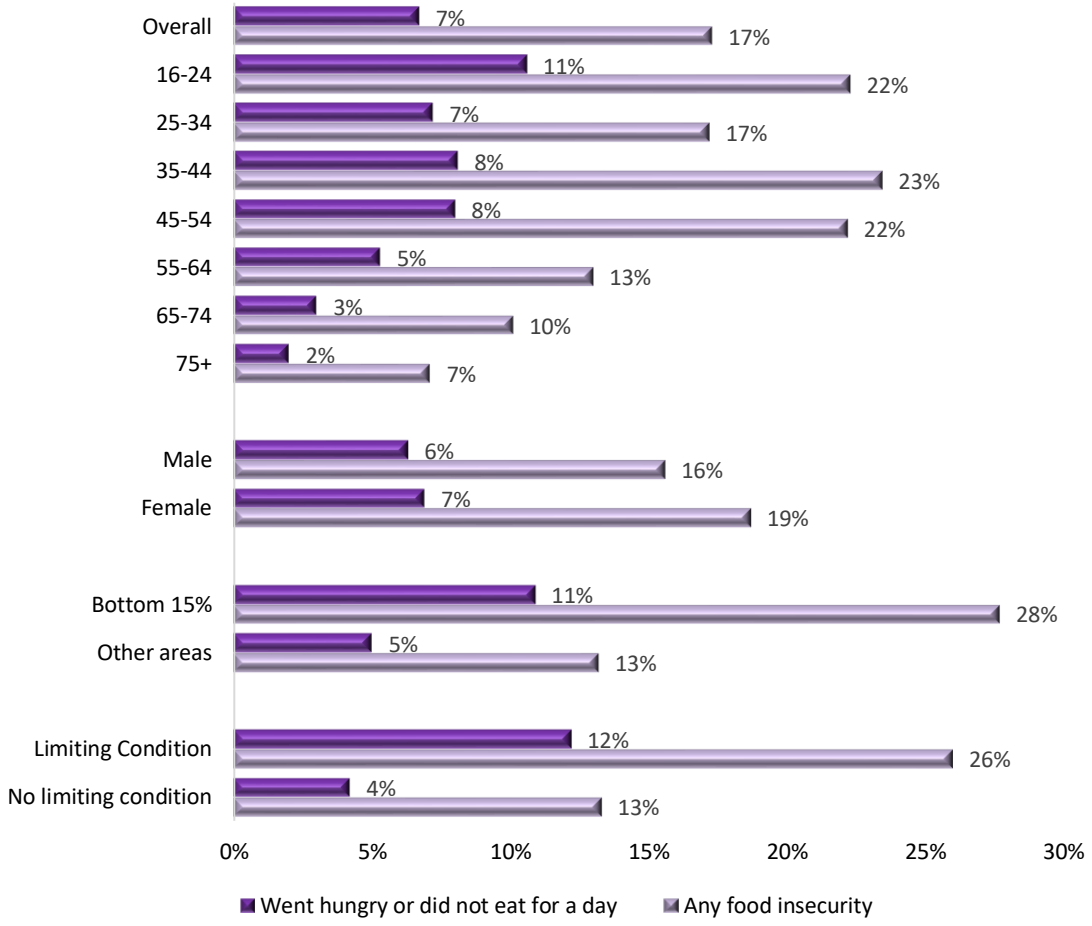
Table 6.3: Proportion who Experienced Each Event on the Food Insecurities Experience Scale in the Last 12 Months

	Proportion who answered 'yes'
You were worried you would run out of food because of a lack of money or other resources	11.9%
You were unable to eat healthy and nutritious food because of a lack of money or other resources	12.2%
You ate only a few kinds of food because of a lack of money or other resources	11.0%
You had to skip a meal because there was not enough money or other resources to get food	7.0%
You ate less than you thought you should because of a lack of money or other resources	9.3%
Your household ran out of food because of a lack of money or other resources	5.6%
You were hungry but did not eat because there was not enough money or other resources for food	6.3%
You went without eating for a whole day because of a lack of money or other resources	3.5%
Any of the above	**17.3%**

Overall, 6.7% of adults experienced **either** of the last two items, indicative of the most severe forms of food insecurity – going hungry because they could not afford food or going a whole day without eating because of lack of money/resources.

- Those aged under 55 were more likely than older people to experience food insecurity.
- Women were more likely than men to experience food insecurity.
- Those in the most deprived areas were overall more than twice as likely as those in other areas to experience food insecurity (27% compared to 13%).
- Those with a limiting condition were twice as likely as others to experience food insecurity (26% compared to 13%).

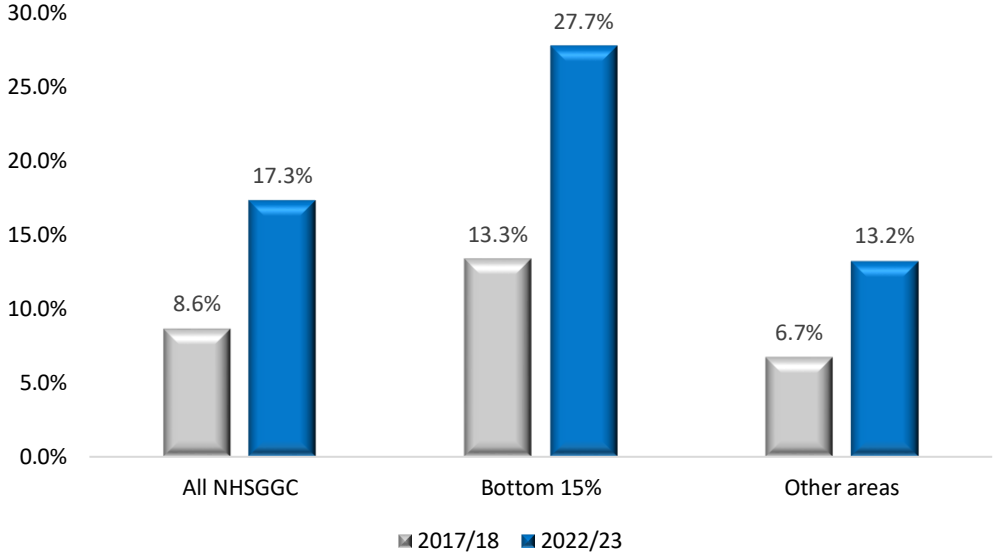
Figure 6.11: Food Insecurities Experience in the Last 12 Months by Age, Gender, Deprivation and Limiting Conditions



Changes since 2017/18

The questions on food insecurity were asked for the first time in the 2017/18 survey. The findings show a very significant rise in food insecurity since the last survey, with the proportion showing any indicators of food insecurity doubling from 8.6% to 17.3%.

Figure 6.12: Food Insecurity Experience – 2017/18 and 2022/23



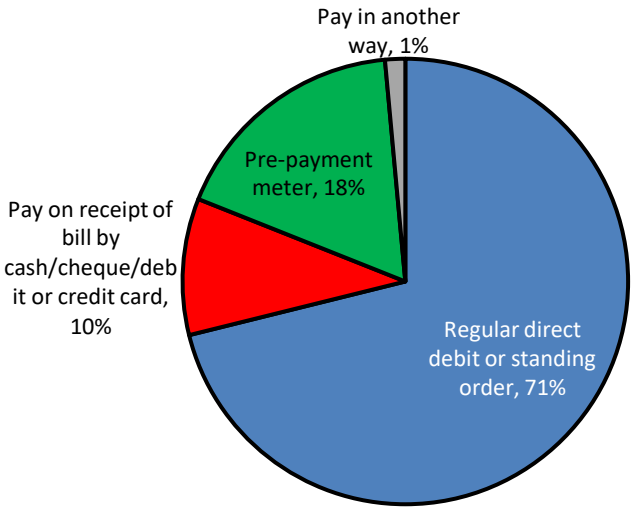
Evidence from Other Sources

- **The 2021 Scottish Health Survey** found that nationally 9% had, at some time in the previous 12 months worried that they would run out of food because of a lack of money or other resources, compared to 12% in the NHSGGC survey in 2022/23.

6.8 Energy Bills

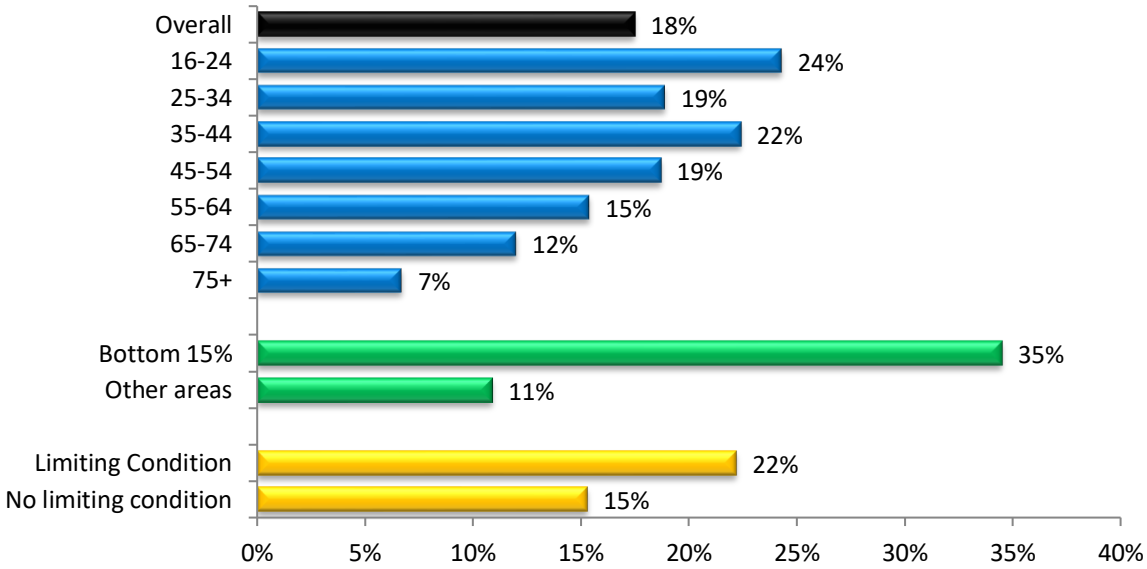
Seven in ten (71%) said they paid their energy bill by regular direct debit or standing order, 18% had a pre-payment meter and 10% paid on receipt of their bill.

Figure 6.13: Means of Paying for Energy



- Those aged under 25 were the age group most likely to have a prepaid meter.
- Those in the most deprived areas were more than three times as likely as those in other areas to have a prepaid meter.
- Those with a limiting condition or illness were more likely than others to have a prepaid meter.

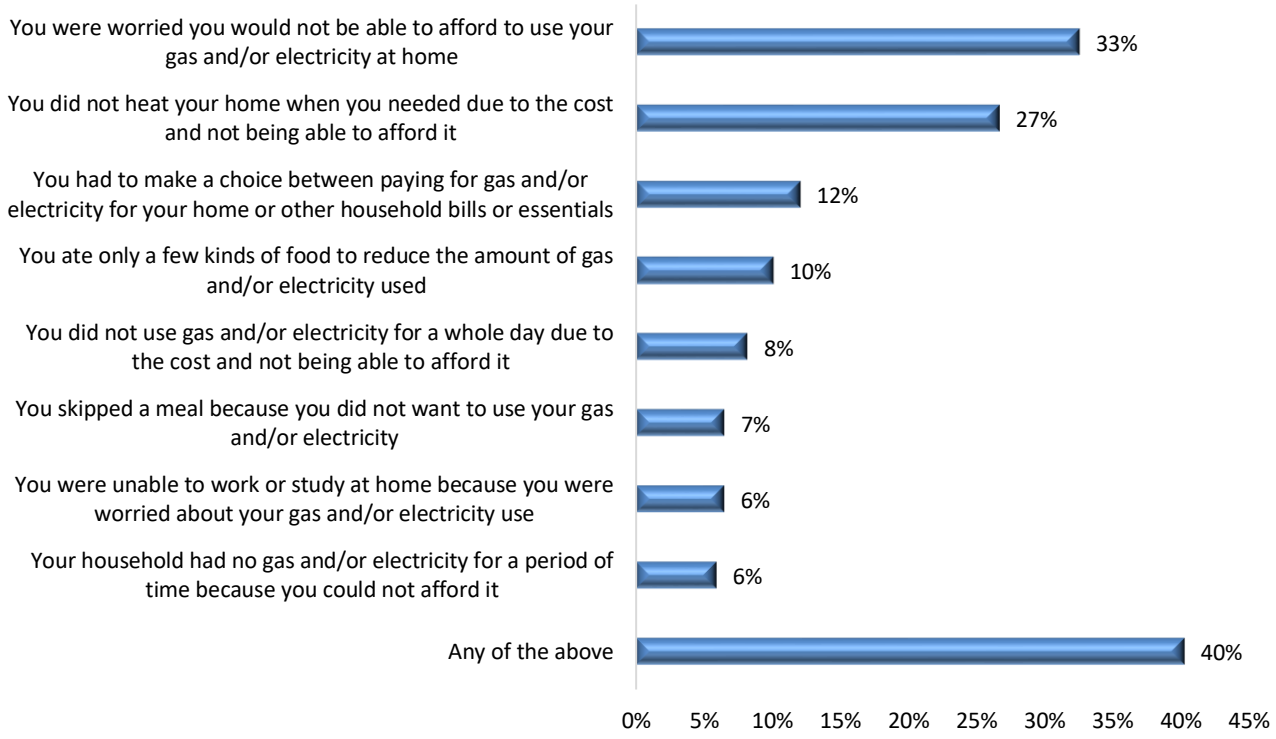
Figure 6.14: Proportion with a Prepaid Meter by Age, Deprivation and Limiting Conditions



Respondents were asked whether any of eight things had happened in the last 12 months relating to energy affordability. Figure 6.15 shows the proportion who

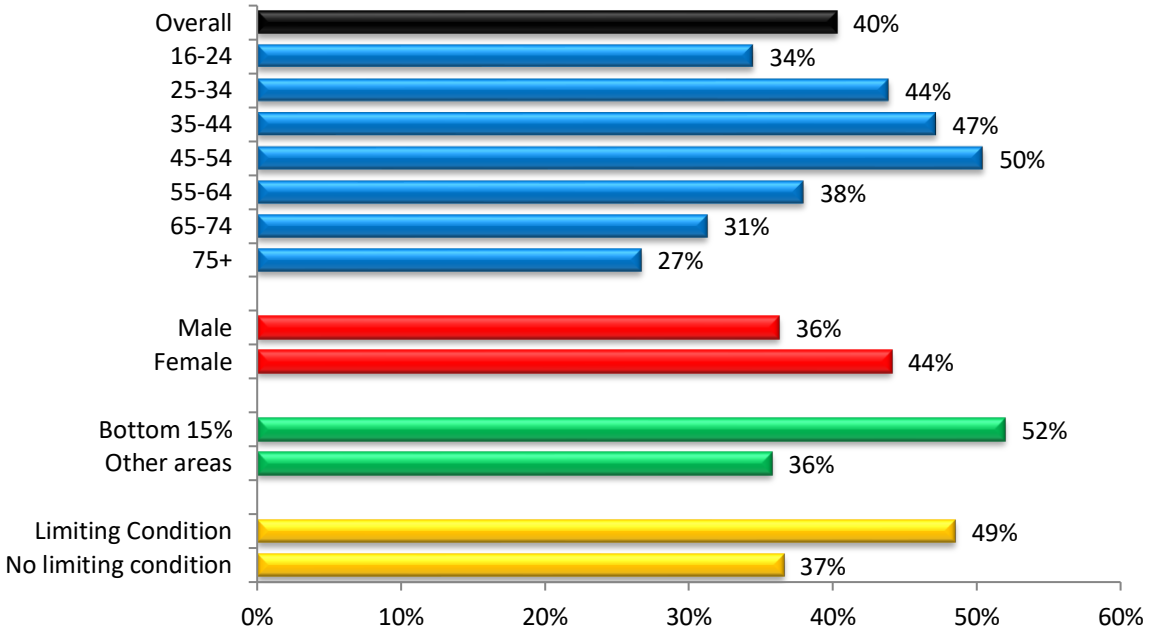
said each thing had happened. In total, two in five (40%) reported indicators of difficulties affording fuel.

Figure 6.15: Proportion who said each Indicator of Difficulties with Energy Bills Occurred in the Last Year



- Those aged 25-54 were more likely than younger or older people to say they had experienced any of the indicators of difficulties affording energy.
- Women were more likely than men to say they had experienced any of these indicators.
- Those in the most deprived areas were more likely to have experienced any of the indicators of difficulties paying for energy.
- Those with a limiting condition or illness were more likely than others to have experienced any of these.

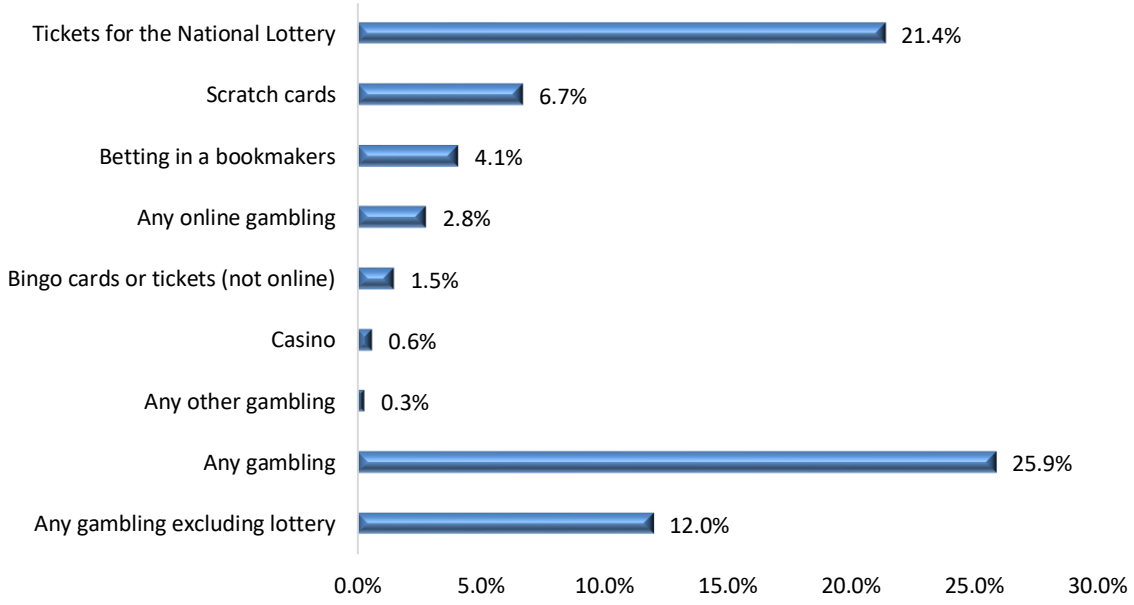
Figure 6.16: Proportion who Had Experienced at Least One Indicator of Difficulties Affording Energy in the Last Year by Age, Gender, Deprivation and Limiting Conditions



6.9 Gambling

Respondents were asked whether they had spent money on different types of gambling activities in the last month. Overall, 26% had spent money on gambling in the last month. By far the most common type was lottery. In total, one in eight (12%) had spent money on gambling which excluded lottery.

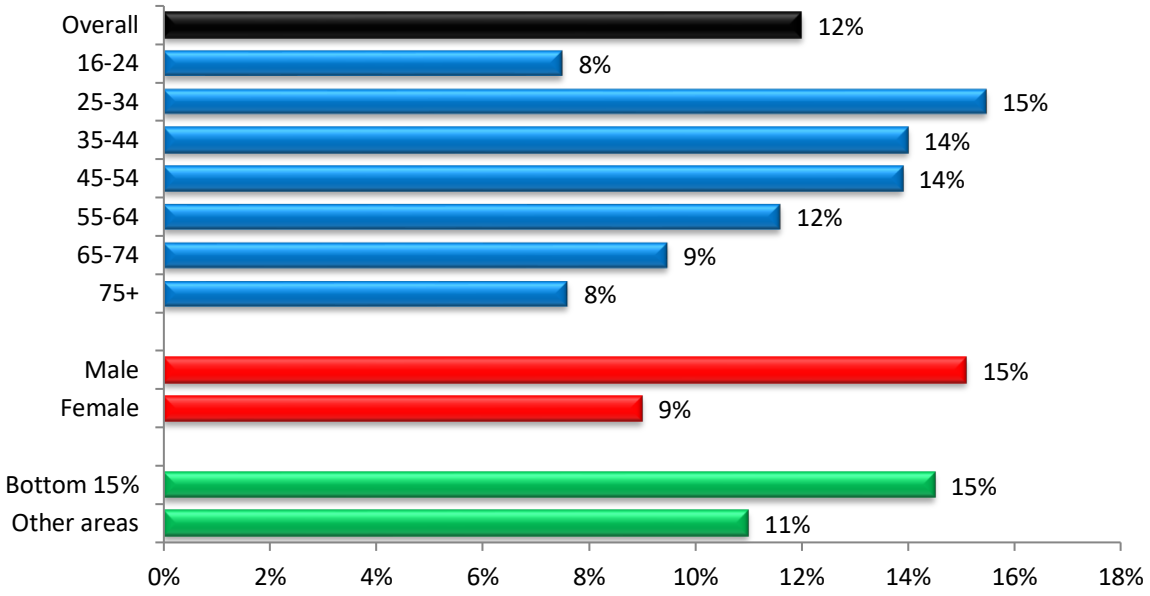
Figure 6.17: Proportion who Spent Money on Gambling Activities in the Previous Month



Participation in gambling in the previous month (excluding National Lottery) was higher for:

- those aged 25-54
- men
- those in the most deprived areas.

Figure 6.18: Proportion who Spent Money on Gambling Activities (Excluding National Lottery) in the Previous Month by Age, Gender and Deprivation



Those who had gambled on activities other than lottery/scratchcards in the last month were asked, in the last 12 months, how often they had gone back another day to win back the money they lost. Four in five (80%) said never, 14% said some of the time, 4% said most of the time and 2% said every time they lost.

Those who had gambled on activities other than lottery/scratchcards in the last month were also asked how often certain things has happened in the last 12 months. Responses are shown in Table 6.4.

Table 6.4: Responses to Questions about Gambling for those who had Gambled on Anything other than Lottery/Scratchcards in the Last Month

In the Last 12 months, how often…?	Very often/fairly often	Occasionally	Never
Have you needed to gamble with more and more money to get the excitement you are looking for?	1.7%	4.9%	93.4%
Have you felt restless or irritable when trying to cut down gambling?	1.3%	2.3%	96.4%
Have you gambled to escape from problems or when you are feeling depressed, anxious or bad about yourself?	1.6%	3.0%	95.5%
Have you made unsuccessful attempts to control, cut back or stop gambling?	1.3%	2.1%	96.6%
Have you risked or lost an important relationship, job, educational or work opportunity because of gambling?	1.3%	0.7%	98.0%
Have you asked others to provide money to help with a financial crisis caused by gambling?	1.2%	1.0%	97.8%

6.10 Summary of Key Messages from This Chapter

Differences by Age and Gender

- The proportion who received all household income from state benefits increased with age.
- Those aged 25-54 were less likely than younger or older people to have a positive view of the adequacy of their household income, and women were less likely than men to have a positive view of this.
- Those aged under 25 were the most likely to say they had difficulties meeting the cost of food and/or energy, and women were more likely than men to have difficulties meeting these costs.
- Those aged under 55 were more likely than older people to have indicators of food insecurity and women were more likely than men to experience food insecurity.
- Those aged 25-54 were the most likely to have experiences indicating difficulties affording energy and women were more likely than men to have such difficulties.
- Gambling was most common among those aged 25-54 and men were more likely than women to report spending money on gambling.

Differences by Deprivation

Those in the most deprived areas were:

- more likely to receive all household income from state benefits
- less likely to have a positive view of the adequacy of their income
- more likely to report difficulties paying for food and/or energy, or finding money to meet unexpected costs
- more likely to report experiences indicating food insecurity
- more likely to have a pre-paid meter and more likely to report experiences indicating difficulties affording energy
- more likely to spend money on gambling.

Differences by Limiting Conditions

Those with a limiting illness or condition were:

- more likely to receive all household income from benefits

- less likely to have a positive view of the adequacy of their household income
- more likely to report difficulties meeting the cost of food and/or energy
- more likely to report difficulties meeting unexpected costs of £35 or £165
- more likely to report experiences indicating food insecurity
- more likely to have a pre-paid meter and more likely to report experiences indicating difficulties affording energy.

Changes since 2017/18

Between 2017/18 and 2022/23 there was:

- among those in the most deprived areas only, a decrease in the proportion who received all household income from benefits
- a decrease in the proportion who had a positive view of the adequacy of their household income
- an increase in the proportion who said they would have difficulty meeting an unexpected cost of £35, but a decrease in the proportion who would have difficulty meeting unexpected costs of £165 or £1,600.
- a very large increase in the proportion who reported indicators of food insecurity.

6.11 Key Indicators by Local Authority Area

* denotes significant (p≤0.01) difference to NHSGGC

	All household income from state benefits	Positive perception of adequacy of household income	Difficulty meeting costs of food and/or energy
NHSGGC	**13.0%**	**72.4%**	**38.0%**
Glasgow City	14.1%	69.0%*	44.4%*
East Dunbartonshire	8.1%*	79.4%*	20.3%*
Inverclyde	18.3%*	74.4%	31.2%*
Renfrewshire	11.1%	76.2%*	36.3%
East Renfrewshire	4.7%*	79.0%*	28.5%*
West Dunbartonshire	18.5%*	72.7%	31.7%*

	Problem finding £35	Problem finding £165	Problem finding £1,600
NHSGGC	**15.1%**	**40.7%**	**73.5%**
Glasgow City	18.9%*	48.7%*	81.0%*
East Dunbartonshire	5.4%*	20.1%*	56.0%*
Inverclyde	12.7%	35.2%*	66.4%*
Renfrewshire	11.6%*	33.5%*	67.4%*
East Renfrewshire	10.2%*	29.9%*	65.2%*
West Dunbartonshire	12.7%	37.6%	67.4%*

	Experienced food insecurity in last year	Went hungry or did not eat for a whole day	Experienced indicators of difficulty affording energy
NHSGGC	**17.3%**	**6.7%**	**40.3%**
Glasgow City	21.8%*	8.9%*	46.6%*
East Dunbartonshire	8.5%*	3.8%*	26.7%*
Inverclyde	13.9%*	4.3%*	31.5%*
Renfrewshire	12.9%*	4.4%*	36.4%
East Renfrewshire	9.1%*	2.4%*	36.1%*
West Dunbartonshire	15.4%	5.3%	31.0%*

The preceding tables show:

- The proportion who received **all household income from benefits** (13%) was significantly higher in **West Dunbartonshire** (19%) and **Inverclyde** (18%), and significantly lower in **East Renfrewshire** (5%) and **East Dunbartonshire** (8%).

- The proportion who had a positive perception of the **adequacy of their household income** (72%) was significantly higher in **East Dunbartonshire** (79%), **East Renfrewshire** (79%) and **Renfrewshire** (76%), but significantly lower in **Glasgow City** (69%).

- The proportion who had **problems meeting the cost of food and/or energy** (38%) was significantly higher in **Glasgow City** (44%), but significantly lower in **East Dunbartonshire** (20%), **East Renfrewshire** (29%), **Inverclyde** (31%) and **West Dunbartonshire** (32%).

- The proportion who would have a **problem finding £35** for unexpected expenses (15%) was significantly higher in **Glasgow City** (19%) but lower in **East Dunbartonshire** (5%), **East Renfrewshire** (10%), and **Renfrewshire** (12%).

- The proportion who would have a **problem finding £165** (41%) was significantly higher in **Glasgow City** (49%) but lower in **East Dunbartonshire** (20%), **East Renfrewshire** (30%), **Renfrewshire** (34%), and **Inverclyde** (35%).

- The proportion who would have a **problem finding £1,600** (74%) was significantly higher in **Glasgow City** (81%) and significantly lower in all other local authority areas – **East Dunbartonshire** (56%), **East Renfrewshire** (65%), **Inverclyde** (66%), **Renfrewshire** (67%) and **West Dunbartonshire** (67%).

- The proportion who experienced **any food insecurity** (17%) or **went hungry/did not eat for a whole day** (7%) were significantly higher in Glasgow City (21%; 9%) and significant lower in **East Dunbartonshire** (8%; 4%), **East Renfrewshire** (9%; 2%), **Renfrewshire** (13%; 4%) and **Inverclyde** (14%; 4%).

- The proportion who experienced indicators of **difficulty affording energy** (40%) was significantly higher for **Glasgow City** (47%), but significantly lower for **East Dunbartonshire** (27%), **West Dunbartonshire** (31%), **Inverclyde** (32%) and **East Renfrewshire** (36%).

7 Population Characteristics

Population Characteristics

Living Alone

17% lived alone

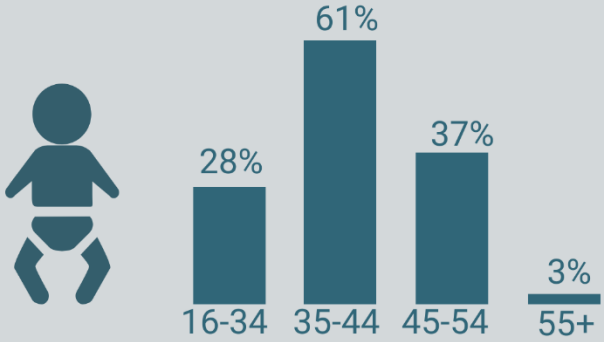
50% of people aged **75+** lived alone

22% Most deprived

15% Other areas

Children

26% lived with **children** under 16



Qualifications

14% had **no qualifications**

40% of people aged **75+** had no qualifications

22% Most deprived

11% Other areas

Tenure

59% lived in **owner occupier** homes

31% Most deprived

70% Other areas

Economic Activity

55% were **economically active**

49% Most deprived

58% Other areas

Internet Use

1 in 11 (9%) said they **did not** use the **internet**

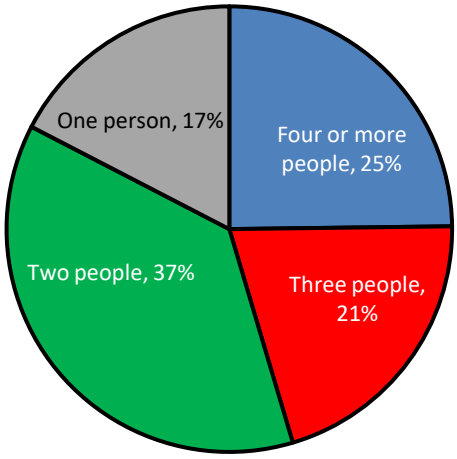
47% of people aged **75+** did not use the internet

7.1 Household Composition

Household Size

One in six (17%) lived alone. Figure 7.1 shows the breakdown of household size.

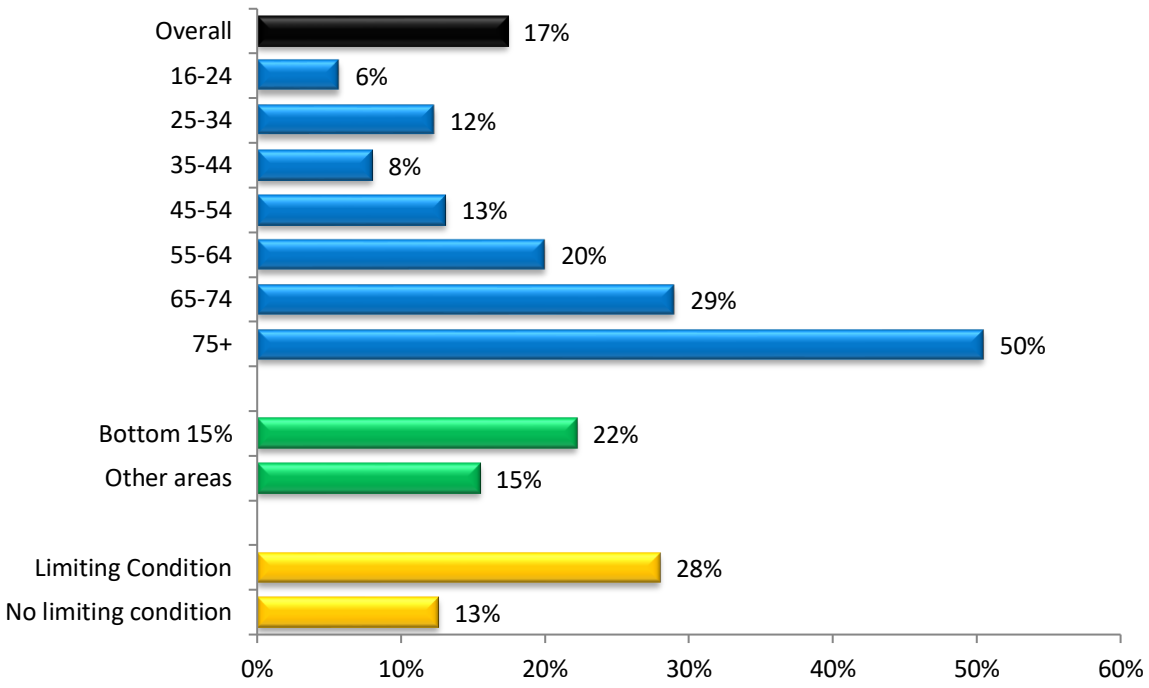
Figure 7.1: Household Size



Those aged 75 or over were by far the most likely to live alone, with half (50%) of those in that age group living alone.

Those in the most deprived areas and those with a limiting condition or illness were more likely to live alone.

Figure 7.2: Proportion who Live Alone by Age, Deprivation and Limiting Conditions



Although overall there was no significant difference between men and women in the proportion who live alone, among those aged 65 or over, women were more likely than men to live alone.

Table 7.1: Proportion who Live Alone by Age and Gender

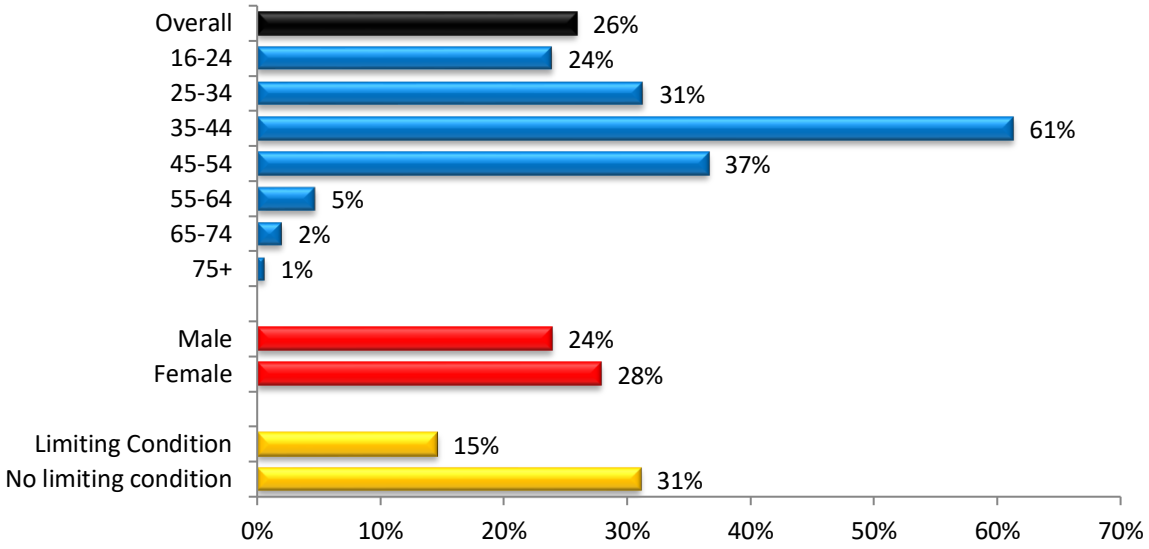
	Live Alone
Men 16-44	10%
Women 16-44	8%
Men 45-64	18%
Women 45-64	15%
Men 65+	31%
Women 65+	44%

Children in the Household

One in four (26%) adults lived in a home with at least one child under the age of 16.

Those aged 35-44 were by far the most likely to live in a home with at least one child under the age of 16, and women were more likely than men to live with a child. Those with a limiting condition or illness were less likely than others to have a child in their household.

Figure 7.3: Proportion with a Child Aged Under 16 in their Household by Age, Gender and Limiting Conditions



Although women were overall more likely than men to live in a household with someone aged under 16, this was only true for those aged under 45.

Table 7.2: Proportion with a Child Aged Under 16 in their Household by Age and Gender

	Live with a child under 16
Men 16-44	33.8%
Women 16-44	45.4%
Men 45-64	20.5%
Women 45-64	20.5%
Men 65+	1.6%
Women 65+	1.2%

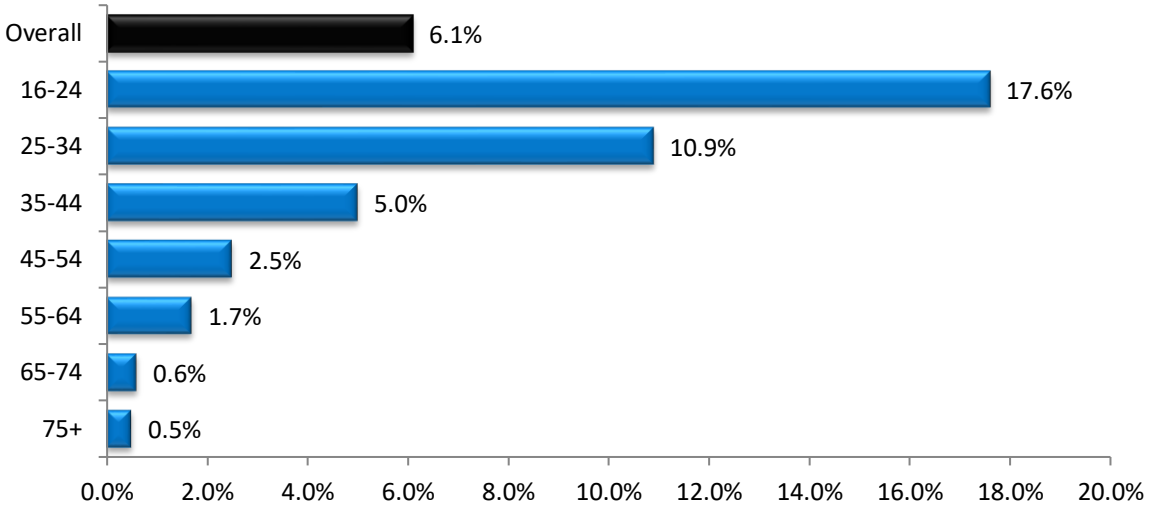
7.2 Trans Identities and Sexual Orientation

Of the 8,735 people who answered the self-completion component of the main questionnaire and answered the question about trans identities, just 0.5% said they considered themselves to be trans or to have a trans history.

Most (94%) of those who answered the self-completion component described themselves as heterosexual or straight, while 2% described themselves as gay, 3% described themselves as bisexual and 1% described themselves in another way. (This excludes the 3% who preferred not to say).

The proportion describing themselves as gay, bisexual or other decreased with age from 18% of those aged under 25 to less than 1% of those aged 75 or over.

Figure 7.4: Proportion who Identified as Gay, Bisexual or Other by Age



7.3 Ethnicity

Respondents were asked their ethnicity. Table 7.3 shows the proportion of respondents in each group (groups have been combined where sub-groups had less than 1.0% responses)[11].

[11] The full Scottish Census 2022 categories were used – see Question T06 in the main questionnaire, Appendix G

Table 7.3: Ethnicity

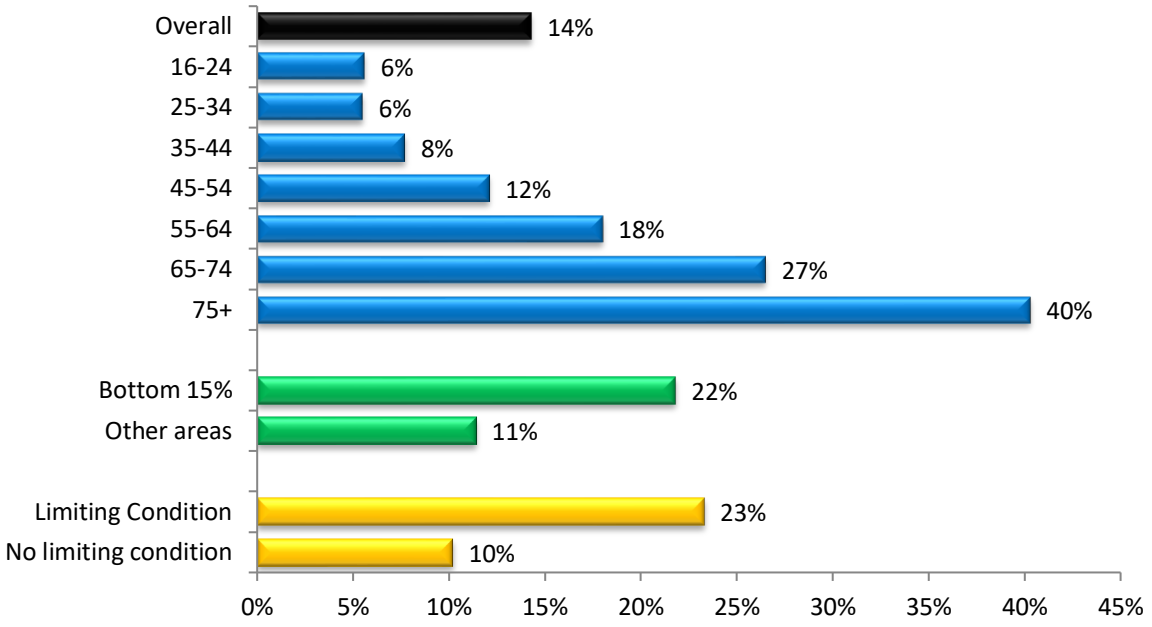
Ethnicity	%
White:	
Scottish	72.2%
Other British	9.4%
Polish	1.5%
Irish	1.1%
Other White	2.8%
Total White	**86.9%**
Asian:	
Pakistani	2.8%
Indian	2.2%
Chinese	1.7%
Other Asian	1.5%
Total Asian	**8.3%**
African	**3.2%**
Mixed or any other ethnic group	**1.6%**
Total BME (Non-white)	**13.1%**

7.4 Educational Qualifications

One in seven (14%) said they had no qualifications.

- The likelihood of having no qualifications rose with age from 6% of those aged under 35 to 40% of those aged 75 or over.
- Those in the most deprived areas were twice as likely as those in other areas to say they had no qualifications.
- Those with a limiting condition or illness were more likely than others to say they had no qualifications.

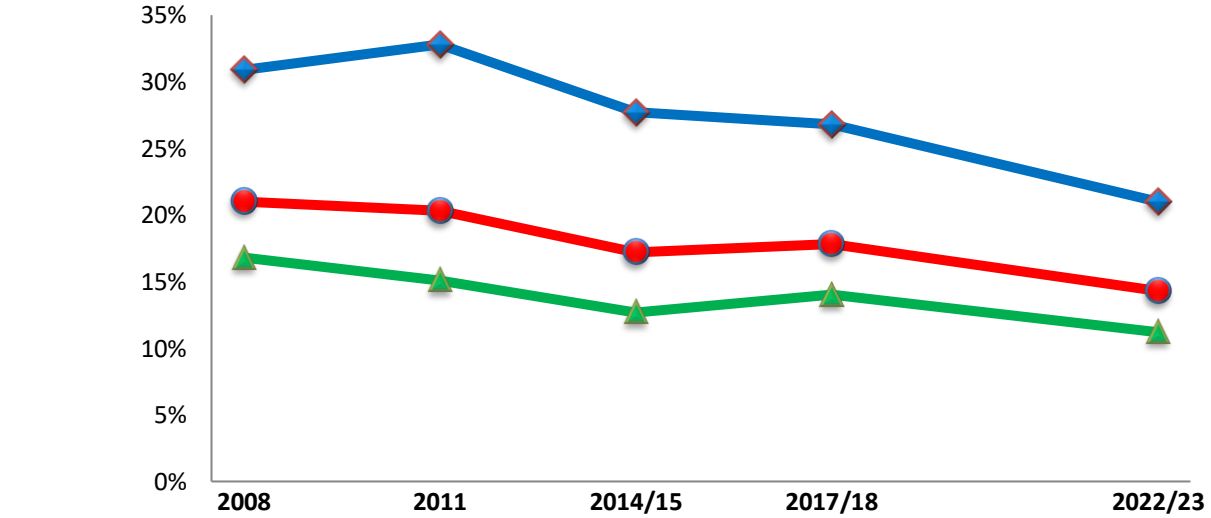
Figure 7.5: Proportion with No Qualifications by Age, Deprivation and Limiting Conditions



Trends

Between 2017/18 and 2022/23 there was a decrease in the proportion who had no qualifications. Overall, since 2008 there has been reduction in the proportion with no qualifications – from 21% to 14%, and a narrowing of the gap between the most deprived and other areas.

Figure 7.6: Trends for No Qualifications 2008 to 2022/23

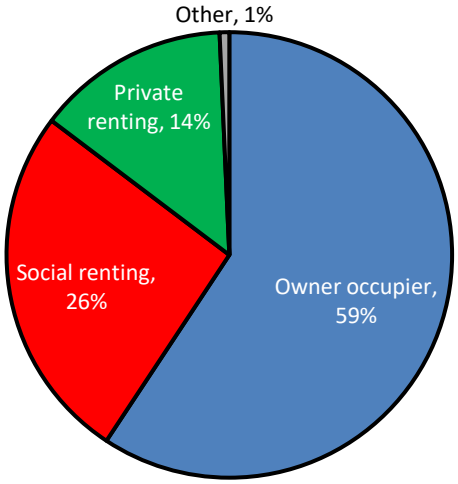


	2008	2011	2014/15	2017/18	2022/23
NHSGGC	21.0%	20.3%	17.2%	17.8%	14.3%
Bottom 15%	30.9%	32.8%	27.7%	26.8%	21.0%
Other areas	16.8%	15.1%	12.7%	14.0%	11.2%

7.5 Tenure

Three in five (59%) adults lived in owner-occupied homes (either owned outright or buying with a mortgage), a quarter (26%) lived in homes rented from the council or a housing association, 14% lived in privately rented homes and 1% lived in homes with some other tenure.

Figure 7.7: Tenure



Those aged 55 or over were more likely than younger people to be living in owner occupied homes.

Just three in ten (31%) of those in the most deprived areas lived in owner-occupied homes compared to 70% of those in other areas. More than half (55%) of those in the most deprived areas lived in socially rented homes.

Table 7.4: Tenure by Age, Gender and Deprivation

	Owner-occupier	Social renting	Private renting	Other
16-24	42%	24%	33%	<1%
25-34	47%	25%	27%	1%
35-44	55%	30%	14%	1%
45-54	62%	29%	8%	<1%
55-64	72%	25%	3%	<1%
65-74	73%	23%	3%	<1%
75+	72%	24%	2%	2%
Bottom 15%	31%	55%	13%	1%
Other areas	70%	15%	15%	1%
Limiting condition	56%	36%	8%	1%
No limiting condition	61%	22%	17%	1%

7.6 Economic Activity

Respondents were asked which category best described their employment situation, with the option of selecting more than one category. Responses, from most to least frequent were:

- Employee in full-time job (38%)
- Wholly retired from work (21%)
- Employee in part-time job (12%)
- Full-time education (8%)
- Permanently sick/disabled (7%)
- Self-employed – full or part time (5%)
- Unemployed and available for work (4%)
- Looking after the family/home (4%)
- Employed on a zero hours contract (1%)
- Part-time education (<1%)
- Government supported training or employment (<1%)
- Other (1%).

In total, just over half (55%) were economically active (in full-time or part-time employment, self-employed or on a zero hours contract).

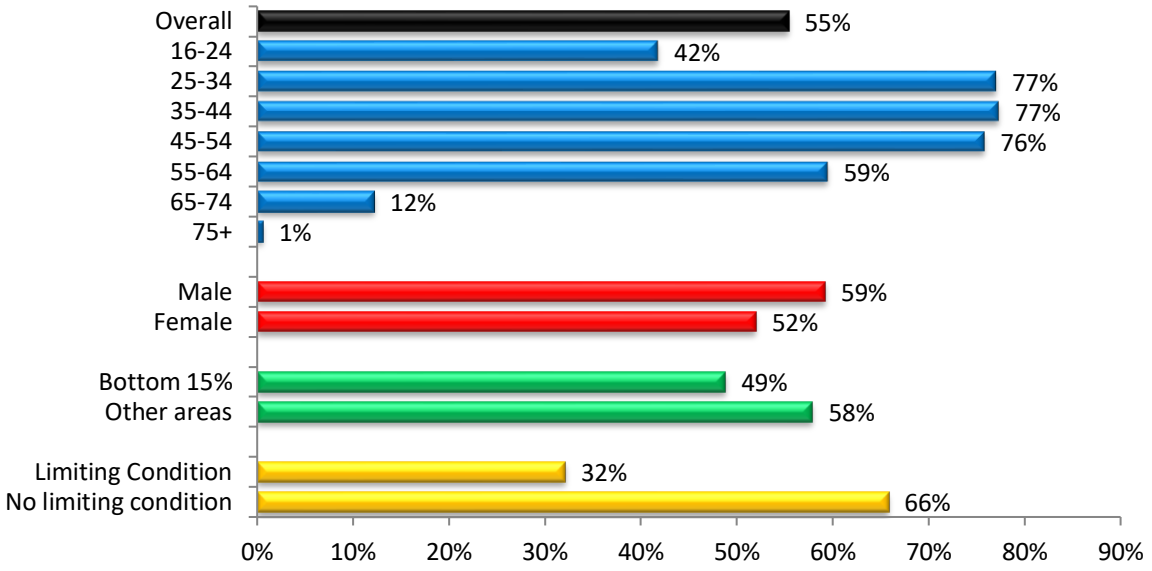
- Rates of economic activity were highest among those aged 25-54.

- Men were more likely than women to be economically active.

- Those in the most deprived areas were less likely to be economically active.

- Those with a limiting condition or illness were much less likely than others to be economically active.

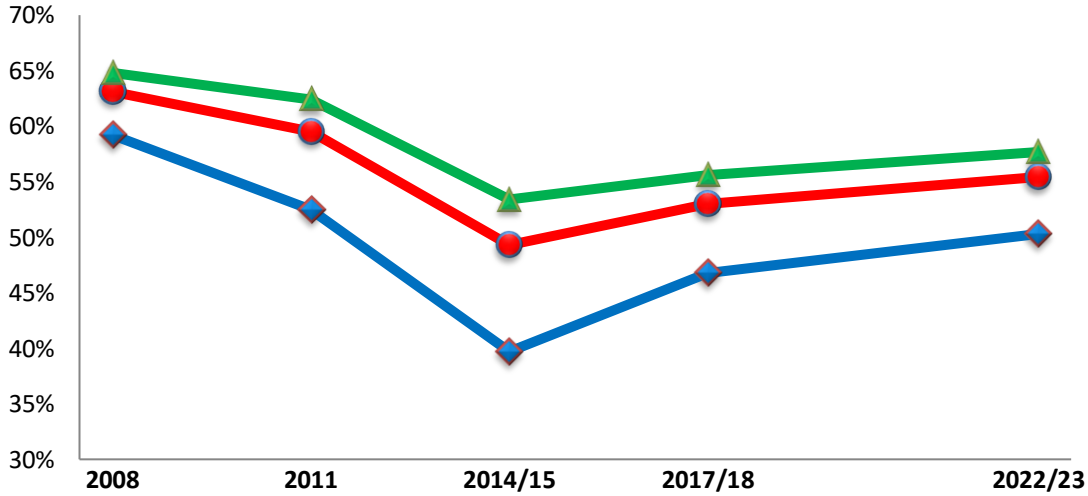
Figure 7.8: Proportion Economically Active by Age, Gender, Deprivation and Limiting Conditions



Trends

The proportion who were economically active decreased from 63% in 2008 to 49% in 2014/15, but has risen in the two surveys since then. There was a significant increase between 2017/18 and 2022/23, although it remained below the levels seen in 2008 and 2011.

Figure 7.9: Trends for Proportion Economically Active 2008 to 2022/23

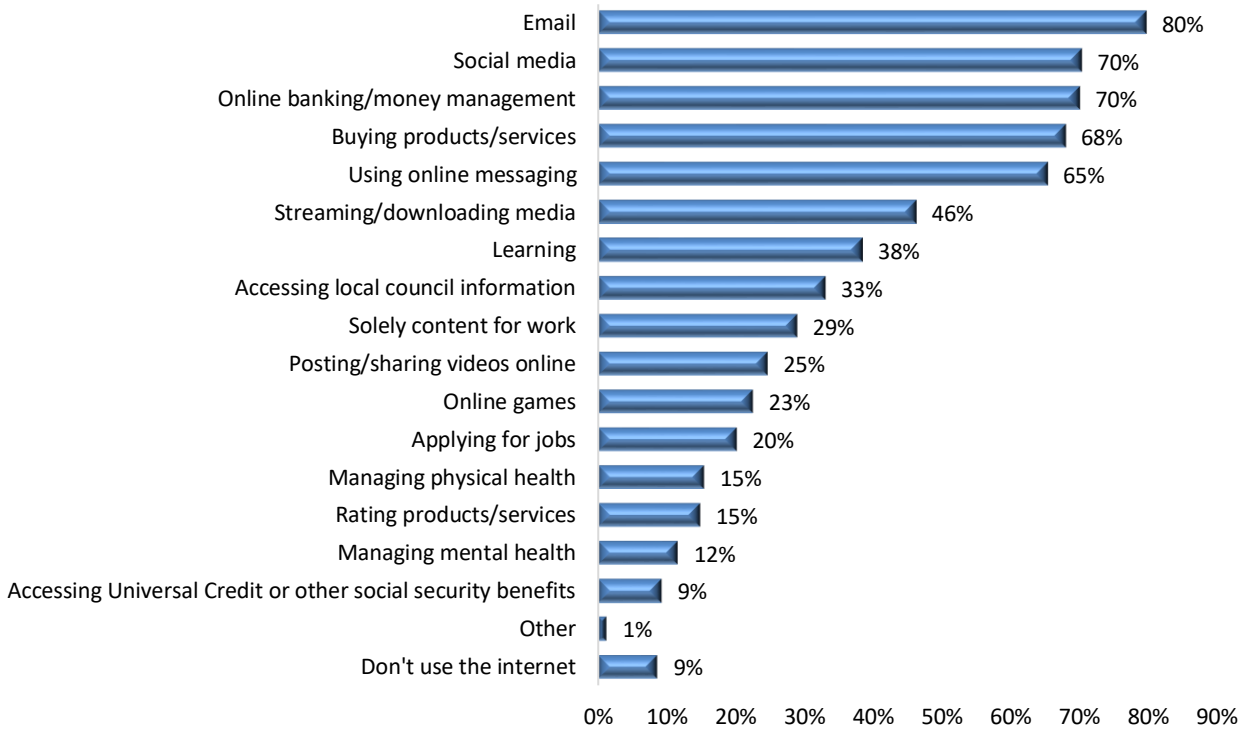


	2008	2011	2014/15	2017/18	2022/23
NHSGGC	63.1%	59.5%	49.3%	53.0%	55.4%
Bottom 15%	59.2%	52.5%	39.7%	46.8%	50.3%
Other areas	64.8%	62.4%	53.4%	55.6%	57.7%

7.7 Internet Use

Respondents were asked about the purposes for which they used the internet. One in eleven (9%) did not use the internet. The most common uses of the internet were email (80%), social media (70%) and online banking/money management (70%). All responses are shown in Figure 7.10.

Figure 7.10: Purposes of Internet Use

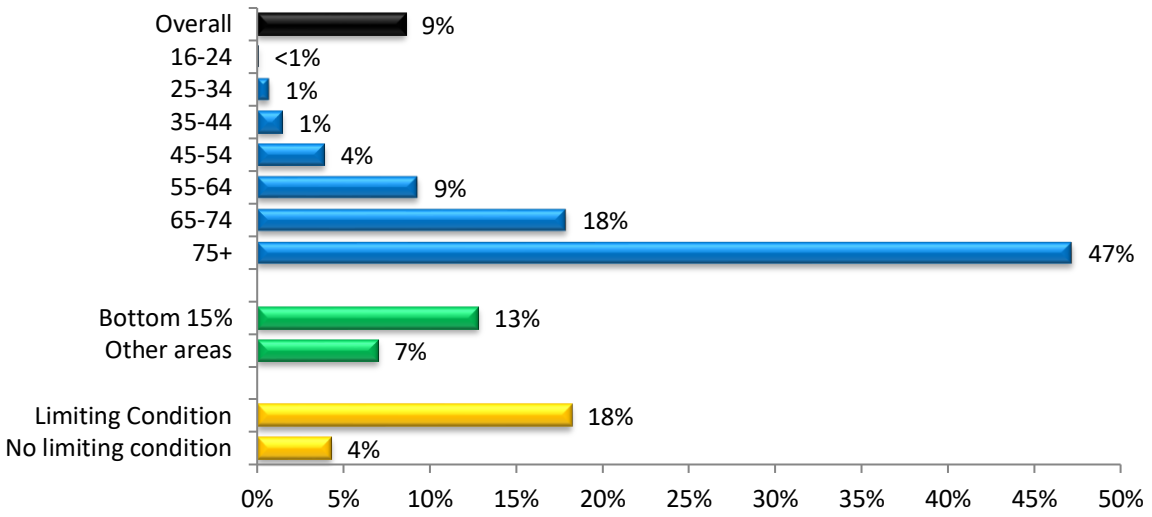


- Those aged 75 and over were by far the most likely to say they did not use the internet, with nearly half (47%) of all people in this age group saying they did not use the internet for any reason.

- Those in the most deprived areas were more likely than others to say they did not use the internet.

- Those with a limiting condition or illness were more likely than others to say they did not use the internet

Figure 7.11: Proportion who Do Not Use the Internet by Age, Deprivation and Limiting Conditions

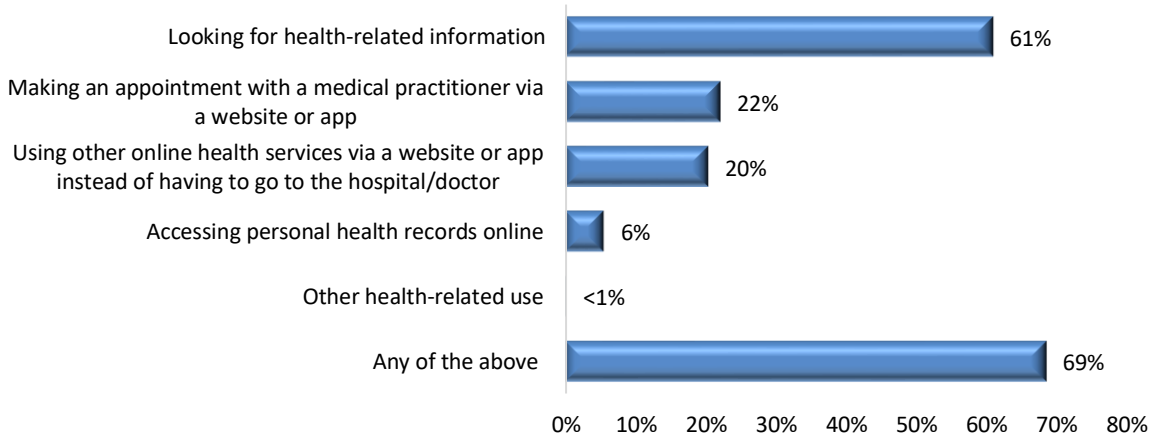


Evidence from Other Sources

- **The 2022 Scottish Household Survey** found that nationally 90% of people used the internet, dropping to 76% for those aged 75 or over. Although the question was asked in a different way, it indicates a similar level of internet use nationally and in the NHSGGC area.

Among those who ever used the internet, 69% had used the internet for health-related use, the most common being looking for health-related information.

Figure 7.12: Health-Related Use of the Internet (for those who ever used the internet)

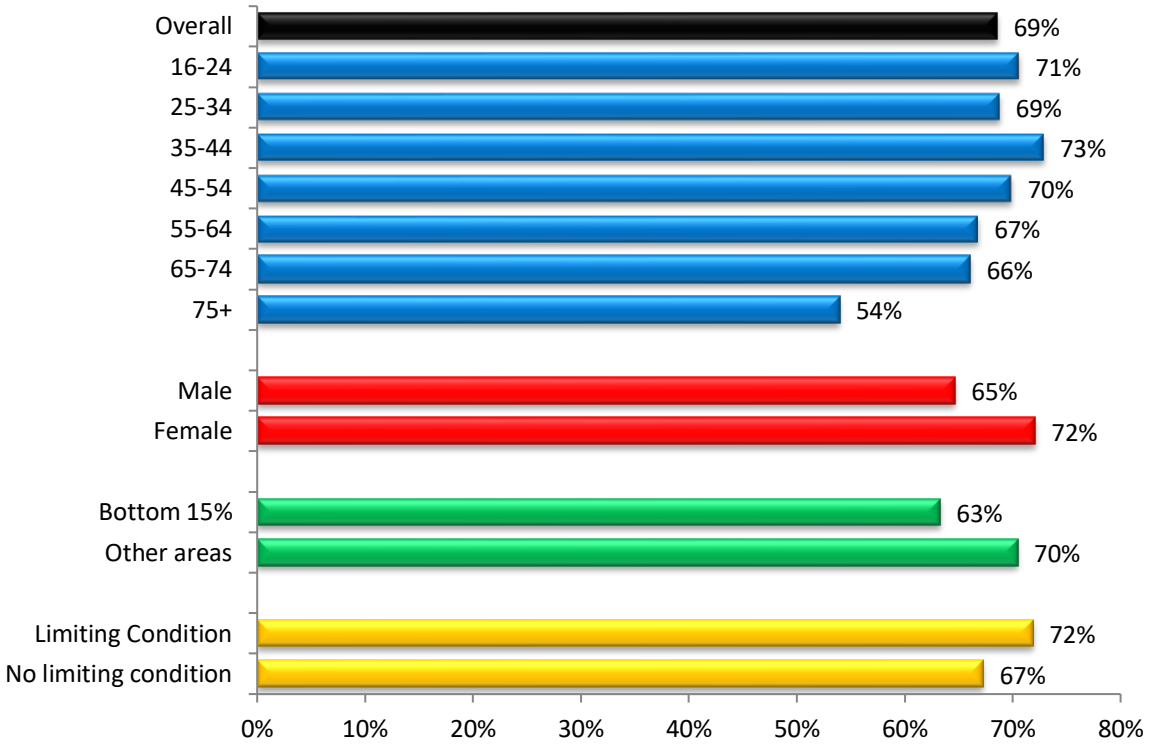


Base: All those who used the internet (unweighted N= 8,269)

Among those who used the internet, those aged 75 or over were less likely than younger people to use the internet for health-related reasons. Use of the internet for health-related reasons was higher for:

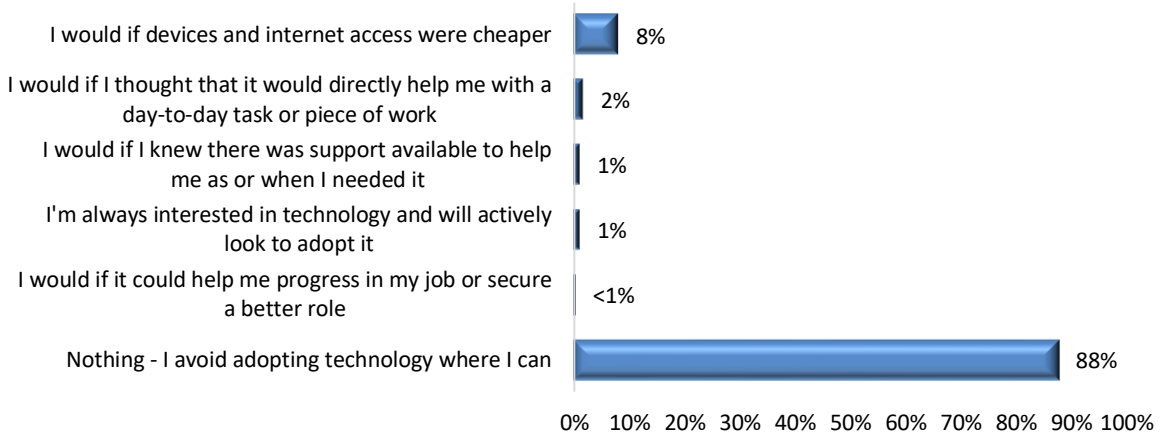
- women
- those outside the most deprived areas
- those with a limiting condition or illness.

Figure 7.13: Proportion of Internet Users who Used the Internet for Health-Related reasons by Age, Gender, Deprivation and Limiting Conditions.



Those who did not use the internet were asked which of a number of statements applied to them when thinking about what would encourage them to improve their digital skills. Most (88%) said that nothing would encourage them to do so as they avoid adopting technology. However, 8% said they would be encouraged to do so if devices and internet access were cheaper.

Figure 7.14: Proportion who agreed with each statement about what would encourage them to improve their digital skills



Base: all those who did not use the internet (unweighted N=1,289).

7.8 Summary of Key Messages from This Chapter

Differences by Age and Gender

- Those aged 75 or over were the most likely to live alone. Those aged 35-44 were the most likely to have children in their household, and women were more likely than men to live with children.
- Those in the older age groups and women were more likely to say they had no qualifications.
- Those aged 55 or over were more likely to live in owner-occupied homes.
- Those aged 25-54 were the most likely to be economically active, and men were more likely than women to be economically active.
- Those aged 75 or over were the least likely to use the internet.

Differences by Deprivation

Those in the most deprived areas were:

- more likely to live alone
- more likely to say they had no qualifications
- less likely to live in owner-occupied homes
- less likely to be economically active
- less likely to use the internet.

Differences by Limiting Conditions

Those with a limiting condition or illness were:

- more likely to live alone
- less likely to live with children
- more likely to say they had no qualifications
- more likely to live in social housing
- less likely to be economically active
- less likely to use the internet.

Changes since 2017/18

Between 2017/18 and 2022/23 there was:

- a decrease in the proportion who said they had no qualifications
- an increase in the proportion who were economically active.

7.9 Key Indicators by Local Authority Area

* denotes significant ($p \leq 0.01$) difference to NHSGGC

	No qualifications
NHSGGC	**14.3%**
Glasgow City	15.2%
East Dunbartonshire	9.9%*
Inverclyde	17.5%*
Renfrewshire	11.9%
East Renfrewshire	9.0%*
West Dunbartonshire	20.3%*

The above table shows that the proportion who had no qualifications (14%) was significantly higher in **West Dunbartonshire** (20%) and **Inverclyde** (17%), but significantly lower in **East Renfrewshire** (9%) and **East Dunbartonshire** (10%).

APPENDIX A: SURVEY METHODOLOGY & RESPONSE

This Appendix has been prepared by BMG Research, who conducted the survey fieldwork. It details the collection of 10,346 interviews: Note this was subsequently reduced to 10,030 interviews as 316 could not be used due to missing age group and/or household size data.

Appendix B outlines comparisons with previous surveys and the key changes for the 2022/23 survey; Appendix C details the profile of the 10,030 interviews in the final dataset.

Introduction

This technical report provides details of the methodology employed by BMG Research in the collection of the HWB 2022 data. A number of key response statistics will also be presented, such as response rates, quality checking outputs, interviewer metrics, and wave by wave interviewing numbers obtained.

All processes from sampling through to data collection and delivery were managed in-house at BMG Research.

Sampling

Introduction

All sampling was managed in-house at BMG Research, and the process that was adopted closely matched that used in previous years to ensure reliable comparisons could be made over time.

The overarching objective was to obtain a sample that is representative of each of the HSCP areas, particularly in terms of age, gender, economic status and deprivation. The targets per HSCP were also split into categories depending on the nature of the area and the type of boost it was defined as: including main sample, basic boost, neighbourhood boost and enhanced boost. The target grid is shown below, with an overall target of 10,335 interviews to achieve.

Table A1: Target number of interviews to achieve per HSCP

				Boosts Required Sample (+/- 4% MOE)				
	SAPE 2020	Main Sample *		Basic Boost	N'Hood Boost	Enhanced Boost		
HSCP	16 plus	15%	Others	All	All	MD **	Others	Total Sample
NE Glasgow	160765	190	201	207				598
Parkhead/Dalmarnock	8796				562			562
Garthamlock/Ruchazie	6720				552			552
NW Glasgow	184615	131	318	150				599
Ruchill & Possilpark	9637				566			566
South Glasgow	189782	156	305	138				599
Govanhill	122282				573			573
Greater Gorbals	8816				563			563
Glasgow City	535162	477	824	495	2816	0	0	4612
East Dunbartonshire	89250	8	208			505	389	1110
East Renfrewshire	76414	5	180			469	416	1070
Renfrewshire	149208	75	288			514	310	1187
Inverclyde	64647	55	103			530	489	1177
West Dunbartonshire	72856	53	124			532	470	1179
NHSGGC Total *	987537	673	1727	495	2816	2550	2074	10335

** MD = most deprived 15% (20% in East Dunbartonshire & East Renfrewshire)

Sampling process

NHSGGC provided BMG Research with a datazone definition file that identified the key criteria of each datazone within the study area, including SIMD 2020, HSCP, neighbourhood etc. Datazones formed the sampling points within each area, with their selection based on a stratification by SIMD within each of the target areas to ensure a representative datazone selection by deprivation. The postcode address file (PAF) was then used to randomly select 30 addresses per datazone to form the sampling frame, with a target of 10 interviews to achieve per datazone.

It was found that during this process, a number of target areas (for example, all the neighbourhood boosts and some of the enhanced boosts) did not have sufficient datazones to achieve the target using the principle of '30 addresses sampled to achieve 10 interviews'. In these instances, we increased the number of sample points within each datazone to achieve the sample, but at all times only 3 times the number of addresses were supplied to achieve the target, thus ensuring the response rates were protected and consistent.

Therefore, in summary:

1,033 datazones/sample points were sampled in total.

30,969 addresses were sampled in total across these datazones.

Each address received a pre-survey letter in the post prior to being approached for interview, which gave the household the opportunity to 'opt out', and responding households were left with an information leaflet on completion of the interview.

The next birthday rule was utilised to ensure the random selection of respondent per household.

The datazones were allocated to one of six 'survey waves' which ensured a broad spread of interviews. The resulting number of achieved interviews per HSCP per wave is shown in the table below. In total 3,605 interviews were undertaken during 2022.

Table A2: Number of interviews achieved per HSCP per wave

HSCP	Wave 1 inc pilot (09/22 & 10/22)	Wave 2 (10/22 – 12/22)	Wave 3 (12/22 – 02/23)	Wave 4 (02/23 – 03/23)	Wave 5 (03/23 – 04/23)	Wave 6 (04/23 – 05/23)	TOTAL
East Dunbartonshire	167	173	200	172	174	252	1138
East Renfrewshire	154	146	186	207	173	214	1080
Glasgow North East	248	232	328	331	313	256	1708
Glasgow North West	162	164	213	237	301	104	1181
Glasgow South	252	251	300	339	388	199	1729
Inverclyde	160	196	236	248	179	165	1184
Renfrewshire	170	186	213	226	197	193	1185
West Dunbartonshire	180	178	207	180	190	206	1141
TOTAL	1493	1526	1883	1940	1915	1589	10346

Fieldwork

Prior to fieldwork commencing, a pilot was conducted to test a number of aspects of the methodology, including sampling, questionnaire content/flow, CAPI script functionality, and contact management in terms of recording call outcomes at addresses. A total of 40 interviews were

conducted as part of the pilot, spread across HSCP and deprivation, as follows:

Table A3: Number of pilot interviews

HSCP	SIMD	No. of interviews
Glasgow North East – 15% SIMD	1	10
East Renfrewshire – Other	5	5
Glasgow North West – Other	4	10
Glasgow South – Other	3	6
Renfrewshire – Other	2	9

A total of 34 interviewers were briefed and worked on this project. The initial briefing session took place in September and was recorded for those who were unable to attend the initial briefing. The average number of interviews conducted per interviewer was 304. The interviews lasted an average of 24 minutes.

All interviewers were briefed that each address must be attempted up to six times before it is deemed exhausted. However, to effectively manage this, interviewers were briefed to make two attempts at an address at a weekend, two on a weekday after 5pm and two on a weekday before 5pm. This ensures the greatest opportunity for all resident groups to be captured, particularly those in work. The following table provides the breakdown of interviews achieved by time of day and weekday or weekend, and it can be seen that more than half of the interviews were completed at weekends or evenings.

Table A4: Number of achieved interviews by time of day and week

	No. of interviews	%
Weekday before 5pm	4751	46%
Weekday after 5pm	2900	28%
Weekend	2695	26%

Call outcomes and response rates

The following table provides a breakdown of the call outcomes and the resulting response rates by HSCP as well as at a total level. The response rate can be calculated as the number of interviews achieved from valid addresses issued (minus addresses found to be empty, businesses, derelict, or unable to locate), which is 40%, or as an adjusted response rate based on the number of achieved interviews where contact was actually made with the household, which is 69%.

Table A4: Call outcomes and response rates

	East Dunbartonshire HSCP	East Renfrewshire HSCP	Glasgow North East HSCP	Glasgow North West HSCP	Glasgow South HSCP	Inverclyde HSCP	Renfrewshire HSCP	West Dunbartonshire HSCP	TOTAL
Interview obtained	1138	1080	1708	1181	1729	1184	1185	1141	10346
Refused	264	288	535	396	363	431	339	404	3020
Opt out	488	354	288	264	371	425	390	446	3026
No reply	812	898	1322	899	1557	594	949	782	7813
Call back/appointment	122	141	117	71	202	67	96	79	895
Physically or mentally unable to complete interview	11	9	19	2	6	20	6	15	88
Away at hospital during survey period	6	4	18	17	8	25	0	32	110
Language issues	7	3	15	10	30	4	5	2	76
Contact exhausted	149	1	15	59	2	106	19	159	510
Non-valid contacts									
Non-residential address/institution/holiday home	33	10	64	12	19	17	13	31	199
Empty/derelict/under construction	35	15	37	36	147	136	40	57	503
Not attempted because target achieved	259	417	987	555	783	481	485	354	4321
Unable to locate address	0	5	5	8	3	20	13	8	62

Quality checking overview

In total, 1831 of the 10,346 cases were back checked (654 via telephone and 1177 online). The back checking procedure involves, predominantly, telephoning or emailing respondents to check the validity and conduct of the interview. The following types of information are checked with respondents:

Name and address.

Conduct of the interviewer (politeness, showed ID badge, whether the interviewer tried to influence the answers).

Other details concerning the interview (were showcards used, was the interview conducted in home or at the doorstep, was a leaflet left behind).

Four pieces of information provided by the respondent during the interview are re-checked for consistency. These were age, household tenure, employment status and whether they were asked to self-complete part of the survey.

In addition to these checks random GPS checks were also undertaken as well as checks on interview timings/length for additional verification.

Online Survey

This year the face-to-face survey asked if respondents would be willing to complete an online follow up survey to gather some further information. Email addresses were collected for those willing and an online survey invitation was sent via email followed by two reminders for those who had not completed.

Those aged 18 plus who completed the follow up online survey were entered in to a prize draw to win one of four £250 Love2Shop vouchers.

In total, 2647 respondents were invited to take part in the online follow up survey and 1196 responded giving an overall response rate of 45%.

Table A6: Online follow up survey response rates

	No. of invites sent	No. of responses	Response Rate
East Dunbartonshire	413	205	50%
East Renfrewshire	259	140	54%
Glasgow North East	260	92	35%
Glasgow North West	197	85	43%
Glasgow South	404	175	43%
Inverclyde	392	187	48%
Renfrewshire	370	150	41%
West Dunbartonshire	352	162	46%
TOTAL	2647	1196	45%

APPENDIX B: COMPARISON WITH PREVIOUS HEALTH AND WELLBEING SURVEYS, and KEY CHANGES TO THE SURVEY METHODOLOGY

Comparison with previous health and wellbeing surveys

The 2022/23 survey was affected by the following factors:

- It was delayed for two years due to the COVID pandemic.
- Staffing of the survey proved difficult as a result of the new context in which it was operating, and the fieldwork was therefore conducted over a longer period of time than previous surveys (from September 2022 to May 2023).
- The longer survey period, with responses being collected during the spring season for the first time, means that there will likely be some impact of seasonality when comparing responses.
- It should also be considered that societal and economic factors changed during the period of data collection which may affect survey responses. For example:
    - The beginning of the survey period was closer in time to the isolating effects of COVID restrictions which were in place until spring 2022.
    - The rising cost of living, including surges in the cost of energy and food, continued apace throughout the survey period and therefore the impact is likely to have been more keenly felt among those interviewed towards the end of the survey period.

Key changes to the survey methodology in 2022/23

A number of changes were introduced in the 2022/23 Health and Wellbeing Survey. The key changes implemented include:

- Increased sample size to cover all geographies in GGC allowing for analysis at HSCP level for Glasgow City, East Dunbartonshire, Renfrewshire, Inverclyde, West Dunbartonshire and East Renfrewshire.
- New questions introduced asked about 'effects of COVID on Health and Wellbeing', fuel poverty, internet use and 'Everyday Discrimination' scale.

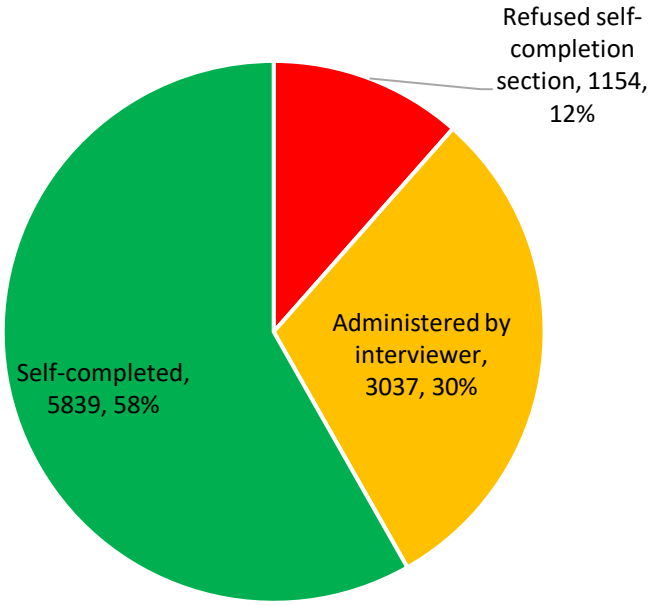
- An online survey component completed by a subset of respondents asking about mental health, dental health, diet, drugs and sexual health.

- A self-completion section asking about mental wellbeing, discrimination, domestic abuse, sexual orientation and the option to undertake the online survey.

Limitations of Self-Completion Component and Online Survey

All respondents were invited to participate in the self-completion section (see Section G of the main questionnaire, Appendix G). When considering the findings from the questions in this section, it should be noted that one in eight (N=1,154; 12%) respondents **refused** to answer the self-completion section and three in ten (N=3,037; 30%) respondents did not self-complete the section, but it was **administered by the interviewer**. Thus, only 58% self-completed the section. This is illustrated in Figure B1.

Figure B1: Responses to the Self-Completion Section of the Main Questionnaire



The high refusal rate and the large number of respondents answering the personal/sensitive questions directly to the interviewer may impact the reliability of these findings. Also, as the Table C3 in Appendix C shows, the proportion of respondents who responded and self-completed the section varied by age, deprivation group, limiting conditions and HSCP area.

Those who responded to the self-completion section of the main survey were also given the opportunity to complete a voluntary online follow-up survey. The online survey was completed by 1,194 respondents – a much smaller sub-set. The profile of the sample who completed the online survey differed significantly from the main sample, and thus a different weighting factor was calculated and applied to the online survey data (see Appendix C). The much smaller sample size limited exploration by independent variables. The significance level of $p \leq 0.05$ was used to explore differences by independent variables for the online survey questions.

APPENDIX C: DATA WEIGHTING AND SAMPLE PROFILE

Introduction

Data were weighted to ensure that they were as representative as possible of the adult population in the NHSGGC 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%/HSCP or Neighbourhood

Firstly the household size weighting was applied to the dataset. This produced the new 'actual' counts to which we applied the age/sex/bottom15%[12]/HSCP or Neighbourhood weighting frame to produce the final weighting factors. This ensured that the weighted data would reflect the overall Greater Glasgow

[12] Bottom 20% in the case of East Dunbartonshire and East Renfrewshire

and Clyde population in terms of age, gender, bottom 15%/other areas and HSCP areas (or neighbourhoods in the case of Glasgow City). The formula for this stage of the weighting process was:

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

Where:

W_i is the individual weighting factor for a respondent in age/gender/bottom15% versus other areas/HSCP or neighbourhood group i

c_i is the known population in age/gender/bottom15% versus other areas/HSCP or neighbourhood 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 weighting factor) for age/gender/bottom15% versus other areas/HSCP or neighbourhood group i

The 'known population' came from the Small Area Population Estimates (SAPE) provided by National Records of Scotland. SAPE records population by binary gender only, while the survey asked for self-identified gender, including the option to identify in other ways to male or female or to not disclose gender identity. Of the 10,030 respondents, there were 20 who did not give a binary identity (11 gave a non-binary identity and 9 preferred not to say). For the purposes of weighting only, they were randomly assigned male and female to allow weighting to be applied on the basis of age, deprivation group and HSCP/neighbourhood).

The application of the household weighting factor was multiplied by the individual weighting factor to provide the main weighting factor which was applied for all analysis of the main survey questions.

Online Survey Weighting Factor

The 1,194 responses to the online questionnaire had a considerably different profile to the main sample. Even with the main weighting factor applied, the sample was not representative of the population (e.g. females were over-represented, and young people were very under-represented). Thus a separate weighting factor was developed and applied only for analysis of questions within the online questionnaire. Because of the low number of responses, particularly in some groups, it was not possible to calculate a weighting factor of the online questionnaire in the same way as the main sample as many of the area/deprivation/gender/age groups had no responses

at all. Thus, areas were combined into four groups (East Dunbartonshire+ East Renfrewshire; Glasgow boosted neighbourhoods; Glasgow other neighbourhoods; Inverclyde + Renfrewshire + West Dunbartonshire), and then within each of these, weights were applied to each age/gender/deprivation group. However, even when combining areas, some groups had no responses, so there was further combining of groups where required. For example, there were no Males 16-24 in East Dunbartonshire or East Renfrewshire in the most deprived areas, so all 16-24 year olds (male and female) within the 'East Dunbartonshire+East Renfrewshire Bottom 20%' were grouped to apply the weighting.

The unweighted and weighted sample profiles are shown in the following two tables. Table C1 shows how the weighting process returned the profile to match the Small Area Population Estimates for 2020 in terms of gender, age, deprivation and HSCP/Neighbourhood for the main questionnaire. Table C2 shows how the online weighting factor improved the representativeness of the online survey.

The third Table, C3, shows the differing levels of self-completion of the 'self-completion' section of the questionnaire.

Table C1: Main questionnaire sample before and after weighting, and Small Area Population Estimates (SAPE) comparison

	Sample Before Weighting N	Sample Before Weighting %	Sample After Weighting N	Sample After Weighting %	SAPE 2020 N	SAPE 2020 %
Male	4,634	46.2%	4,829	48.3%	475,238	48.1%
Female	5,375	53.6%	5,173	51.7%	512,299	51.9%
Other/no answer	21	0.2%	28	0.3%	N/A	N/A
16-24	674	6.7%	1,341	13.4%	132,368	13.4%
25-34	1,775	17.7%	1,999	19.9%	195,380	19.8%
35-44	1,765	17.6%	1,560	15.6%	153,625	15.6%
45-54	1,476	14.7%	1,558	15.5%	153,502	15.5%
55-64	1,685	16.8%	1,569	15.6%	155,349	15.7%
65-74	1,488	14.8%	1,102	11.0%	108,323	11.0%
75+	1,167	11.6%	901	9.0%	88,990	9.0%
Bottom 15% (or 20% in East Dun and East Ren)	5,128	51.1%	2,820	28.1%	276,573	28.0%
Other Areas	4,902	48.9%	7,210	71.9%	710,964	72.0%
East Dunbartonshire	1,088	10.8%	907	9.0%	89,250	9.0%
East Renfrewshire	1,058	10.5%	778	7.8%	76,414	7.7%
Glasgow NE	1,669	16.6%	1,633	16.3%	160,765	16.2%
Glasgow NW	1,171	11.7%	1,875	18.7%	184,615	18.7%
Glasgow South	1,678	16.7%	1,919	19.1%	189,782	19.2%
Inverclyde	1,138	11.3%	659	6.6%	64,647	6.6%
Renfrewshire	1,144	11.4%	1,518	15.1%	149,208	15.1%
West Dunbartonshire	1,084	10.8%	742	7.4%	72,856	7.4%

Table C2: Online questionnaire sample before and after weighting, and Small Area Population Estimates (SAPE) comparison)

	Unweighted N	Unweighted %	If main weighting is applied %	If specific online weighting factor is applied %	SAPE 2020 %
Male	480	40.2%	41.6%	47.2%	48.1%
Female	708	59.3%	58.1%	52.8%	51.9%
Other/no answer	6	0.5%	0.4%	0.4%	N/A
16-24	33	2.8%	4.7%	13.0%	13.4%
25-34	171	14.3%	15.9%	20.0%	19.8%
35-44	210	17.6%	15.1%	15.7%	15.6%
45-54	192	16.1%	19.1%	15.9%	15.5%
55-64	245	20.5%	21.2%	15.8%	15.7%
65-74	256	21.4%	18.2%	11.3%	11.0%
75+	87	7.3%	5.9%	8.4%	9.0%
Bottom 15% (or 20% in East Dun and East Ren)	439	36.8%	18.9%	27.3%	28.0%
Other Areas	755	63.2%	81.1%	72.7%	72.0%
East Dunbartonshire	205	17.2%	16.1%	9.5%	9.0%
East Renfrewshire	140	11.7%	10.3%	7.2%	7.7%
Glasgow NE	92	7.7%	7.6%	10.5%	16.2%
Glasgow NW	85	7.1%	13.1%	19.7%	18.7%
Glasgow South	175	14.7%	18.2%	23.8%	19.2%
Inverclyde	187	15.7%	8.6%	11.9%	6.6%
Renfrewshire	148	12.4%	17.6%	9.2%	15.1%
West Dunbartonshire	162	13.6%	8.5%	8.2%	7.4%

Table C3: Profile of responses to the self-completion section of the main questionnaire by age, deprivation, limiting conditions and HSPC (UNWEIGHTED DATA)

	Refused		Interviewer-Administered		Self-completed	
	N	%	N	%	N	%
16-24	42	6.2%	113	16.8%	519	77.0%
25-34	150	8.5%	267	15.0%	1,358	76.5%
35-44	191	10.8%	319	18.1%	1,255	71.1%
45-54	172	11.7%	370	25.1%	934	63.3%
55-64	207	12.3%	608	36.1%	870	51.6%
65-74	176	11.8%	662	44.5%	650	43.7%
75+	216	18.5%	698	59.8%	253	21.7%
Bottom 15% (or 20% in East Dun and East Ren)	588	11.5%	1,758	34.3%	2,782	54.3%
Other Areas	566	11.5%	1,279	26.1%	6,057	62.4%
Limiting condition	468	11.9%	1,572	40.1%	1,877	47.9%
No limiting condition	682	11.2%	1,462	24.0%	3,952	64.8%
East Dunbartonshire	144	13.2%	310	28.5%	634	58.3%
East Renfrewshire	102	9.6%	340	32.1%	616	58.2%
Glasgow NE	309	18.5%	521	31.2%	839	50.3%
Glasgow NW	86	7.3%	387	33.0%	698	59.6%
Glasgow South	139	8.3%	440	26.2%	1,099	65.5%
Inverclyde	147	12.9%	418	36.7%	573	50.4%
Renfrewshire	108	9.4%	246	21.5%	790	69.1%
West Dunbartonshire	119	11.0%	375	34.6%	590	54.4%
All	1,154	11.5%	3,037	30.3%	5,839	58.2%

APPENDIX D: 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	Male; Female
Age	7	16-24; 25-34; 35-44; 45-54; 55-64; 65-74; 75+
Age/Gender	6	Male 16-44; Female 16-44; Male 45-64; Female 45-64; Male 65+; Female 65+
Deprivation	2	15% most deprived datazones (20% in East Dunbartonshire and East Renfrewshire); other datazones
Limiting Conditions	2	Has a long-term limiting condition or illness; does not have a long-term limiting condition or illness

APPENDIX E: ALCOHOL USE DISORDERS IDENTIFICATION TEST (AUDIT) SCORING

AUDIT is a comprehensive 10 question alcohol harm screening tool. It was developed by the World Health Organisation (WHO) and modified for use in the UK and has been used in a variety of health and social care settings.

	Scoring system					
Questions	**0**	**1**	**2**	**3**	**4**	**Your score**
How often do you have a drink containing alcohol	Never	Monthly or less	2 to 4 times per month	2 to 3 times per week	4 times or more per week	
How many units of alcohol do you drink on a typical day when you are drinking?	0 to 2	3 to 4	5 to 6	7 to 9	10 or more	
How often have you had 6 or more units if female, or 8 or more if male, on a single occasion in the last year?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
How often during the last year have you found that you were not able to stop drinking once you had started?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
How often during the last year have you failed to do what was normally expected from you because of your drinking?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
How often during the last year have you needed an alcoholic drink in the morning to get yourself going after a heavy drinking session?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
How often during the last year have you had a feeling of guilt or remorse after drinking?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
How often during the last year have you been unable to remember what happened the night before because you had been drinking?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
Have you or somebody else been injured as a result of your drinking?	No		Yes, but not in the last year		Yes, during the last year	
Has a relative or friend, doctor or other health worker been concerned about your drinking or suggested that you cut down?	No		Yes, but not in the last year		Yes, during the last year	

Scoring:

- 0 to 7 indicates low risk
- 8 to 15 indicates increasing risk
- 16 to 19 indicates higher risk
- 20 or more indicates possible dependence

APPENDIX F: TRENDS MEASURED

Trends were explored for the following variables:

Positive perception of general health
Positive perception of physical wellbeing
Positive perception of mental or emotional wellbeing
Feeling definitely in control of decisions affecting life
Positive perception of overall quality of life
Illness/condition affecting daily life
Receiving treatment for one or more conditions
Proportion currently smoking (on some or every day)
Proportion exposed to smoke (some or most of the time)
Proportion used e-cigarettes in the last year
Proportion meeting the fruit and veg consumption target
Proportion isolated from family and friends
Proportion feeling they belong to local area
Proportion feeling valued as a member of their community
Proportion feeling local people can influence decisions
Proportion feeling safe using public transport
Proportion feeling safe walking alone after dark
Proportion with a positive perception of reciprocity
Proportion with positive perception of trust
Proportion valuing local friendships
Proportion with a positive perception of social support
Proportion with all income from state benefits
Proportion with a positive perception of household income
Proportion with difficulties finding £35 for unexpected expenses
Proportion with difficulties finding £165 for unexpected expenses
Proportion with difficulties finding £1,600 for unexpected expenses
Proportion who were economically active
Proportion with no qualifications

APPENDIX G: MAIN SURVEY QUESTIONNAIRE

NHSGGC Health & Wellbeing Survey 2022

Main Questionnaire

Survey introductions

CAPI INTRO [TO BE UPDATED]

Good morning/ afternoon, my name is … and I'm from BMG Research. BMG Research is an independent research company who work to the Market Research Society (MRS) code of conduct. We are carrying out research on behalf of the NHS Greater Glasgow and Clyde. The survey is about your health including issues such as diet, exercise and the area you live in and is a follow up to a similar study conducted in 2017.

The survey will take around 30 minutes to complete. [book appointment if not convenient now].

BMG Research will only use your details for the purpose of this survey, and for quality checking the interviews, unless your permission is otherwise sought.

The anonymised findings from the survey may be published. The data will only be used for the purposes specified and in terms of the Data Protection Act 1998. Please note that no individual will be identified through the data and findings from the survey, unless your permission is otherwise sought.

Just to confirm, your responses will be treated in the strictest confidence. BMG Research abides by the Market Research Society Code of Conduct and data protection laws at all times. Please note consent is audio recorded.

You can find out more information about our surveys and what we do with the information we collect in our Privacy Notice which is on our website.

I can give you the website address (https://www.bmgresearch.co.uk/privacy).

Ensure calling card provided if request more detail about BMG including about privacy notice

INTERVIEWER: Confirm respondent happy to proceed with the survey

✓ Informed consent provided **[TICK BOX, DO NOT ALLOW TO PROCEED WITHOUT TICKED]**

Section A: PERCEPTIONS OF HEALTH & ILLNESS

INTRO TEXT

I'd like to start by asking you some questions about your health.

Base: All respondents

SINGLE CODE

A01. How would you describe your health?

Please use showcard 1 and select one only

Fixed codes	Answer list	Scripting notes	Routing
1	Very good		
2	Good		
3	Fair		
4	Bad		
5	Very bad		
97	Don't know	**FIX, EXCLUSIVE**	

Base: All respondents

GRID, SINGLE RESPONSE PER ROW

A02. Looking at the faces on the card...?

Please use showcard 2 (with faces on) and select one per statement

Row Code	Row list	Scripting notes	Routing
1	Which face best rates your overall quality of life?		
2	Which face best rates your general physical well-being?		
3	Which face best rates your general mental or emotional well-being?		

Column code	Column list	Scripting notes	Routing
1	1		
2	2		

3	3		
4	4		
5	5		
6	6		
7	7		
97	Don't know	**FIX, EXCLUSIVE**	

Base: All respondents

SINGLE RESPONSE

A03. Do you feel in control of decisions that affect your life, such as planning your budget, moving house or changing job?

Read out and select one only

Fixed codes	Answer list	Scripting notes	Routing
1	Definitely		
2	To some extent		
3	No		
97	Don't know	**FIX, EXCLUSIVE**	

Base: All respondents

SINGLE RESPONSE

A04. Do you have any long-term condition or illness that substantially interferes with your day-to-day activities?

Please select one only

Fixed codes	Answer list	Scripting notes	Routing
1	Yes		**GO TO A05**
2	No		
98	Prefer not to say		

ASK IF YES (CODE 1) AT A04 = YES

MULTICODE

A05. Thinking of these conditions and/or illnesses, would you describe yourself as having…?

Read out and select all that apply

Fixed codes	Answer list	Scripting notes	Routing
1	A physical disability		
2	A mental or emotional health problem		
3	A long-term illness		
97	Don't know	**FIX, EXCLUSIVE**	

All respondents

OPEN RESPONSE, FORCE NUMERIC, CAP AT 30

A06. How many illnesses or conditions are you currently being treated for?

Please use showcard 3 (with list of illnesses/conditions) and type response in the box below

[_____]

Fixed codes	Answer list	Scripting notes	Routing
98	Prefer not to say	**FIX, EXCLUSIVE**	

Base: All respondents

SINGLE RESPONSE

A07. How would you describe the current state of the health of your mouth and teeth?

Please use showcard 4 and select one only

Fixed codes	Answer list	Scripting notes	Routing
1	I feel my mouth and teeth are in good health		
2	I feel my mouth and teeth have some problems that need to be fixed		
3	I feel my mouth and teeth are in a poor state		
98	Prefer not to say		

Base: All respondents

MULTICODE

A08. Which of the following services have you attended with a dental problem in the last two years?

Please use showcard 5 and select all that apply

Fixed codes	Answer list	Scripting notes	Routing
1	High street dental practice		
2	Out of Hours/Emergency dental service		
3	Accident and Emergency Department		
4	Medical GP		
5	Pharmacist		
6	No services required	**FIX, EXCLUSIVE**	
97	Don't know	**FIX, EXCLUSIVE**	

INTRO TEXT

There is strong recent evidence and support from UK Chief Medical Officers that adding fluoride to water supplies will help reduce tooth decay. This question is only intended to explore your attitude towards this. The issue would be subject to formal public consultation before any future decisions were taken

Base: All respondents

SINGLE CODE

Please use showcard 6 and select one only

A09. Do you agree or disagree with the following statement: I am open to the possibility of water fluoridation in my local area?

Column code	Column list	Scripting notes	Routing
1	Agree		
2	Neither agree nor disagree		
3	Disagree		
4	Unsure/I don't know what water fluoridation is		

Base: All respondents

GRID, SINGLE RESPONSE PER ROW

A10. How has the following changed for you due to the COVID pandemic?

Please use showcard 7 and select one per statement

Row Code	Row list	Scripting notes	Routing
1	Quality of life		
2	General physical well- being		
3	General mental or emotional well-being		
4	Feel in control of decisions that affect your life		
5	Physical Disability		
6	Mental or emotional health problem		
7	Long-term illness		

Column code	Column list	Scripting notes	Routing
1	Improved a lot		
2	Improved a little		
3	Much the same		
4	Deteriorated a little		
5	Deteriorated a lot		
6	Changed, however, not due to Covid pandemic		
97	Don't know	**FIX, EXCLUSIVE**	

Section B: HEALTH BEHAVIOURS

INTRO TEXT

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

Base: All respondents

MULTICODE

B01. Are you exposed to other people's tobacco smoke in any of these places?

Please use showcard 8 and select all that apply

Fixed codes	Answer list	Scripting notes	Routing
1	At own home		
2	At work		
3	In other people's homes		
4	In cars, vans etc		
5	Outside of buildings (e.g., pubs, shops, hospitals)		
6	In other public places		
7	No, none of these	**FIX, EXCLUSIVE**	
97	Don't know	**FIX, EXCLUSIVE**	

Base: All respondents

SINGLE CODE

Please use showcard 9 and select one only

B02. How often are you in places where there is smoke from other people smoking tobacco?

Column code	Column list	Scripting notes	Routing
1	Most of the time		
2	Some of the time		
3	Seldom		
4	Never		
97	Don't know	**FIX, EXCLUSIVE**	

Base: All respondents

SINGLE CODE

B03. Which of the following statements best describes you at present?

Please note, when answering this question please **DO NOT** include cigarettes without tobacco or electronic cigarettes/VAPES.

Please use showcard 10 and select one only

Fixed codes	Answer list	Scripting notes	Routing
1	I have never smoked tobacco		

2	I have only tried smoking once or twice		
3	I have given up smoking		
4	I smoke some days		**GO TO B04**
5	I smoke every day		**GO TO B04**
98	Prefer not to say		

Base: Those who smoke some days or every day (code 4 or 5) at B03

SINGLE CODE

B04. Which of the following statements best describes you?

Please use showcard 11 and select one only

Fixed codes	Answer list	Scripting notes	Routing
1	I REALLY want to stop smoking and intend to in the next month		
2	I REALLY want to stop smoking and intend to in the next 3 months		
3	I want to stop smoking and hope to soon		
4	I REALLY want to stop smoking but I don't know when I will		
5	I want to stop smoking but haven't thought about when		
6	I'm thinking I should stop smoking but don't really want to		
7	I don't want to stop smoking		
98	Prefer not to say		

Base: All respondents

SINGLE CODE

B05. Have you used an electronic cigarette or VAPES in the last year?

Please use showcard 12 and select one only

Fixed codes	Answer list	Scripting notes	Routing
1	Yes – every day		

2	Yes – some days		
3	Once or twice		
4	No		
98	Prefer not to say		

https://patient.info/doctor/alcohol-use-disorders-identification-test-audit

INTRO TEXT

Now I am going to ask you some questions about your use of alcoholic drinks during the past year.

Base: All respondents

SINGLE CODE

B06. How often do you have a drink containing alcohol?

Please use showcard 13 and select one only

Fixed codes	Answer list	Scripting notes	Routing
1	Never		
2	Monthly or less		**GO TO B07**
3	2-4 times per month (this includes once a week)		**GO TO B07**
4	2-3 times per week		**GO TO B07**
5	4+ times per week		**GO TO B07**
98	Prefer not to say		

ASK IF B06 = 2 TO 5

SINGLE CODE

B07. How many units of alcohol do you drink on a typical day when you are drinking?

Please use showcard 14 (which includes details of units) and select one only

Fixed codes	Answer list	Scripting notes	Routing
1	0-2		
2	3-4		
3	5-6		
4	7-9		

5	10 or more		
98	Prefer not to say		

ASK IF B06 = 2 TO 5

GRID, SINGLE RESPONSE PER ROW

B08. How often in the last year has the following happened?

Please use showcard 15 and select one per statement

Row Code	Row list	Scripting notes	Routing
1	Had 6 or more units if female, or 8 or more if male, on a single occasion		
2	You have found that you were not able to stop drinking once you had started		
3	You have failed to do what was normally expected from you because of your drinking		
4	You have needed an alcoholic drink in the morning to get yourself going after a heavy drinking session		
5	You have had a feeling of guilt or remorse after drinking		
6	You have been unable to remember what happened the night before because you had been drinking		

Column code	Column list	Scripting notes	Routing
1	Never		
2	Less than monthly		
3	Monthly		
4	Weekly		
5	Daily or almost daily		
98	Prefer not to say		

IF B06 = 2 TO 5

SINGLE RESPONSE

B09. Have you or somebody else been injured as a result of your drinking?

Please select one only

Fixed codes	Answer list	Scripting notes	Routing
1	No		
2	Yes, but not in the last year		
3	Yes, during the last year		
98	Prefer not to say		

ASK IF B06 = 2 TO 5

SINGLE RESPONSE

B10. Has a relative or friend, doctor or other health worker been concerned about your drinking or suggested that you cut down?

Please select one only

Fixed codes	Answer list	Scripting notes	Routing
1	No		
2	Yes, but not in the last year		
3	Yes, during the last year		
98	Prefer not to say		

Base: All respondents

SINGLE RESPONSE

B11A. Thinking about the number of places you can buy alcohol in your local area from off-licences, local grocers and supermarkets, in your opinion are there...?

Read out and select one only

Fixed codes	Answer list	Scripting notes	Routing
1	The right amount		
2	Too many		
3	Too few		

97	Don't know		

Base: All respondents

SINGLE RESPONSE

B11B. Now thinking about the number of places you can buy alcohol in your local area from pubs, bars and restaurants, in your opinion are there...?

Read out and select one only

Fixed codes	Answer list	Scripting notes	Routing
1	The right amount		
2	Too many		
3	Too few		
97	Don't know		

Base: All respondents

OPEN RESPONSE, FORCE NUMERIC, CAP AT 30

B12. Now I'd like to ask you some questions about the food you eat. Yesterday, how many portions of fruit did you eat? Examples of a portion are one apple, one tomato, 3 tablespoons of canned fruit, one small glass of fruit juice.

Please record number in the box below if less than one, write '0'

[_____]

Fixed codes	Answer list	Scripting notes	Routing
97	Don't know	**FIX, EXCLUSIVE**	

Base: All respondents

OPEN RESPONSE, FORCE NUMERIC, CAP AT 30

B13. Yesterday, how many portions of vegetables or salad (not counting potatoes) did you eat? A portion of vegetables is 3 tablespoons.

Please record number in the box below if less than one, write '0'

[_____]

Fixed codes	Answer list	Scripting notes	Routing
97	Don't know	FIX, EXCLUSIVE	

INTRO TEXT

The next questions look at how active you are.

The next question is about the type of physical activity that increases your heart rate, makes you feel warmer and makes you breathe a little faster. This may include walking or cycling for recreation or to get to and from places; gardening; and exercise or sport.

Base: All respondents

OPEN RESPONSE, FORCE NUMERIC, CAP AT 7

B14. How many days in the past week have you been physically active for a total of 30 minutes or more?

Please use showcard 16

The types of activity included for this question are activities that increase your heart rate, make you feel warmer and make you breathe a little faster. This may include walking or cycling for recreation or to get to and from places; gardening; and exercise or sport. The 30 minutes can be obtained by adding smaller bouts of not less than 10 minutes.

Remember vigorous activity such as running counts for double. If the person is unable to sing, or needing to take breaths between words, they are likely to be doing vigorous physical activity. Every minute of vigorous activity equals 2 minutes of moderate activity.

Please record number in the box below

[_____]

Fixed codes	Answer list	Scripting notes	Routing
97	Don't know	FIX, EXCLUSIVE	

Base: Those active for four days or less at B14 (0 to 4)

SINGLE RESPONSE

B15. Have you been physically active for at least two and a half hours (150 minutes) over the course of the past week?

Please select one only

Fixed codes	Answer list	Scripting notes	Routing
1	Yes		
2	No		

Base: All respondents

OPEN RESPONSE, FORCE NUMERIC, CAP AT 7

B16. In the past week, on how many days have you done strength and balance physical activities that make your muscles become warm, shake and/or burn? This includes weight training; exercise; sport; heavy housework; DIY or gardening.

Please use showcard 17 (which shows examples)

Showcard list
Weight training (e.g., free weights, weight machines or resistance bands)
Bodyweight exercises (e.g., press-ups, sit-ups)
Yoga/Pilates/Gymnastics/Stretching sessions
Impact sports (e.g., Football/Rugby/Badminton/Tennis/Squash)
Heavy manual work (e.g., digging/moving heavy loads)
Gardening (e.g., mowing/digging/planting)
Heavy housework (e.g., moving heavy furniture/walking with heavy shopping)

Please record number in the box below

[_____]

Fixed codes	Answer list	Scripting notes	Routing
97	Don't know	**FIX, EXCLUSIVE**	

INTRO TEXT

The next question is about the impact COVID-19 has had on your Physical Activity Levels.

Base: All respondents

SINGLE RESPONSE

B17. Since the COVID-19 pandemic started in March 2020, which of the following statements best describes your physical activity levels?

Please use showcard 18 and select one only

Fixed codes	Answer list	Scripting notes	Routing
1	Physically active more often		
2	Physically active less often		
3	No change to physical activity		

Base: All respondents

OPEN RESPONSE, FORCE NUMERIC

B18. On an average day, in the last seven days, how long did you spend sitting, reclining or lying down?

Please estimate the time on an average (normal) day in the last seven days. We realise this will vary over the week, but try to give an estimate. We are interested in your sedentary behaviour, which is any time you spend sitting, reclining and lying down. This may include time spent sitting at a desk, sitting in a motor vehicle, reading, playing video games, sitting or lying down to watch television (please don't count the time asleep).

Please type your response in the box below HOURS/MINUTES

[_____

Section C: SOCIAL HEALTH

Base: All respondents

SINGLE RESPONSE

C01. Do you ever feel isolated from family and friends?

Please select one only

Fixed codes	Answer list	Scripting notes	Routing
1	Yes		
2	No		
98	Prefer not to say		**GO TO C03**

Base: Those who answered Yes or No to C01

SINGLE RESPONSE

C02. Has this changed due to the COVID pandemic?

Please select one only

Fixed codes	Answer list	Scripting notes	Routing
1	Yes, changed for the better		
2	Yes, changed for the worse		
3	No change		
97	Don't know		

Base: All respondents

SINGLE RESPONSE

C03. How often have you felt lonely in the past two weeks?

Please use Showcard 19 and select one only

Fixed codes	Answer list	Scripting notes	Routing
1	All of the time		
2	Often		
3	Some of the time		
4	Rarely		
5	Never		
98	Prefer not to say		

Base: All respondents

SINGLE RESPONSE

C04. Compared to before the COVID pandemic which started in March 2020 how lonely have you felt?

Please select one only

Fixed codes	Answer list	Scripting notes	Routing
1	More lonely		
2	Same as before		
3	Less lonely		
4	Never felt lonely		
98	Prefer not to say		

Base: All respondents

GRID, SINGLE RESPONSE PER ROW

C05. How much do you agree or disagree with the following statements about living in this local area?

Please use showcard 20 and select one per statement

Row Code	Row list	Scripting notes	Routing
1	I feel I belong to this local area		
2	I feel valued as a member of my community		
3	By working together, people in my neighbourhood can influence decisions that affect my neighbourhood		

Column code	Column list	Scripting notes	Routing
1	Strongly agree		
2	Agree		
3	Neither agree nor disagree		
4	Disagree		
5	Strongly disagree		
97	Don't know	**FIX, EXCLUSIVE**	

BASE: ALL RESPONDENTS

GRID, SINGLE RESPONSE PER ROW

C06. Please look at the card I've given you and tell me what you think of the quality of services in your area

Please use showcard 21 and select one per statement

Row Code	Row list	Scripting notes	Routing
1	Food shops		
2	Local schools		
3	Public transport		
4	Activities for young people		
5	Leisure / sports facilities		
6	Childcare provision		
7	Police		
8	GP/Doctor		
9	Out of hours medical service		
10	Nurse Led clinics such as asthma clinic, flu vaccination, child healthcare		

Column code	Column list	Scripting notes	Routing
1	Excellent		
2	Good		
3	Adequate/Ok		
4	Poor		
5	Very poor		
97	Don't Know		

BASE: ALL RESPONDENTS

SINGLE RESPONSE PER ROW

C07. Could you tell me if you have been a victim of each of these crimes in the last year? Just to reiterate, your responses to this survey will remain confidential unless your permission is explicitly given.

Please use showcard 22 and select one per statement

Row Code	Row list	Scripting notes	Routing
1	Anti-social behaviour		
2	Any type of theft or burglary		
3	Vandalism		
4	Physical attack		

Column code	Column list	Scripting notes	Routing
1	Yes		
2	No		
97	Don't know		
98	Refused		

Base: All respondents

GRID, SINGLE RESPONSE PER ROW

C08. How much do you agree or disagree with the following statements about safety in this local area?

Please use showcard 23 and select one per statement

Row Code	Row list	Scripting notes	Routing
1	I feel safe using public transport in this local area		
2	I feel safe walking alone around this local area even after dark		

Column code	Column list	Scripting notes	Routing

1	Strongly agree		
2	Agree		
3	Neither agree nor disagree		
4	Disagree		
5	Strongly disagree		
97	Don't know		

Base: All respondents

SINGLE RESPONSE

C09. Do you look after, or give any regular help or support to family members, friends, neighbours or others because of long-term physical or mental ill-health or disability, or problems related to old age?

Exclude any caring that is done as part of any paid employment or formal volunteering.

Please select one only

Fixed codes	Answer list	Scripting notes	Routing
1	Yes		
2	No		

Section D: Social Capital

Base: All respondents

GRID, SINGLE RESPONSE PER ROW

D01. How much do you agree or disagree with the following statements about living in this local area?

Please use showcard 23 and select one per statement

Row Code	Row list	Scripting notes	Routing
1	This is a neighbourhood where neighbours look out for each other		
2	Generally speaking, I can trust people in my local area		

3	The friendships and associations I have with other people in my local area mean a lot to me		
4	If I have a problem, there is always someone to help me		

Column code	Column list	Scripting notes	Routing
1	Strongly agree		
2	Agree		
3	Neither agree nor disagree		
4	Disagree		
5	Strongly disagree		
97	Don't know		

Base: All respondents

SINGLE RESPONSE

D02. Thinking back over the last 12 months, have you given up any time to help any clubs, charities, campaigns or organisations in an unpaid capacity? (For example, helping out at schools, youth clubs, health and wellbeing charities, sport and exercise clubs, local community groups and faith-based organisations).

Please select one only

Fixed codes	Answer list	Scripting notes	Routing
1	Yes		
2	No		

Base: All respondents

SINGLE RESPONSE

D03. Thinking back over the last 12 months, have you given any voluntary unpaid help as an individual (not through a group or organisation) to help other people outside your family, or to support your local environment? (For example, keeping in touch with someone who is at risk of being lonely; helping a neighbour through shopping, collecting pension, household chores; or helping to improve your local environment e.g. litter picking but not as part of an organised activity)

Please select one only

Fixed codes	Answer list	Scripting notes	Routing
1	Yes		
2	No		

Base: All respondents

SINGLE RESPONSE

D04. Do you belong to any social clubs, associations, church groups or anything similar?

Please select one only

Fixed codes	Answer list	Scripting notes	Routing
1	Yes		
2	No		

Base: All respondents

SINGLE RESPONSE

D05. In the last 12 months, have you taken any actions in an attempt to solve a problem affecting people in your local area? e.g., contacted any media, organisation, council, councillor MSP or MP; organised a petition.

Please select one only

Fixed codes	Answer list	Scripting notes	Routing
1	Yes		
2	No		

Section E: Financial Wellbeing

Base: All respondents

SINGLE RESPONSE

E01. What proportion of your household income comes from state benefits (e.g., Universal Credit, Carer's Allowance, Disability Living Allowance/Adult Disability Payment, Child Disability Payment, Best Start payments)?

Showcard 24 and select one only

Fixed codes	Answer list	Scripting notes	Routing
1	None		
2	Very little		
3	About a quarter		
4	About a half		
5	About three quarters		
6	All		
97	Don't know		
98	Prefer not to say		

E02. Thinking of the total income of your household, which face on the scale indicates how you feel about the adequacy of that income?

Please use Showcard 25 (with faces on) and select one answer only

Fixed codes	Answer list	Scripting notes	Routing
1	1 Happy		
2	2		
3	3		
4	4		
5	5		
6	6		
7	7 Unhappy		
97	Don't know	**FIX, EXCLUSIVE**	
98	Prefer not to say	**FIX, EXCLUSIVE**	

Base: All respondents

GRID, SINGLE RESPONSE PER ROW

E03. How often, if at all, over the past year have you found it difficult to meet the cost of the following?

Please use showcard 26 and select one per statement

Row Code	Row list	Scripting notes	Routing
1	Rent/mortgage		
2	Gas, electricity and other fuel bills		
3	Telephone or mobile phone bill		
4	Broadband/internet data		
5	Council tax, insurance		
6	Food		
7	Clothes and shoes		
8	Transport		
9	Credit card payments		
10	Loan repayments		
11	Nursery/school activities		
12	Child care		
13	Treats		
14	Holidays		

Column code	Column list	Scripting notes	Routing
1	Very often		
2	Quite often		
3	Occasionally		
4	Never		
96	N/A – do not have that cost		
97	Don't know		
98	Prefer not to say		

Base: All respondents

GRID, SINGLE RESPONSE PER ROW

E04. 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 …

Please use showcard 27 and select one per statement

Row Code	Row list	Scripting notes	Routing
1	£35		
2	£165		
3	£1,600		

Column code	Column list	Scripting notes	Routing
1	No problem		
2	A bit of a problem		
3	A big problem		
4	Impossible to find		
97	Don't know		

Base: All respondents

MULTICODE

E05. If you suddenly had to find a sum of money to meet an unexpected bill, where would you get the money from?

Please use showcard 28 and select all that apply

Fixed codes	Answer list	Scripting notes	Routing
1	Savings		
2	Economising in other areas of expenditure		
3	Credit card/store card		
4	Cash Converter		
5	Payday loan company		
6	Bank loan		
7	Credit at store		

8	Buy now, pay later scheme' i.e. Clearpay, Klarna		
9	Doorstep Lender		
10	Friends/family		
95	Other (please specify) BACKCODE AND LIST		
97	Don't know	**FIX, EXCLUSIVE**	

Base: All respondents

SINGLE RESPONSE

E06. In the last 6 months, for how many months have you had to use a source of credit (i.e., credit card) to cover essential living costs due to a lack of money that you may struggle to pay off?

Prompt if necessary: By essential living costs we mean things like household bills, food or fuel bills, school uniforms etc.

Please select one only

Fixed codes	Answer list	Scripting notes	Routing
1	1 month		
2	2 months		
3	3 months		
4	More than 3 months		
5	None		
98	Prefer not to say		

Base: Those in receipt of benefits (E01 is not None)

GRID, SINGLE RESPONSE PER ROW

E07. In the last year have you experienced the following?

Select one per statement

Row Code	Row list	Scripting notes	Routing
1	Benefits Sanctions		
2	Delays in benefit payments		

Column code	Column list	Scripting notes	Routing
1	Yes		
2	No		
97	Don't know		
98	Refused		

Base: Those in receipt of benefits (E01 is not None)

SINGLE RESPONSE

E08. Have you or your household been affected by benefit changes in the last 12 months (e.g., Universal Credit, Carer's Allowance, Disability Living Allowance/Adult Disability Payment, Child Disability Payment, Best Start payments)?

Please select one only

Fixed codes	Answer list	Scripting notes	Routing
1	Yes		**GO TO E09**
2	No		
97	Don't know		

ASK IF E08 CODE 1

SINGLE RESPONSE

E09. Is your household...?

Please select one only

Fixed codes	Answer list	Scripting notes	Routing
1	Financially better off under benefit changes		
2	Financially worse off under benefit changes		
3	Made no difference		
97	Don't know		

Now I would like to ask you some questions about your food consumption in the last 12 months.

Base: All respondents

GRID, SINGLE RESPONSE PER ROW

E10A. During the last 12 months was there a time when…?

Select one per statement

Row Code	Row list	Scripting notes	Routing
1	You were worried you would run out of food because of a lack of money or other resources?		
2	You were unable to eat healthy and nutritious food because of a lack of money or other resources?		
3	You ate only a few kinds of food because of a lack of money or other resources?		
4	You had to skip a meal because there was not enough money or other resources to get food?		
5	You ate less than you thought you should because of a lack of money or other resources?		
6	Your household ran out of food because of a lack of money or other resources?		
7	You were hungry but did not eat because there was not enough money or other resources for food?		
8	You went without eating for a whole day because of a lack of money or other resources?		

Column code	Column list	Scripting notes	Routing
1	Yes		
2	No		
97	Don't know		
98	Prefer not to say		

We would now like to ask you some questions about your fuel consumption in the last 12 months.

Base : All respondents

SINGLE RESPONSE

E10B. How do you usually pay for your energy?

Please select one only

Fixed codes	Answer list	Scripting notes	Routing
1	Pay by regular direct debit or standing order		
2	Pay on receive of a bill by cash/cheque/debit or credit card		
3	Have a pre-payment meter (i.e pay in advance by putting credit on a key, card or App)		
95	Pay in another way (please specify)		
97	Don't know		

Base: All respondents

GRID, SINGLE RESPONSE PER ROW

E10C. During the last 12 months was there a time when…?

Select one per statement

Row Code	Row list	Scripting notes	Routing
1	You were worried you would not be able to afford to use your gas and/or electricity at home?		
2	You had to make a choice between paying for gas and/or electricity for your home or other household bills or essentials?		
3	You were unable to work or study at home because you were worried about your gas and/or electricity use?		
4	You ate only a few kinds of food to reduce the amount of gas and/or electricity used?		
5	You skipped a meal because you did not want to use your gas and/or electricity?		
6	Your household had no gas and/or electricity for a period of time because you could not afford it?		

7	You did not heat your home when needed due to the cost and not being able to afford it?		
8	You did not use gas and/or electricity for a whole day due to the cost and not being able to afford it?		

Column code	Column list	Scripting notes	Routing
1	Yes		
2	No		
97	Don't know		
98	Prefer not to say		

Base: All respondents

SINGLE RESPONSE

E11. What would you say is the main reason some people in this area live in poverty? In general terms, poverty is when the income available to an individual or household does not meet their needs. Poverty is not just about being able to heat a house or eat. It can mean that people are not able to participate in the routine activities expected in society. It can mean that people can't afford to buy birthday presents for their children or they can't afford to meet up with friends to socialise.

Please use showcard 29 and select one only

Fixed codes	Answer list	Scripting notes	Routing
1	An inevitable part of modern life		
2	Laziness or lack of willpower		
3	Because they have been unlucky		
4	Because of injustice in society		
5	Lack of jobs		
6	There is no one living in poverty in this area		
95	Other (please specify)	**ADD OPEN TEXT BOX**	
96	None of the above		

97	Don't know		

BASE: ALL RESPONDENTS

GRID, SINGLE RESPONSE PER ROW

E12. Have you spent money on any of the following in the last month?

Select one per statement

Row Code	Row list	Scripting notes	Routing
1	Tickets for the National Lottery, including Thunderball and Euromillions and tickets bought online		
2	Scratch cards (but not online or newspaper or magazine scratch cards)		
3	Bingo cards or tickets, including playing at a bingo hall (not online)		
4	Betting in a Bookmakers		
5	Casino		
6	Any online (internet) gambling (including bingo, poker etc)		
95	Any other gambling – please specify	**ADD TEXT BOX**	

Column code	Column list	Scripting notes	Routing
1	Yes		
2	No		
98	Prefer not to say		

For the next set of questions about gambling, please indicate the extent to which each one has applied to you in the last 12 months.

ASK IF SPENT MONEY ON ANY ACTIVITIES AT E12 [Any code 1]. IF ONLY CODE 1 AT 'ANY LOTTERY/SCRATCHCARD', ROUTE TO E14

SINGLE RESPONSE

E13. When you gamble, how often do you go back another day to win back the money you lost?

Please use showcard 30 and select all that apply

Fixed codes	Answer list	Scripting notes	Routing
1	Every time I lost		
2	Most of the time		
3	Some of the time (less than half the time I lost)		
4	Never		
98	Prefer not to say		

ASK IF SPENT MONEY ON ANY ACTIVITIES AT E12 [Any code 1].

GRID, SINGLE RESPONSE PER ROW

E14. In the last 12 months, how often...?

Please use showcard 31 and select one per statement

Row Code	Row list	Scripting notes	Routing
1	Have you needed to gamble with more and more money to get the excitement you are looking for?		
2	Have you felt restless or irritable when trying to cut down gambling?		
3	Have you gambled to escape from problems or when you are feeling depressed, anxious or bad about yourself?		
4	Have you made unsuccessful attempts to control, cut back or stop gambling?		
5	Have you risked or lost an important relationship, job, educational or work opportunity because of gambling?		
6	Have you asked others to provide money to help with a financial crisis caused by gambling?		

Column code	Column list	Scripting notes	Routing
1	Very often		

2	Fairly often		
3	Occasionally		
4	Never		
98	Prefer not to say		

Section F: INTERNET USE

Base: All respondents

MULTIPLE RESPONSE

F01. For which of the following do you use the Internet?

Please use showcard 32 and select all that apply

Fixed codes	Answer list	Scripting notes	Routing
1	Accessing Universal Credit or other social security benefits		
2	Managing Mental Health		
3	Applying for jobs		
4	Managing physical health		
5	Online games		
6	Rating products/services		
7	Solely content for work		
8	Learning		
9	Accessing local council information		
10	Posting/sharing videos online		
11	Streaming/downloading media		
12	Social Media		
13	Using online messaging		
14	Buying products/services		
15	Online banking/money management		
16	Email		
95	Other (please specify)	**ADD TEXT BOX**	

96	Don't use the internet	**EXCLUSIVE**	**GO TO F03**

ASK IF CODES 1-16 OR 95 AT F01

MULTIPLE RESPONSE

F02. At any time, have you used the internet for?

Please use showcard 33 and select all that apply

Fixed codes	Answer list	Scripting notes	Routing
1	Looking for health-related information (e.g. injury, disease, nutrition, improving health etc) (please note which sites are used or if search engine used)		
2	Making an appointment with a medical practitioner via a website or app		
3	Using other online health services via a website or app instead of having to go to the hospital or visit a doctor, for example getting a prescription or a consultation online		
4	Accessing personal health records online		
95	Other health-related use (please specify)		
96	Have not used the internet for any of the above		

Base: F01 = 96 Don't use the internet

MULTIPLE RESPONSE

F03. Which of the following statements apply to you if you were thinking about what would encourage you to improve your digital skills?

Please use showcard 34 and select all that apply

Fixed codes	Answer list	Scripting notes	Routing
1	I would if devices and Internet access were cheaper		
2	I would if it could help me progress in my job or secure a better role		
3	I would if I thought that it would directly help me with a day-to-day task or piece of work		

4	Nothing – I avoid adopting technology where I can	EXCLUSIVE	
5	I'm always interested in technology and will actively look to adopt it		
6	I would if I knew there was support available to help me as or when I needed it		
97	Don't know	EXCLUSIVE	

SECTION G : Self completion section

I am now going to hand over the survey to you, and I'd like you to complete the following questions yourself which ask about thoughts and feelings, whether certain things have happened to you and some other sensitive questions which are best completed by yourself due to their sensitive nature.

Interviewer record self completion outcome

Row Code	Row list	Scripting notes	Routing
1	Self completed by respondent	PLEASE PASS TABLET TO RESPONDENT	
2	Administered by interviewer		
3	Respondent refused to self complete and for interviewer to administer		GO TO SECTION T

Base: Those who are happy to self complete (self completion outcome = 1)

Before this, however, I would like you to do a quick task to get you used to the computer. This will require you to answer a simple question, getting you used to clicking the answer, and then moving to the next page.

SINGLE

GTEST. What is your favourite colour?

Please select one answer

Fixed codes	Answer list	Scripting notes	Routing
1	Red		
2	Blue		
3	Green		
4	Yellow		

5	Black		
6	White		
7	Pink		
8	Brown		
9	Grey		
10	Purple		
11	Orange		
12	Gold		
13	Silver		
95	Other		
97	Don't know		
98	Prefer not to say		

Some of the questions tell us more about you and helps us to make sure we have captured views from a cross section of people. We recognise that you might consider some of these questions to be personal or sensitive in which case you are free not to answer them.

Base: All respondents

GRID, SINGLE RESPONSE PER ROW, ROTATE

G01. Below are some statements about feelings and thoughts. Please select the box that best describes your experience of each over the last 2 weeks

Please select one answer per statement

Row Code	Row list	Scripting notes	Routing
1	I've been feeling optimistic about the future		
2	I've been feeling useful		
3	I've been feeling relaxed		
4	I've been interested in other people		
5	I've had energy to spare		
6	I've been dealing with problems well		
7	I've been thinking clearly		
8	I've been feeling good about myself		

9	I've been feeling close to other people		
10	I've been feeling confident		
11	I've been able to make up my own mind about things		
12	I've been feeling loved		
13	I've been interested in new things		
14	I've been feeling cheerful		

Column code	Column list	Scripting notes	Routing
1	None of the time		
2	Rarely		
3	Some of the time		
4	Often		
5	All of the time		
98	Prefer not to say		

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BASE: ALL RESPONDENTS

GRID, SINGLE RESPONSE PER ROW, ROTATE

G02. In your day-to-day life, how often do any of the following things happen to you?

Please select one answer per statement

Row Code	Row list	Scripting notes	Routing
1	You are treated with less courtesy than other people are		
2	You are treated with less respect than other people are		
3	You receive poorer service than other people at restaurants or stores		
4	People act as if they think you are not smart		
5	People act as if they are afraid of you		

6	People act as if they think you are dishonest		
7	People act as if they're better than you are		
8	You are called names or insulted		
9	You are threatened or harassed		

Column code	Column list	Scripting notes	Routing
1	Almost everyday		
2	At least once a week		
3	A few times a month		
4	A few times a year		
5	Less than once a year		
6	Never		
98	Prefer not to say		

The Everyday Discrimination Scale.
https://scholar.harvard.edu/files/davidrwilliams/files/discrimination_resource_dec._2020.pdf

Base: Those who have said at least a few times a year or more to one of G02 (G02 = codes 1 to 4 to any)

MULTICODE, ROTATE

G03. What do you think are the main reasons for these experiences?

Please select all that apply

Fixed codes	Answer list	Scripting notes	Routing
1	Your Ancestry or National Origins		
2	Your Gender		
3	Your Race		
4	Your Age		
5	Your Religion		
6	Your Height		
7	Your Weight		
8	Some other Aspect of Your Physical Appearance		
9	Your Sexual Orientation		
10	Your Education or Income Level		
11	A physical disability		
12	Your shade of skin colour		
95	Other (please specify)	**FIX, ADD OPEN TEXT BOX**	
97	Don't know	**FIX, EXCLUSIVE**	
98	Prefer not to say	**FIX, EXCLUSIVE**	

BASE: ALL RESPONDENTS

SINGLE RESPONSE

G04. Have you been a victim of domestic abuse in the last year? Just to reiterate, your responses to this survey will remain confidential unless your permission is explicitly given.

Please select one answer

Fixed codes	Answer list	Scripting notes	Routing
1	Yes		

2	No		
97	Don't know		
98	Prefer not to say		

BASE: ALL RESPONDENTS

SINGLE RESPONSE

G05. Do you consider yourself to be trans, or have a trans history?

Please select one only

Code	Answer list	Scripting notes	Routing
1	Yes		
2	No		
98	Prefer not to say		

Base: All respondents

SINGLE RESPONSE

G06. Which of the following options best describes how you think of yourself?

Please select one only

Code	Answer list	Scripting notes	Routing
1	Heterosexual / Straight (attracted to opposite sex only)		
2	Gay (attracted to same sex only)		
3	Bisexual (attracted to same and opposite sex)		
95	Other		
98	Prefer not to say		

Base: All respondents

OPEN RESPONSE, FORCE NUMERIC

G07. Please can you tell me your date of birth?

Please type your response in the box below DD/MM/YYYY

[_____]

Fixed codes	Answer list	Scripting notes	Routing
98	Prefer not to say	FIX, EXCLUSIVE	

Base: All respondents

OPEN RESPONSE

G08. NHS Greater Glasgow and Clyde would like to undertake a follow up online survey to this. This would involve collecting your email address for this purpose. The online survey would take around 10 minutes to complete and all those aged 18+ who complete this follow up survey have the opportunity to be entered in to a prize draw to win a £250 Love2Shop voucher.

Would you be interested in taking part and willing to provide your email address for this purpose?

Fixed codes	Answer list	Scripting notes	Routing
1	Yes	COLLECT EMAIL ADDRESS	
2	No		

Please type your email address in the box below

[_____]

Please retype your email address in the box below

[_____]

IF G08 = YES

Many thanks for your interest in taking part in this follow up survey and providing your email address. Please note you will be sent a link to an online survey via the email address provided within the next week from surveys@bmgresearch

Base: Those who are happy to self complete (self completion outcome = 1)

Thank you very much. Please pass the tablet back to the interviewer for the last section.

Closing demographics (Section T)

INTRO TEXT

The following questions tell us more about you and helps us to make sure we have captured views from a cross section of people. We recognise that you might consider some of these questions to be personal or sensitive in which case you are free not to answer them. The information you provide will be used to make sure NHS GGC understand the views of different groups of residents.

Base: All respondents

OPEN RESPONSE, FORCE NUMERIC, CAP 20

T01. Now I'd like to ask you about the members of your household. How many people are there in this household (including yourself)?

Please record number in the box below

[_____]

Fixed codes	Answer list	Scripting notes	Routing
98	Prefer not to say	**FIX, EXCLUSIVE**	

Base: All respondents

OPEN RESPONSE, FORCE NUMERIC, CAP 20 AND LESS THAN T01

T02. How many people living in your household are aged under 16?

Please record number in the box below

[_____]

Fixed codes	Answer list	Scripting notes	Routing
98	Prefer not to say	**FIX, EXCLUSIVE**	

BASE: ALL RESPONDENTS

SINGLE RESPONSE

T03. How do you describe your gender?

Please select one only

Code	Answer list	Scripting notes	Routing
1	Male		
2	Female		
3	Non-Binary		
95	Or do you describe yourself another way (Please specify)	ADD OPEN TEXT BOX	
98	Prefer not to say		

Base: Where do not want to provide exact age (G07 = 98)

SINGLE RESPONSE

T04. Would you mind indicating which age band you fit into?

Showcard 35 and select one only

Fixed codes	Answer list	Scripting notes	Routing
1	16-19		
2	20-24		
3	25-29		
4	30-34		
5	35-39		
6	40-44		
7	45-49		
8	50-54		
9	55-59		
10	60-64		
11	65-74		
12	75+		

98	Prefer not to say		

Base: All respondents

SINGLE RESPONSE

T05. Which of the following applies to your household?

Showcard 36 and select one only

Fixed codes	Answer list	Scripting notes	Routing
1	Owner occupier / owned outright		
2	Owner occupier / buying with a mortgage		
3	Rented from council		
4	Rented from housing association		
5	Rented from a private landlord		
6	Shared ownership		
7	Accommodation comes with the job		
95	Other (please specify) BACKCODE AND LIST		
97	Don't know		

Base: All respondents

SINGLE RESPONSE

T06. Which of the groups on this card best describes you?

Please use showcard 37 and select one only

Fixed codes	Answer list	Scripting notes	Routing
	White	**HEADING NOT CODE**	
1	Scottish		
2	Other British		
3	Irish		
4	Polish		
5	Gypsy/Traveller		
6	Roma		

7	Showman/showwoman		
8	Other White ethnic group, please specify BACKCODE AND LIST	**ADD A TEXT BOX**	
	Mixed	**HEADING NOT CODE**	
9	Any mixed or multiple ethnic background, please specify LIST	**ADD A TEXT BOX**	
	Asian, Scottish Asian or British Asian	**HEADING NOT CODE**	
10	Pakistani, Scottish Pakistani or British Pakistani		
11	Indian, Scottish Indian or British Indian		
12	Bangladeshi, Scottish Bangladeshi or British Bangladeshi		
13	Chinese, Scottish Chinese or British Chinese		
14	Other, please specify BACKCODE AND LIST	**ADD A TEXT BOX**	
	African	**HEADING NOT CODE**	
15	African, Scottish African or British African		
16	Other, please specify BACKCODE AND LIST	**ADD A TEXT BOX**	
	Caribbean or Black	**HEADING NOT CODE**	
17	Caribbean, Scottish Caribbean or British Caribbean		
18	Other, please specify BACKCODE AND LIST	**ADD A TEXT BOX**	
	Other ethnic group	**HEADING NOT CODE**	
19	Arab, Scottish Arab or British Arab		
95	Other, please specify BACKCODE AND LIST	**ADD A TEXT BOX**	
97	Don't know		
98	Prefer not to say		

Base: All respondents

SINGLE RESPONSE

T07. Which of the following best describes your employment situation?

Showcard 38 and select one only

Fixed codes	Answer list	Scripting notes	Routing
1	Employee in full-time job (35 or more hours per week)		
2	Employee in part-time job (less than 35 hours per week)		
3	Employed on a zero hours contract		
4	Self-employed – full or part time		
5	Government supported training or employment		
6	Unemployed and available for work		
7	Full-time education at school, college or university		
8	Part-time education at school, college or university		
9	Wholly retired from work		
10	Looking after the family/home		
11	Permanently sick/disabled		
95	Other, please specify BACKCODE AND LIST		
98	Refused		

Base: All respondents

SINGLE RESPONSE

T08. What is the highest level of educational qualifications you've obtained?

Please use showcard 39 and select one only

Fixed codes	Answer list	Scripting notes	Routing
1	School leaving certificate, National Qualification Access Unit		
2	'O' Grade, Standard Grade, GCSE, GCE O Level, CSE, National Qualification Access 3 Cluster, Intermediate 1 or 2 Senior Certificate or equivalent, National 4 or 5		

3	GNVQ/GSVQ Foundation or Intermediate, SVQ Level 1 or 2, SCOTVEC/National Certificate Module, City and Guilds Craft, RSA Diploma or equivalent		
4	Higher Grade, Advanced Higher, CSYS, 'A' Level, AS Level, Advanced Senior Certificate or equivalent		
5	GSVQ/GSVQ Advanced, SVQ Level 3, ONC, OND, Scotvec National Diploma, BTEC First Diploma, City and Guilds Advanced Craft, RSA Advanced Diploma or equivalent		
6	HNC, HND, SVQ Level 4, RSA Higher Diploma or equivalent		
7	First Degree, Higher Degree, SVQ Level 5		
8	Professional Qualifications e.g. teaching, accountancy		
9	Other school examinations not already mentioned		
95	Other post-school but pre-Higher education examinations/ Higher education qualifications not already mentioned, please specify BACKCODE AND LIST	**ADD A TEXT BOX**	
96	No qualifications		
98	Refused		

Base : Ask those that have provided DOB at G07

LINKING HEALTH RECORDS

T09.

- The National Health Service (NHS) maintains routine medical and other health records on all patients who use their services. These records include:
    - Inpatient and outpatient visits to hospital, length of stay and waiting time.
    - Information about specific medical conditions such as cancer, heart disease and diabetes.
    - Details about registration with a general practitioner, and when people pass away, the date and cause of their death.
- We would like to ask for your consent to link your NHS health records with your survey answers.
- To link this information we would need to send your name, address and date of birth to NHSGGC and the Information Services Division (ISD) of NHS Scotland so they can identify your health records.

- By linking this information with the interview data the research is more useful as we can look at how people's lifestyle and circumstances can have an impact on their future and use of hospital services.
- This information will be confidential and used for statistical and research purposes only. The information will not identify you so it cannot be used by anyone treating you as a patient.
- By checking this box you are only giving permission for the linking of this information to routine administrative data and nothing else.
- You can cancel this permission at any time in the future by contacting BMG Research on 0800 358 0337. You do not need to give a reason to cancel this.

By checking this box, I give consent to BMG Research to pass my name, address and date of birth to NHSGGC and the Information Services Division of NHS Scotland:

☐

T10. May we have your permission to give NHS Greater Glasgow and Clyde or its partners your name and address so they can contact you in the future about similar research studies in relation to health and wellbeing? The partners are the Glasgow Centre for Population Health and the University of Glasgow. Should you agree, this follow-up research could take the form of a postal, telephone or face to face interview/questionnaire within the next 24 months.

Fixed codes	Answer list	Scripting notes	Routing
1	Yes, permission given		
2	No, permission not given		

THANK AND CLOSE

INSERT QC SECTION IE CAPTURE NAME AND NUMBER/EMAIL ADDRESS FOR BACKCHECKING

INTERVIEWER TO COMPLETE:

SINGLE RESPONSE

T17. Was the interview conducted in another language (other than English)?

Please select one only

Fixed codes	Answer list	Scripting notes	Routing
1	No		
2	Yes (specify language) ..... LIST	**ADD TEXT BOX**	

APPENDIX H: ONLINE SURVEY QUESTIONNAIRE

Online survey invite

SUBJECT : NHS Greater Glasgow and Clyde would like your help with a follow-up health survey

Dear [INSERT NAME]

You recently completed a face-to face health survey on behalf of the NHS Greater Glasgow and Clyde. Firstly, thank you very much for completing that survey. NHS Greater Glasgow and Clyde would like to undertake a follow up survey to this. During the survey you agreed to do a follow up survey and provided your email address for this purpose.

Below is the link to the follow up online survey for you to complete. The survey should take around **10 minutes to complete.**

INSERT SURVEY LINK

Those who complete this follow up survey will have the opportunity to be entered in to a prize draw to win a £250 Love2Shop voucher. Further details along with terms and conditions can be found here [INSERT PRIZE DRAW LINK]

Just to confirm, your responses will be treated in the strictest confidence. BMG Research abides by the Market Research Society Code of Conduct and data protection laws at all times.

The survey can only be completed once and it is important that the person who completed the face-to-face survey completes the follow up so survey. We therefore ask that you do not pass this email or link on to anybody else.

Any queries about this survey please contact BMG Research on 0800 358 0337 or email healthandwellbeingsurvey@bmgresearch.com

Many thanks in advance,

BMG Research

Survey introduction

ONLINE INTRO

Many thanks for providing your details for this follow up survey which BMG Research are conducting on behalf of NHS Greater Glasgow and Clyde.

The survey will take around **10 minutes to complete** and builds on the survey you undertook recently face-to-face.

In order that we do not have to repeat questions that you have already been asked we will link the answers you provide to this survey to the survey you recently completed face-to-face.

Just to confirm, your responses will be treated in the strictest confidence. BMG Research abides by the Market Research Society Code of Conduct and data protection laws at all times.

You can find out more information about our surveys and what we do with the information we collect in our Privacy Notice which is here http://www.bmgresearch.co.uk/privacy

You can also find out more about NHS Greater Glasgow and Clyde and what they do with the results we provide to them via their Privacy Notice which is here https://www.nhsggc.org.uk/media/259281/nhsggc_gdpr_data_protection_notice-v4.pdf

Click **NEXT** to begin the survey

By clicking the **NEXT** button, you agree to participate in the survey and for BMG to process your results as outlined above.

Base: All respondents

SINGLE CODE

S01_A. This survey **requires** us to ask some questions that may be perceived as sensitive such as perceptions of health and illness, drug use, diet, sexual health and relationships and social health. Providing information in response to these questions is entirely voluntary and you may withdraw your consent at any time. Prefer not to say options are available for each question. The answers that you provide will be used only for market research analysis purposes.

Do we have your permission to ask you these questions?

Code	Answer list	Scripting notes	Routing
1	Yes		
2	No	**SCREENOUT**	

Section A: Perception of health and illness

INTRO TEXT

We would like to know if you have any medical complaints, and how your health has been in general, over the past few weeks. Please answer ALL the questions shown simply by clicking on 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.

Base: All respondents

GRID SINGLE RESPONSE PER ROW, RANDOMISE ROWS

A01. Have you recently …

Please select one for each statement

Row Code	Row list	Scripting notes	Routing
1	a) …been able to concentrate on whatever you're doing?		

Column code	Column list	Scripting notes	Routing
1	Better than usual		
2	Same as usual		
3	Less than usual		
4	Much less than usual		
98	Prefer not to say		

2	b) …lost much sleep over worry?		
5	e) …felt constantly under strain?		
6	f) …felt you couldn't overcome your difficulties?		
9	i) …been feeling unhappy and depressed?		
10	j) …been losing confidence in yourself?		
11	k) …been thinking of yourself as a worthless person?		

Column code	Column list	Scripting notes	Routing
1	Not at all		

2	No more than usual		
3	Rather more than usual		
4	Much more than usual		
98	Prefer not to say		

3	c) …felt that you are playing a useful part in things?		
4	d) …felt capable of making decisions about things?		
7	g) …been able to enjoy your normal day-to-day activities?		
8	h) …been able to face up to your problems?		
12	l) …been feeling reasonably happy, all things considered?		

Column code	Column list	Scripting notes	Routing
1	More so than usual		
2	Same as usual		
3	Less so than usual		
4	Much less than usual		
98	Prefer not to say		

Base: All respondents

SINGLE RESPONSE

A02. In the last two years, how many times have you had a problem with your teeth or mouth that has required you to seek the advice of a medical or dental professional?

Please select one only

Fixed codes	Answer list	Scripting notes	Routing
1	Never		**GO TO B01**
2	Once		
3	Twice or more		
4	Had a problem however did not seek advice		

97	Don't know		
98	Prefer not to say		

Base: Those who said Once, Twice or more, or had a problem however did not seek advice at A02 (codes 2 to 4)

SINGLE RESPONSE

A03. In the last two years, how many times have you had to miss work or not attend a social occasion due to problems with your mouth or teeth?

Please select one only

Fixed codes	Answer list	Scripting notes	Routing
1	Never		
2	Once		
3	Twice or more		
97	Don't know		
98	Prefer not to say		

Base: Those who said Once or Twice or more at A02 (codes 2 to 3)

SINGLE RESPONSE

A04. In the last two years, have you been able to get a dental appointment at your usual dentist when needed?

Please select one only

Fixed codes	Answer list	Scripting notes	Routing
1	Yes, I had no problems arranging an appointment		
2	Yes, but I had to wait longer than I wanted to		
3	I was unable to get an appointment with my own dentist		
97	Don't know		
98	Prefer not to say		

Section B: Social Health

Base: All respondents

GRID SINGLE RESPONSE PER ROW, RANDOMISE ROWS

B01. Now some questions about things that may or may not be a problem in your local area. Which face best describes how you feel about…?

Please select one for each statement

Row Code	Row list	Scripting notes	Routing
1	The level of unemployment in your area		
2	The amount of drug activity in your area		
3	The level of alcohol consumption in your area		
4	People being attacked or harrassed because of their skin colour, ethnic origin or religion		
5	The amount of troublesome neighbours in your area		

Column code	Column list	Scripting notes	Routing
1	Happy	**WILL NEED FACES SHOWN IN SCRIPT FOR 1 TO 7**	
2			
3			
4			
5			
6			
7	Unhappy		
8	Not a problem		
97	Don't know		
98	Prefer not to say		

Base: All respondents

GRID SINGLE RESPONSE PER ROW, RANDOMISE ROWS

B02. Now some questions about environmental issues that may or may not be a problem in your area. Which face best describes how you feel about…?

Please select one for each statement

Row Code	Row list	Scripting notes	Routing

1	The amount of rubbish lying about in your area		
2	The amount of dog's dirt in your area		
3	The availability of safe play spaces in your area		
4	The availability of pleasant places to walk in your area		

Column code	Column list	Scripting notes	Routing
1	Happy	**WILL NEED FACES SHOWN IN SCRIPT FOR 1 TO 7**	
2			
3			
4			
5			
6			
7	Unhappy		
97	Don't know		
98	Prefer not to say		

SECTION C: HEALTH BEHAVIOURS - DIET

Base: All respondents

GRID SINGLE RESPONSE PER ROW, RANDOMISE ROWS

C01. How often do you eat / drink the following?

Please select one for each statement

Row Code	Row list	Scripting notes	Routing
1	Lean meat such as poultry		
2	Fish and shellfish		
3	Wholegrains such as brown bread and pasta		
4	Nuts and seeds		
5	Low fat dairy or alternative such as milk, cheese and yoghurt		
6	Water and sugar free/diet drinks		
7	Pies, pastries, sausage rolls, chips		

8	Processed meat such as bacon, sausages and cold meats		
9	Cakes, sweets, chocolate, ice cream		
10	Savoury salted snacks such as Crisps, pretzels		
11	Sugary drinks (regular fizzy, energy drink, juice drinks)		
12	Takeaways (fast food, burgers, Indian, Chinese, pizza)		
13	Eating out in a café/ restaurant		
14	Eating from a food truck/van		
15	Homemade from fresh ingredients		
16	Readymade meals		
17	Food bank or food parcels		

Column code	Column list	Scripting notes	Routing
1	More than once a day		
2	Once a day		
3	At least weekly		
4	At least monthly		
5	A few times a year		
6	Less than once a year		
7	Never		
98	Prefer not to say		

Section D: Sexual health and relationships

Base: All respondents

GRID SINGLE RESPONSE PER ROW, RANDOMISE ROWS

D01. To the best of your recollection, when were you last tested for?

Please select one for each statement

Row Code	Row list	Scripting notes	Routing
1	HIV		

2	Hepatitis C		
3	Hepatitis B		

Column code	Column list	Scripting notes	Routing
1	Never		
2	More than 12 months ago		
3	In the last 12 months		
97	Don't know		
98	Prefer not to say		

Base: All respondents

SINGLE RESPONSE

D02. Which of these is true for you at the moment?

Please select one only

Fixed codes	Answer list	Scripting notes	Routing
1	I am not currently in a sexual relationship		
2	I am currently in a sexual relationship with one person of the opposite sex		
3	I am currently in a sexual relationship with one person of the same sex		
4	I am currently in sexual relationships with more than one person of the opposite sex		
5	I am currently in sexual relationships with more than one person of the same sex		
6	I am currently in sexual relationship with more than one person of both sexes		
98	Prefer not to say		

Base: All respondents

GRID SINGLE RESPONSE PER ROW, RANDOMISE ROWS

D03. In the last year, have you been …?

Please select one for each statement

Row Code	Row list	Scripting notes	Routing

1	Humiliated or emotionally abused in other ways by a partner or ex-partner		
2	Afraid of a partner or ex-partner		
3	Forced to have any kind of sexual activity by a partner or ex-partner		
4	Kicked, hit, slapped or otherwise physically hurt by a partner or ex-partner without your consent		
5	Told by a partner who you could see and where you could go		

Column code	Column list	Scripting notes	Routing
1	Yes		
2	No		
98	Prefer not to say		

Base: Ask if Yes (code 1) to any of D03

SINGLE RESPONSE

D04. Is [IF MORE THAN ONE YES AT D03 : any of] this abuse new since the COVID pandemic started in March 2020 …?

Please select one only

Fixed codes	Answer list	Scripting notes	Routing
1	Yes – started for the first time during the pandemic		
2	No – it already happened before the pandemic		
98	Prefer not to say		

Base: All respondents

MULTI RESPONSE

D05. Please tell us about the use of your or your partners use of pornography?

Please select one only

Fixed codes	Answer list	Scripting notes	Routing
1	I do not view pornography		**SECTION E**

2	I do view pornography	**CANNOT SAY 1 & 2**	**GO TO D06**
3	My partner does not view pornography	**DO NOT SHOW IF CODE 1 AT D02**	**SECTION E**
4	My partner does view pornography	**DO NOT SHOW IF CODE 1 AT D02 CANNOT SAY 3 & 4**	**GO TO D06**
98	Prefer not to say	**EXCLUSIVE**	**SECTION E**

Base: If view pornography at D05 (code 2 or 4)

GRID MULTI RESPONSE PER ROW, RANDOMISE ROWS

D06. In the last year do you think pornography has affected any of the following aspects of your relationships?

Please select those that apply for each statement

Row Code	Row list	Scripting notes	Routing
1	Pornography viewed has made me or my partner feel less desirable		
2	Pornography has decreased how often my partner or I want to have sex		
3	Pornography has reduced the ability of my partner or me to have sex		
4	Pornography has increased the amount of screen time my partner or I spend		

Column code	Column list	Scripting notes	Routing
1	Yes for me		
2	Yes for my partner		
3	No	**EXCLUSIVE**	
98	Prefer not to say	**EXCLUSIVE**	

Section E: Health Behaviours - Drugs

Base: All respondents

SINGLE RESPONSE

E01. Have you ever taken illegal drugs, new psychoactive substances (NPS), solvents or prescription drugs that were not prescribed to you?

Please select one only

Fixed codes	Answer list	Scripting notes	Routing
1	Yes		**GO TO E02**
2	No		**SECTION T**
98	Prefer not to say		**SECTION T**

Base: Those who said Yes (code 1) to E01

SINGLE RESPONSE

E02. How often do you usually use drugs?

Please select one only

Fixed codes	Answer list	Scripting notes	Routing
1	Only taken drugs once		
2	Used to take drugs sometimes but I don't take them anymore		
3	A few times a year		
4	Once or twice a month		
5	At least once a week		
6	Most days		
98	Prefer not to say		

Base: Those who said Yes (code 1) to E01

MULTI RESPONSE

E03. The last time you used drugs where did you use them?

Please select all that apply

Fixed codes	Answer list	Scripting notes	Routing
1	At home with friends		
2	At home alone		
3	At work		
4	At a friend's house		
5	Outside with friends		
6	Outside alone		

7	At a club, gig or festival		
95	Somewhere else (please specify where)	**OPEN TEXT BOX**	
98	Prefer not to say	**EXCLUSIVE**	

Base: Those who said Yes (code 1) to E01

MULTI RESPONSE

E04. Which, if any, of these drugs have you taken in the last year?

Please select all that apply

Fixed codes	Answer list	Scripting notes	Routing
1	Cannabis (Weed, Skunk, Green, Hash, Blow, Joints, Marijuana)		
2	Gas, Glue or Other Solvents		
3	Amphetamines (Speed, Whizz, Sulph, Paste)		
4	Buprenorphine		
5	Ecstasy (E, Eccies, XTC, Pills)		
6	Cyroban (Cy, Cyber, CBan)		
7	Non prescribed Benzos (Diazepam, Valium, Etizolam, Blues, Whites, Yellows, Xanax)		
8	Heroin (Smack, Kit, H, Brown, Skag)		
9	Magic Mushrooms (Shrooms)		
10	Methadone (Physeptone, Meth)		
11	MDMA powder/crystals (Mandy, Molly, Madman)		
12	Cocaine (Coke, Charlie, C, Proper, Council)		
13	Anabolic Steroids (Roids)		
14	Unknown White Powders (Gear)		
15	Ketamine (Ket, K)		
16	Synthetic Cannabinoids (SPICE, Exodus, Black Mamba)		
17	LSD (Acid, Blotters)		
18	2C (2CB, 2CI, 2CE)		
19	Diet Pills		
20	Tanning Pills/Liquids/Powders		

21	None in the last year		
95	Other drugs including prescription drugs not prescribed to you (Please specify what)	**OPEN TEXT BOX**	
98	Prefer not to say	**EXCLUSIVE**	

Base: Those who said Yes (code 1) to E01

SINGLE RESPONSE

E05. Have you ever injected yourself with any non-prescribed drugs or other substances?

Please select one only

Fixed codes	Answer list	Scripting notes	Routing
1	Yes		
2	No		
98	Prefer not to say		

Base: Those who said Yes (code 1) to E05

SINGLE RESPONSE

E06. When was the last time you injected yourself with non-prescribed drugs or other substances?

Please select one only

Fixed codes	Answer list	Scripting notes	Routing
1	In the last 4 weeks		
2	Between 4 weeks and 1 year ago		
3	Over 1 year ago		
98	Prefer not to say		

Closing section (Section T)

INTRO TEXT

Thank you for your responses. That was the final question.

Base: All respondents

SINGLE RESPONSE

T01. Would you like to enter the prize draw to win the £250 Love2Shop voucher on the basis of these terms and conditions?

a) The prize draw will be administered by BMG Research

b) You confirm you are aged 18 or over and accept the prize is non-exchangeable, non-transferable and no cash alternatives will be offered

c) To administer the prize draw BMG Research needs your first name and surname and will use the email address previously provided. These details will only be used for this purpose and be kept confidential.

d) BMG Research selects and notifies a winner at random from all valid entries received before the survey closes at the end of February 2023. Winners will be notified and receive their voucher by the 10th March.

Please select one only

Fixed codes	Answer list	Scripting notes	Routing
1	Yes I would like to enter the prize draw		**GO TO T02**
2	No I DO NOT wish to enter the prize draw		**CLOSING TEXT**

Base: All respondents

SINGLE RESPONSE

T02. Please confirm your first name and surname. These will be handled as stated in the terms and conditions on the previous page.

Please type your first name in the box below

[_____]

Please type your surname in the box below

[_____]

CLOSING TEXT

You have reached the end of the survey. Thank you for taking the time to answer our questions. Your input is really appreciated.

Please **click next** to submit your responses.