
Report To: Inverclyde Integrated Joint Board **Date:** 13 May 2024
Report By: Kate Rocks
Chief Officer, Inverclyde HSCP **Report No:** IJB/14/2024/KR
Contact Officer: Beatrix v. Wissmann **Contact No:** 0141 201 4888
NHS GGC Public Health
Subject: Inverclyde Report of the NHS Greater Glasgow and Clyde 2022/23
Adult Health and Wellbeing Survey, February 2024

1.0 PURPOSE AND SUMMARY

1.1 For Decision For Information/Noting

1.2 To update the IJB on the Inverclyde report of the NHS Greater Glasgow and Clyde 2022/23 Adult Health and Wellbeing Survey.

1.3 With 1,138 Inverclyde residents interviewed, it is the biggest single source of data about current health behaviours and perceptions of health and wellbeing across our population. It provides information on health trends and for different population groups, enabling us to consider public health issues at local and thematic level within Inverclyde, to inform planning and highlights areas where we need to work with partners and local communities to improve health.

1.4 It is the first Health and Wellbeing survey conducted post-Covid and provides intelligence on the impact of the pandemic for our community, unsurprisingly showing a decline in self-perceived health since 2017/18. Alongside the pandemic, austerity has also had a more disproportionate negative impact on some of our residents.

1.5 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.

2.0 RECOMMENDATIONS

The Integration Joint Board is asked to:

2.1 Acknowledge the health and wellbeing position of our population;

2.2 Note the publication of the Inverclyde findings of the NHSGGC Adult Health and Wellbeing Survey (2022/23) and wide use of this data set amongst staff, partner agencies and academia;

2.3 Note that HSCP service areas will take the analysis from public health into planning forums and health improvement will share information with partnerships and communities across Inverclyde.

Kate Rocks
Chief Officer
Inverclyde Health & Social Care Partnership

3.0 BACKGROUND AND CONTEXT

- 3.1 This report provides the findings for Inverclyde, from the Health and Wellbeing survey conducted through face-to-face interviews with adult residents across the NHS Greater Glasgow and Clyde area between September 2022 and May 2023. There were 1,138 interviews conducted in Inverclyde.
- 3.2 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.
- 3.3 Data were weighted to ensure they are representative of age, gender, deprivation groups and geographical areas.

4.0 PROPOSALS

- 4.1 In summary, the findings of the survey for Inverclyde show:
 - Health and Illness: There has been a decrease in the proportion of adults in Inverclyde with a positive view of their physical wellbeing, mental/emotional wellbeing and quality of life, and an increase in the proportion with a condition or illness that limits their daily activities, and an increase in the proportion being treated for at least one condition, to the highest levels seen across the last five surveys. Those in the most deprived areas fared worse than those in other areas, and measures of health and wellbeing consistently showed Inverclyde faring worse than the NHSGGC area as a whole.
 - Health behaviours: Across a range of health behaviour indicators, those in the most deprived areas of Inverclyde had worse indicators than those in other areas – being more likely to smoke or be exposed to second hand smoke, more likely to use e-cigarettes, and less likely to meet the targets for fruit/vegetable consumption or physical activity. The exception was that those in the most deprived areas were less likely to drink alcohol. However, among those who did drink, those in the most deprived areas were more likely to binge.
 - Social Health and Social Capital: Some of the indicators showed higher levels of social health and social capital for Inverclyde than for NHSGGC in 2022/23: e.g. compared to NHSGGC overall, findings for Inverclyde showed a lower proportion feeling isolated, a higher proportion feeling a valued member of their community, and a higher proportion with positive perception of reciprocity (neighbours helping each other). However trends over time showed a steep deterioration of all of these indicators for Inverclyde (and for NHSGGC overall) compared to previous years, and those in more deprived areas faring worse. The proportion with a positive perception of services declined, except for schools. The steepest decline in positive perception was seen for GP/Doctor, followed by OOH medical provision and public transport.
 - Financial Wellbeing: The proportion who had indicators of food insecurity (14%) doubled compared to 2017/18, although it was slightly lower than in the NHSGGC area as a whole. Among those in the most deprived areas, more than 1 in 5 had indicators of food insecurity. Whilst, the overall proportion who had difficulty meeting the cost of food/energy was lower than in the NHSGGC area as a whole, nearly half of those in the most deprived areas of Inverclyde said they had difficulty meeting the cost of food and/or energy.
- 4.2 As recognised in the Inverclyde HSCP Strategic Plan, the challenges for the health and wellbeing of our population will not be overcome by continuing to do things the same way they have always

been done. Our teams within (Inverclyde Health and Social Care Partnership and NHSGGC's Public Health Directorate) will work differently together, along with other key partners, to improve services, improve health outcomes and focus on reducing inequalities. This will contribute to our vision that Inverclyde is a caring and compassionate community working together to address inequalities and assist everyone to live active, healthy and fulfilling lives.

5.0 IMPLICATIONS

5.1 The table below shows whether risks and implications apply if the recommendation(s) is(are) agreed:

SUBJECT	YES	NO
Financial		X
Legal/Risk	X	
Human Resources		X
Strategic Plan Priorities	X	
Equalities, Fairer Scotland Duty & Children and Young People	X	
Clinical or Care Governance		X
National Wellbeing Outcomes	X	
Environmental & Sustainability		X
Data Protection		X

5.2 Finance

One off Costs

Cost Centre	Budget Heading	Budget Years	Proposed Spend this Report	Virement From	Other Comments
N/A					

Annually Recurring Costs/ (Savings)

Cost Centre	Budget Heading	With Effect from	Annual Net Impact	Virement From (If Applicable)	Other Comments
N/A					

5.3 Legal/Risk

Risk implication: Continuing increasing and changing demand on health and care services.

5.4 Human Resources

N/A

5.5 Strategic Plan Priorities

The Inverclyde report of the NHS Greater Glasgow and Clyde 2022/23 Adult Health and Wellbeing Survey provides intelligence relevant to all six big actions from Inverclyde HSCP Strategic Plan 2019-2024 (Refresh 23-24).

5.6 Equalities

(a) Equalities

This report has been considered under the Corporate Equalities Impact Assessment (EqIA) process with the following outcome:

	YES – Assessed as relevant and an EqIA is required.
X	NO – This report does not introduce a new policy, function or strategy or recommend a substantive change to an existing policy, function or strategy. Therefore, assessed as not relevant and no EqIA is required. Provide any other relevant reasons why an EqIA is not necessary/screening statement.

(b) Equality Outcomes

How does this report address our Equality Outcomes?

Some equalities analysis of the adult health and well-being survey is available. NHSGGC are also commencing a boost for the survey to allow analysis for the seven largest minority ethnic groups in the health board, which is due to complete by March 2025. A specific health needs assessment of the LGBT+ community has been undertaken separately and published [LGBT+ HNA](#)

Equalities Outcome	Implications
People, including individuals from the above protected characteristic groups, can access HSCP services.	Analysis for perception of services is shown by age, deprivation, and limiting long term condition
Discrimination faced by people covered by the protected characteristics across HSCP services is reduced if not eliminated.	Analysis of experience of discrimination shown by age
People with protected characteristics feel safe within their communities.	Analysis of feeling of safety shown by sex and limiting long term condition
People with protected characteristics feel included in the planning and developing of services.	Analysis of feeling of influence on local decisions shown by deprivation, and by limiting long term conditions
HSCP staff understand the needs of people with different protected characteristic and promote diversity in the work that they do.	Analysis for perception of services is shown by age, deprivation, and limiting long term condition
Opportunities to support Learning Disability service users experiencing gender based violence are maximised.	No analysis available from the findings of this survey
Positive attitudes towards the resettled refugee community in Inverclyde are promoted.	Analysis on experience of discrimination shown by age

(c) Fairer Scotland Duty

If this report affects or proposes any major strategic decision:-

Has there been active consideration of how this report’s recommendations reduce inequalities of outcome?

	YES – A written statement showing how this report’s recommendations reduce inequalities of outcome caused by socio-economic disadvantage has been completed.
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X	NO – Assessed as not relevant under the Fairer Scotland Duty for the following reasons: This report provides intelligence on population health and wellbeing indicators by deprivation, which can inform service design to reduce inequalities of outcome caused by socioeconomic disadvantage, but in itself does not represent a strategic decision.
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(d) Children and Young People

Has a Children’s Rights and Wellbeing Impact Assessment been carried out?

	YES – Assessed as relevant and a CRWIA is required.
x	NO – Assessed as not relevant as this report does not involve a new policy, function or strategy or recommends a substantive change to an existing policy, function or strategy which will have an impact on children’s rights.

5.7 Clinical or Care Governance

N/A

5.8 National Wellbeing Outcomes

How does this report support delivery of the National Wellbeing Outcomes?

National Wellbeing Outcome	Implications
People are able to look after and improve their own health and wellbeing and live in good health for longer.	yes
People, including those with disabilities or long term conditions or who are frail are able to live, as far as reasonably practicable, independently and at home or in a homely setting in their community	yes
People who use health and social care services have positive experiences of those services, and have their dignity respected.	yes
Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services.	yes
Health and social care services contribute to reducing health inequalities.	yes
People who provide unpaid care are supported to look after their own health and wellbeing, including reducing any negative impact of their caring role on their own health and wellbeing.	yes
People using health and social care services are safe from harm.	yes
People who work in health and social care services feel engaged with the work they do and are supported to continuously improve the information, support, care and treatment they provide.	no
Resources are used effectively in the provision of health and social care services.	yes

5.9 Environmental/Sustainability

Summarise any environmental / climate change impacts which relate to this report. N/A

Has a Strategic Environmental Assessment been carried out?

	YES – assessed as relevant and a Strategic Environmental Assessment is required.
x	NO – This report does not propose or seek approval for a plan, policy, programme, strategy or document which is like to have significant environmental effects, if implemented.

5.10 Data Protection

Has a Data Protection Impact Assessment been carried out?

	YES – This report involves data processing which may result in a high risk to the rights and freedoms of individuals.
X	NO – Assessed as not relevant as this report does not involve data processing which may result in a high risk to the rights and freedoms of individuals.

6.0 DIRECTIONS

6.1	Direction Required to Council, Health Board or Both	Direction to:	
		1. No Direction Required	X
		2. Inverclyde Council	
		3. NHS Greater Glasgow & Clyde (GG&C)	
		4. Inverclyde Council and NHS GG&C	

7.0 CONSULTATION

- 7.1 The matters contained within this paper have been previously considered by the Inverclyde HSCP senior management team as part of its development. It informs the Director of Public Health annual report, which has been approved by the NHSGGC Corporate Management Team.
- 7.2 The Public Health Directorate and the Inverclyde Health Improvement Team (HSCPs) will initiate a programme of local engagement with Community Partners, Third Sector and Voluntary Partners to ensure local intelligence and local voices inform priorities and drive the development of our joint delivery framework.

8.0 BACKGROUND PAPERS

- 8.1 Full Inverclyde Report of the NHS Greater Glasgow and Clyde 2022/23 Adult Health and Wellbeing Survey (February 2024) attached.



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

Inverclyde Report

February 2024



Foreword

We would like to welcome you to NHS Greater Glasgow and Clyde's 2022/23 Adult Health and Wellbeing (HWB) Survey Report for Inverclyde. 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 enabling us to consider public health issues at a locality and thematic level within Inverclyde. The survey provides information on health trends and analysis by different population groups to inform planning within Inverclyde and NHS Greater Glasgow and Clyde and highlights areas where we need to work with partners and local communities to improve health.

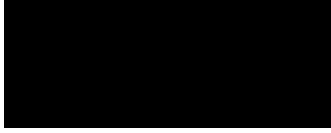
As the interviews were conducted in 2022/23, it is the first HWB survey conducted post-Covid and provides intelligence on the impact of the pandemic for our community. We know that, alongside the pandemic, austerity has also had a more disproportionate negative impact on some of our residents.

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 recognised in the Inverclyde HSCP Strategic Plan, the challenges will not be overcome by continuing to do things the same way they have always been done. Our teams within (Inverclyde Health and Social Care Partnership and NHSGGC's Public Health Directorate) will work differently together, along with other key partners, to improve services, improve health outcomes and focus on reducing inequalities. This will contribute to our vision that Inverclyde is a caring and compassionate community working together to address inequalities and assist everyone to live active, healthy and fulfilling lives.

We hope you find the report useful in providing an overview of the many factors which contribute to people's health and wellbeing. We are keen that the report is used widely to plan for public health change and are happy to make the anonymised data available to partner agencies (both local and national).

We would like to thank staff and contractors for their input in collating, analysing and interpreting the data. Our thanks go to the 1,138 residents who gave their time to be interviewed and shared their experiences and situation as part of Inverclyde Health and Wellbeing Survey.



Chief Officer, Inverclyde HSCP



Dr Emilia Crighton
Director of Public Health

Summary

Introduction

This summary provides an overview of the key findings for Inverclyde from the Health and Wellbeing survey conducted through face-to-face interviews with adult residents across the NHS Greater Glasgow and Clyde area between September 2022 and May 2023. There were 1,138 interviews conducted in Inverclyde. 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.

Health and Illness

Since the 2017/18 survey, there has been a decrease in the proportion of adults in Inverclyde with a positive view of their physical wellbeing, mental/emotional wellbeing and quality of life. There was an increase in the proportion with a limiting condition or illness and the proportion being treated for at least one condition, to the highest levels seen across the last five surveys.

Measures of health and wellbeing frequently showed those in the most deprived areas fairing worse than those in other areas – e.g. being less likely to have positive views of the general health, physical and mental/emotional wellbeing and quality of life, and more likely to have a limiting condition/illness or be receiving treatment.

Measures of health and wellbeing consistently showed Inverclyde fairing worse than the NHSGGC area as a whole including views of general health, physical and mental/emotional wellbeing and quality of life - differences which were not observed in previous surveys.

A quarter (24%) of adults in Inverclyde had WEMWBS scores indicating depression, rising to a third (32%) of those in the most deprived areas.

Health Behaviours

The smoking rate was 19% - this has changed little since 2011. The proportion exposed to second hand smoke (20%) represents a decrease from 26% in 2017/18. There was a significant rise in the proportion who had used e-cigarettes in the last year, from 13% in 2017/18 to 17% in 2022/23.

Men were much more likely than women to have AUDIT scores which indicated alcohol-related risk and more likely to binge drink. Levels of binge drinking and levels of alcohol-related risk showed a rise since 2017/18.

The proportion who met the target of consuming five or more portions of fruit/vegetables (29%) was lower than that seen in 2017/18 (42%), and was lower than the NHSGGC area as a whole (34%).

Those in Inverclyde were less likely than those in the NHSGGC area as a whole to meet the target for physical activity.

Across a range of health behaviour indicators, those in the most deprived areas of Inverclyde had poorer indicators than those in other areas – being much more likely to smoke or be exposed to second hand smoke, more likely to use e-cigarettes, and less likely to meet the targets for fruit/vegetable consumption or physical activity. The exception was that those in the most deprived areas were less likely to drink alcohol. However, among those who did drink, those in the most deprived areas were more likely to binge.

Social Health

Overall, social health indicators were less positive in 2022/23 than in 2017/18. There was a large increase in the proportion who felt isolated from family and friends, from 9% to 16% (but this was lower than the NHSGGC area as a whole), and there was a decrease in the proportion who felt they belonged to their local area or who felt valued as a member of the community.

Those in the most deprived areas had poorer indicators of social health, being more likely to feel isolated or lonely and less likely to feel they belonged to their local area or valued as a member of their community.

Since 2017/18 there was a decrease in the proportion of adults in Inverclyde who felt safe walking alone in their local area even after dark to a level lower than the NHSGGC area as a whole. Just over half (53%) of those in the most deprived areas felt safe walking alone compared to 70% of those in other areas.

Social Capital

Indicators of social capital consistently showed those in the most deprived areas fairing worse than those in other areas – being less likely to have positive views of reciprocity or trust, less likely to value local friendships or have positive views of social support, less likely to belong to clubs/groups or volunteer, and less likely to participate in social activism.

There was a significant decrease since 2017/18 in the proportion who had positive views of reciprocity or trust and the proportion who valued local friendships or had a positive view of social support.

Adults in Inverclyde were less likely than those in the NHSGCC areas as a whole to volunteer, but more likely to engage in social activism.

Financial Wellbeing

Those in Inverclyde were more likely than those in the NHSGCC area as a whole to say all their household income came from benefits. More than a third (36%) of those in the most deprived areas said all their household income came from benefit.

The proportion who had indicators of food insecurity (14%) was double than seen in 2017/18, although it was lower than in the NHSGCC area as a whole. Among those in the most deprived areas, 22% had indicators of food insecurity. Nearly half (48%) of those in the most deprived areas said they had difficulty meeting the cost of food and/or energy. However, the overall proportion who had difficulty meeting the cost of food/energy (31%) was lower than in the NHSGCC area as a whole (38%).

Population Characteristics

Compared to those in the NHSGCC area as a whole, those in Inverclyde were more likely to say they had no qualifications. Those in the most deprived areas were much more likely than others to say they had no qualifications.

Just over a third (37%) of those in the most deprived areas lived in owner-occupied homes compared to 84% of those in other areas. Overall, the proportion who lived in owner-occupied homes was higher than in the NHSGCC area as a whole.

Just over half of adults in Inverclyde were economically active.

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1 Introduction

1.1 Introduction¹

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 presents the findings for the Inverclyde Health and Social Care Partnership area.

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

¹ This section has been prepared by NHSGGC

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

For further information, please contact:
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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. Of these, 1,138 interviews were conducted in Inverclyde.

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.

The sample profile of the 1,138 interviews conducted in Inverclyde is shown in Table 1.1.

Table 1.1: Main questionnaire sample before and after weighting, and Small Area Population Estimates (SAPE) comparison for Inverclyde

	Sample Before Weighting N	Sample Before Weighting %	Sample After Weighting %	SAPE 2020 %
Male	509	44.7%	47.3%	47.2%
Female	628	55.2%	52.7%	52.8%
Other/no answer	1	0.1%	0.0%	N/A
16-24	45	4.0%	11.7%	11.5%
25-34	154	13.5%	14.0%	14.0%
35-44	184	16.2%	13.1%	13.2%
45-54	151	13.3%	16.7%	16.8%
55-64	240	21.1%	19.0%	19.0%
65-74	192	16.9%	14.0%	14.0%
75+	172	15.1%	11.5%	11.5%
Bottom 15%	556	48.9%	34.8%	34.7%
Other Areas	582	51.1%	65.2%	65.3%

Note that the methodology and survey response described in Appendix A details the initial dataset of 10,346 interviews obtained across the whole GGC area. 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.

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 2012², and healthy life expectancy showing a two-year decrease in Scotland between 2011 and 2019³.

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. Comparisons are also made with the findings for the NHSGGC area as a whole. **Only comparisons with NHSGGC as a whole and findings by independent variables which were found to be significantly different ($p \leq 0.05$) are reported.** The independent variables which were tested were:

- Age group
- Gender

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 rest of 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>

- Age and gender⁴
- Most deprived 15% datazones 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 throughout the report. These are shown in charts together with the trends for NHSGGC as a whole, showing data for key indicators since the 2008 NHSGGC survey. The narrative accompanying the charts highlight whether a significant ($p \leq 0.05$) change has occurred since the 2017/18 survey.

The trends explored are listed in Appendix F.

Online Survey

A much smaller subset of respondents across GGC (N=1,194) responded to an additional online survey. The findings for this are reported in the main report, but not explored for individual HSCPs due to the small sample size.

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

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.

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 Chapter 4 the overall proportion who agreed that by working together local people can influence local decisions is 76%, comprising 27% who said they strongly agreed and 50% who agreed. These appear to sum 77%, but the more precise figures were 26.7% and 49.6% which total 76.3%, thus rounded to 76%.

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

One question from the main survey questionnaire is not reported due to errors/difficulties in data collection. This was question 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).

Other Surveys Cited in This Report

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

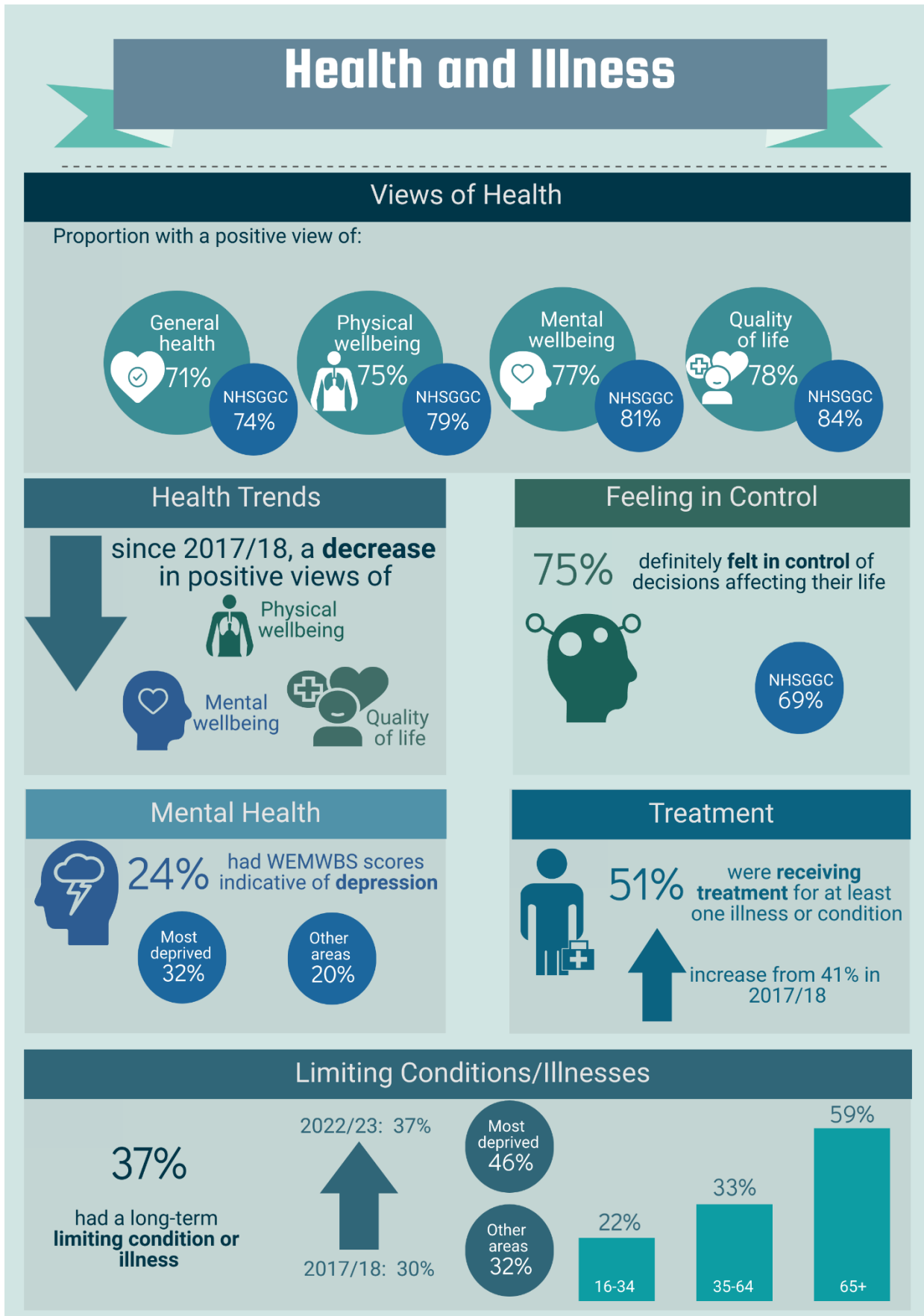
- The 2022 Scottish Household Survey
<https://www.gov.scot/collections/scottish-household-survey-publications/>
- The 2021 and 2022 Scottish Health Surveys⁵
<https://www.gov.scot/publications/scottish-health-survey-2021-volume-1-main-report/>
<https://www.gov.scot/publications/scottish-health-survey-2022-volume-1-main-report/>

⁵ 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.

- 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.



2.1 Self-Perceived Health and Wellbeing

General Health

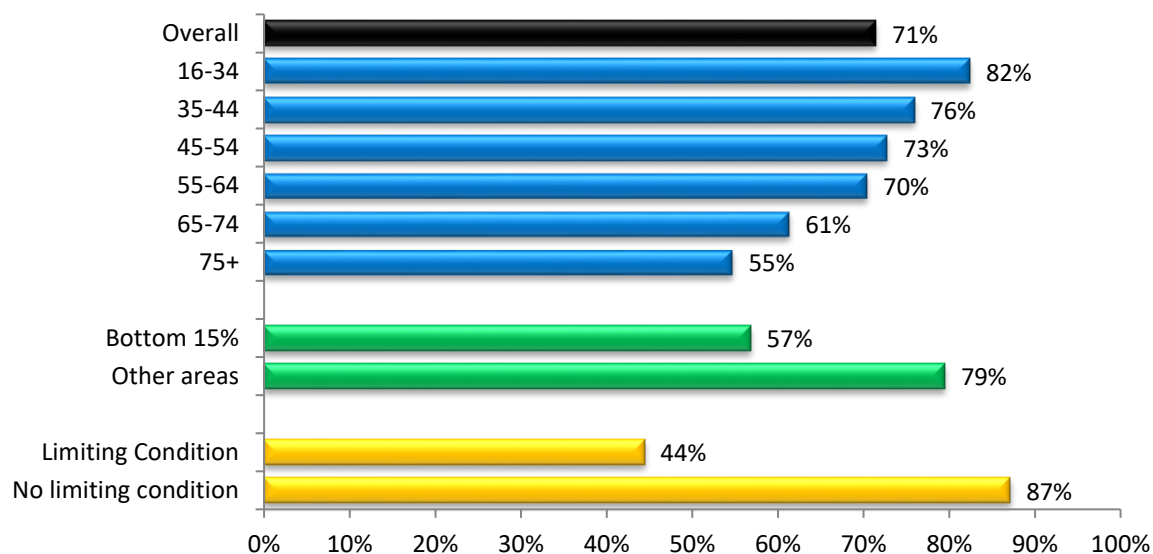
Respondents were asked to describe their general health over the last year on a five point scale (very good, good, fair, bad or very bad). Overall, seven in ten (71%) gave a positive view of their health, with 27% saying their health was very good and 44% saying their health was good. However, 29% gave a negative view of their health, with 18% saying their health was fair, 8% 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 82% of those aged under 35 to 55% of those aged 75 or over.

Those in the most deprived areas were less likely than those in other areas 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, Deprivation and Limiting Conditions



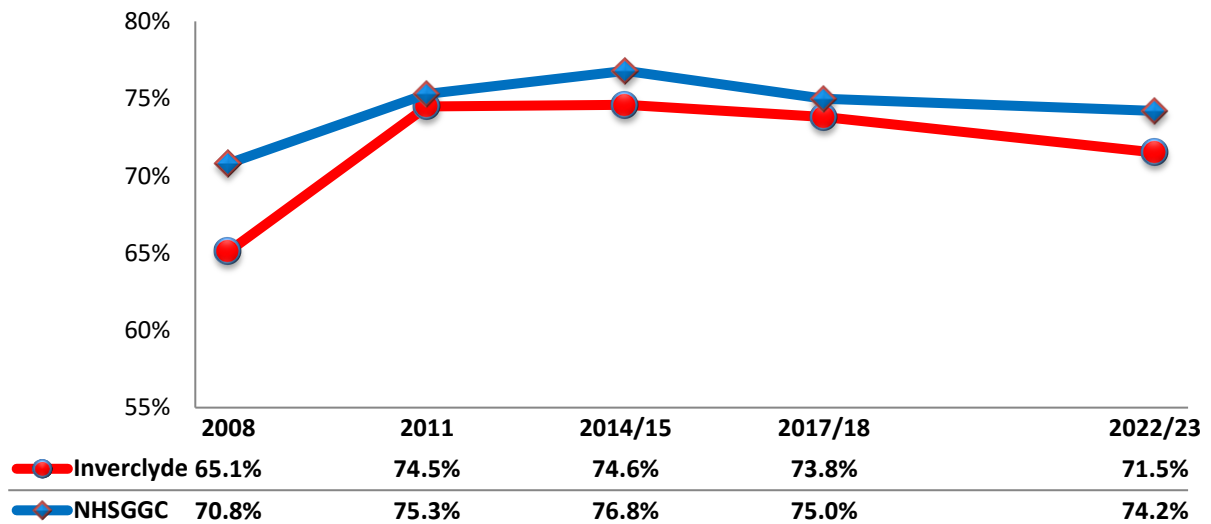
Comparison with NHSGGC

The proportion in Inverclyde with a positive view of their general health (71%) was lower than in the NHSGGC area as a whole (74%).

Trends

The proportion who had a positive perception of their general health rose between 2008 and 2011, but then showed little change. There was no significant change between the 2017/18 and 2022/23 survey.

Figure 2.2: Trends for Proportion with a Positive View of General Health: 2008 to 2023

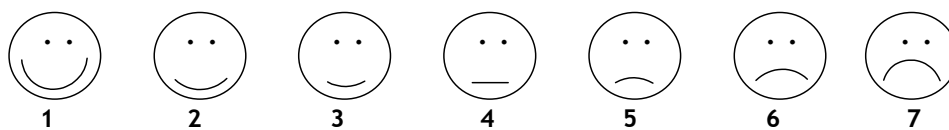


Evidence from Other Sources

- The finding of 71% for Inverclyde is similar to 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+.

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, 75% gave a positive view of their physical wellbeing, and 77% gave a positive view of their mental/emotional wellbeing.

- The likelihood of having a positive perception of physical wellbeing decreased with age.
- Those in the most deprived areas were less likely than others to have positive ratings of either physical or mental/emotional wellbeing.
- As would be expected, positive ratings of both measures were higher for those without limiting conditions or illnesses.

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

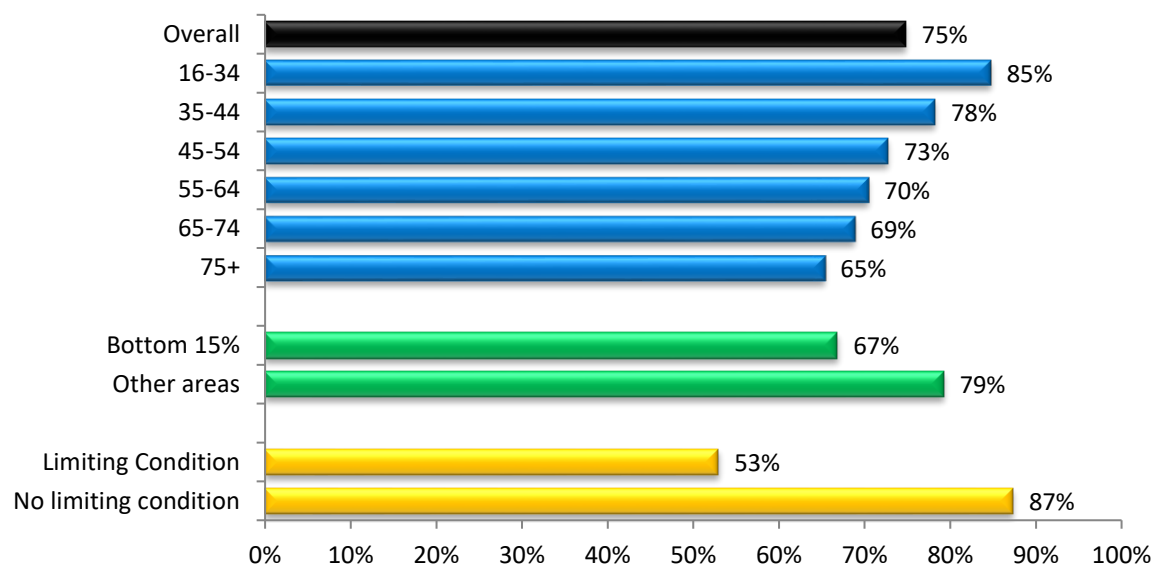
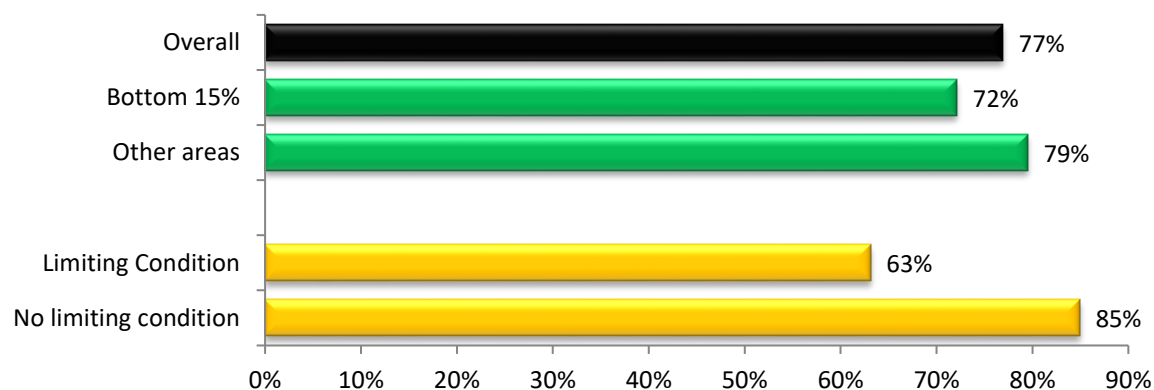


Figure 2.4: Positive Perception of Mental/Emotional Wellbeing by Deprivation and Limiting Conditions



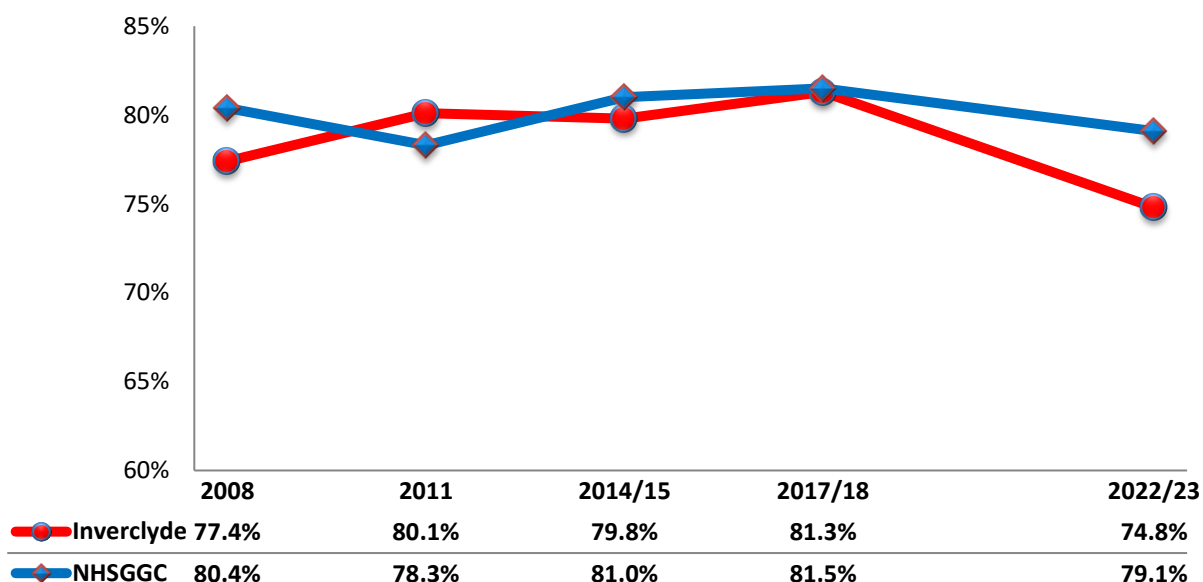
Comparison with NHSGGC

Compared to the NHSGGC area as a whole, those in Inverclyde were less likely to have a positive perceptions of their physical wellbeing (75% Inverclyde; 79% NHSGGC) or their mental/emotional wellbeing (77% Inverclyde; 81% NHSGGC).

Trends

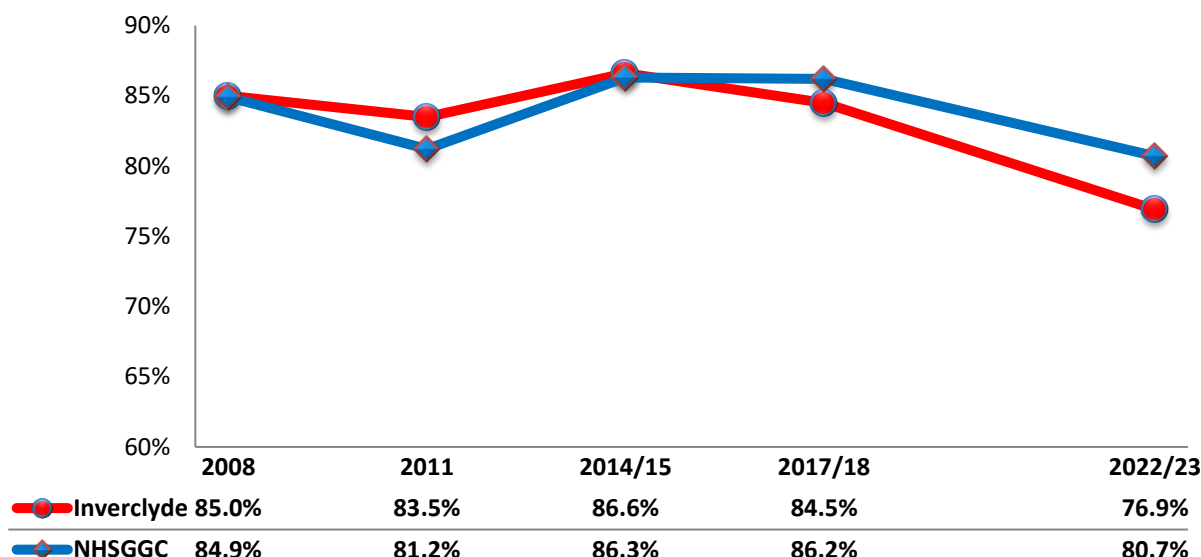
The proportion with a positive view of their physical health rose between 2008 and 2011, then remained fairly stable between 2011 and 2017/18, but decreased significantly in 2022/23, marking the lowest rate recorded across the last five surveys. The decrease between 2017/18 and 2022/23 represented a divergence from findings for the NHSGGC area as a whole.

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



The proportion with a positive view of their mental/emotional wellbeing showed little variation between 2008 and 2017/18, but decreased significantly between 2017/18 and 2022/23, and a new significant difference between Inverclyde and the NHSGGC area as a whole emerged.

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

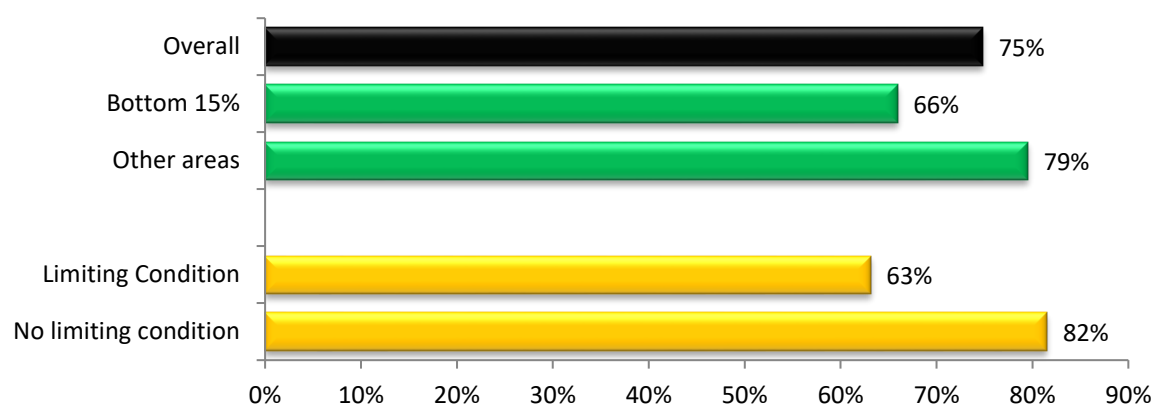


Feeling in Control of Decisions Affecting Life

Respondents were asked whether they feel in control of decisions that affect their life, such as planning their budget, moving house or changing job. Three in four (75%) said that they 'definitely' felt in control of these decisions, while 20% said that they felt in control 'to some extent' and 5% did not feel in control of these decisions.

Those in the most deprived areas and those with a limiting condition or illness were less likely to feel in control of the decisions affecting their life.

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



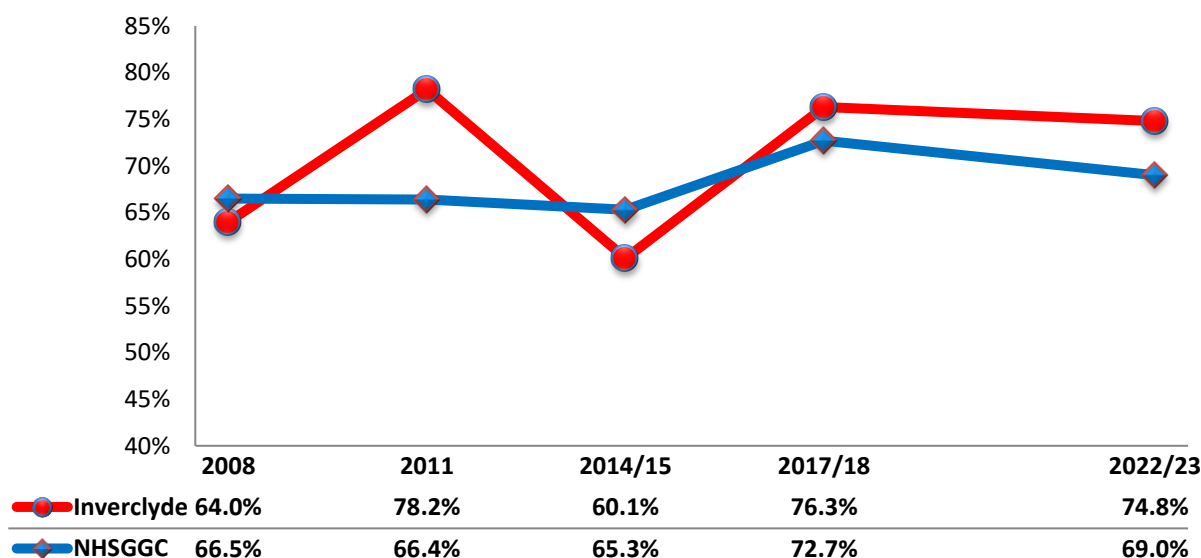
Comparison with NHSGGC

Compared to those in the NHSGGC area as a whole, those in Inverclyde were more likely to definitely feel in control of the decisions affecting their life (75% Inverclyde; 69% NHSGGC).

Trends

The proportion of Inverclyde respondents who definitely felt in control of the decisions affecting their life fluctuated up and down between 2008 and 2017/18, but there was no significant change between 2017/18 and 2022/23.

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

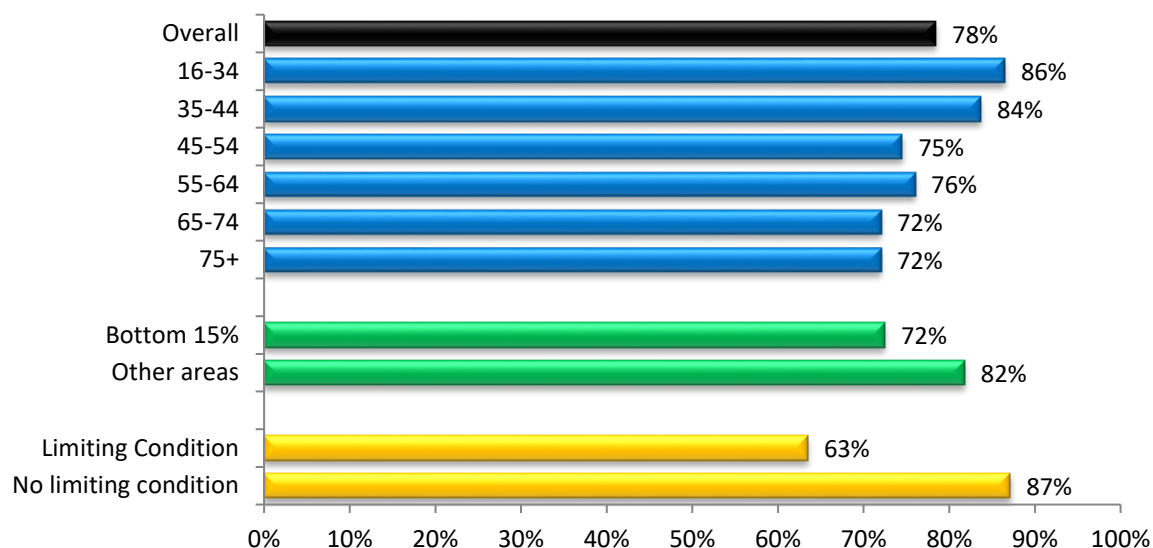


2.2 Self-Perceived Quality of Life

Using the 'faces' scale, respondents were asked to rate their overall quality of life. Overall, 78% gave a positive rating of their quality of life.

- Those aged under 35 were the age group most likely to have a positive perception of their quality of life, and those aged 65 or over were the least likely.
- 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 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, Deprivation and Limiting Conditions



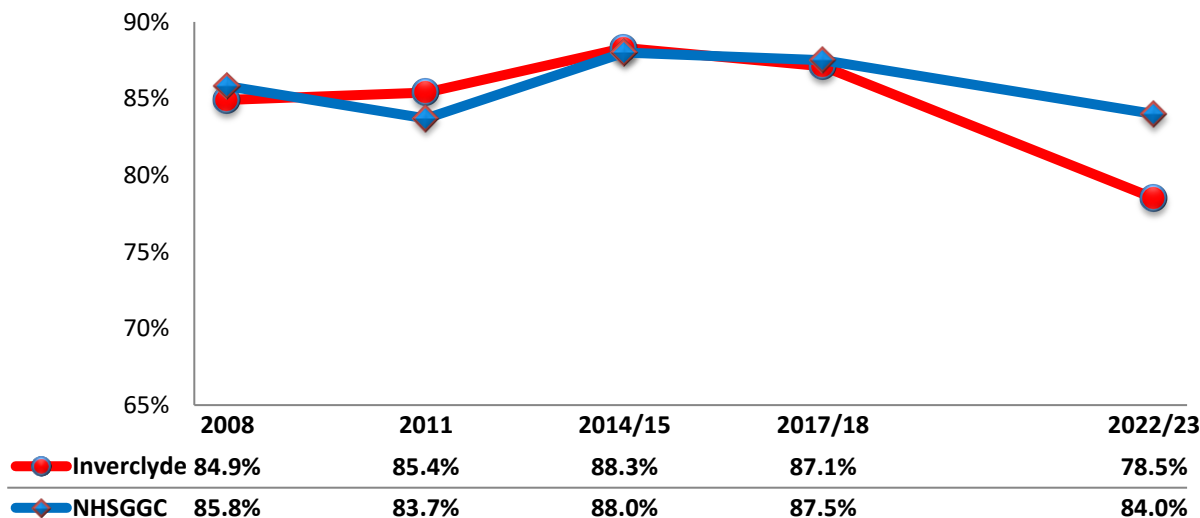
Comparison with NHSGGC

Compared to those in the NHSGGC area as whole, those in Inverclyde were less likely to have a positive view of their quality of life (78% Inverclyde; 84% NHSGGC).

Trends

Between 2017/18 and 2022/23 there was a decrease in the proportion who had a positive perception of their quality of life, bringing the rate to the lowest seen across the last five surveys and a new gap between Inverclyde and the NHSGGC area as a whole emerged.

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



2.3 Long Term Conditions or Illness

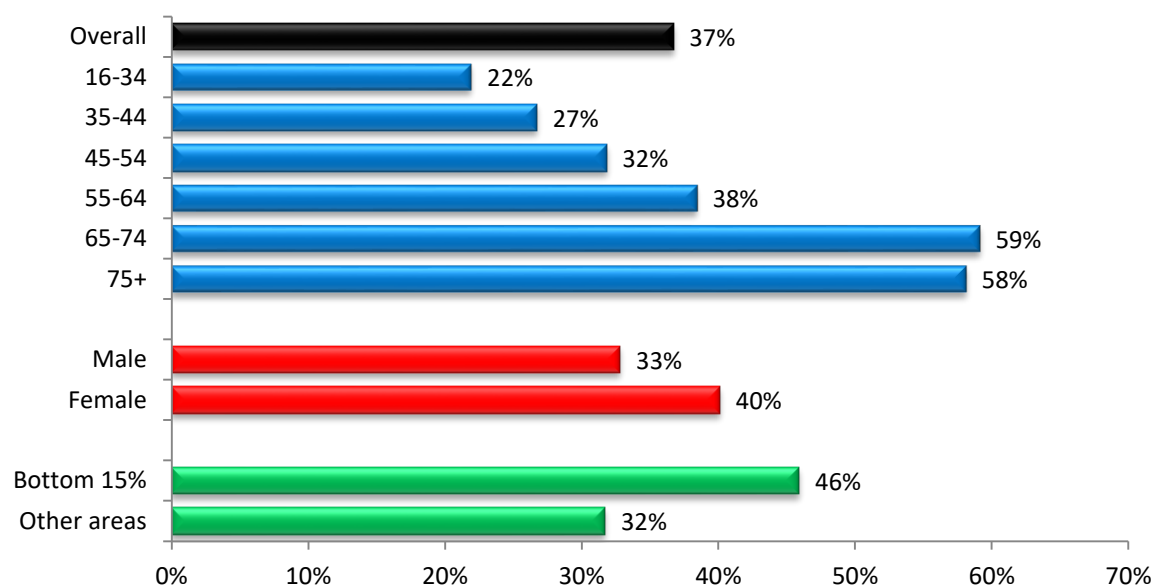
Just under two in four (37%) said they had a long-term condition or illness that substantially interfered with their day to day activities. Of those who had a long-term limiting condition or illness:

- 54% had a physical disability
- 31% 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 22% of those aged under 35 to 59% of those aged 65 or over, and women were more likely than men to have such conditions.

The likelihood of having such a condition was higher in the most deprived areas.

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



Comparison with NHSGGC

Compared to those in the NHSGGC area as whole, those in Inverclyde were more likely to have a long-term limiting condition or illness (37% Inverclyde; 31% NHSGGC).

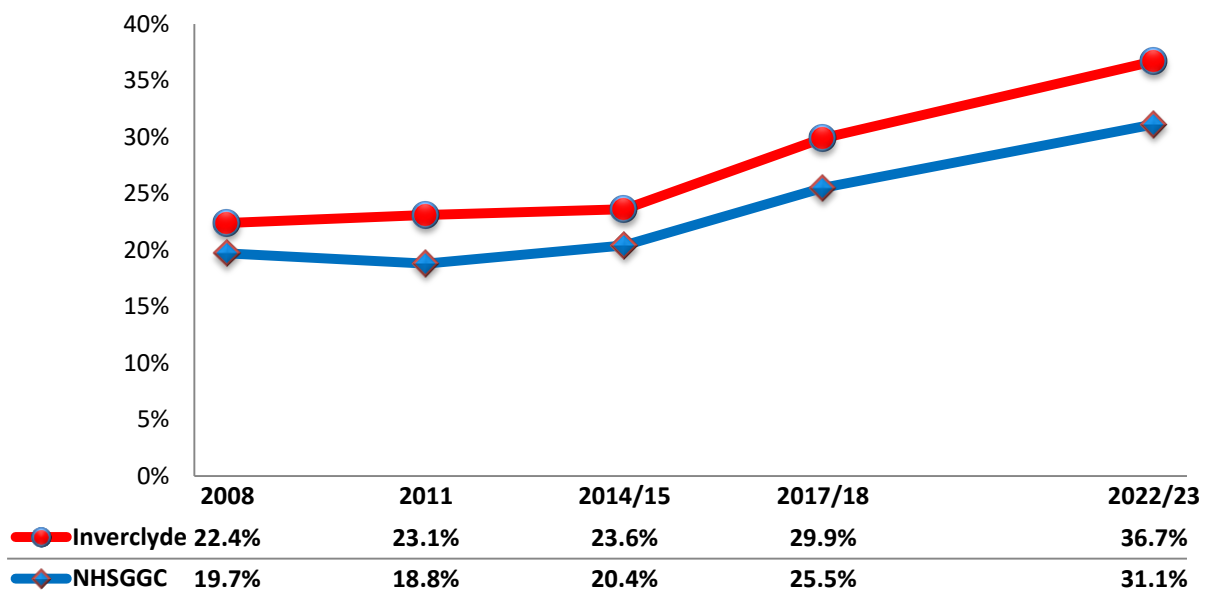
Evidence from Other Sources

- The proportion who reported having a limiting long-term condition/illness (37%) was the same as 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.

Trends

The proportion with a long-term limiting condition was fairly consistent between 2008 and 2014/15, but rose between 2014/15 and 2017/18 and significantly rose again between 2017/18 and 2022/23.

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

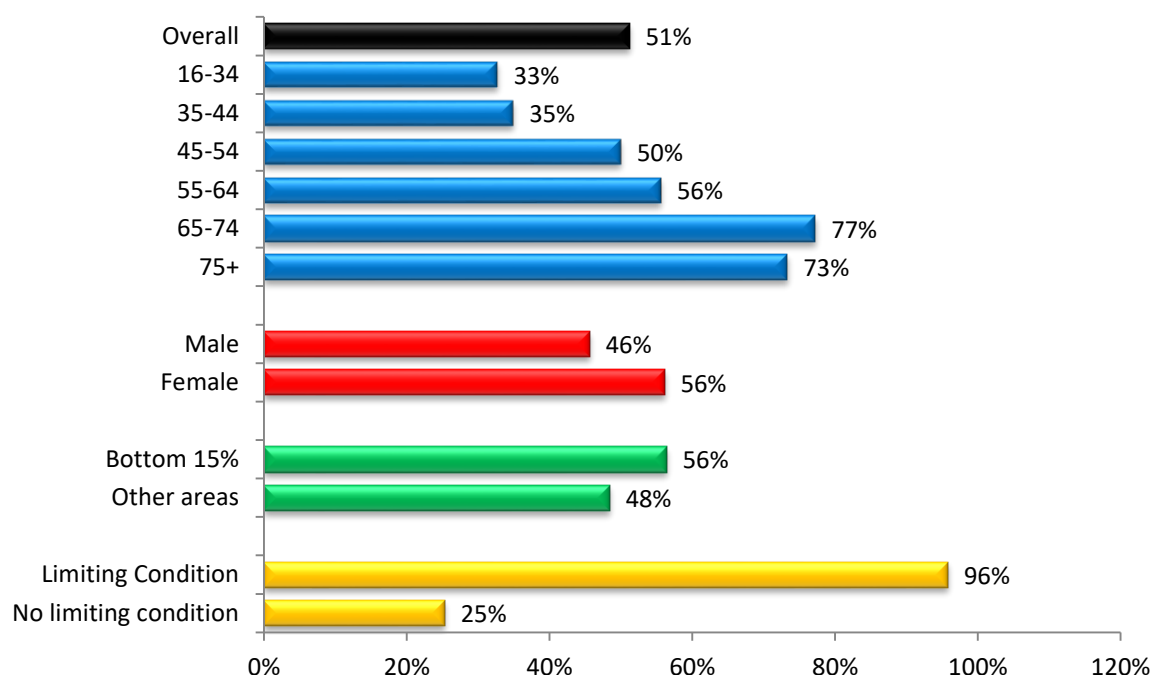


Illnesses/Conditions for Which Treatment is Being Received

Half (51%) of respondents said they had one or more illness or condition for which they were currently being treated (not necessarily 'limiting' illnesses/conditions) – 25% were being treated for one condition, and 26% were being treated for two or more.

- The proportion being treated for any conditions/illnesses ranged from 33% of those aged under 35 to 77% of those aged 65 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.
- Most (96%) 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



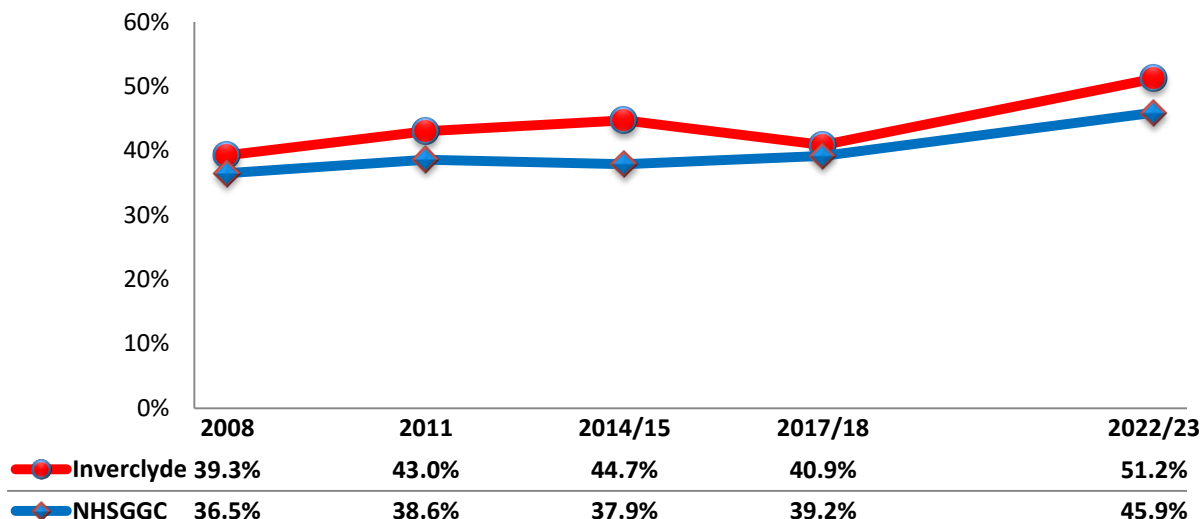
Comparison with NHSGGC

Compared to those in the NHSGGC area as whole, those in Inverclyde were more likely to be receiving treatment for at least one condition (51% Inverclyde; 46% NHSGGC).

Trends

Between 2017/18 and 2022/23 there was a significant increase in the proportion who were receiving treatment for at least one condition, to the highest rate seen in Inverclyde across the last five surveys.

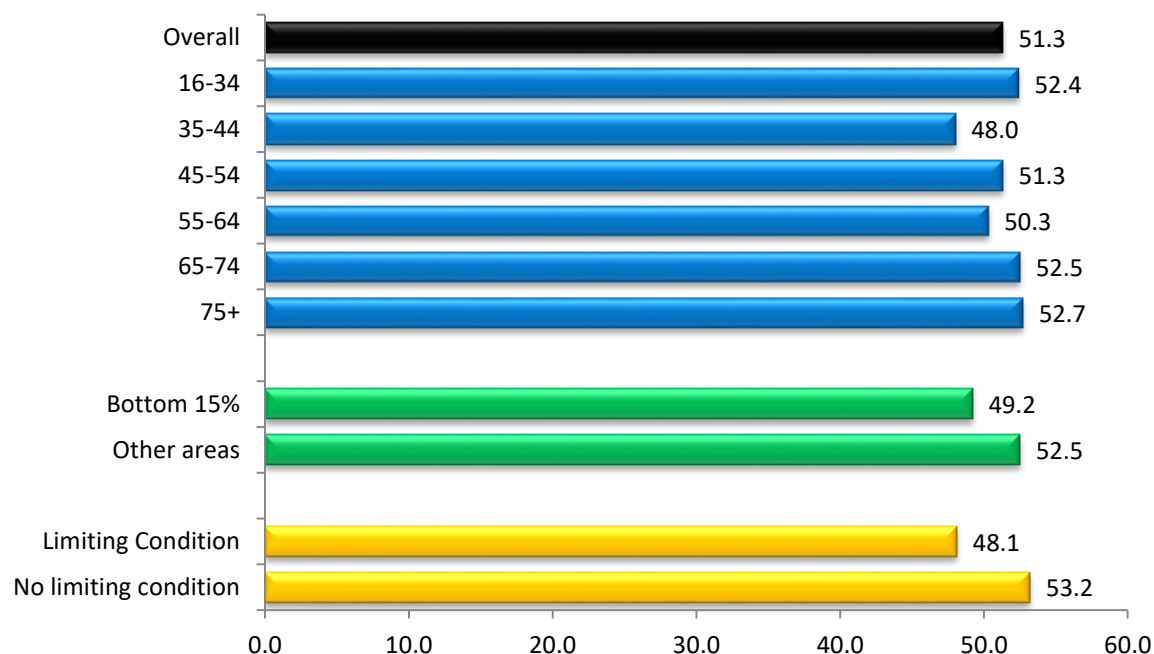
Figure 2.14: Trends for Receiving Treatment for at least One Condition 2008 to 2022/23



2.4 Mental Health

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 51.3. Mean WEMWBS scores varied significantly by age, deprivation and limiting conditions, as Figure 2.15 shows.

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



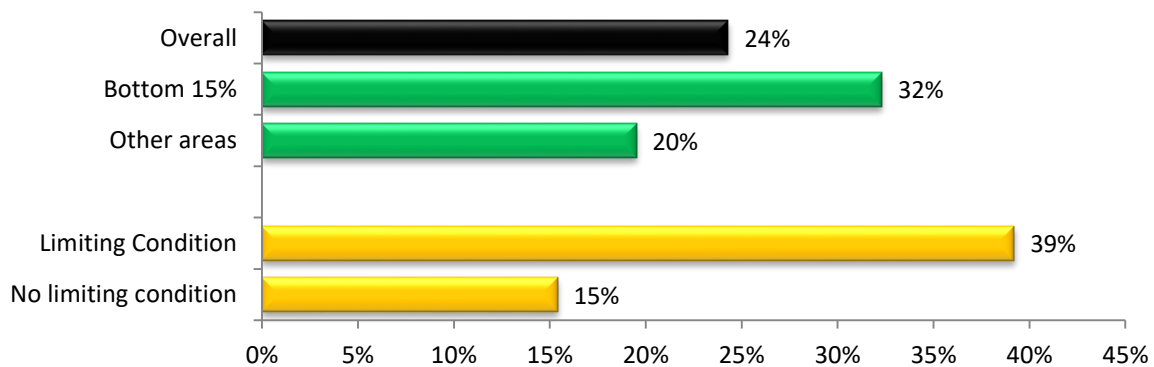
Validated categorisations of WEMWBS scores are:

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

Using these categories, 24% had a WEMWBS score indicating depression – either probable clinical depression (13%) or possible mild/depression (11%).

- One in three (32%) of those in the most deprived areas had a score indicating depression, compared to one in five (20%) of those in other areas.
- Those with a limiting condition or illness were more likely than others to have a score indicating depression.

Figure 2.16: Proportion with WEMWBS Scores Indicating Depression by Deprivation and Limiting Conditions



- 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 51.3 in Inverclyde measured by the NHSGGC survey. The mean SHS WEMWBS score in 2022 for the most deprived quintile was 44.7.

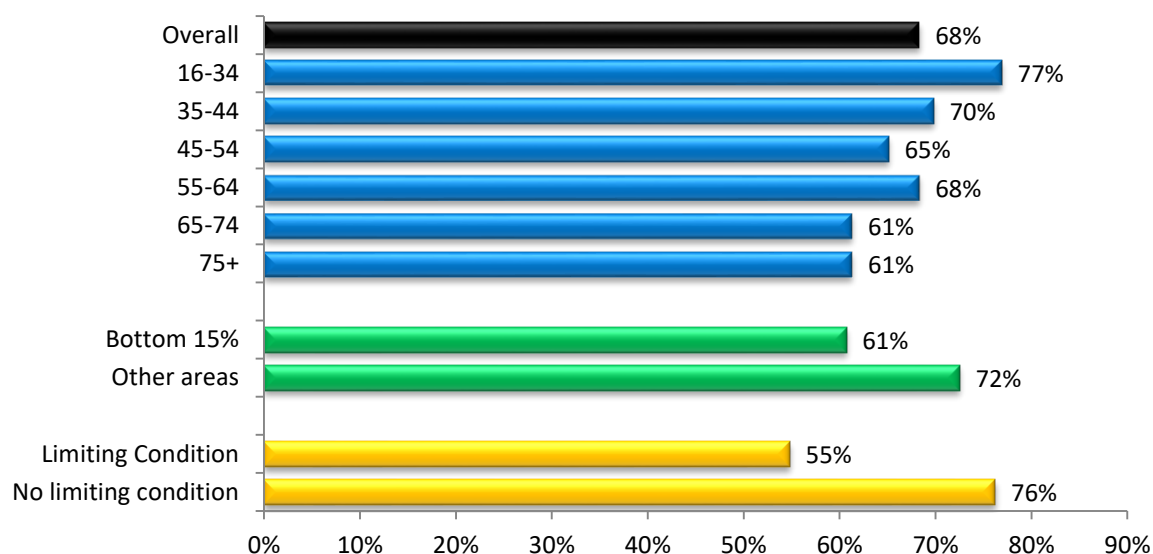
2.5 Dental Health

Respondents were asked how they would describe the current state of the health of their mouth and teeth. Two in three (68%) 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 under 35 were the most likely to say their mouth and teeth were in good health and those aged 65 or over were the least likely.
- 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.

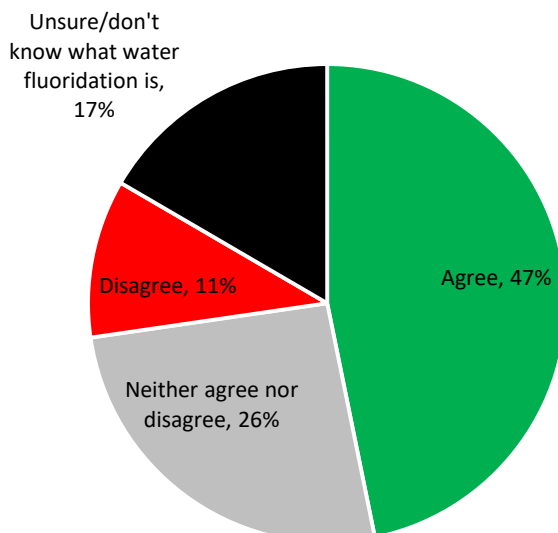
Figure 2.17: Proportion Rating Mouth/Teeth as in Good Health by Age, Deprivation and Limiting Conditions



Three in five (61%) indicated that in the last two years they have required services for a dental problem. Of these, most (93%) had used a high street dental practice. Other services used were: out of hours/emergency dental service (5%); pharmacist (4%), medical GP (2%) and Accident and Emergency Department (<1%).

Respondents 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'. Overall, 47% agreed with this, while 11% disagreed and 43% either said they did not agree nor disagree or that they were unsure/did not know what fluoridation is.

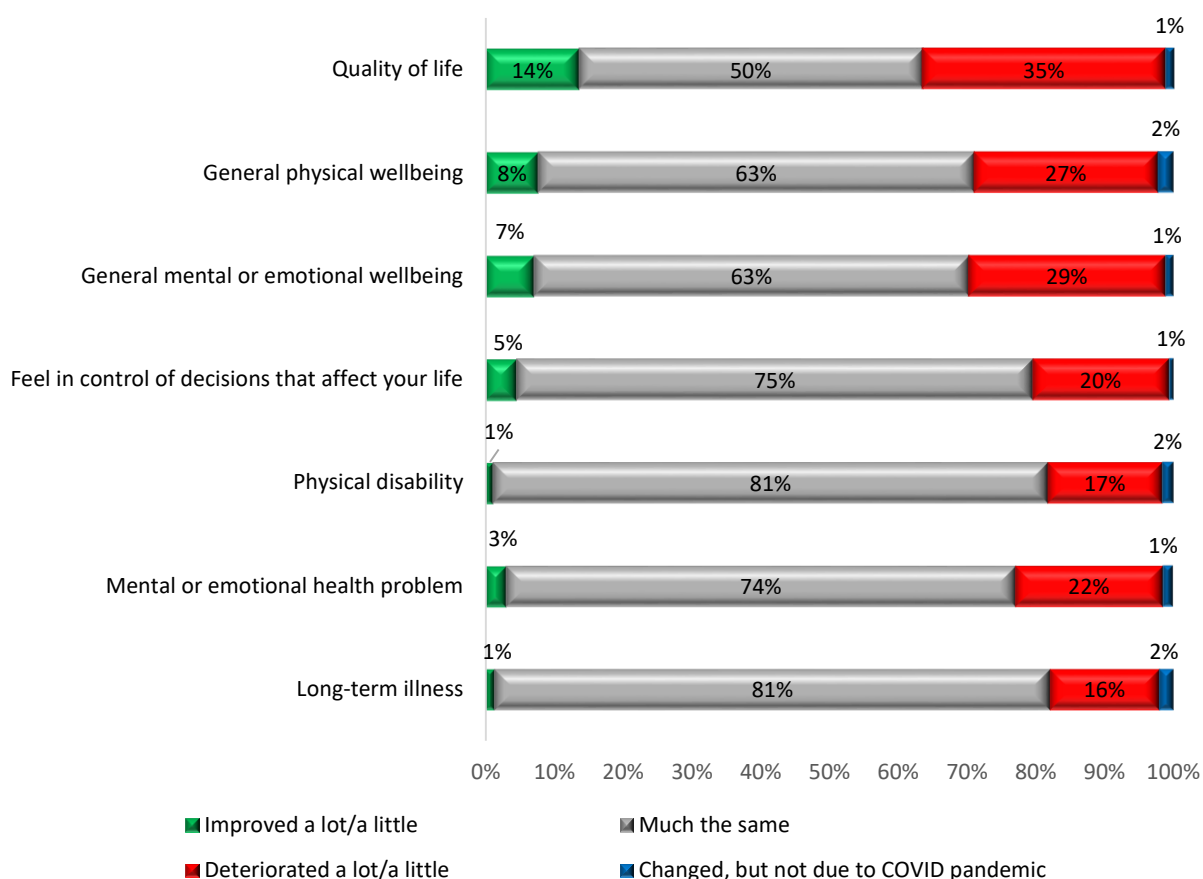
Figure 2.18: Responses to the statement 'I am open to the possibility of water fluoridation in my local area'



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 2.19. For each indicator, most said they were 'much the same'. However, 35% said their quality of life had deteriorated due to the pandemic; 29% said their general mental or emotional wellbeing had deteriorated and 27% said their general physical wellbeing had deteriorated due to the pandemic.

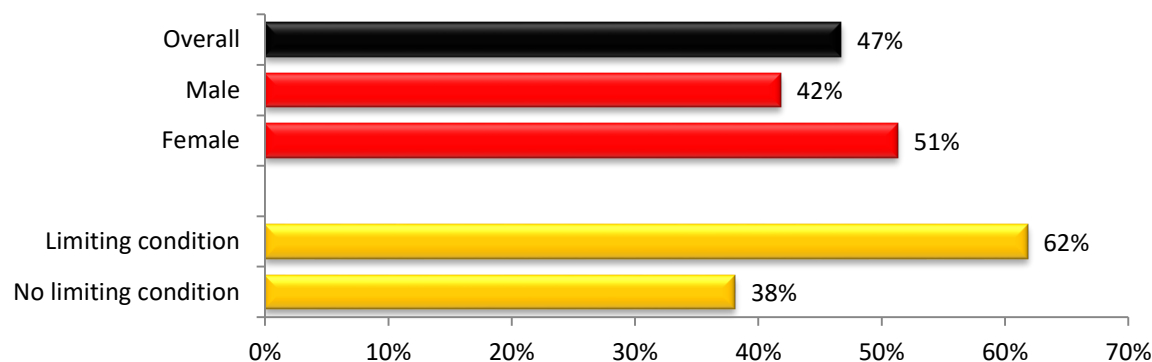
Figure 2.19: Perceived Effects of the COVID Pandemic on Wellbeing



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

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

Figure 2.20: Proportion Reporting Deterioration of at Least One Wellbeing Indicator due to the COVID Pandemic by Gender and Limiting Conditions



2.7 Summary of Key Messages from This Chapter

Indicators where Inverclyde Compared Favourably to NHSGGC

Compared to those in the NHSGGC area as a whole, those in Inverclyde were:

- more likely to definitely feel in control of the decisions affecting their life.

Indicators where Inverclyde Compared less Favourably to NHSGGC

Compared to those in the NHSGGC area as a whole, those in Inverclyde were:

- less likely to have a positive view of their general health
- less likely to have a positive view of their physical wellbeing
- less likely to have a positive view of their mental/emotional wellbeing
- less likely to have a positive view of their quality of life
- more likely to have a long-term limiting condition or illness
- more likely to be receiving treatment for at least one condition.

Differences by Age and Gender

- The likelihood of having a positive view of general health, physical wellbeing and quality of life increased with age.
- The likelihood of having a long-term limiting condition or illness increased with age.
- Those aged 65-74 were the most likely to be receiving treatment for at least one condition.
- Women were more likely than men to have a long-term limiting condition or to be receiving treatment.
- Those aged under 35 were the most likely to feel their mouth/teeth were in good health.
- Women were more likely than men to report a deterioration of at least one wellbeing indicator due to the COVID pandemic.

Differences by Deprivation

Those living in the most deprived areas were:

- less likely to have a positive view of their general health, physical wellbeing, mental/emotional wellbeing or quality of life
- less likely to definitely feel in control of the decisions affecting their life

- more likely to have a long-term limiting condition or illness and more likely to be receiving treatment for at least one condition
- more likely to have a WEMWBS score 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:

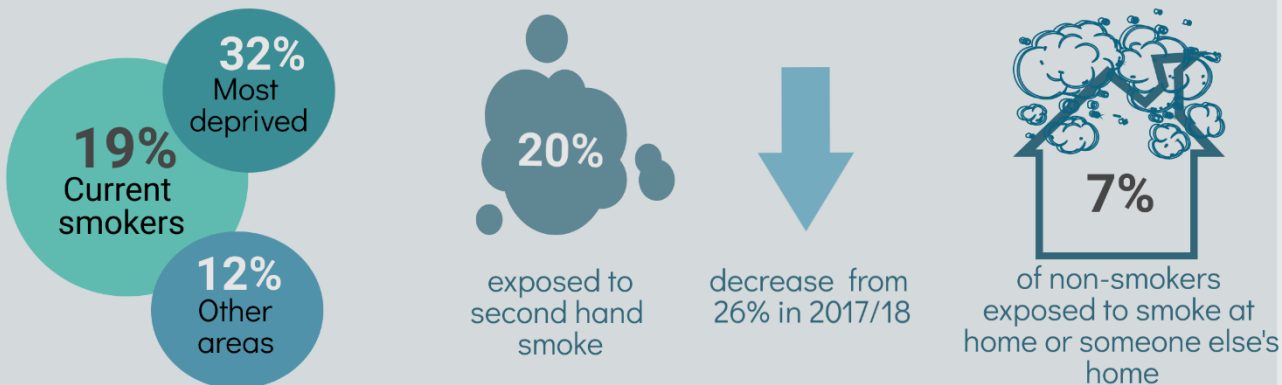
- less likely to have positive views of their general health, physical wellbeing, mental/emotional wellbeing and quality of life
- less likely to definitely feel in control of the decisions affecting their life
- more likely to be receiving treatment for at least one condition
- more likely to have a WEMWBS score 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

- There was a decrease since 2017/18 in the proportion who had a positive view of their physical wellbeing, mental/emotional wellbeing and quality of life.
- There was a rise since 2017/18 in the proportion who had a long-term limiting condition and the proportion who were receiving treatment for at least one condition.

Health Behaviours

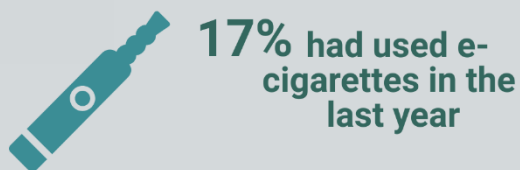
Smoking



Alcohol



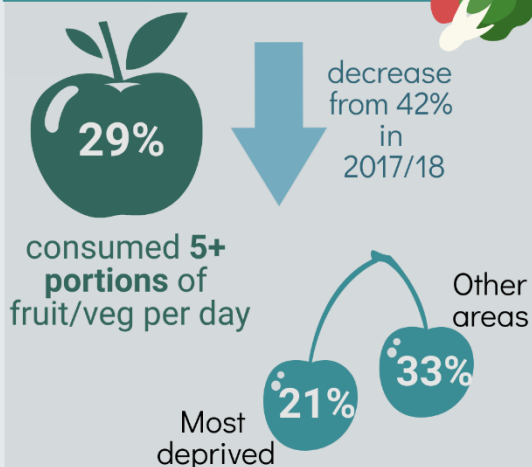
E-Cigarettes



Physical Activity



Fruit & Vegetables

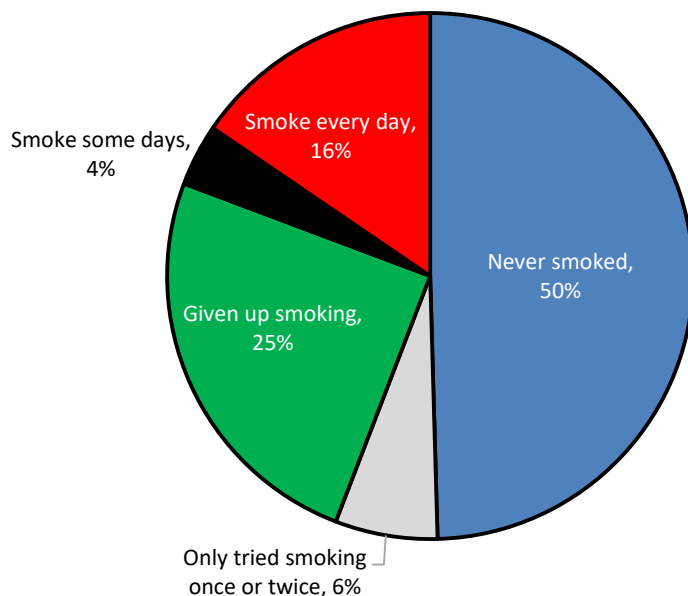


3.1 Smoking

Smoking

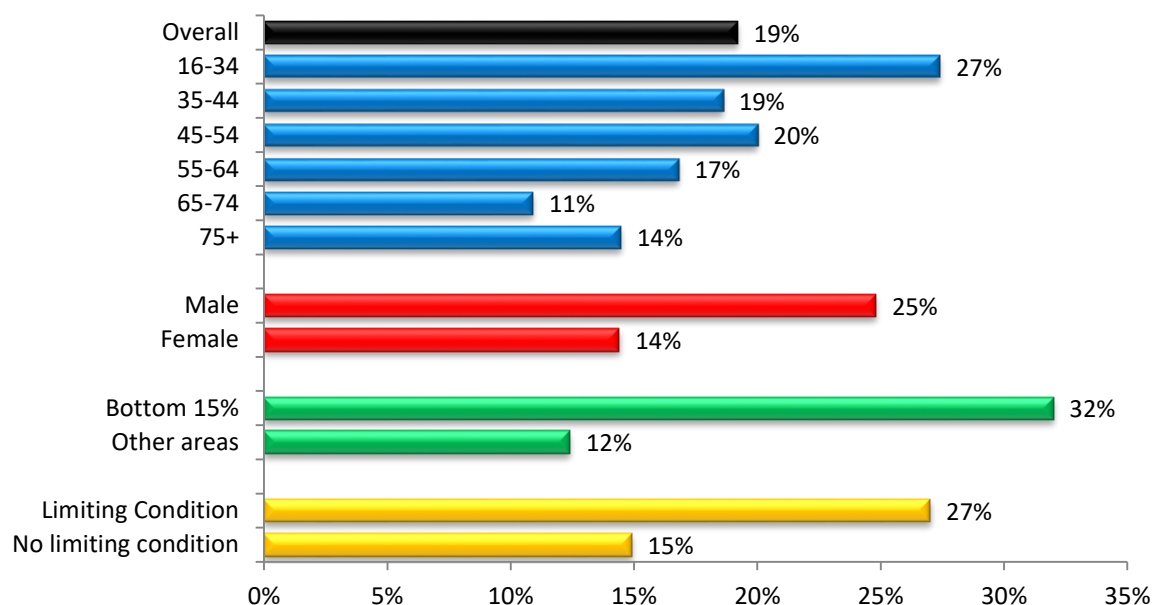
One in five (19%) were smokers, smoking either every day (16%) or some days (4%).

Figure 3.1: Current Smoking Status



- Those in the oldest age groups were the least likely to smoke.
- Men were more likely than women to smoke.
- Those in the most deprived areas were much more likely than 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



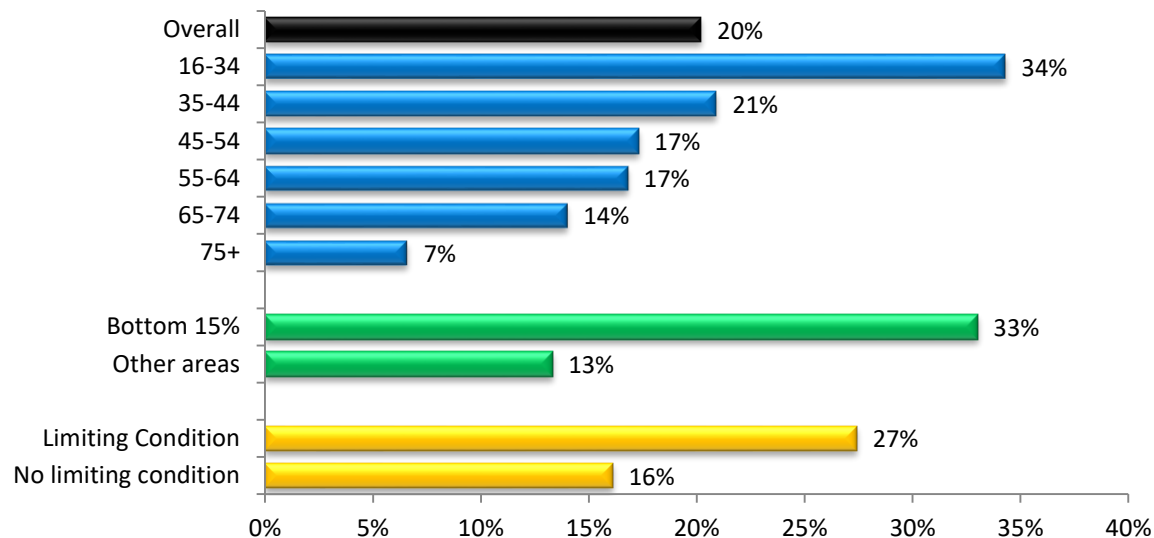
Among current smokers, just over a quarter (27%) indicated they wanted to stop smoking soon, 32% did not want to stop smoking and a further 41% wanted to stop or felt they should but did not plan to do so soon.

Exposure to Second Hand Smoke

Respondents were asked how often they were in places where there is smoke from other people smoking tobacco. One in five (20%) said that this happened most of the time (6%) or some of the time (14%). A further 23% said that they were seldom exposed to second hand smoke and 56% said they were never exposed.

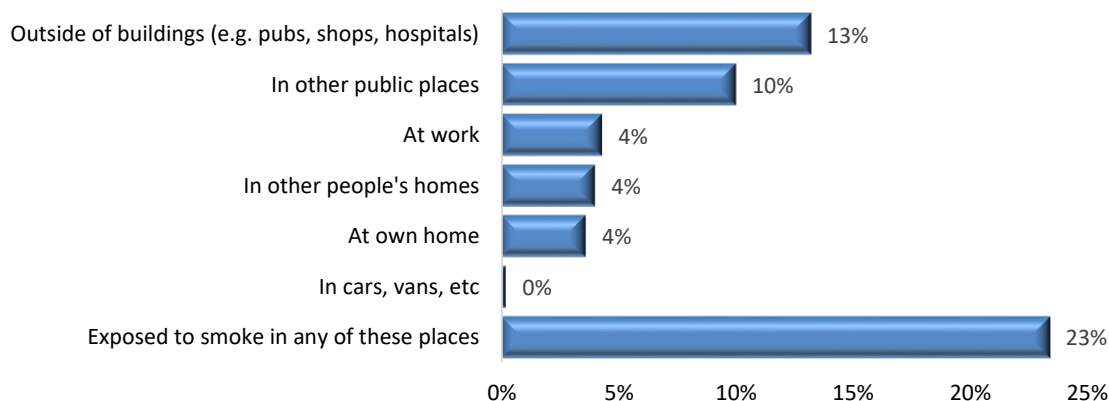
- Those aged under 35 were the most likely to be exposed to second hand smoke.
- Those in the most deprived areas were more likely to be exposed to second hand smoke.
- Those with a long-term limiting condition or illness were less likely than others to be exposed to second hand smoke.

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



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, 23% of non-smokers were exposed to smoke in at least one of these places, the most common being outside of buildings (13%).

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



Base: Non-smokers (unweighted N=892)

In total, 7% of non-smokers 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 (13% compared to 5%).

Comparison with NHSGGC

Compared to those in the NHSGGC area as a whole, those in Inverclyde were less likely to be exposed to second hand smoke (20% compared to 24%).

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/>

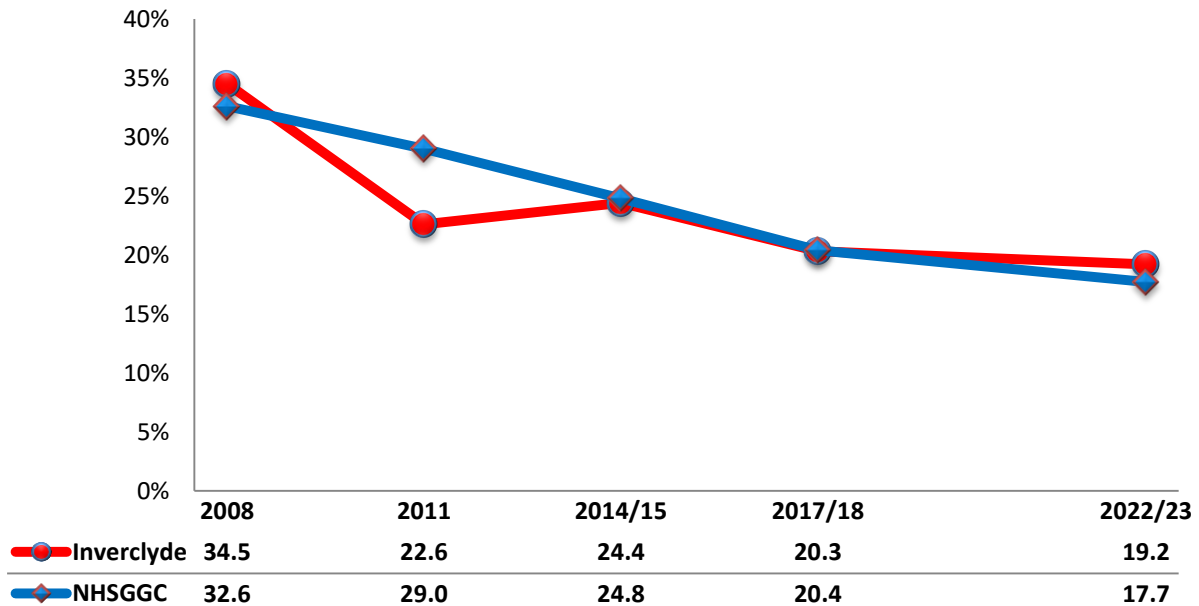
Evidence from Other Sources

- The 2022 Scottish Health Survey showed that 15% of adults in Scotland were current smokers, lower than the rate of 20% in Inverclyde as measured by the NHSGGC survey in 2022/23. As in Inverclyde, nationally smoking was more prevalent in the most deprived areas - 25% in the most deprived quintile were smokers.

Trends – Smoking and Exposure to Smoke

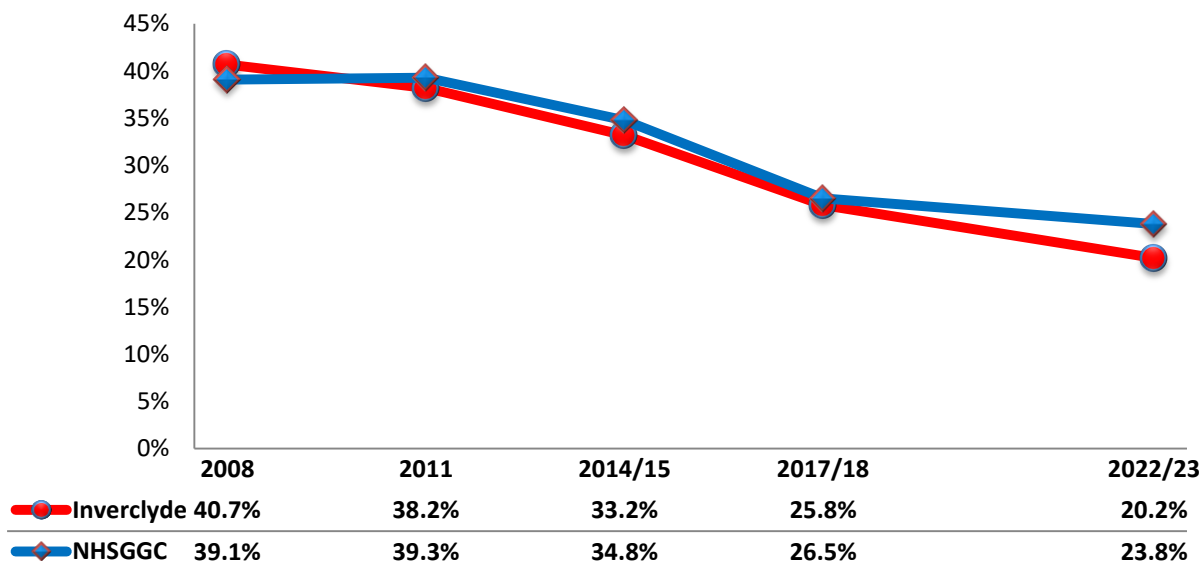
Smoking rates declined sharply between 2008 and 2011, but have seen little change since then. There was no significant change between 2017/18 and 2022/23.

Figure 3.5: Trends for Smoking – 2008 to 2022/23



The proportion of people exposed to second hand smoke in Inverclyde has fallen in each survey since 2008, with a further significant decrease between 2017/18 and 2022/23, dropping below the rate observed for the NHSGGC area as a whole. Overall, the rate has halved from 41% in 2008 to 20% in 2022/23.

Figure 3.6: Trends for Exposure to Second Hand Smoke Most/Some of the Time – 2008 to 2022/23

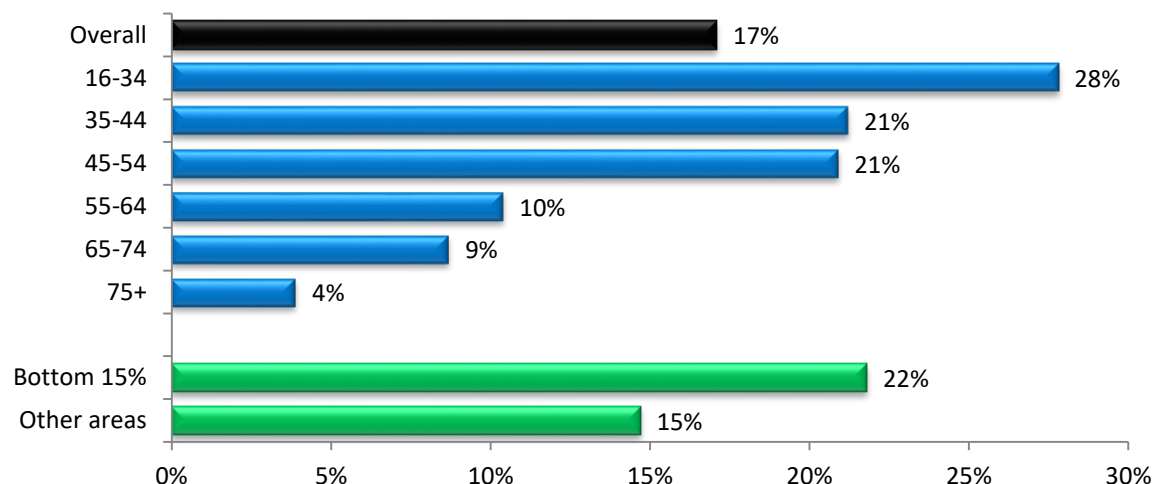


E-Cigarettes/Vaping

In total, 17% had used e-cigarettes at least some days in the last year. These comprised 7% who had used e-cigarettes every day in the last year, 7% who had done so on some days and 3% who had done so just once or twice in the last year.

- The likelihood of using e-cigarettes decreased with age from 28% of those aged under 35 to 4% of those aged 75 or over.
- Those in the most deprived areas were more likely to have used e-cigarettes on at least some days in the last year.

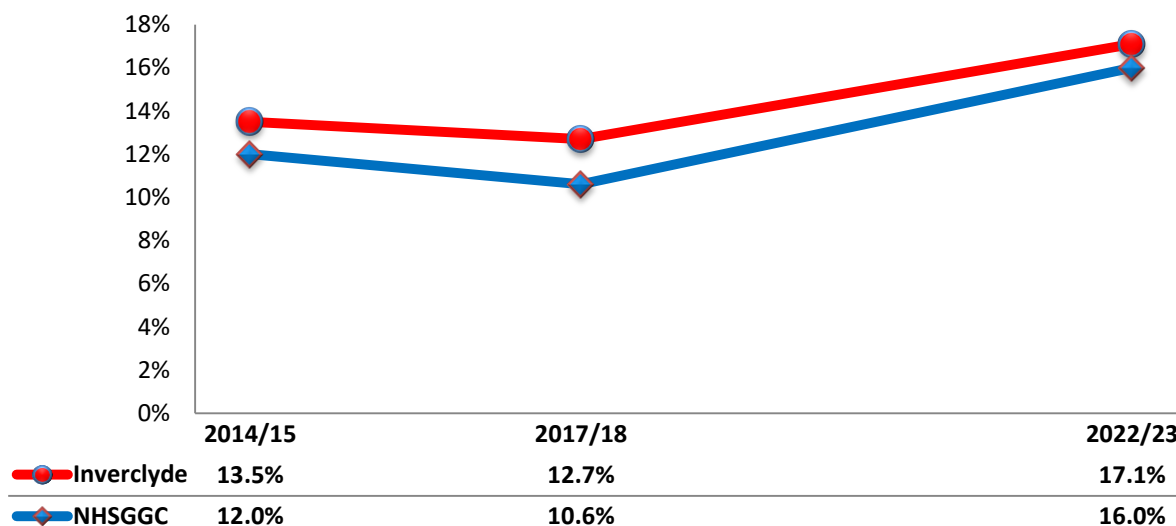
Figure 3.7: Proportion who had used E-Cigarettes in the Last Year by Age and Deprivation



Trends

Rates of e-cigarette use were similar between 2014/15 and 2017/18. However, the proportion who had used e-cigarettes in the previous year rose significantly from 13% in 2017/18 to 17% in 2022/23.

Figure 3.8: Trends for Used E-Cigarettes in the Last Year 2014/15 to 2022/23



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 3.1.

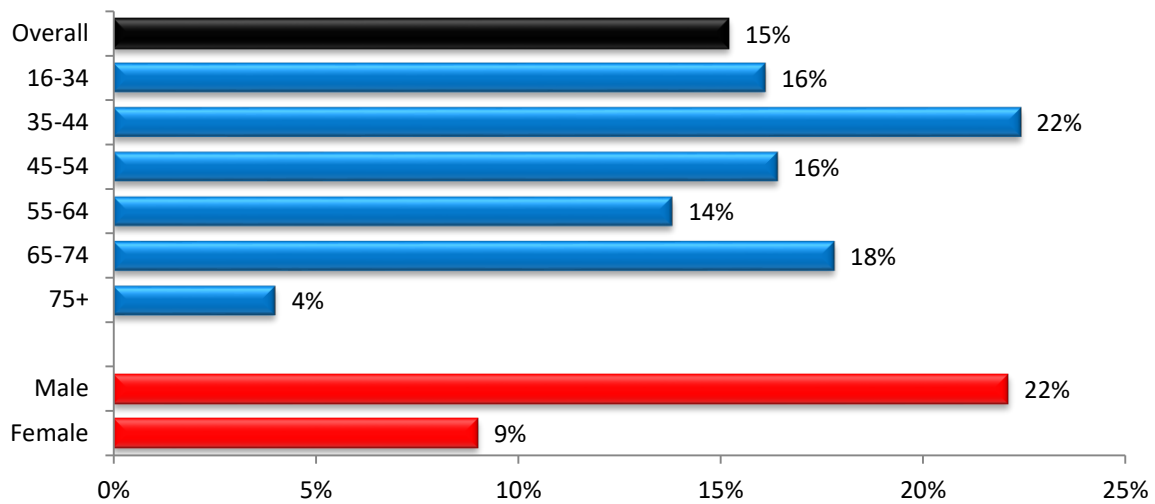
Table 3.1: Proportion in each Alcohol Use Disorders Identification Test (AUDIT) Category

	%
Low Risk (AUDIT score 0-7)	84.8%
Increasing Risk (AUDIT score 8-15)	14.3%
Higher Risk (AUDIT score 16-19)	0.3%
Possible Dependence (AUDIT score 20+)	0.6%

Those with a score greater than 7 indicates increased risk (15%).

Those aged 35-44 were the most likely to have an AUDIT score which indicated risk, and those aged 75 or over were the least likely. Men were much more likely than women to have scores indicating risk.

Figure 3.9: AUDIT Score Indicating Risk by Age and Gender

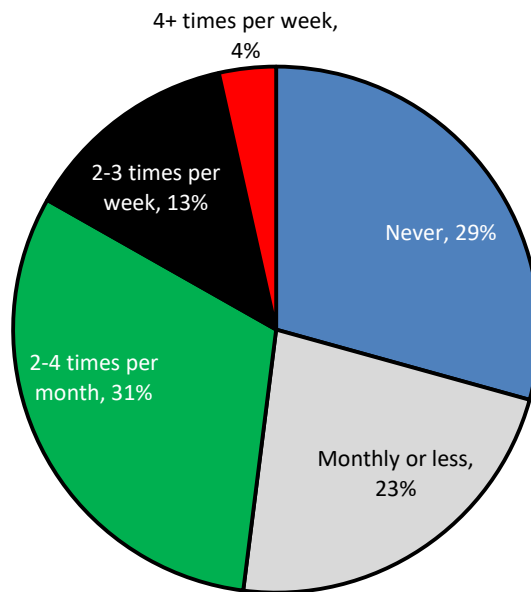


- The 2021 Scottish Health Survey found that nationally, 14% of adults had AUDIT scores indicating risk (18% for men and 9% for women), similar to the levels measured in Inverclyde in 2022/23.

Frequency of Drinking

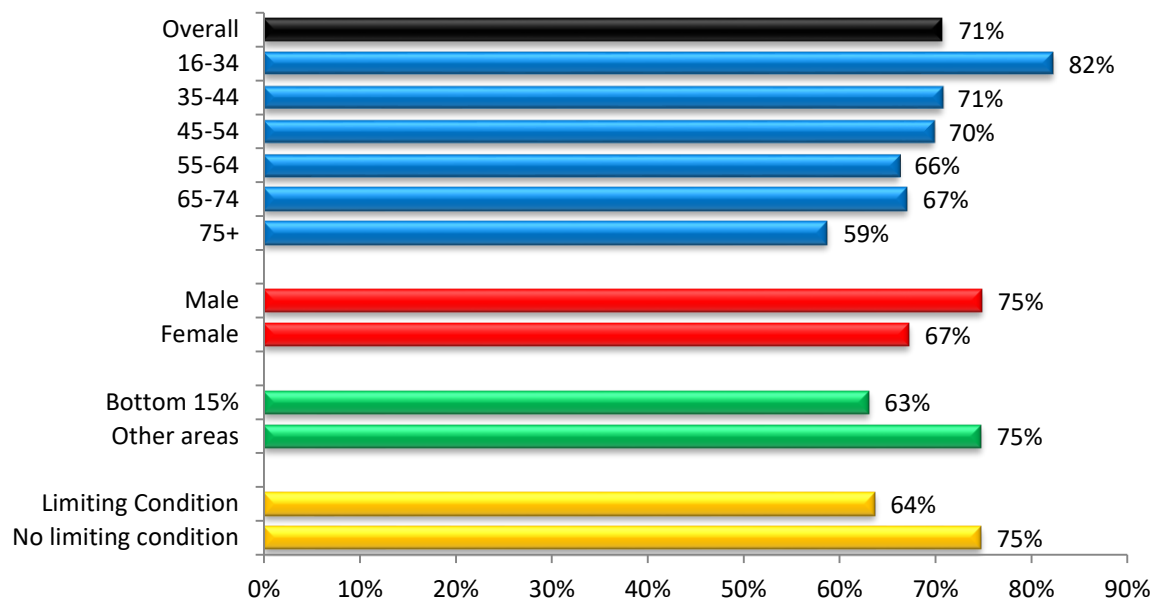
Respondents were asked how often they drank alcohol. Three in ten (29%) said they never drank alcohol, but 17% drank alcohol at least twice per week.

Figure 3.10: How Often Drank Alcohol



- Those aged under 35 were the most likely to drink alcohol and those aged 75 or over were the least likely.
- 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 3.11: Proportion who Drink Alcohol by Ag, Gender, Deprivation and Limiting Conditions



Although overall men were more likely than women to drink alcohol, this was only the case for those aged under 45; for those aged 65 or over women were more likely than men to drink alcohol.

Table 3.2: Proportion who Drink Alcohol by Age and Gender

	Drink Alcohol
Men 16-44	17%
Women 16-44	26%
Men 45-64	32%
Women 45-64	32%
Men 65+	29%
Women 65+	42%



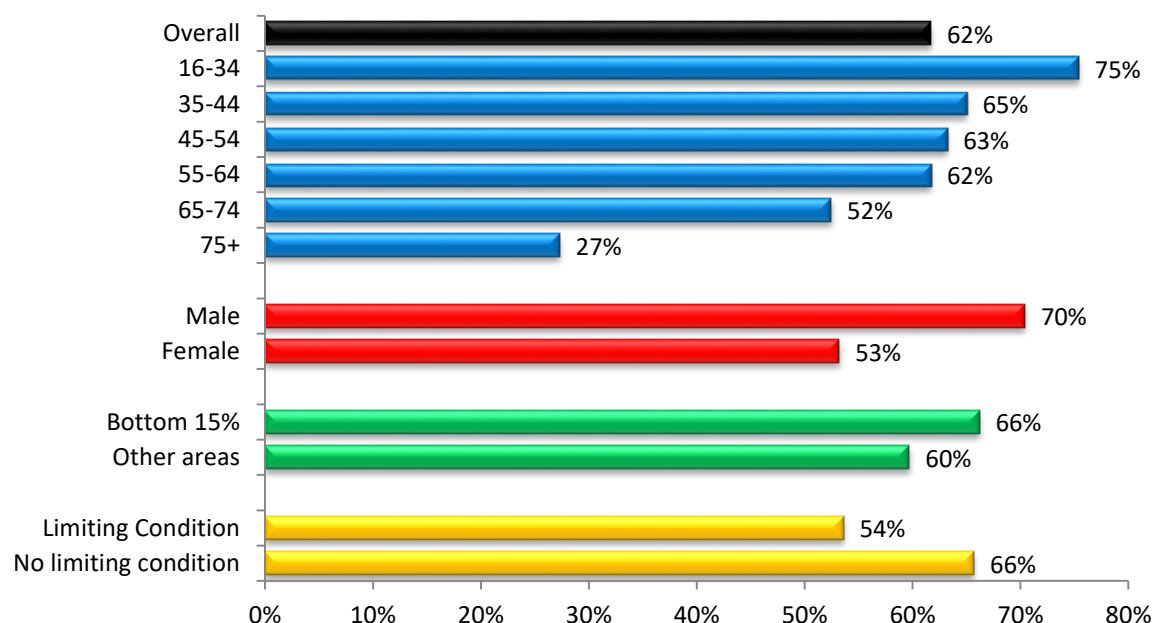
- **The 2022 Scottish Health Survey** found that nationally, 81% of adults drank alcohol (83% of men and 79% of women) - much higher than the 71% in Inverclyde measured by the NHSGGC survey.

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, 62% of drinkers had drunk alcohol at this level in the last year – 1% had done so daily/almost daily, 17% weekly, 16% monthly, and 28% less than monthly.

- Drinkers aged under 35 were the most likely to have binged in the last year and those aged 75 or over were the least likely.
- Male drinkers were more likely than female drinkers to binge.
- Among drinkers, those in the most deprived areas were more likely than others to binge.
- Those with a limiting condition or illness were less likely to binge drink.

Figure 3.12: 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=729).

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/>

Changes Since 2017/18

The questions on alcohol consumption changed for the 2017/18 survey, so it is not possible to examine trends. However, the proportion who had an AUDIT score indicating risk rose from 12% 2017/18 to 15% in 2022/23 and the proportion of drinkers who binged rose from 56% to 62%.

Attitudes to Places Selling Alcohol

Just over 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 21% felt there were too many and 3% felt there were too few.

When considering the amount of pubs, bars and restaurants selling alcohol in their local area, again 77% felt there was the right amount, 15% felt there was too many and 8% felt there was too few.

- Women were more likely than men to feel there were too many shops selling alcohol in their area (26% female; 16% male) or too many pubs/bars/restaurants selling alcohol in their area (19% female; 10% male).
- Those with a limiting condition were more likely than others to feel there were too many shops selling alcohol (26% compared to 18%) or pub/bars restaurants selling alcohol (19% compared to 12%).

3.3 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.

- Three in five (29%) met the target of five portions.
- One in 11 (9%) had consumed no fruit or vegetables in the previous day.

Those in the most deprived areas were less likely to meet the target of consuming five or more portions of fruit/vegetables per day (21% bottom 15% areas; 33% other areas).

Comparison with NHSGGC

The proportion in Inverclyde who met the target for fruit/vegetable consumption (29%) was lower than in the NHSGGC area as a whole (34%).

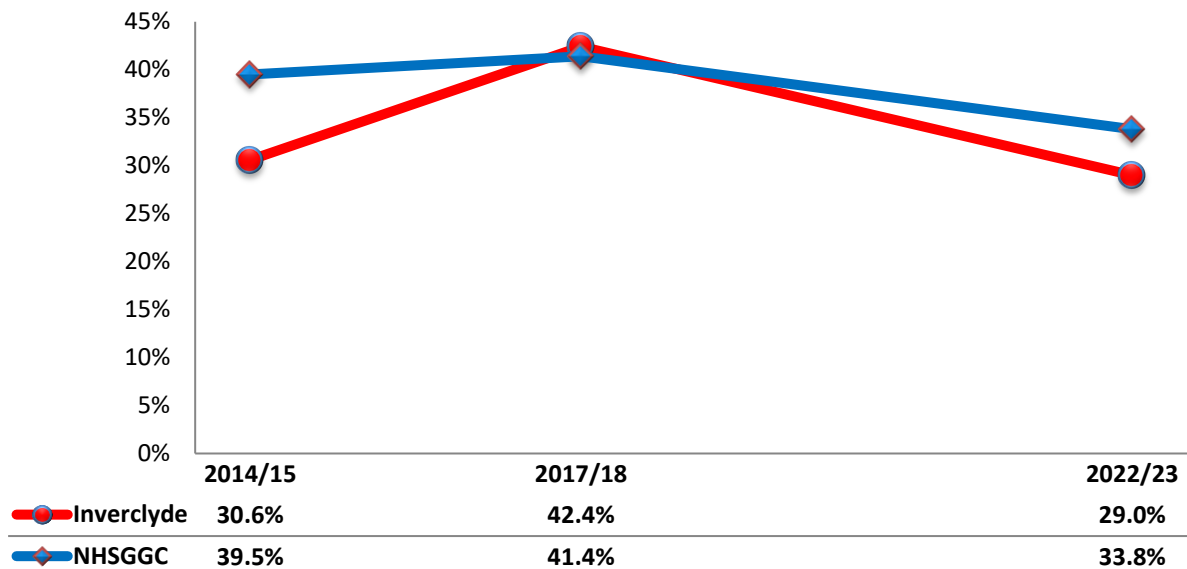
Evidence from Other Sources

- **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 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. Between 2014/15 and 2017/18 there was a rise in the proportion who met the target for fruit/vegetable consumption, but there was a significant decrease between 2017/18 and 2022/23, returning to a rate similar to that seen in 2014/15.

Figure 3.13: Trends for Proportion Meeting the Target of Consuming Five or More Portions of Fruit/Vegetables per Day 2014/15 to 2022/23



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 \(scot.nhs.uk\)](https://www.scot.nhs.uk/publications/public-health-strategy-2018-2028-a4-landscape-10-08-18-01.pdf)
- 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>

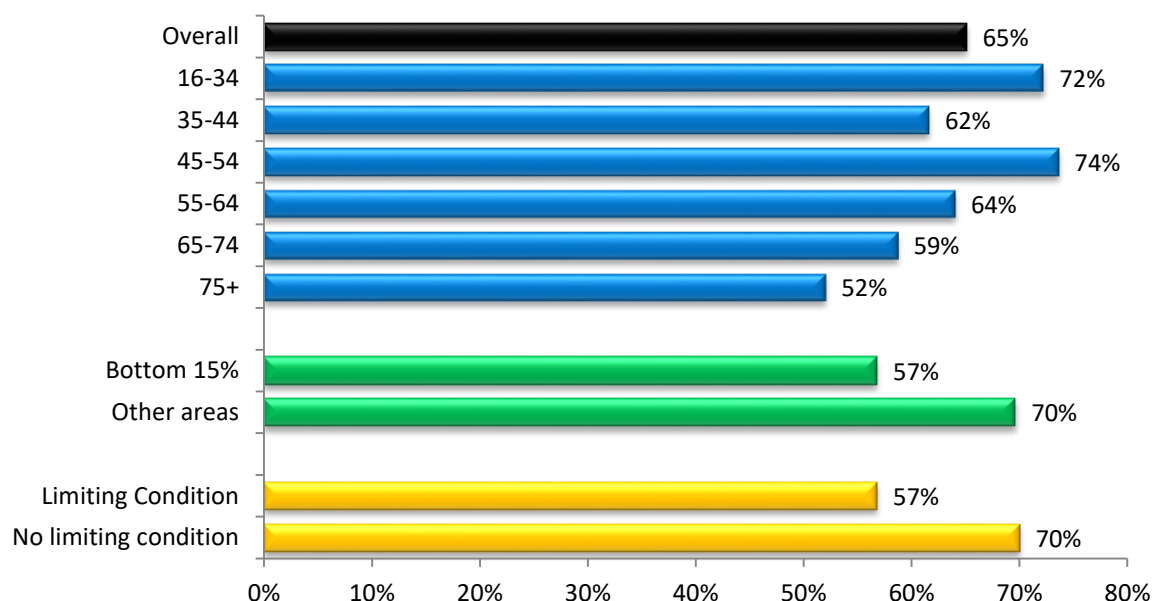
3.4 Physical Activity

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 six (18%) said that they had not taken physical activity for 30 minutes on any day in the last week, but 45% has done this on five or more days in the last week. The mean number of days was 3.9.

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, 65% met the target of at least 150 minutes of exercise per week.

- Those aged 75 or over were the least likely to meet the target for physical activity.
- 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 3.14: 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.

Comparison with NHSGGC

The proportion in Inverclyde who met the target for physical activity (65%) was lower than in the NHSGGC area as a whole (70%).

Evidence from Other Sources

- **The 2021 Scottish Health Survey** found that nationally, 69% met the target for physical activity (the same as the rate measured by the NHS GGC survey for Inverclyde in 2022/23). The Scottish Health Survey has seen a continual increase in the proportion meeting the physical activity target since 2012 when it was 62%.

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 \(www.gov.uk\)](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/421204/Physical_activity_guidelines_UK_Chief_MedicalOfficers_report.pdf)
- Active Scotland Delivery Plan (2018) - [Active Scotland Delivery Plan - gov.scot \(www.gov.scot\)](https://www.gov.scot/publications/active-scotland-delivery-plan-2018-2020/pages/active-scotland-delivery-plan-2018-2020.aspx)
- WHO More Active People for a Healthier World (2018) - [Global action plan on physical activity 2018–2030: more active people for a healthier world \(who.int\)](https://www.who.int/news-room/fact-sheets/detail/global-action-plan-on-physical-activity-2018-2030)
- Scotland Public Health Priorities: Priority 6 (2018) - [Scotland's public health priorities - gov.scot \(www.gov.scot\)](https://www.gov.scot/publications/scotland-public-health-priorities-2018-2020/pages/scotland-public-health-priorities-2018-2020.aspx)
- Public Health Scotland: Physical Activity Referral Standards - [Physical activity referral standards - Publications - Public Health Scotland](https://www.phs.scot.nhs.uk/publications/physical-activity-referral-standards)

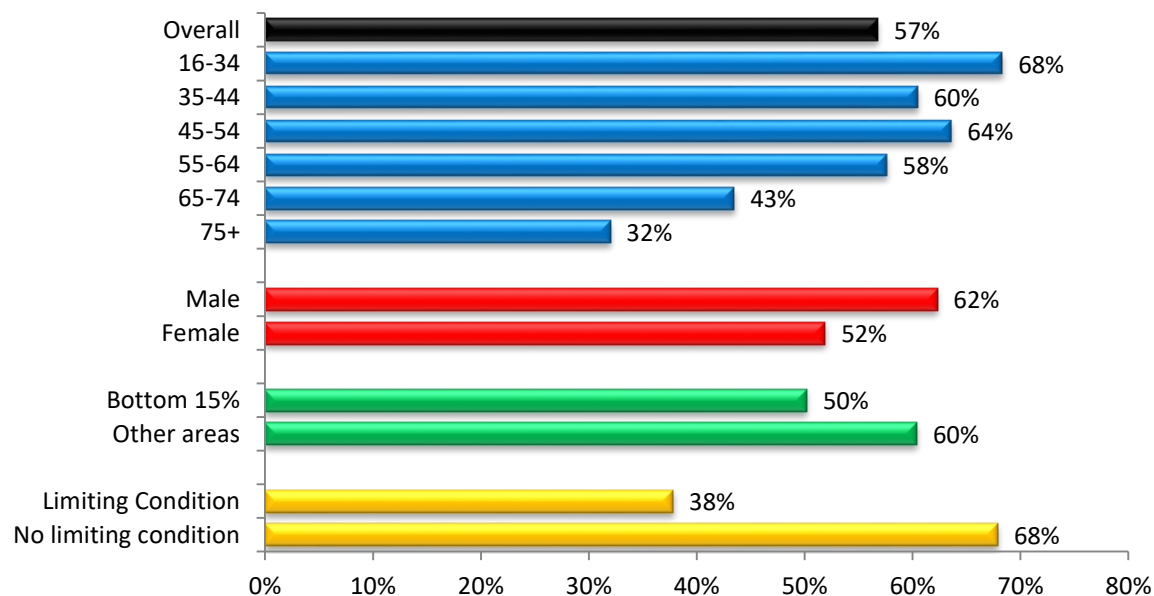
Strength and Balance Activities

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.

Overall, 57% had done any of these types of activity in the previous week, including 16% who had done so on five or more days in the previous week.

- Those aged under 35 were the most likely to participate in strength/balance activities and those aged 75 or over were the least likely.
- Men were more likely than women to participate in strength/balance activities.
- Those in the most deprived areas were less likely than others to participate in strength/balance activities.
- Those with a limiting condition or illness were less likely than others to participate in strength and balance activities.

Figure 3.15: Proportion who Participated in Strength and Balance Activities in the Previous Week by Age, Gender and Limiting Conditions



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. Three in ten (29%) said they were physically active more often, 28% said they were active less often and 43% said there was no change to their physical activity levels.

- Those aged under 35 were the most likely to say they were physically more active and those aged 65 or over were the most likely to say they were physically less active since the pandemic.
- Those with a limiting condition were much more likely than others to say they had become physically less active.

Table 3.3: Physical Activity Levels Since the COVID Pandemic Began by Age, Gender and Limiting Conditions

	Physically active more often	Physically active less often	No change to physical activity
16-34	44%	24%	33%
35-44	34%	28%	38%
45-54	29%	27%	44%
55-64	22%	27%	51%
65-74	23%	34%	43%
75+	9%	35%	56%
Limiting Condition	16%	43%	41%
No limiting condition	37%	20%	44%
Overall	29%	28%	43%

3.5 Summary of Key Messages from This Chapter

Indicators where Inverclyde Compared Favourably to NHSGGC

Compared to those in the NHSGGC area as a whole, those in Inverclyde were:

- less likely to be exposed to second hand smoke.

Indicators where Inverclyde Compared Less Favourably to NHSGGC

Compared to those in the NHSGGC area as a whole, those in Inverclyde were:

- less likely to meet the target for fruit/vegetable consumption

Differences by Age and Gender

- Those in the oldest age groups were the least likely to smoke and men were more likely than women to smoke.
- Those aged under 35 were the most likely to be exposed to second-hand smoke and the most likely to use e-cigarettes.
- Those aged 35-44 were the most likely to have an AUDIT score indicating risk and men were more likely than women to have an AUDIT score indicating alcohol-related risk.
- Men and those aged under 35 were the most likely to drink alcohol, and among those who drank, men and those aged under 35 were the most likely to binge.
- Those aged 75 or over were the least likely meet the target for physical activity and the least likely to participate in strength/balance activities. Men were more likely than women to participate in strength/balance activities.

Differences by Deprivation

Those in the most deprived areas were:

- more likely to smoke and more likely to be exposed to second hand smoke
- more likely to use e-cigarettes
- less likely to drink alcohol, but among those who did drink, more likely to binge

- less likely to meet the target of consuming 5+ portions of fruit/vegetables per day
- less likely to meet the target for physical activity or participate in strength/balance activities.

Limiting Conditions

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

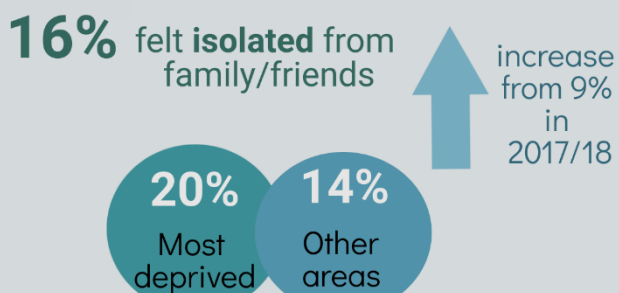
- more likely to smoke or be exposed to second hand smoke
- less likely to drink alcohol, and among those who drank alcohol, less likely to binge drink
- less likely to meet the target for physical activity and less likely to participate in strength/balance activities.

Changes since 2017/18

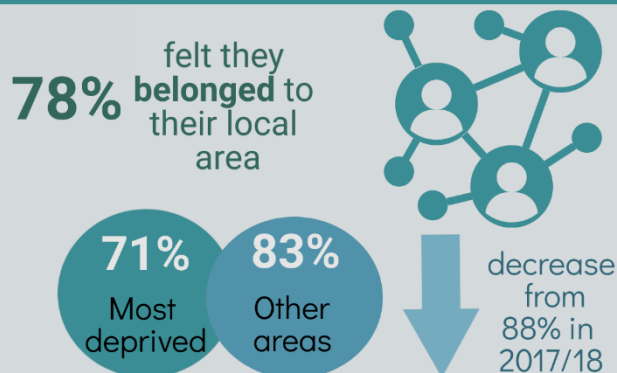
- There was a significant decrease between 2017/18 and 2022/23 in the proportion who were exposed to second hand smoke.
- Between 2017/18 and 2022/23 there was an increase in the proportion who had used e-cigarettes the last year.
- There was an increase between 2017/18 and 2022/23 in the proportion who had an AUDIT score indicating risk, and (among those who drank) an increase in the proportion who binged.
- There was a decrease between 2017/18 and 2022/23 in the proportion who consumed five or more portions of fruit/vegetables per day.

Social Health

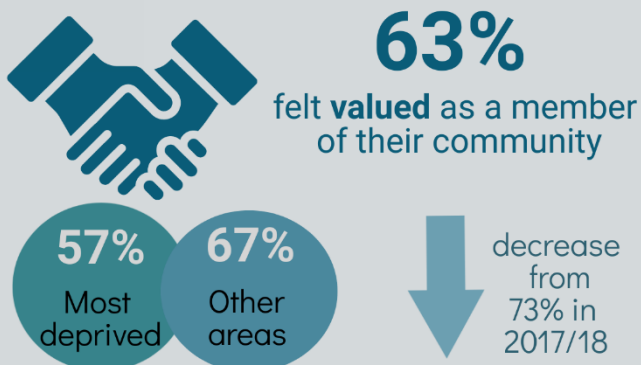
Isolation



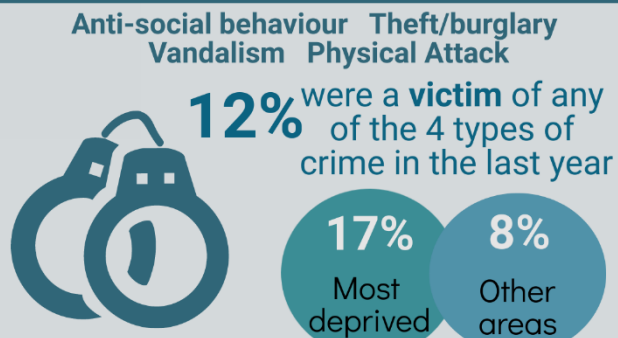
Belonging to local area



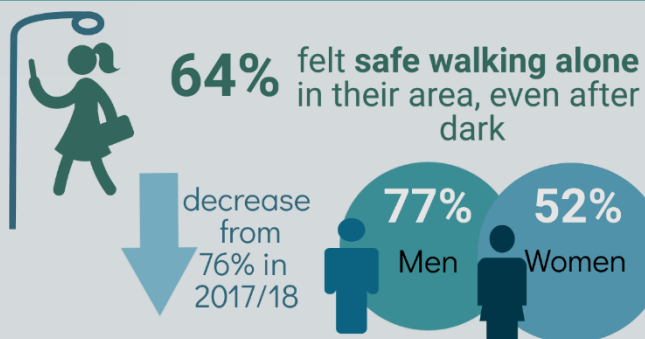
Feeling valued



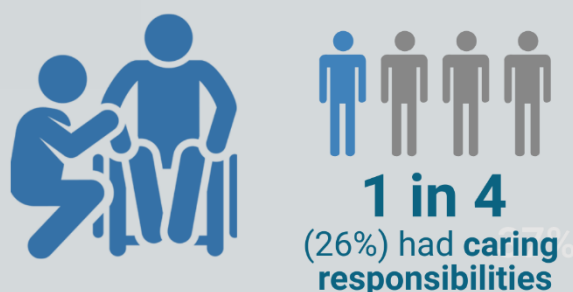
Experience of crime



Feelings of safety



Caring



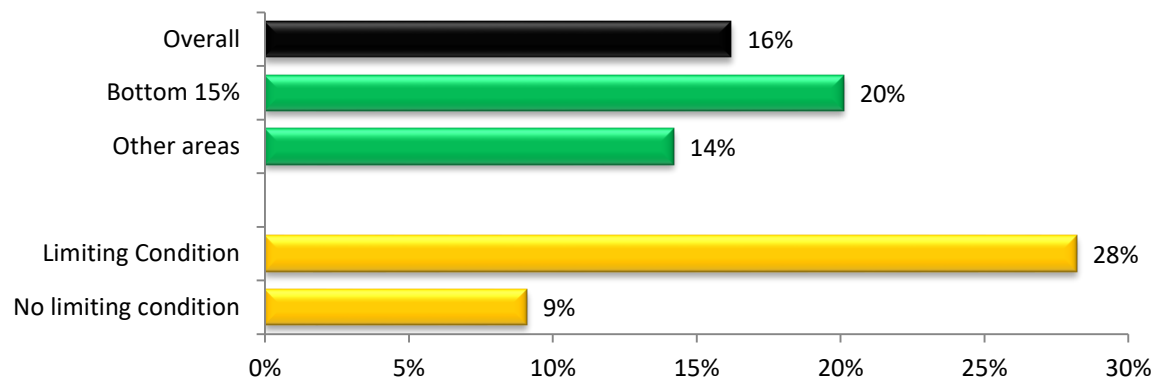
4.1 Social Connectedness

Isolation from Family and Friends

In total 16% said they felt isolated from family and friends.

- Those in the most deprived areas were more likely than others to feel isolated from family and friends.
- Those with a long-term limiting condition or illness were much more likely than others to feel isolated from family and friends.

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



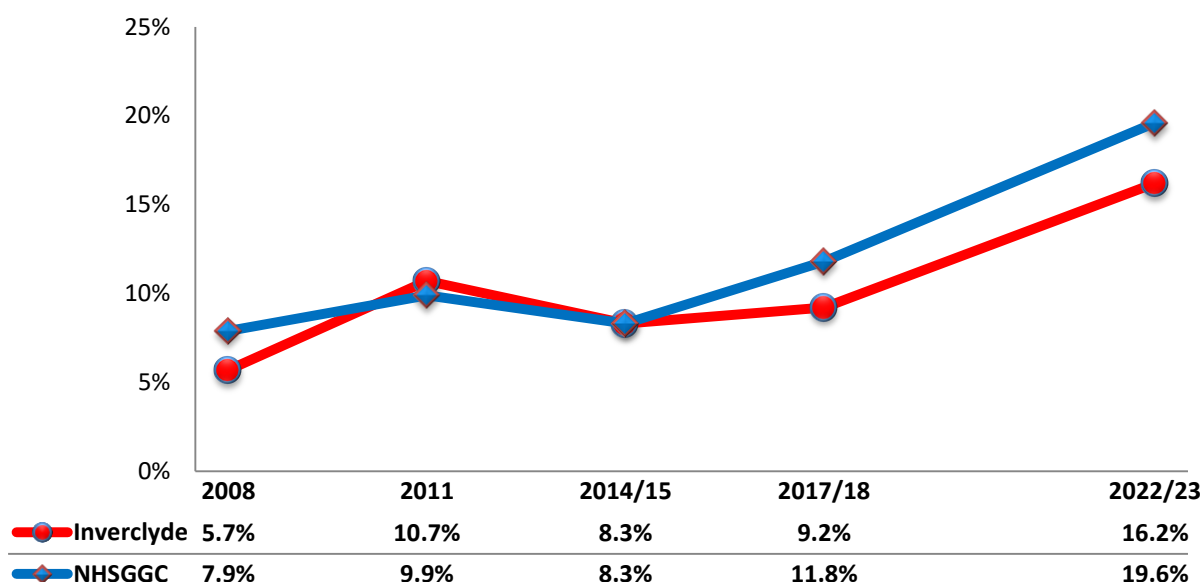
Comparison with NHSGGC

Compared to the NHSGGC area as a whole, those in Inverclyde were less likely to say they felt isolated from family/friends (16% Inverclyde; 20% NHSGGC).

Trends

There was a very sharp and significant rise between 2017/18 and 2022/23 in the proportion who felt isolated from family/friends, to by far the highest level seen across the last five surveys.

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



When asked whether feeling of isolation from family and friends had changed due to the COVID pandemic, 5% said it had changed for the better, 19% said it had changed for the worse and 76% 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 (29% compared to 14%).

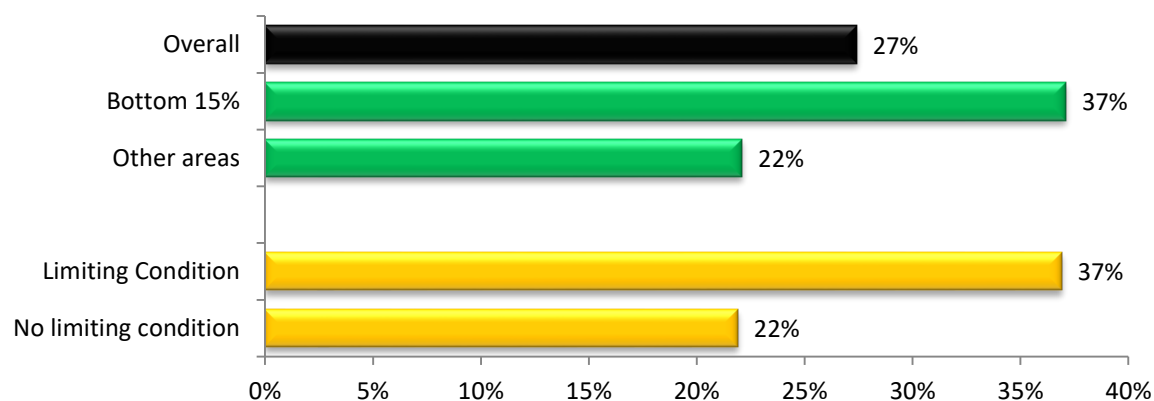
Feeling Lonely

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, 19% some of the time, 22% rarely and 50% never.

Thus, overall 27% said that they felt lonely at least some of the time in the previous two weeks.

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

Figure 4.3: Proportion who Felt Lonely in the Previous Two Weeks by 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 ten (10%) said they felt more lonely and 10% felt less lonely. The remainder either said it was the same as before (49%) or that they never felt lonely (31%).



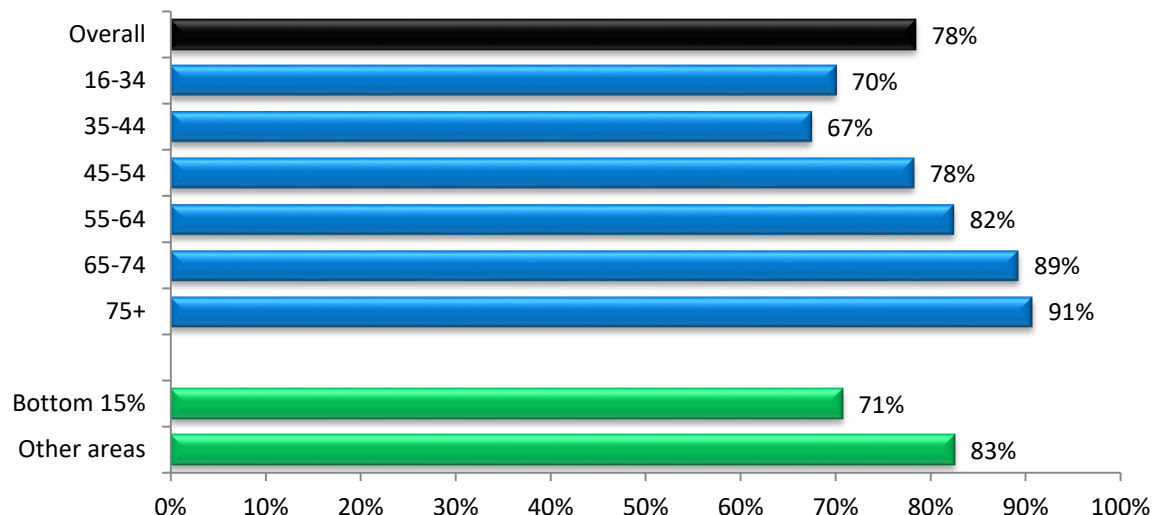
- **The 2022 Scottish Household Survey** found that nationally 23% had experienced feelings of loneliness in the previous week - lower than the 27% in Inverclyde in the NHSGGC survey who who said they had felt lonely at least some of the time in the previous two weeks. Nationally, 29% of those aged 75 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 (30% strongly agreed and 48% agreed), while 13% neither agreed nor disagreed and 8% disagreed (7% disagreed and 1% strongly disagreed).

- Those aged 55 or over were more likely than younger people 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

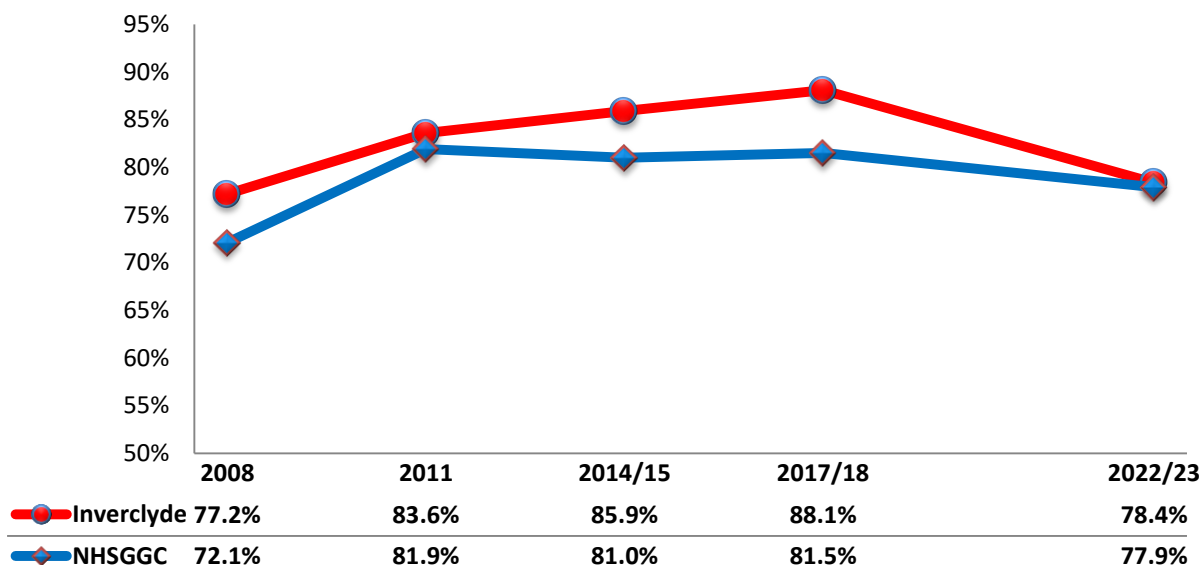


- **The 2022 Scottish Household Survey** asked how strongly people felt they belonged to their community. Across Scotland, 83% said 'very strongly' or 'fairly strongly' - higher than the 78% who agreed they belonged to the local community in Inverclyde in the NHSGGC survey. As in Inverclyde, nationally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

Trends

The proportion who felt they belonged to their local area in Inverclyde rose continually between 2008 and 2017/18 but there was a significant decrease between 2017/18 and 2022/23, returning levels to those seen in 2008. The decrease between 2017/18 and 2022/23 was sharper in Inverclyde than in the NHSGGC area as a whole, thus eliminating the difference between Inverclyde and NHSGGC that was seen in 2017/18.

Figure 4.5: Trends for Proportion who Felt They Belonged to Their Local Area 2008 to 2022/23

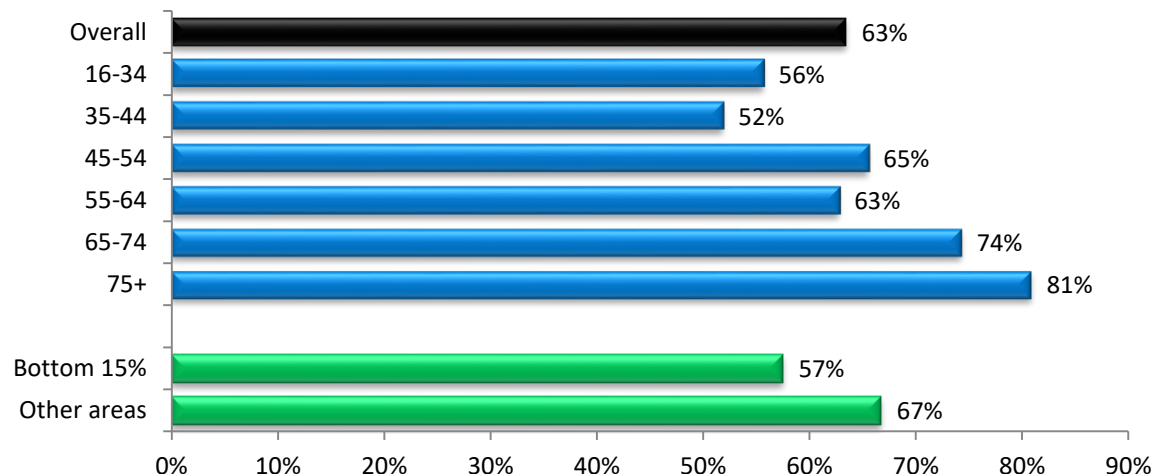


Feeling Valued as a Member of the Community

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”. More than three in five (63%) agreed with this (18% strongly agreed and 45% agreed), while 24% neither agreed nor disagreed with this, and 12% disagreed (10% disagreed and 2% strongly disagreed).

- Those aged under 45 were the least likely to feel valued as a member of the community, and those aged 75 or over were the most likely.
- Those in the most deprived areas were less likely than others to feel valued as members of the community.

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

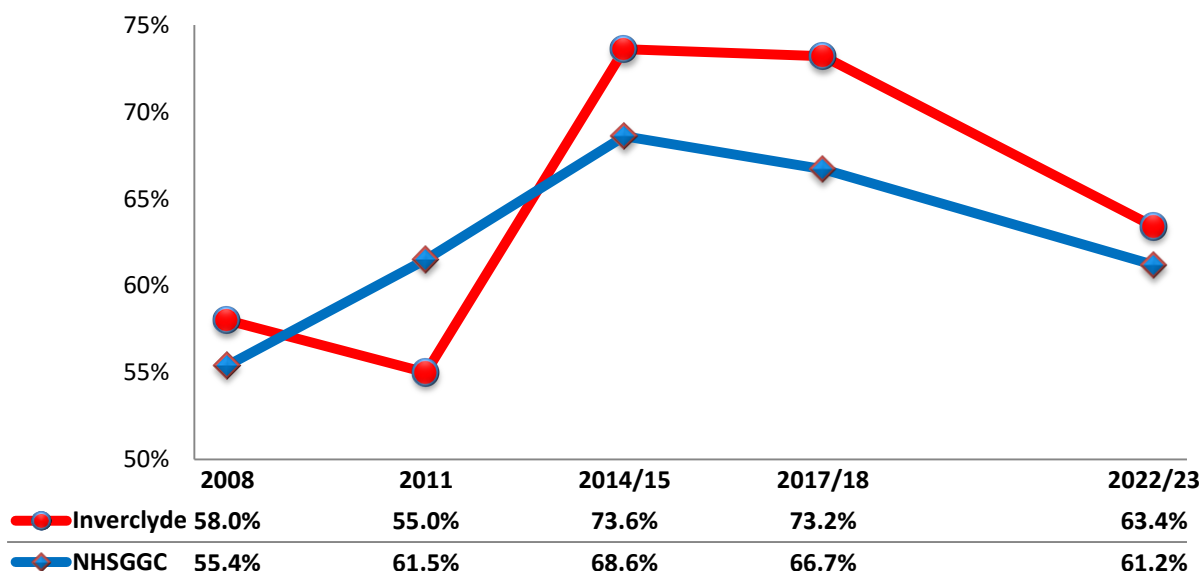


Trends

The proportion who felt valued as a member of their community rose very sharply between 2011 and 2014/15, plateaued between 2014/15 and 2017/18 and then significantly decreased between 2017/18 and 2022/23.

While the proportion who felt valued as a member of the community was higher in Inverclyde than the NHSGGC area as a whole in 2014/15 and 2017/18, the sharper decrease in Inverclyde saw the rate reach a similar level to the NHSGGC area as a whole in 2022/23.

Figure 4.7: Trends for Proportion who Felt Valued as a Member of Their Community 2008 to 2022/23

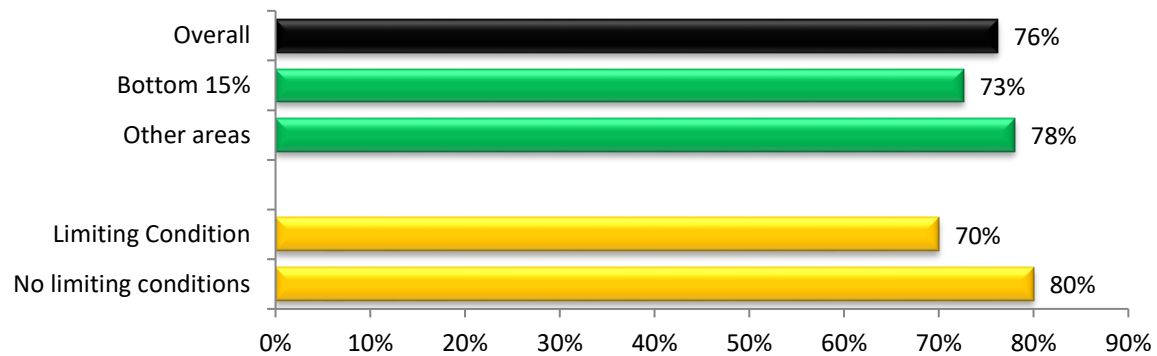


Influence in the Neighbourhood

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”. Overall, 76% agreed with this (27% strongly agreed and 50% agreed), 16% neither agreed nor disagreed and 7% disagreed (6% disagreed and 1% strongly disagreed).

Those in the most deprived areas and those with a limiting condition or illness were less likely than others to agree that local people could influence local decisions.

Figure 4.8: Proportion who Felt Local People Can Influence Local Decisions by Deprivation and Limiting Conditions



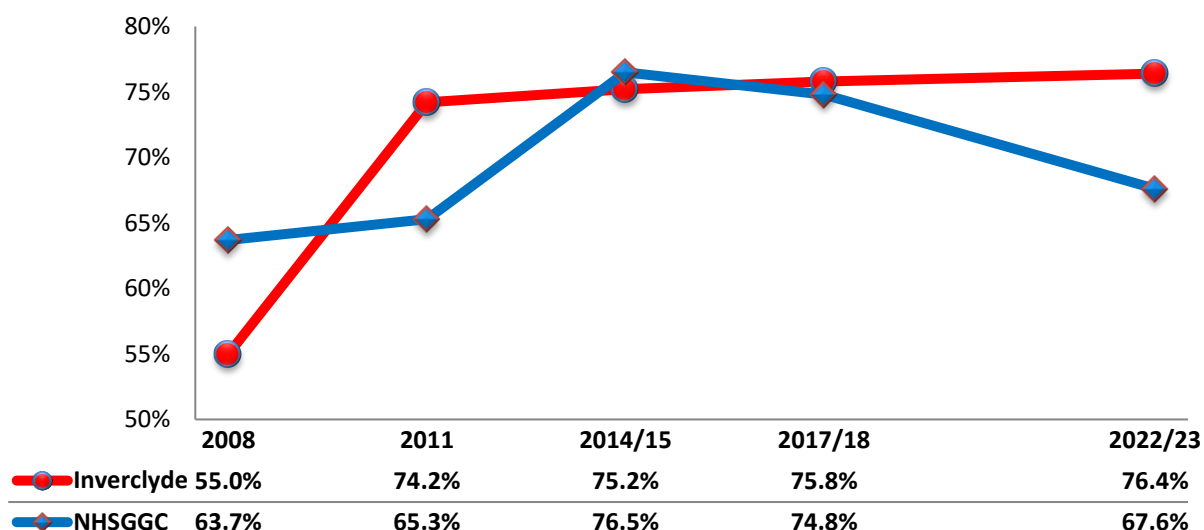
Comparison with NHSGGC

The proportion in Inverclyde who felt that local people can influence local decisions (76%) was higher than in the NHSGGC area as a whole (68%).

Trends

There was a sharp increase between 2008 and 2011 in the proportion who felt that local people could influence local decisions, but the rate has remained consistent since then, and there was no significant change between 2017/18 and 2022/23. This was in contrast to the NHSGGC area as a whole which saw a significant decrease between 2017/18 and 2022/23.

Figure 4.9: Trends for Proportion who Felt Local People Can Influence Local Decisions 2008 to 2022/23



4.2 Experience of Crime

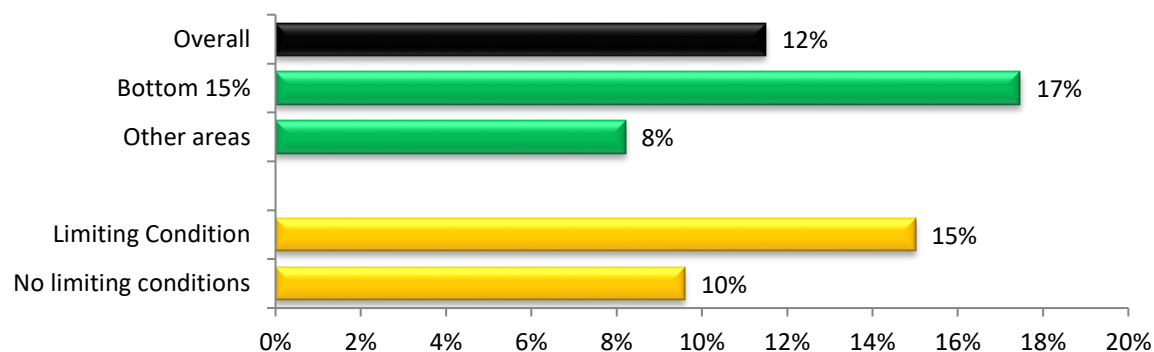
Respondents were asked whether they had been a victim of specific types of crime in the last year. Overall, one in eight (12%) had been the victim of any of the four types of crime listed. The most common was anti-social behaviour.

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

	% Victim in last year
Anti-social behaviour	9.4%
Any type of theft or burglary	2.5%
Vandalism	2.2%
Physical attack	1.6%
Any of the above 4 types of crime	11.5%

Those in the most deprived areas and those with a limiting condition or illness were more likely to have experienced crime.

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

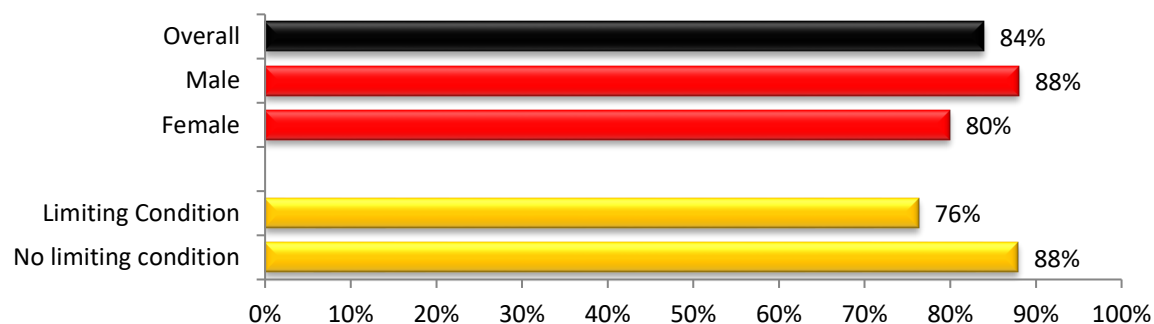


4.3 Feelings of Safety

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, 84% agreed with this (32% strongly agreed and 51% agreed), 11% neither agreed nor disagreed and 5% disagreed (3% disagreed and 2% strongly disagreed).

- Men were more likely than women to feel safe using local public transport.
- 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 Gender and Limiting Conditions

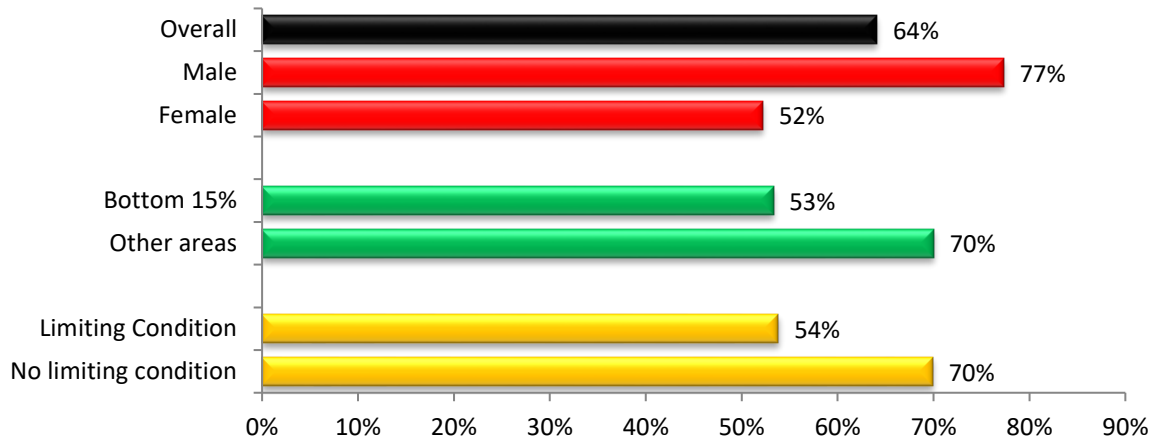


Respondents were also asked the extent to which they agreed or disagreed with the statement “I feel safe walking alone around this local area even after dark”. In total, 64% agreed with this (20% strongly agreed and 44% agreed), 15% neither agreed nor disagreed and 21% disagreed (16% disagreed and 5% strongly disagreed).

- 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 or illness were less likely to feel safe walking alone.

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



Comparison with NHSGGC

Compared to those in the NHSGGC area as a whole, those in Inverclyde were less likely to feel safe:

- using public transport (84% Inverclyde; 88% NHSGGC)
- walking alone (64% Inverclyde; 69% NHSGGC).

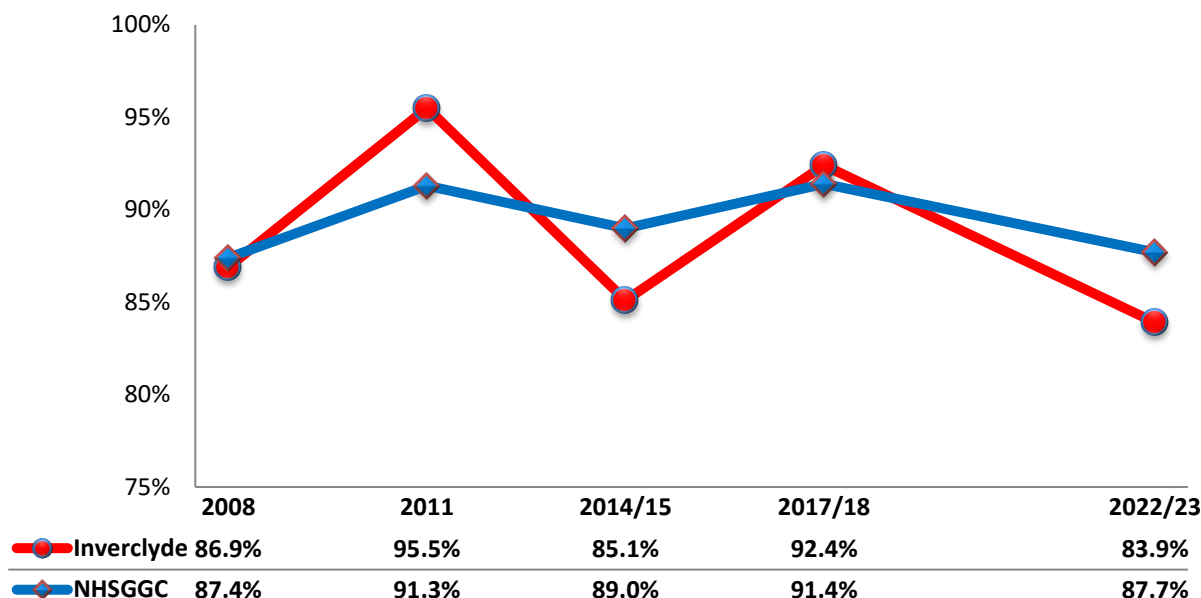
Evidence from Other Sources

- 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 64% in Inverclyde in the NHSGGC survey.

Trends – Feelings of Safety

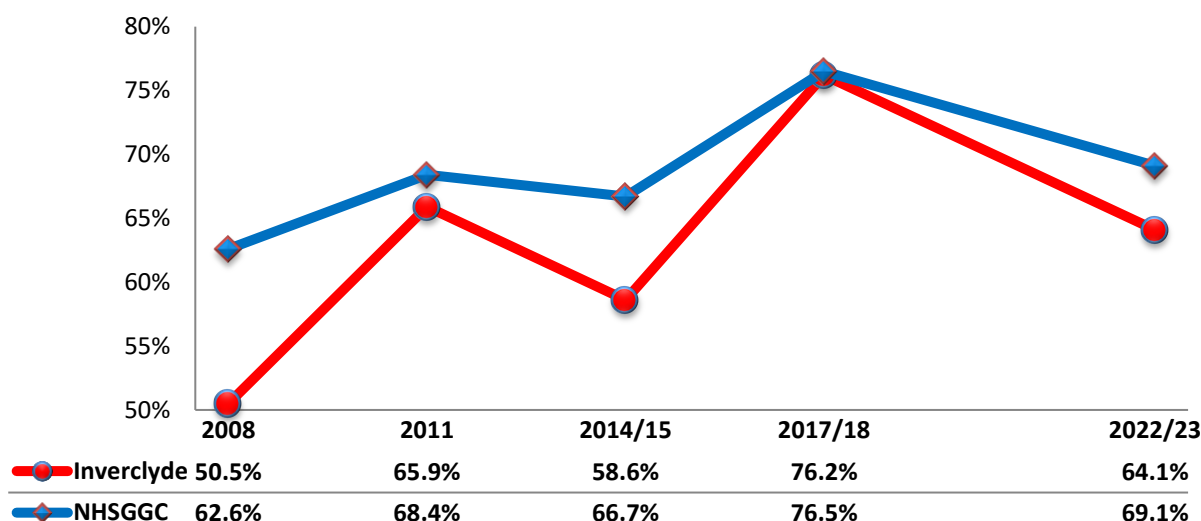
Trends for the proportion who felt safe using local public transport show fluctuation up and down since 2008. There was a significant decrease between 2017/18 and 2022/23, which was sharper than the drop observed in the NHSGGC area as a whole.

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



Trends for feeling safe walking alone in their local area also fluctuated across the last five surveys. The drop from between 2017/18 and 2022/23 was significant and was a sharper drop than that observed across the NHSGGC area as a whole.

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



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).

Three of the ten services showed variations in ratings by age. These are shown in Table 4.2. The other services were:

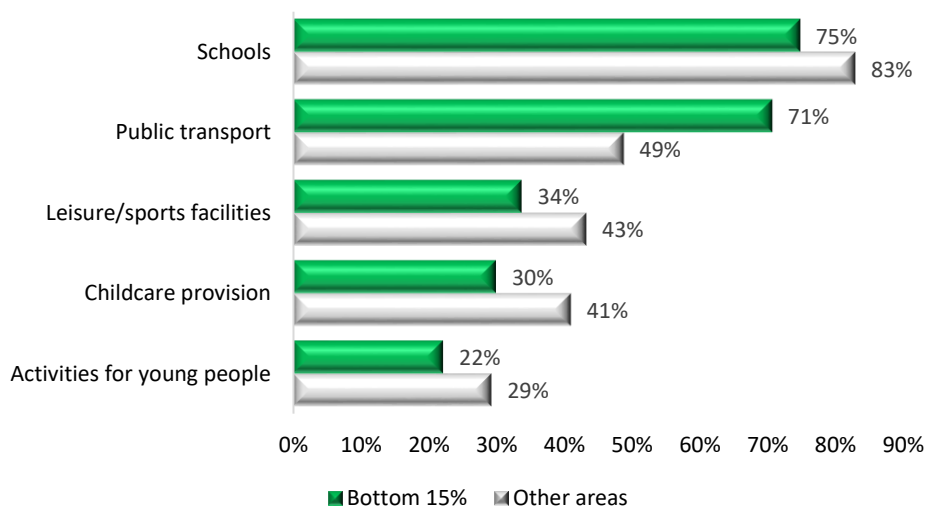
- local schools (for which 80% gave a positive rating)
- public transport (for which 56% gave a positive rating)
- nurse-led clinics (for which 55% gave a positive rating)
- leisure/sports facilities (for which 40% gave a positive rating)
- GP/doctor (for which 39% gave a positive rating)
- out of hours medical service (for which 38% gave a positive rating)
- childcare provision (for which 37% gave a positive rating)

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

	Food shops	Police	Activities for young people
16-34	74%	56%	33%
35-44	64%	41%	35%
45-54	55%	45%	22%
55-64	57%	29%	16%
65-74	58%	38%	24%
75+	64%	52%	31%
Overall	63%	44%	27%

There were four types of service for which those in the most deprived areas were less likely to have a positive perception. However, those in the more deprived areas were more likely to have a positive rating for local public transport. These are shown in Figure 4.15.

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



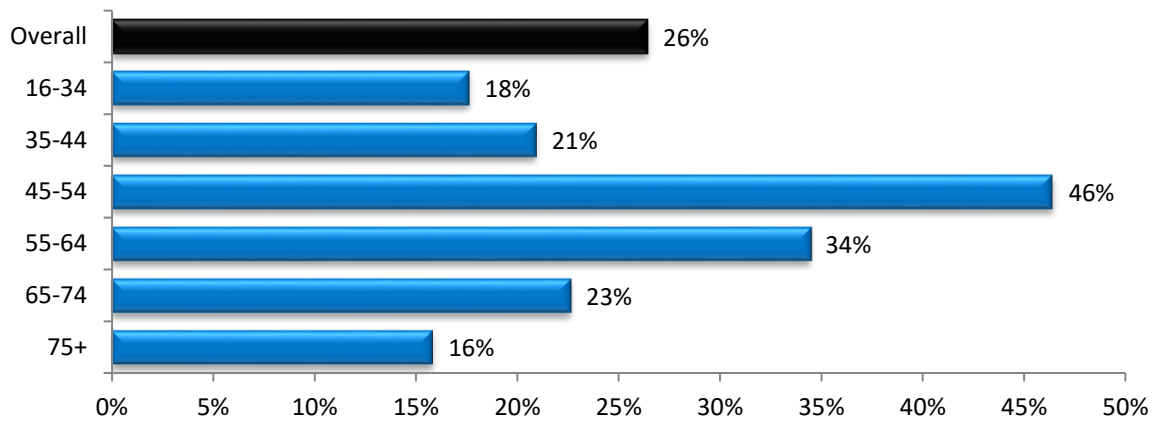
Those with a limiting condition or illness were less likely than others to have a positive view of local food shops (57% compared to 67%) and the police (36% compared to 50%).

4.5 Caring Responsibilities

One in four (26%) 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.

Those aged 45-54 were the most likely to have caring responsibilities.

Figure 4.16: Proportion with Caring Responsibilities by Age



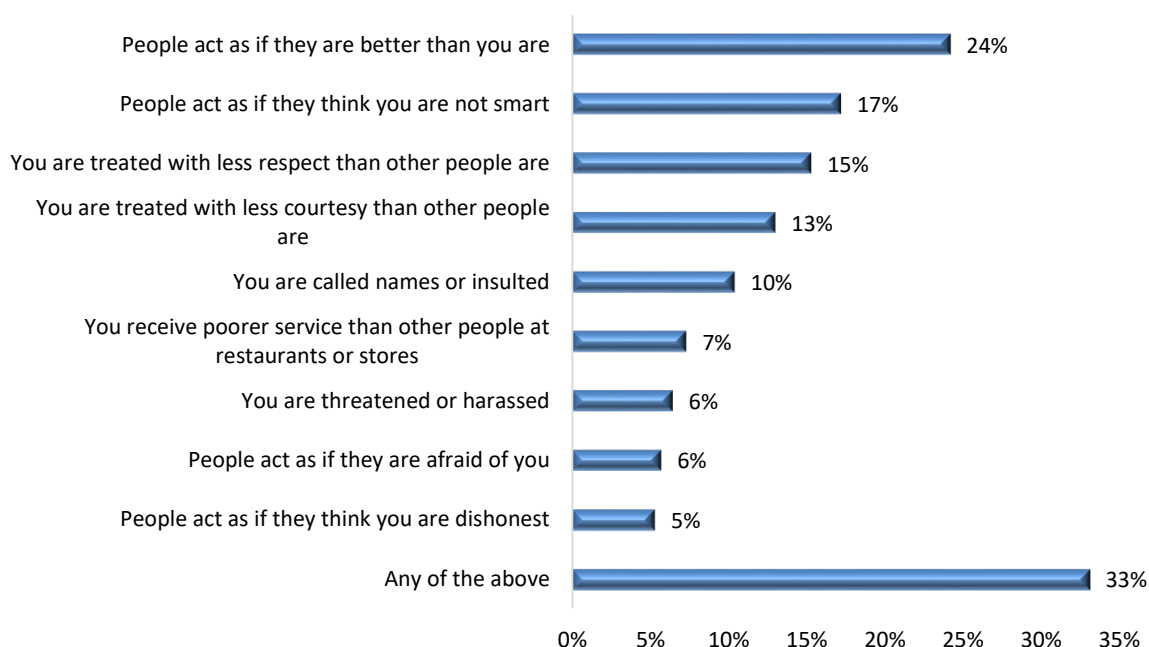
Comparison with NHSGGC

The proportion in Inverclyde who were carers (26%) was higher than in the NHSGGC area as a whole (21%).

4.6 Discrimination

The main questionnaire (self-completion section) included The Everyday Discrimination Scale⁶. The proportion who reported each type of discrimination happening at least a few times a year is shown in Figure 4.17. One in three (33%) had experienced at least one type of discrimination at least a few times in the last year.

Figure 4.17: Proportion who Experienced Each Type of Discrimination at Least a Few Times Per Year

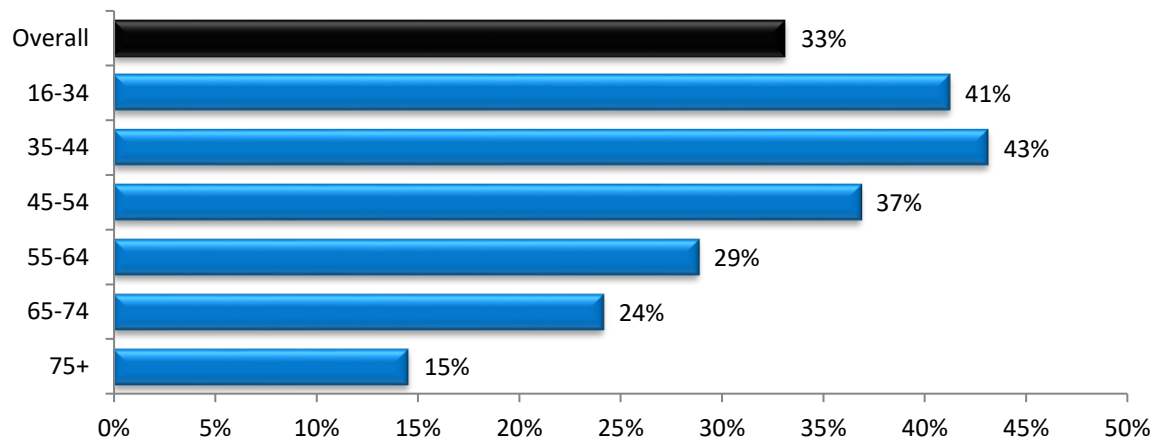


Those aged under 45 were the most likely to report experiences of discrimination and those aged 75 or over were the least likely.

6

https://scholar.harvard.edu/files/davidrwilliams/files/discrimination_resource_dec_2020.pdf

Figure 4.18: Proportion who Experienced Discrimination by Age



Comparison with NHSGGC

Compared to the NHSGGC area as a whole, those in Inverclyde were less likely to report experiences of discrimination (33% Inverclyde; 39% NHSGGC).

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

- Age (34%)
- Gender (22%)
- Weight (21%)
- Education or income level (18%)
- Height (18%).

4.7 Summary of Key Messages from This Chapter

Indicators where Inverclyde Compared Favourably to NHSGGC

Compared to those in the NHSGGC area as a whole, those in Inverclyde were:

- less likely to feel isolated from family/friends
- more likely to feel that local people can influence local decisions
- less likely to report experiences of discrimination.

Indicators where Inverclyde Compared Less Favourably to NHSGGC

Compared to those in the NHSGGC area as a whole, those in Inverclyde were:

- less likely to feel safe using local public transport
- less likely to feel safe walking alone in their area.

Other differences between Inverclyde and NHSGGC

Those in Inverclyde were more likely than those in the NHSGGC area as a whole to be carers.

Differences by Age and Gender

- Those in the oldest age groups were the most likely to feel they belonged to their local area and feel valued as a member of the community.
- Men were more likely than women to feel safe using local public transport or walking alone in their local area.
- Those aged 45-54 were the most likely to have caring responsibilities.
- Those aged under 45 were the most likely to report experienced of discrimination.

Differences by Deprivation

Those in the most deprived areas were:

- more likely to feel isolated from family/friends or feel lonely
- less likely to feel they belonged to their local area
- less likely to feel valued as members of their community
- less likely to feel that local people can influence local decisions

- 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 area.
- less likely to feel safe walking alone in their area
- less likely to be carers.

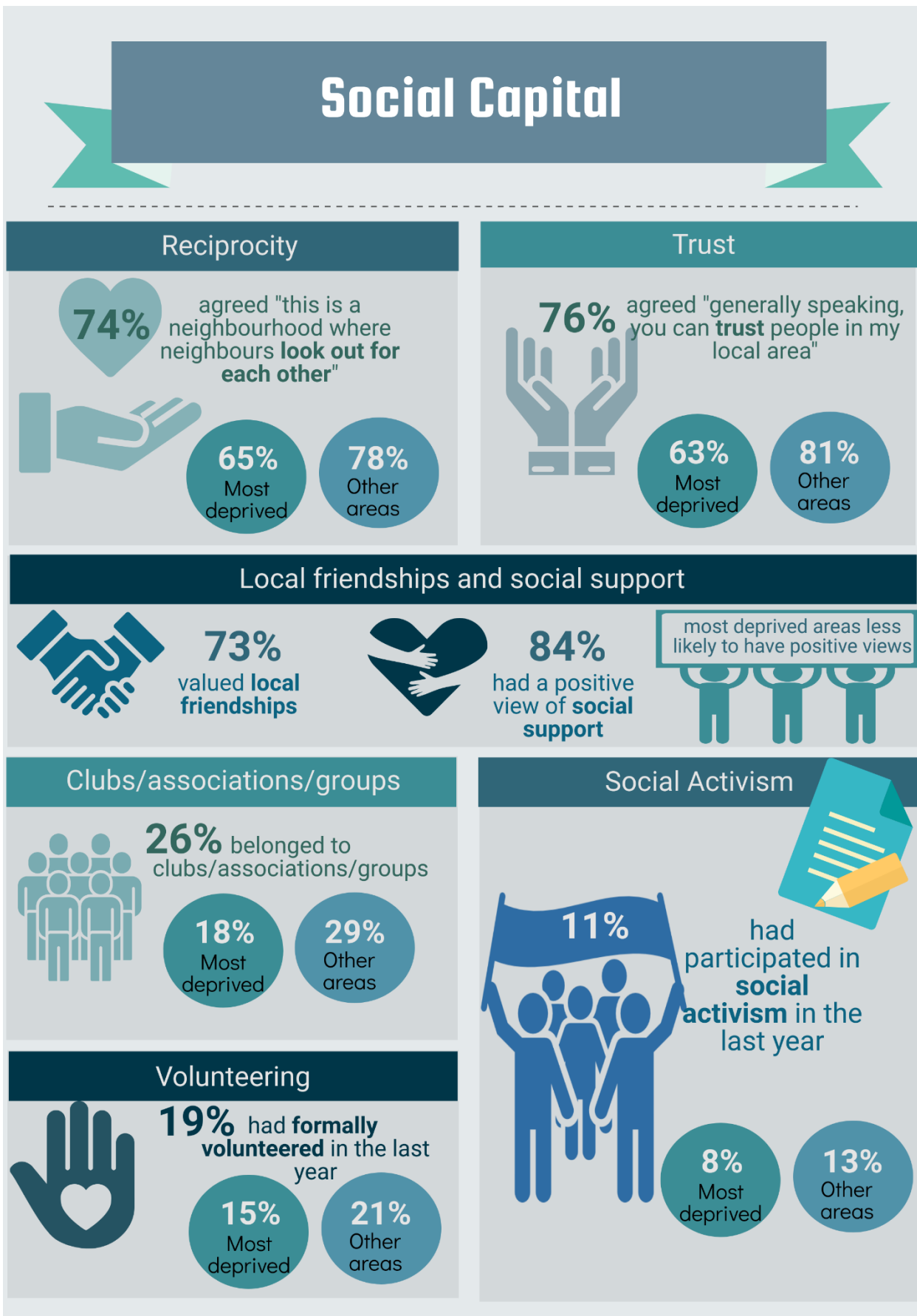
Differences by Limiting Conditions

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

- more likely to feel isolated or lonely
- less likely to feel that local people can influence local decisions
- more likely to be the victim of crime
- less likely to feel safe using local public transport or walking alone in their local area.

Changes since 2017/18

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



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, 77% were positive about reciprocity and 76% were positive about trust.

There was a high degree of crossover on these two questions; 92% of those who were positive about trust were also positive about reciprocity.

- Those aged under 45 were the least likely to have a positive perception of reciprocity or trust.
- 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 and Deprivation

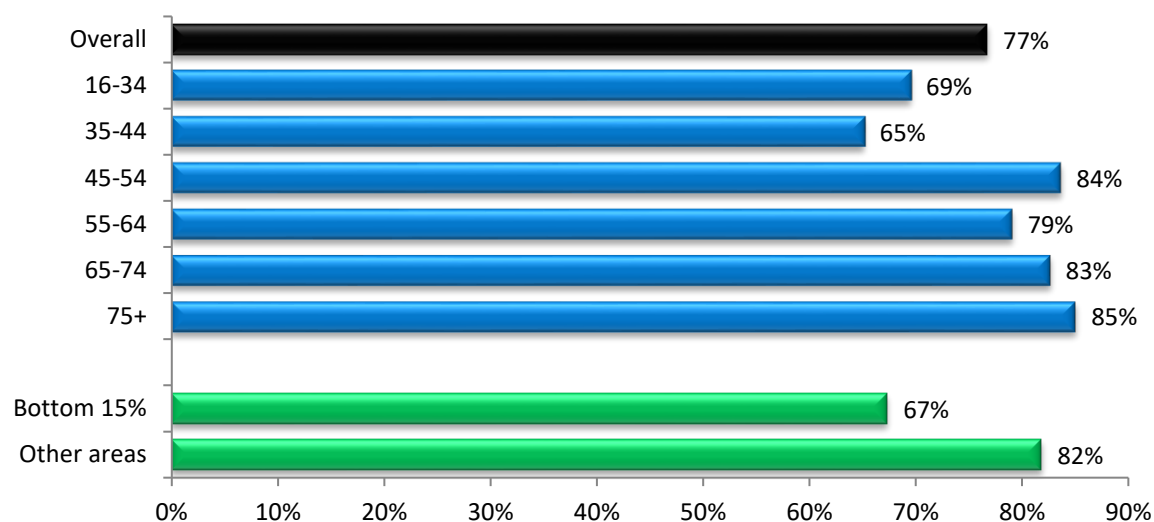
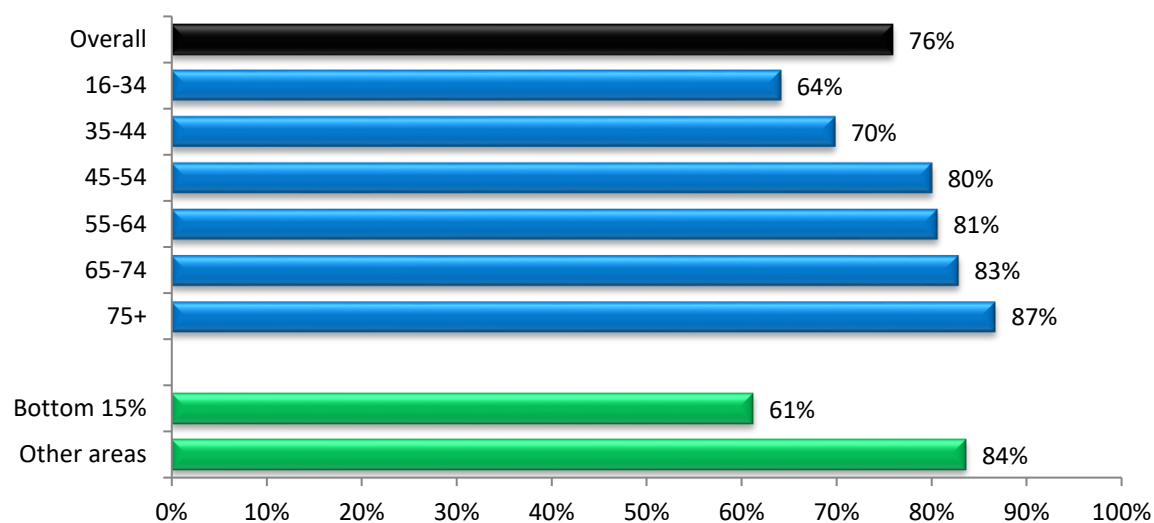


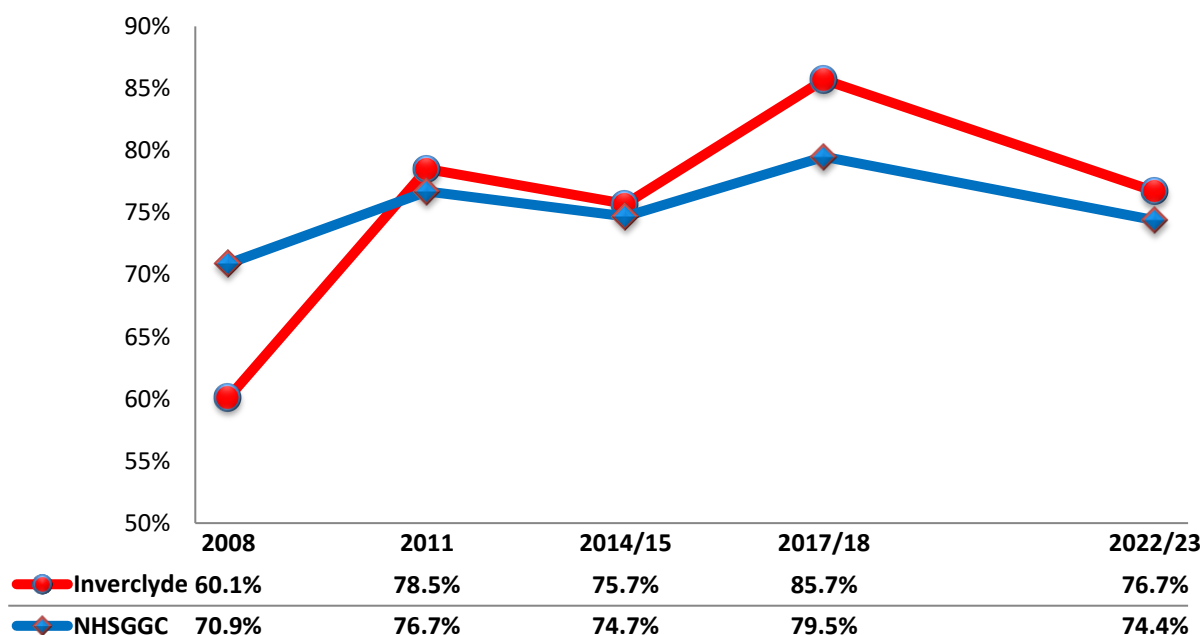
Figure 5.2: Proportion with a Positive Perception of Trust by Age and Deprivation



Trends – Reciprocity and Trust

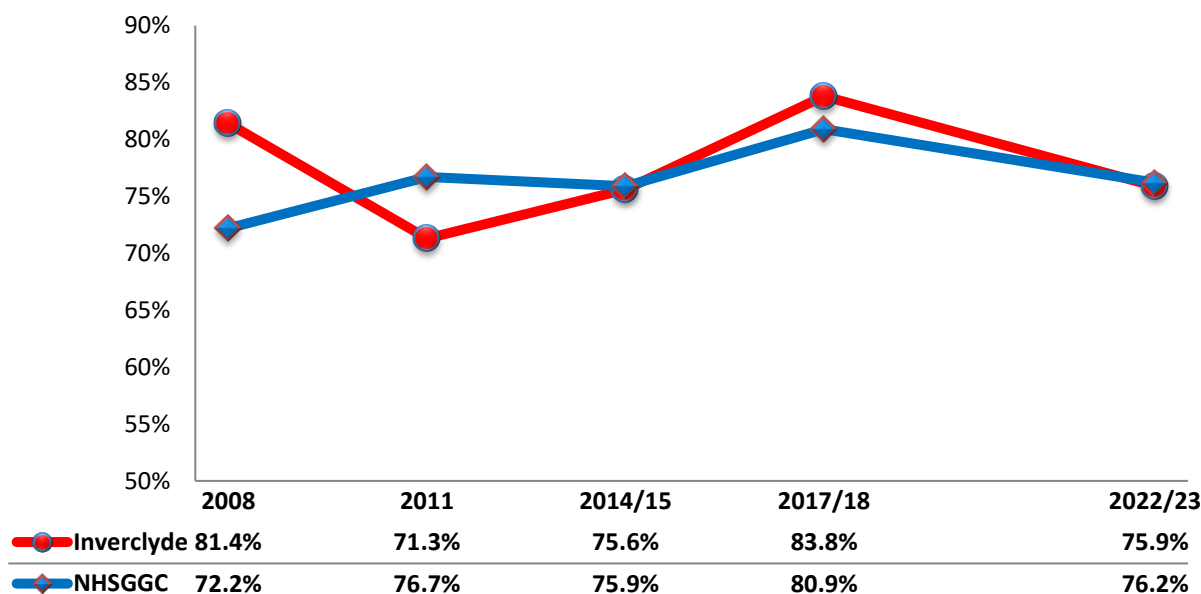
The proportion with a positive perception of reciprocity has shown some fluctuation over the last five surveys, but there was a significant decrease between 2017/18 and 2022/23. The decrease in Inverclyde was sharper than that observed in the NHSGGC as a whole, bringing the rate in Inverclyde to a similar level as the NHSGGC area as a whole.

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



The trends for having a positive perception of trust show a decrease between 2008 and 2011, followed by a continual rise between 2011 and 2017/18. However, there was a significant decrease between 2017/18 and 2022/23, returning the level to that seen in 2014/15.

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

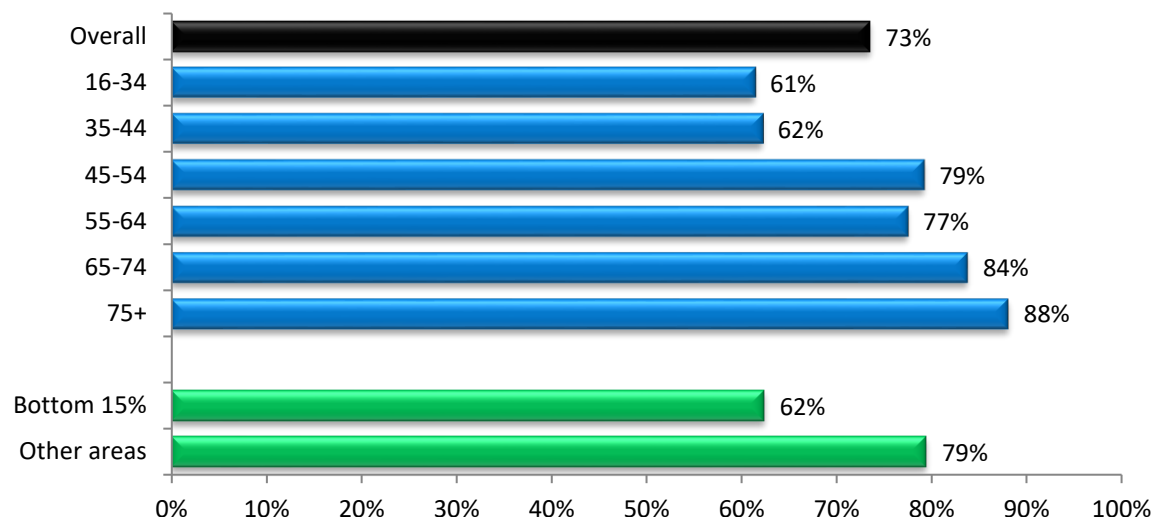


5.2 Local Friendships

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 20% neither agreed nor disagreed and 7% disagreed.

- Those aged 75 or over were the most likely to value local friendships and those aged under 45 were the least likely.
- Those in the most deprived areas were less likely to value local friendships.

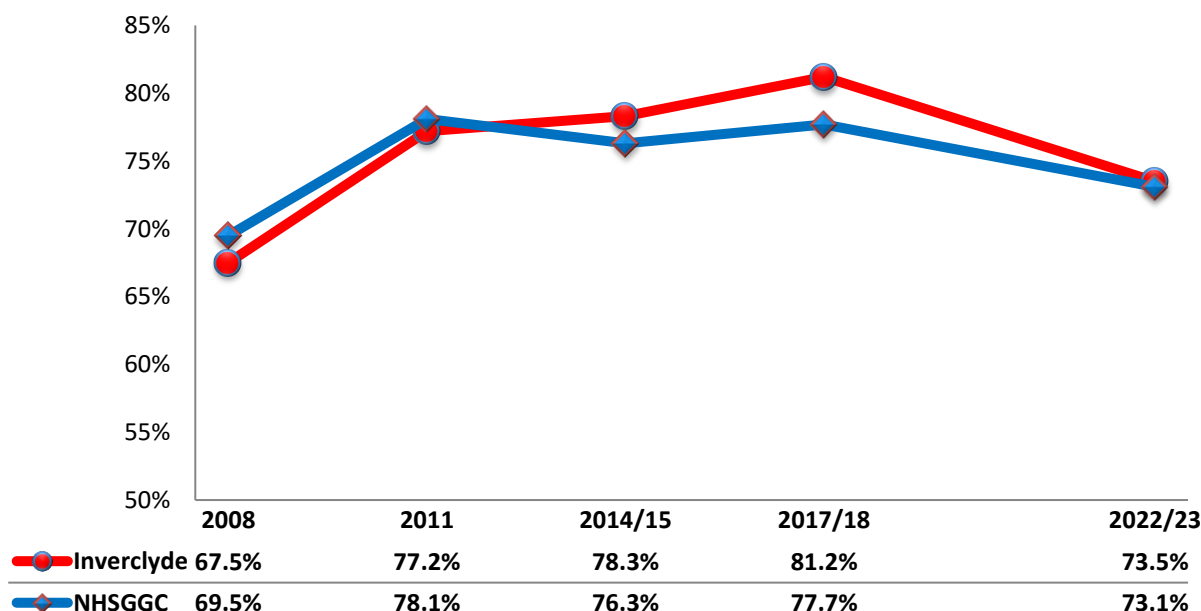
Figure 5.5: Proportion Value Local Friendships by Age and Deprivation



Trends – valuing local friendships

Trends for valuing local friendships showed a rise between 2008 and 2017/18, but a significant decrease between 2017/18 and 2022/23.

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



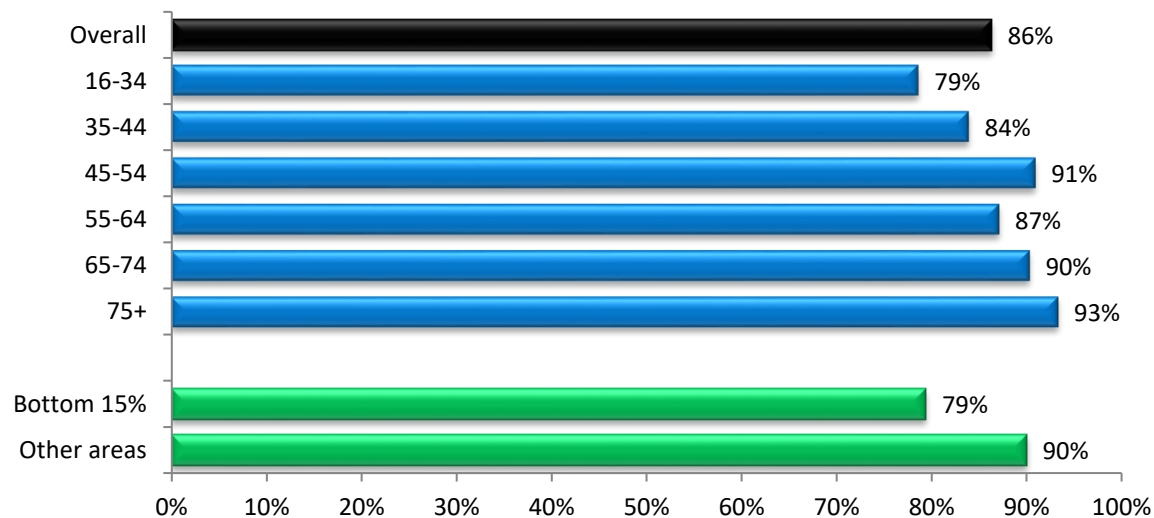
5.3 Social Support

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 86% had a positive view of social support.

Positive views of social support were least common among those aged under 35 and those in the most deprived areas.

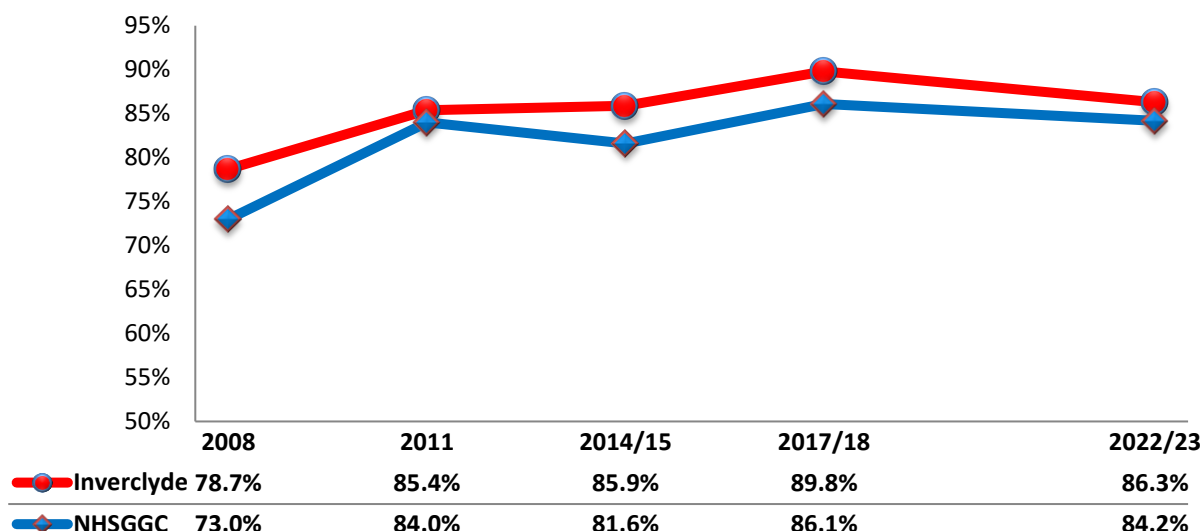
Figure 5.7: Proportion with a Positive View of Social Support by Age and Deprivation



Trends

There was a rise in the proportion who had a positive view of social support between 2008 and 2011 and a further rise between 2014/15 and 2017/18. However, there was a significant decrease between 2017/18 and 2022/23, returning the rate to that seen in 2014/15.

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



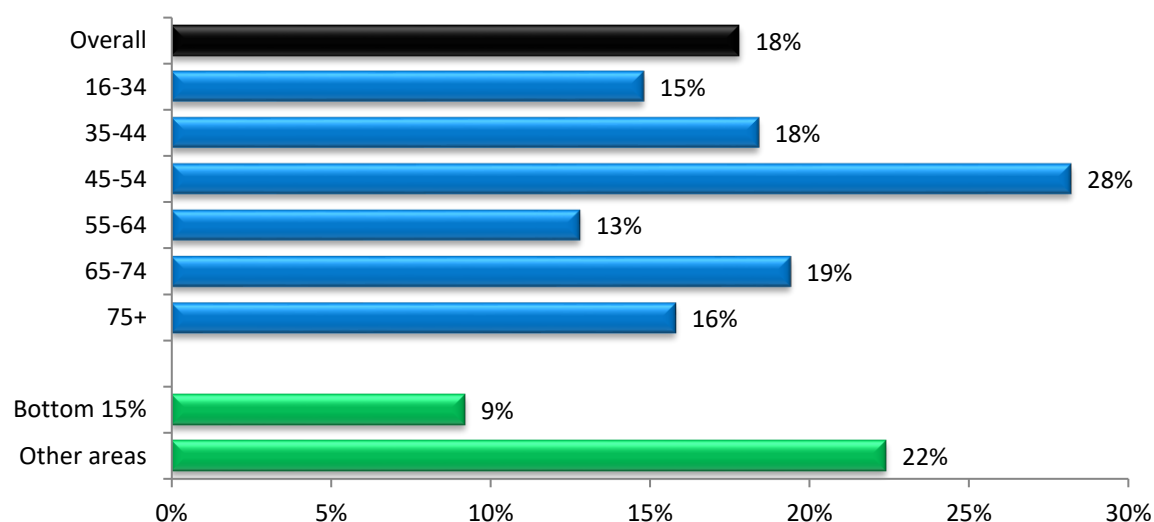
5.4 Volunteering

One in six (18%) said they had given up any time to help any clubs, charities, campaigns or organisations in an unpaid capacity in the last year.

The age group most likely to have taken part in formal volunteering was those aged 45-54.

Those in the most deprived areas were much less likely to formally volunteer.

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

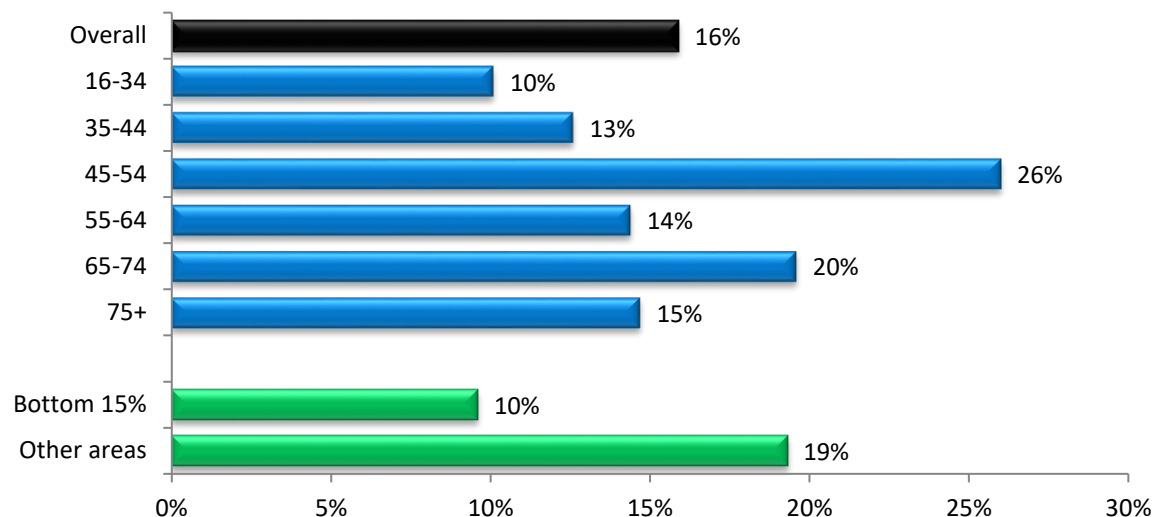


Respondents were also asked whether in the last 12 months they had given any voluntary unpaid help as an individual (not through a group or organisation) to help other people outside their family or to support their local

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). In total 16% had volunteered in this way.

- Those aged 45-54 were the most likely to informally volunteer.
- Those in the most deprived areas were much 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 22% of people had volunteered in the last year. Overall rates of volunteering were 14% for those in the most deprived areas compared to 27% of those in other areas.

Comparison with NHSGGC

Compared to those in the NHSGGC area as a whole, those in Inverclyde were less likely to volunteer as an individual (16% Inverclyde; 20% NHSGGC), or overall volunteer in any capacity (22% Inverclyde; 26% NHSGGC).

Evidence from Other Sources

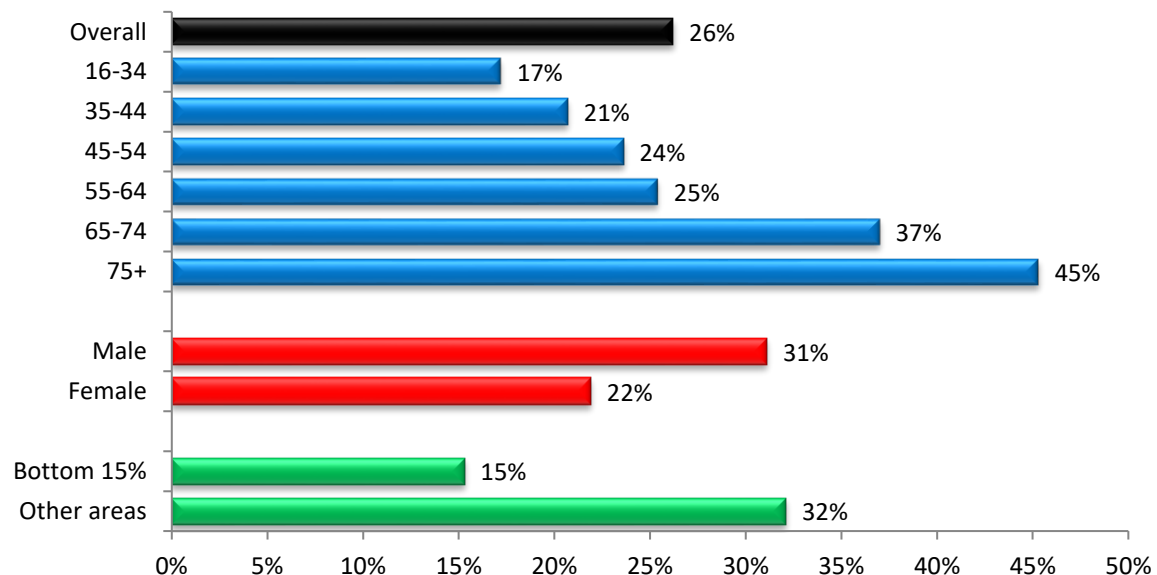
- The 2022 Scottish Household Survey showed that 22% of adults in Scotland had **formally** volunteered in the previous 12 months, higher than the 18% who had formally volunteered in Inverclyde in the NHSGGC survey. Overall, the 2022 Household Survey showed that 46% had done any volunteering (formal or informal) - much higher than the 22% in Inverclyde in the NHSGGC survey. As in Inverclyde, 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 any social clubs, associations, church groups or similar.

- The likelihood of belonging to clubs/associations/groups rose with age from 17% of those aged under 35 to 45% of those aged 75 or over.
- Men were more likely than women to belong to clubs/associations/groups.
- Those in the most deprived areas were much 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, Gender 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, 14% had engaged in this type of social activism in the last year.

Those in the most deprived areas were much less likely than those in other areas to engage in social activism (5% Bottom 15% areas; 20% other areas).

Comparison with NHSGGC

The proportion in Inverclyde who had engaged in social activism (14%) was higher than in the NHSGGC area as a whole (11%).

5.7 Summary of Key Messages from This Chapter

Indicators where Inverclyde Compared Favourably to NHSGGC

Compared to those in the NHSGGC area as a whole, those in Inverclyde were:

- more likely to engage in social activism.

Indicators where Inverclyde Compared Less Favourably to NHSGGC

Compared to those in the NHSGGC area as a whole, those in Inverclyde were:

- less likely to participate in informal volunteering or overall volunteering (formal/informal combined).

Differences by Age and Gender

- Those under 45 were the least likely to have a positive view of reciprocity, trust or social support or to value local friendships.
- Those aged 45-54 were the most likely to volunteer formally or informally.
- The likelihood of belonging to clubs/associations/groups increased with age and men were more likely than women to belong to these.

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

Changes since 2017/18

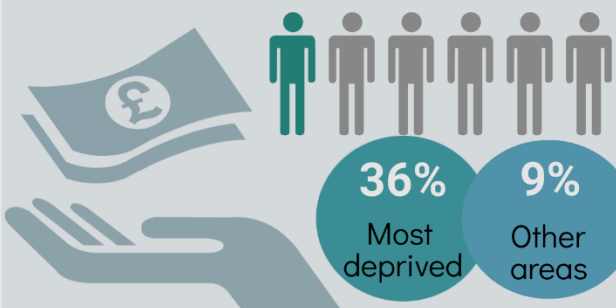
- Between 2017/18 and 2022/23 there was a decrease in the proportion who had a positive perception of reciprocity and trust in their local area.

- There was a decrease between 2017/18 and 2022/23 in the proportion who valued local friendships.
- There was a decrease between 2017/18 and 2022/23 in the proportion who had a positive view of social support.

Financial Wellbeing

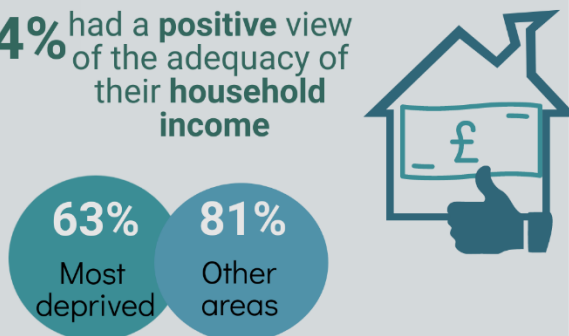
Income from benefits

1 in 6 (18%) said **all** household income came from **benefits**



Adequacy of household income

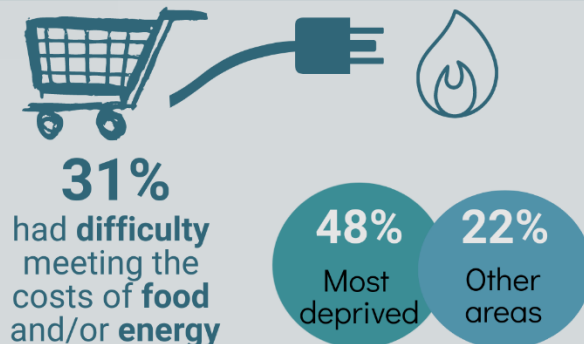
74% had a **positive** view of the adequacy of their **household income**



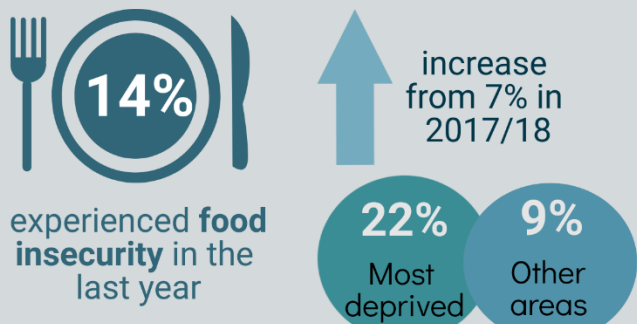
Finding unexpected sums



Difficulty meeting expenses



Food insecurity



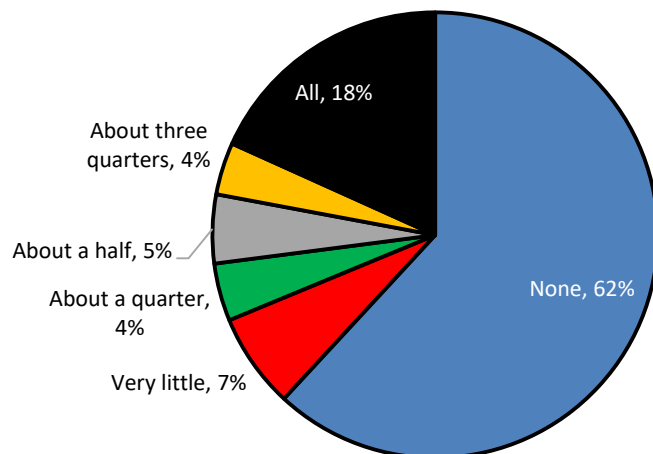
Gambling



6.1 Income from State Benefits

Overall, 38% said that at least some of their household income came from state benefits, and 18% said that all their household income came from state benefits.

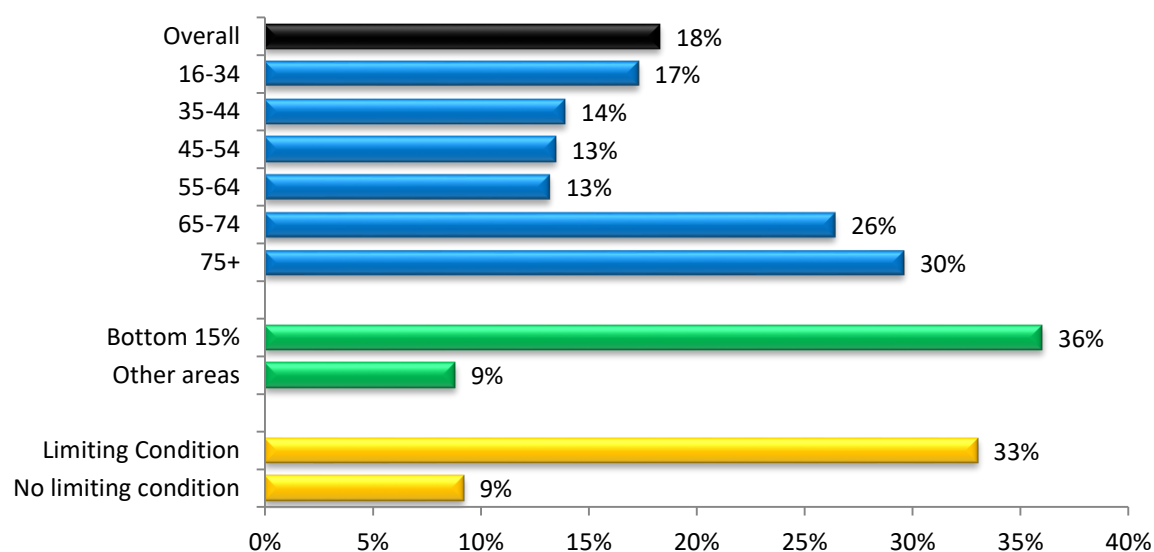
Figure 6.1: Proportion of Household Income from State Benefits



Those aged 65 or over were the most likely to say they received all household income from benefits.

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



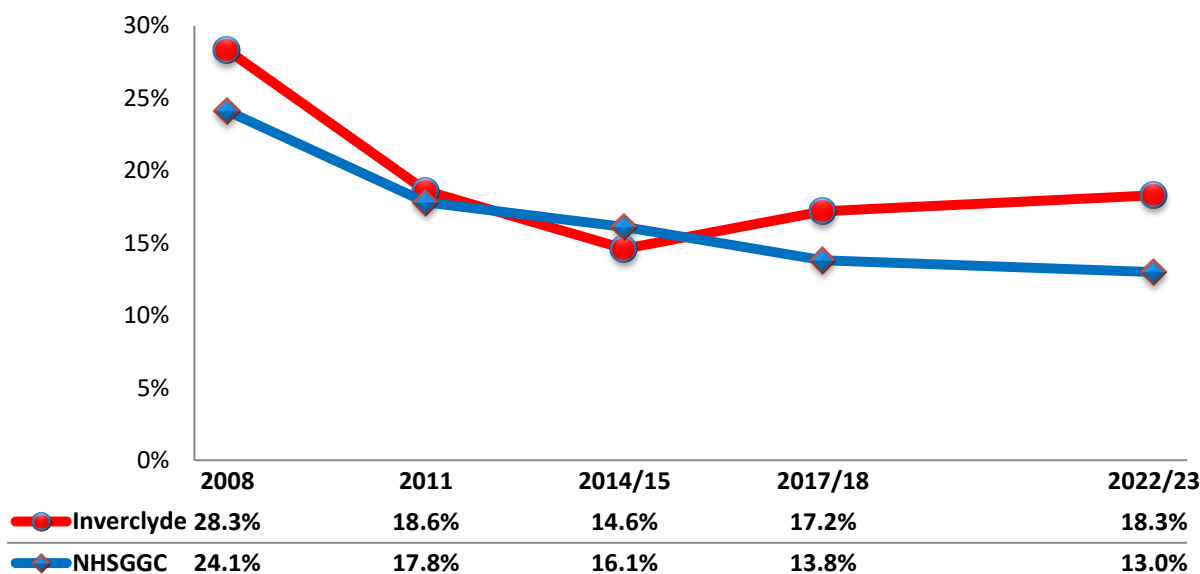
Comparison with NHSGGC

The proportion in Inverclyde who received all household income from state benefits (18%) was higher than in the NHSGGC area as a whole (13%).

Trends

The proportion in Inverclyde who received all household income from benefits fell between 2008 and 2011, but has changed little since then. There was no significant change between 2017/18 and 2022/23.

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.

2.6% had experienced benefits sanctions

4.6% 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, 7% of benefit recipients said they had been affected by benefit changes. Of those who had been affected by benefit changes, 63% said the changes had made their household financially worse off.

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.

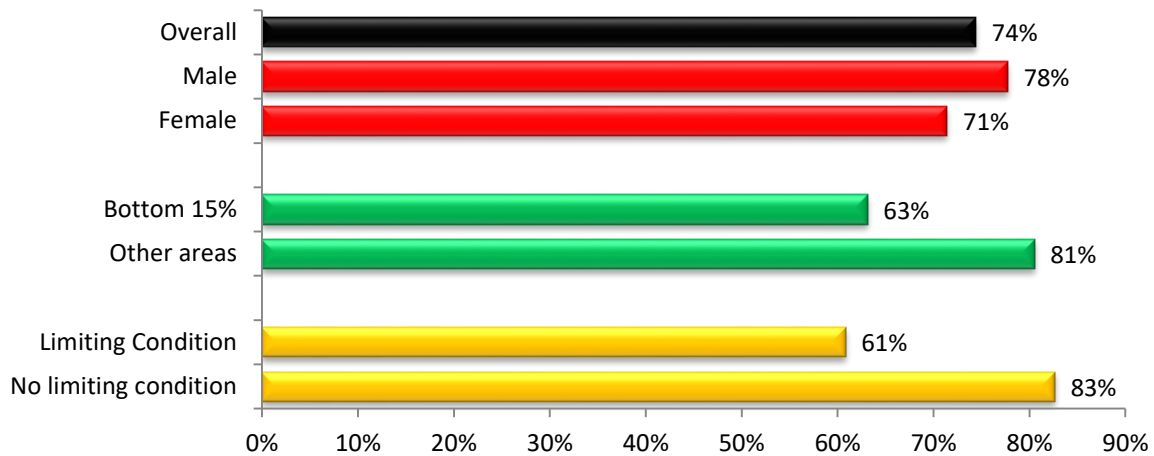
6.2 Adequacy of Income

Using the 'faces' scale (see Chapter 2), respondents were asked how they felt about the adequacy of their household income. Three in four (74%) expressed a positive perception of the adequacy of their household income, while 12% had a neutral perception and 13% had a negative perception.

- Men were more likely than women to have a positive perception 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.

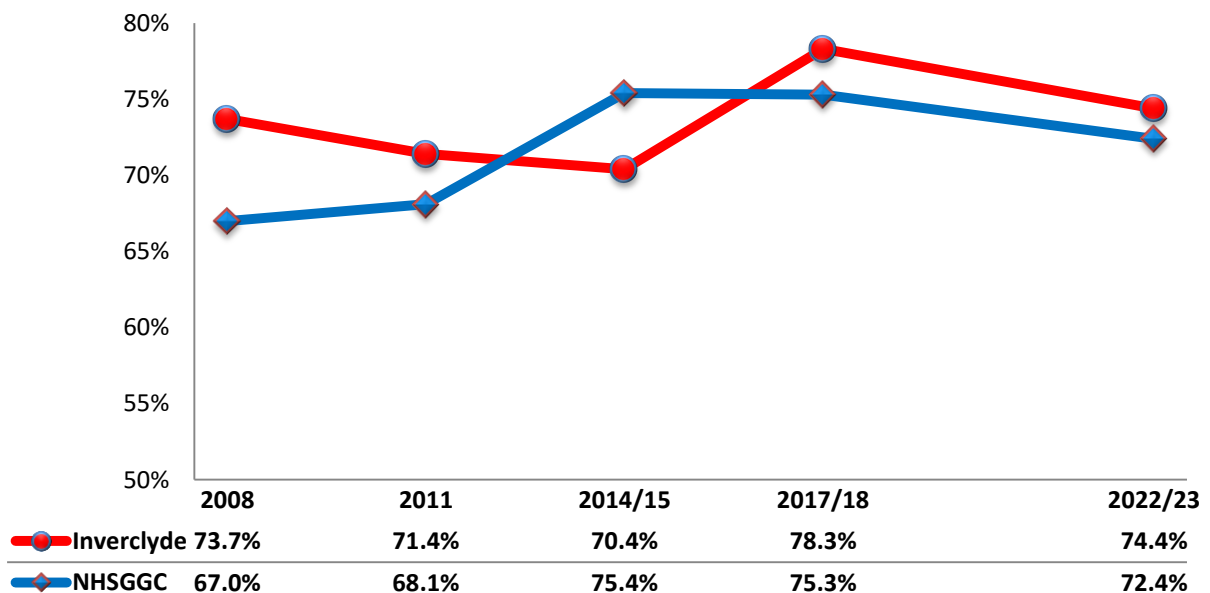
Figure 6.4: Proportion with a Positive Perception of the Adequacy of their Household Income by Gender, Deprivation and Limiting Conditions



Trends

There was a rise between 2014/15 and 2017/18 in the proportion who had a positive view of the adequacy of their household income, but there was a significant drop between 2017/18 and 2022/23 (although it remained higher than the rate in 2014/15).

Figure 6.5: Trends for Proportion with a Positive View of 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 responses were lack of jobs (35%) and an inevitable part of modern life (17%). 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

- less likely to say there was no-one living in poverty in their area or that poverty was due to injustice in society.
- more likely to say that poverty was due to lack of jobs.

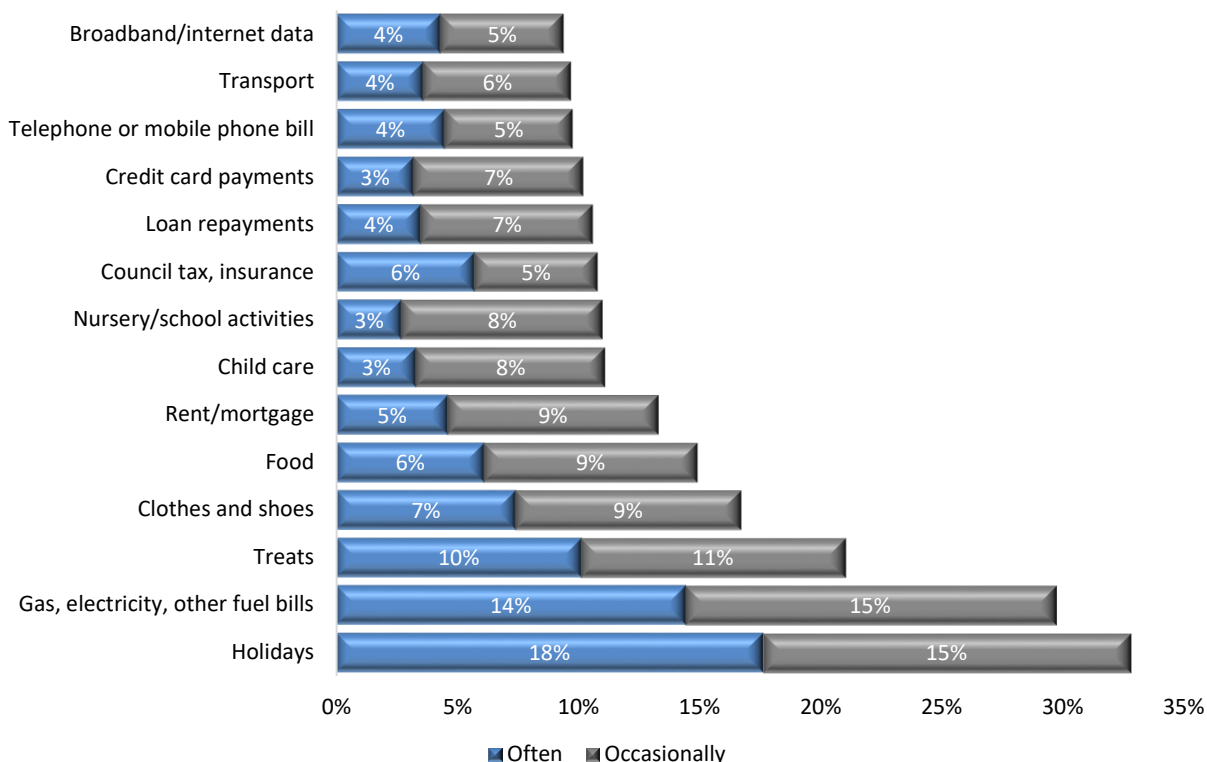
Table 6.1: Perceived Reasons for Poverty in Local Area by Deprivation

	Overall	Bottom 15%	Other areas
An inevitable part of modern life	17%	15%	19%
Laziness or lack of willpower	11%	12%	10%
Because they have been unlucky	6%	9%	4%
Because of injustice in society	13%	8%	15%
Lack of jobs	35%	41%	31%
There is no one living in poverty in this area	7%	2%	10%
Other	10%	12%	9%
None of the above	1%	1%	1%

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.

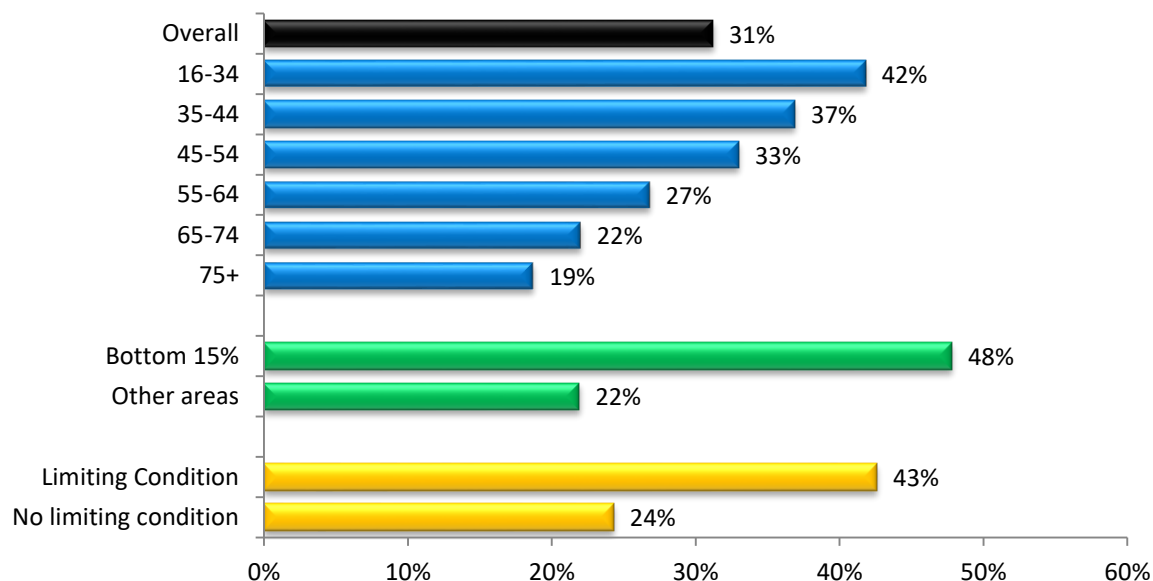
Figure 6.6: How Often Have Difficulty Meeting the Cost of Specific Expenses



Altogether, three in ten (31%) said that they had difficulty meeting the cost of food and/or energy (at least occasionally).

- The likelihood of having difficulty meeting the cost of food/energy decreased with age from 42% of those aged under 35 to 19% of those aged 75 or over.
- Those in the most deprived areas were much more likely than others to have difficulty meeting the cost of food or energy.
- Those with a limiting condition or illness were more likely than others to have difficulty meeting the cost of food/energy.

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



Comparison with NHSGGC

The proportion in Inverclyde who had difficulty meeting the cost of food and/or energy (31%) was lower than in the NHSGGC area as a whole (38%).

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, 13% said it would be a problem to find £35, 35% said it would be a problem to find £165 and 66% said it would be a problem to find £1,600.

- Those aged under 45-54 were the most likely to have difficulty finding £35; those aged under 45 were the most likely to have difficulty finding £165 or £1,600.
- Women were more likely than men to say they would have difficulty meeting any of 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 these sums.

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
16-34	13%	43%	79%
35-44	12%	45%	80%
45-54	23%	37%	69%
55-64	10%	27%	57%
65-74	10%	26%	52%
75+	5%	30%	55%
Male	10%	30%	61%
Female	15%	39%	71%
Bottom 15%	24%	57%	84%
Other areas	6%	23%	57%
Limiting condition	22%	47%	73%
No limiting condition	7%	28%	63%
Overall	13%	35%	66%

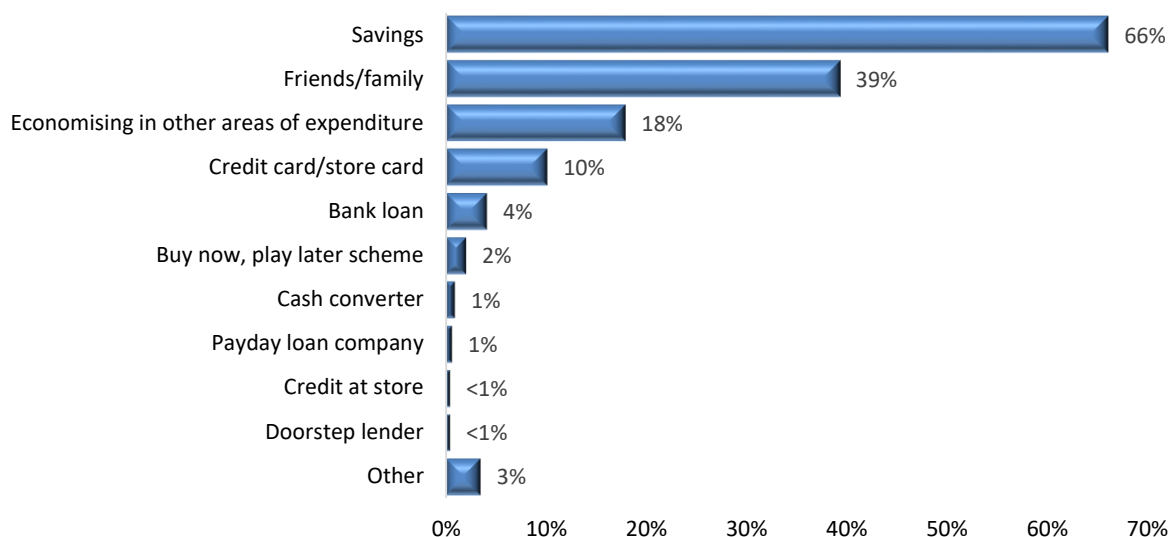
Comparison with NHSGGC

Those in Inverclyde were less likely than those in the NHSGGC area as a whole to have difficulties finding:

- £35 (13% Inverclyde; 15% NHSGGC)
- £165 (35% Inverclyde; 41% NHSGGC)
- £1,600 (66% Inverclyde; 74% NHSGGC).

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 (66%) and friends/family (39%). All responses are shown in Figure 6.8.

Figure 6.8: Where Would Find Sum of Money to Meet Unexpected Bill



The most common 'other' response was doing extra work.

The proportion who said they would use savings ranged from 50% of those aged under 35 to 81% of those aged 75 and over. Those in the youngest age group were the most likely to say they would source money from friends/family (58%).

Women were more likely than men to say they would source money from friends/family (44% female; 34% male).

Those in the most deprived areas were:

- less likely to use savings to pay unexpected bills (50% most deprived; 76% other areas)
- more likely to get money from friends/family (54% most deprived; 32% other areas).

Those with a limiting condition were less likely than others to say they would use savings (57% compared to 71%).

6.6 Credit

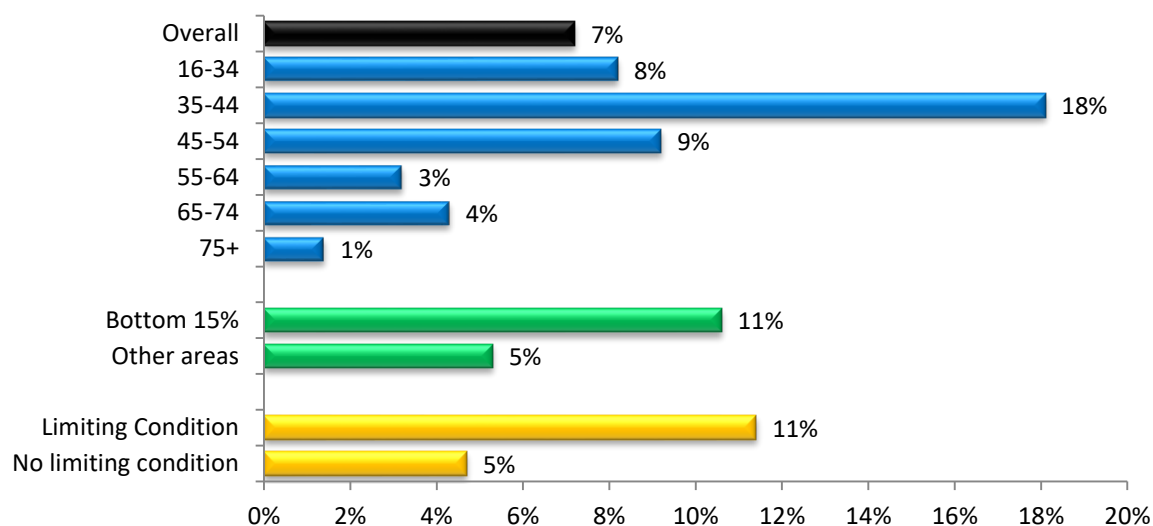
Respondents were asked how many months from the last six months they had to use a source of credit to cover essential living costs due to a lack of money that they may struggle to pay off.

Overall, 7.2% had used credit to cover essential living costs they may struggle to pay off during the previous six months, consisting of 2.0% who had done so in one month, 1.6% who had done so in two months, 1.0% who

had done so in three months and 2.7% who had used credit in this way for three or more months.

- Those aged 35-44 were the most likely to use credit to cover essential living costs.
- Those in the most deprived areas were more likely than others to use credit to cover essential living costs.
- Those with a limiting condition or illness were more likely than others to use credit to cover essential living costs.

Figure 6.9: Proportion who Used Credit to Cover Essential Living Costs in the Last Six Months by Age, Deprivation and Limiting Conditions



Comparison with NHSGGC

The proportion in Inverclyde who had used credit to cover essential living costs in the last six months (7%) was lower than in the NHSGGC area as a whole (11%).

6.7 Food Insecurities

Respondents were asked eight questions which comprise the Food Insecurity Experiences Scale⁷. The proportion who said 'yes' to each question is shown

⁷ See: <http://www.fao.org/in-action/voices-of-the-hungry/fies/en/>

in Table 6.3. Altogether, 14% had experienced at least one event in the last year which was an indication of food insecurity.

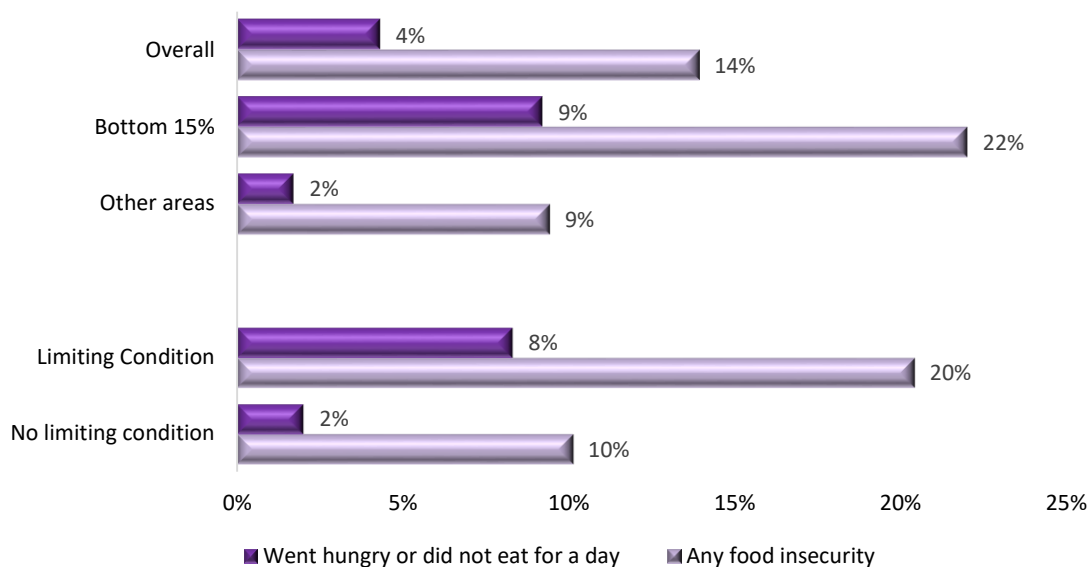
Table 6.3: Proportion who Experienced Each Event on the Food Insecurities Experience Scale in the Last 12 Months

	Proportion who answered 'yes'
You were worried you would run out of food because of a lack of money or other resources	9.3%
You were unable to eat healthy and nutritious food because of a lack of money or other resources	8.6%
You ate only a few kinds of food because of a lack of money or other resources	10.3%
You had to skip a meal because there was not enough money or other resources to get food	5.2%
You ate less than you thought you should because of a lack of money or other resources	7.8%
Your household ran out of food because of a lack of money or other resources	3.7%
You were hungry but did not eat because there was not enough money or other resources for food	4.1%
You went without eating for a whole day because of a lack of money or other resources	2.7%
Any of the above	13.9%

Overall, 4.3% of adults experienced **either** of the last two items, indicative of the most severe forms of social insecurity – going hungry because they could not afford food or going a whole day without eating because of lack of money/resources.

- Those in the most deprived areas were much more likely than those in other areas to experience food insecurity (22% compared to 9%).
- Those with a limiting condition or illness were twice as likely as others to experience food insecurity.

Figure 6.10: Food Insecurities Experience in the Last 12 Months by Deprivation and Limiting Conditions



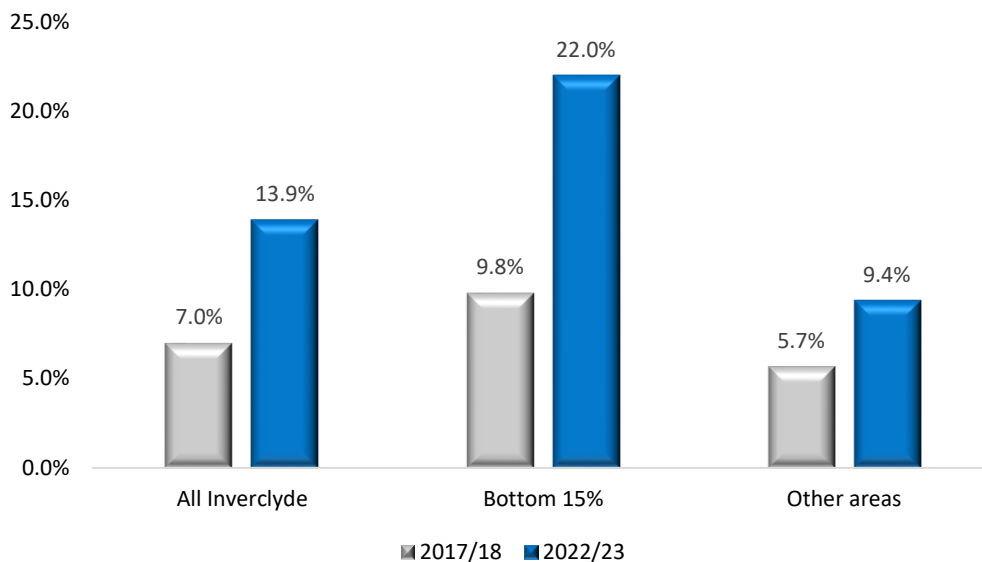
Comparison with NHSGGC

The proportion in Inverclyde who experienced food insecurities (14%) was lower than in the NHSGGC area as a whole (17%). The proportion who went hungry or did not eat for a day (4.3%) compares to 6.7% in the NHSGGC area as a whole.

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 7% to 14%. The biggest rise was seen in the most deprived areas, as Figure 6.11 shows.

Figure 6.11: Food Insecurity Experience – 2017/18 and 2022/23



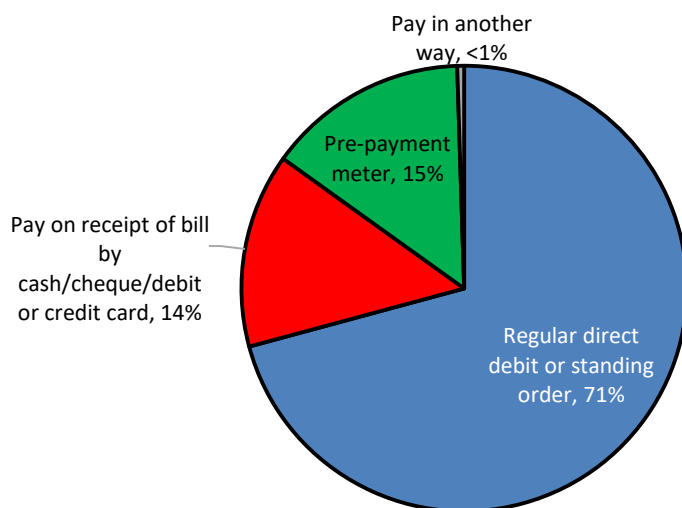
*Evidence from
Other Sources*

- The 2021 Scottish Household 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, the same as the finding for Inverclyde in the NHSGGC survey in 2022/23.

6.8 Energy Bills

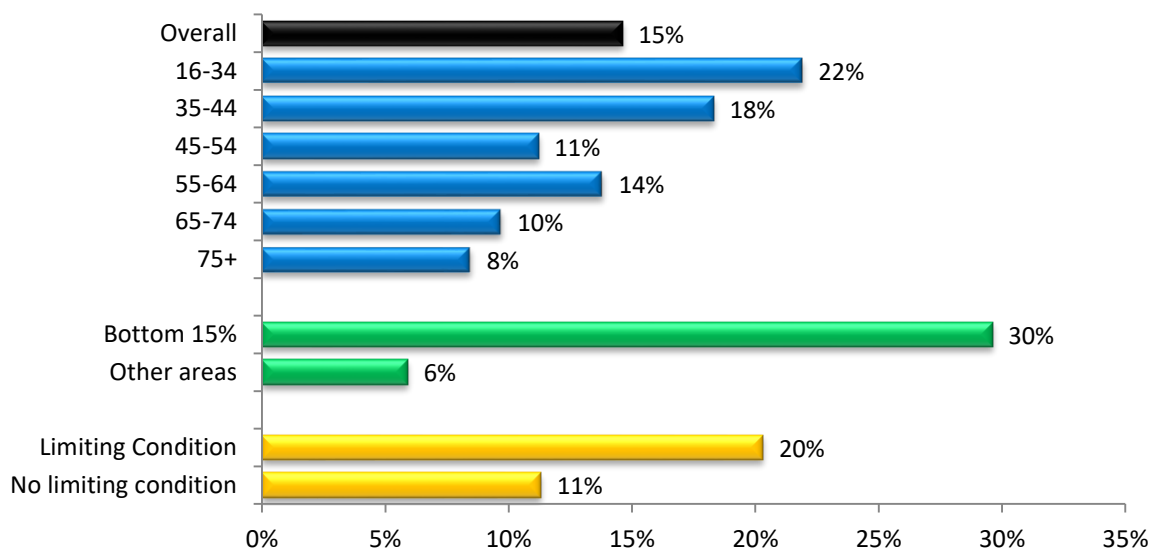
Seven in ten (71%) said they paid their energy bill by regular direct debit or standing order, 15% had a pre-payment meter and 14% paid on receipt of their bill.

Figure 6.12: Means of Paying for Energy



- Those in the youngest age groups were the most likely to have a pre-payment meter.
- Those in the most deprived areas were much more likely to have a pre-payment meter.
- Those with limiting conditions were more likely to have a pre-payment meter.

Figure 6.13: Proportion with a Prepaid Meter by Age, Deprivation and Limiting Conditions

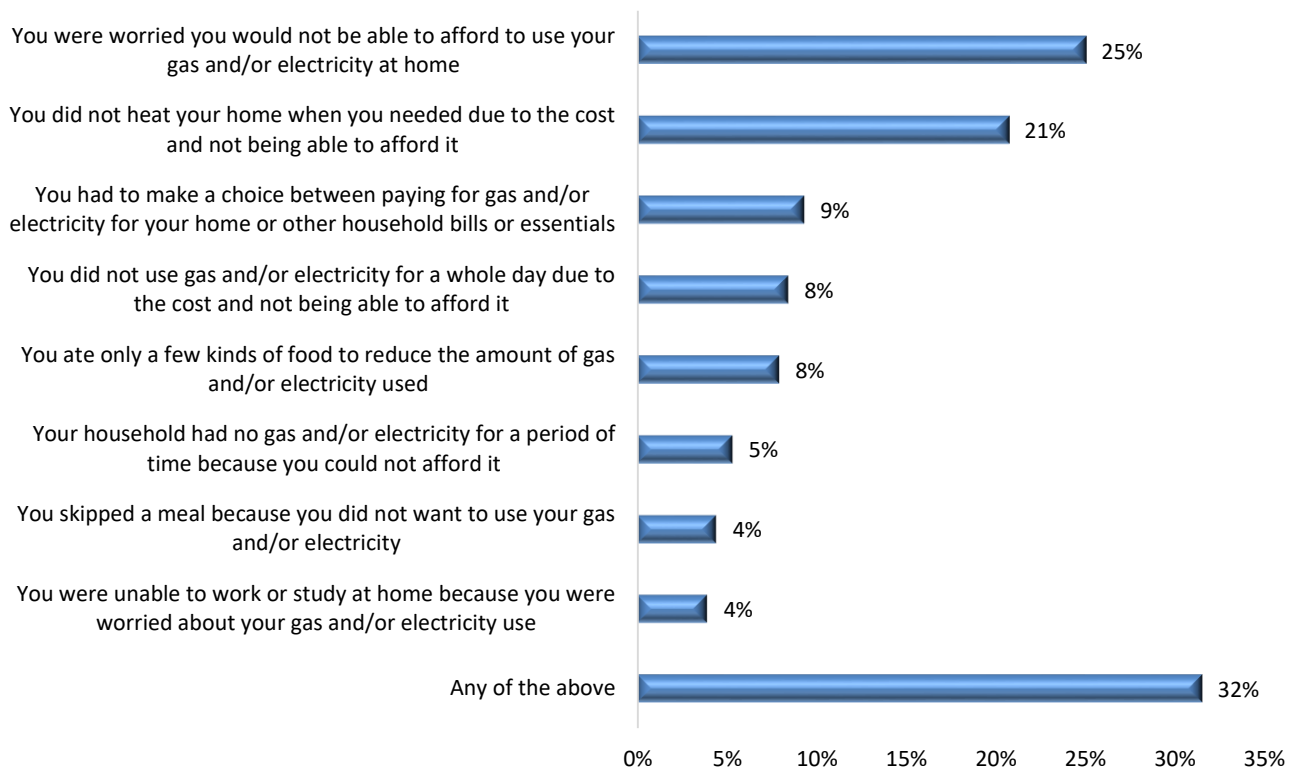


Comparison with NHSGGC

The proportion in Inverclyde who had a pre-payment meter (15%) was lower than in the NHSGGC area as a whole (18%).

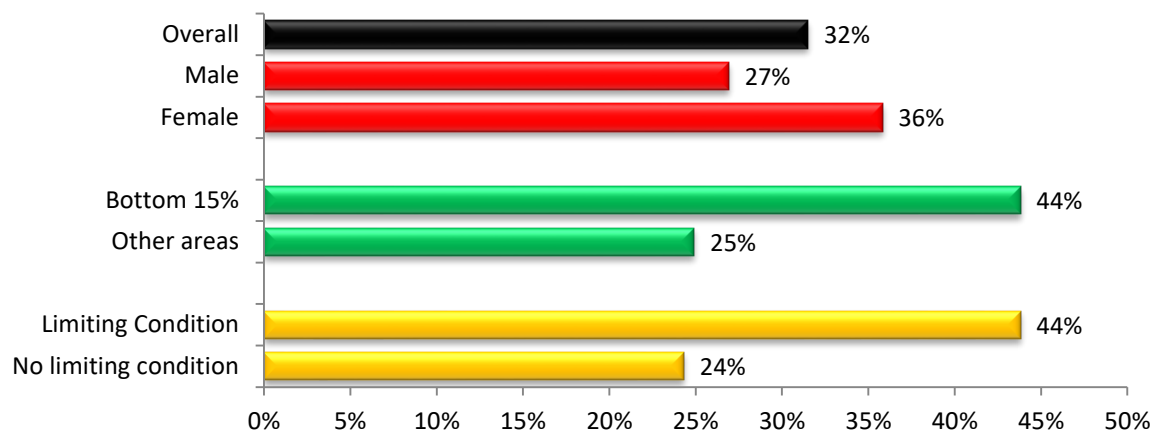
Respondents were asked whether any of eight things had happened in the last 12 months relating to energy affordability. Figure 6.14 shows the proportion who said each thing had happened. In total, a third (32%) reported indicators of difficulties affording energy.

Figure 6.14: Proportion who said each Indicator of Difficulties with Energy Bills Occurred in the Last Year



- Women were more likely than men to say they had experienced any of these indicators of difficulty affording energy.
- 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 to have experienced any of these indicators.

Figure 6.15: Proportion who Had Experienced at Least One Indicator of Difficulties Affording Energy in the Last Year by Gender, Deprivation and Limiting Conditions



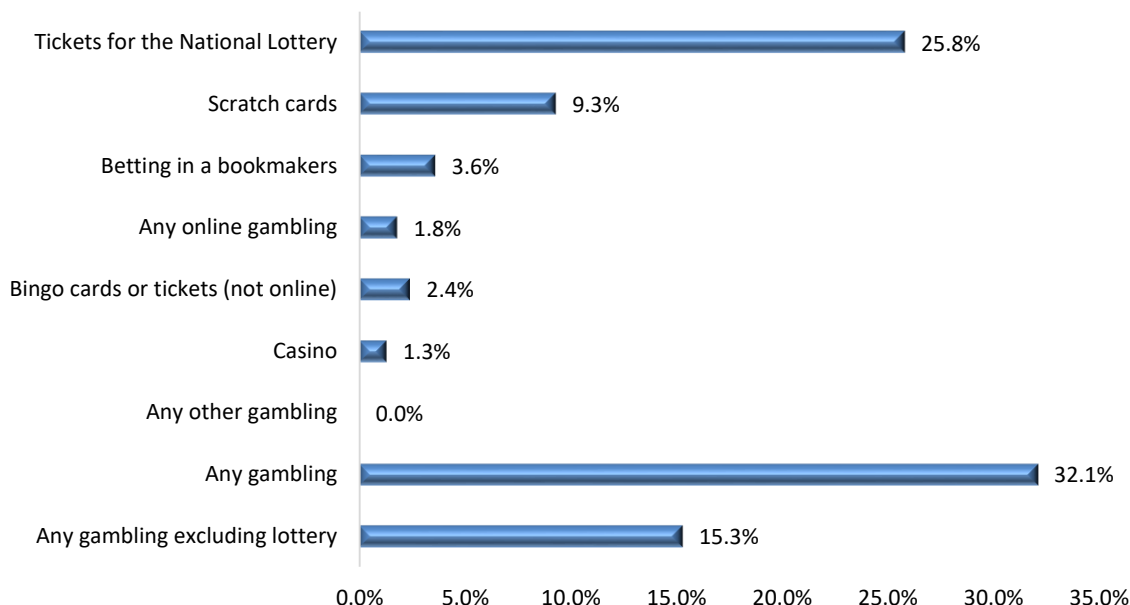
Comparison with NHSGGC

The proportion in Inverclyde who had indicators of difficulties affording energy (32%) was lower than in the NHSGGC area as a whole (40%).

6.9 Gambling

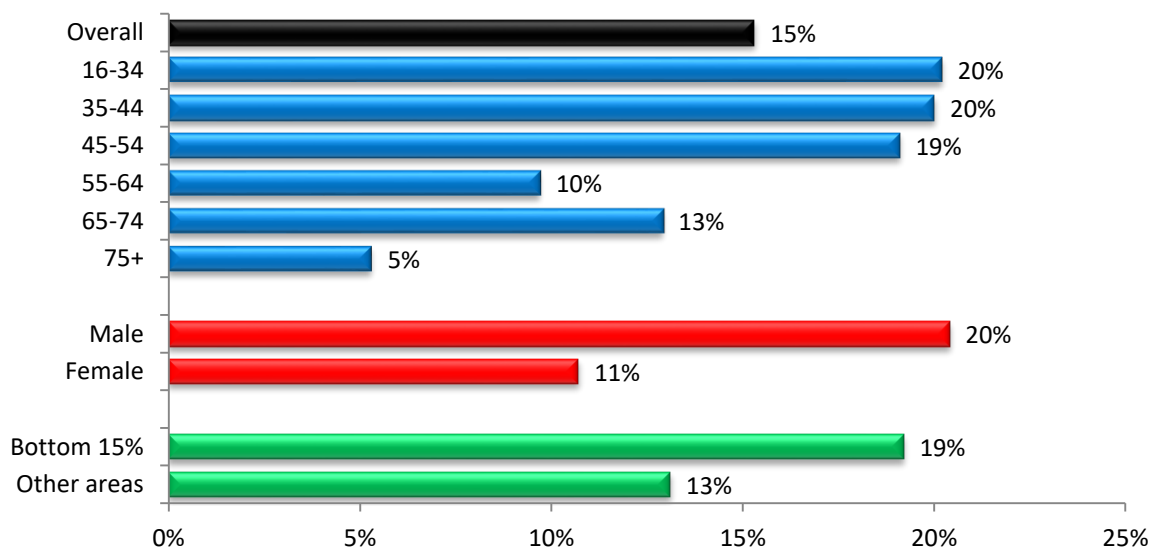
Respondents were asked whether they had spent money on different types of gambling activities in the last month. Overall, 32% had spent money on gambling in the last month. By far the most common type was lottery. In total, 15% had spent money on gambling which excluded lottery.

Figure 6.16: Proportion who Spent Money on Gambling Activities in the Previous Month



- Participation in gambling was more common among those aged under 55.
- Men were twice as likely as women to gamble.
- Those in the most deprived areas were more likely than others to gamble.

Figure 6.17: Proportion who Spent Money on Gambling Activities (Excluding National Lottery) in the Previous Month by Age, Gender and Deprivation



Comparison with NHSGGC

Compared to those in the NHSGGC area as a whole, those in Inverclyde were more likely to spend money on gambling (excluding lottery) (15% Inverclyde; 12% NHSGGC).

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. Most (98%) said never.

6.10 Summary of Key Messages from This Chapter

Indicators where Inverclyde Compared Favourably to NHSGGC

Compared to those in the NHSGGC area as a whole, those in Inverclyde were:

- less likely to have difficulty paying for food/energy
- less likely to have difficulty finding unexpected sums
- less likely to use credit to cover essential living expenses
- less likely to experience food insecurity
- less likely to have indicators of difficulty affording energy.

Indicators where Inverclyde Compared Less Favourably to NHSGGC

Compared to those in the NHSGGC area as a whole, those in Inverclyde were:

- more likely to receive all household income from benefits
- more likely to spend money on gambling.

Other differences between Inverclyde and NHSGGC

Those in Inverclyde were less likely than those in the NHSGGC area as a whole to have a pre-payment meter.

Differences by Age and Gender

- Those aged 65+ were the most likely to receive all household income from state benefits.
- Men were more likely than women to have a positive view of the adequacy of their household income.
- Those in the youngest age groups were the most likely to say they had difficulties meeting the cost of food and/or energy and have difficulty meeting unexpected expenses of £165 or £1,600.
- Women were more likely than men to have difficulty meeting unexpected expenses.
- Those aged 35-44 were the most likely to use credit to cover essential living costs.
- Those aged under 35 were the most likely to have a pre-paid meter.
- Men were more likely than women to report spending money on gambling, and those aged under 55 were more likely than older people to gamble.

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 use credit to cover essential living expenses
- more likely to report experiences indicating food insecurity
- more likely to have a pre-payment 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/energy or meeting unexpected sums
- more likely to use credit to cover essential living costs
- more likely to experience food insecurity
- more likely to use a pre-payment meter.

Changes since 2017/18

Between 2017/18 and 2022/23 there was:

- a decrease in the proportion who had a positive view of the adequacy of their household income
- an increase in the proportion who experienced food insecurity.

7 Population Characteristics

Population Characteristics

Living Alone



18% lived alone

54% of people aged **75+** lived alone

24%

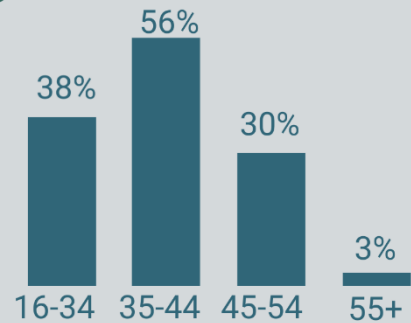
Most deprived

14%

Other areas

Children

24% lived with **children** under 16



Qualifications



17% had **no qualifications**

44% of people aged **75+** had no qualifications

30%

Most deprived

11%

Other areas

Tenure



67%

lived in **owner occupier** homes

37%

Most deprived

84%

Other areas

Economic Activity

53%

were **economically active**



40%

Most deprived

60%

Other areas

Internet Use

1 in 10 (10%) said they **did not** use the **internet**



45% of people aged **75+** did not use the internet

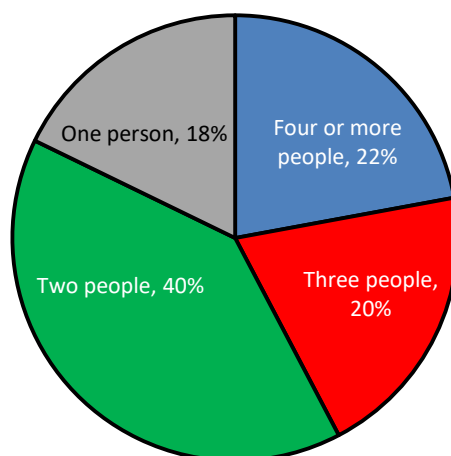


7.1 Household Composition

Household Size

One in six (18%) lived alone. Figure 7.1 shows the breakdown of household size.

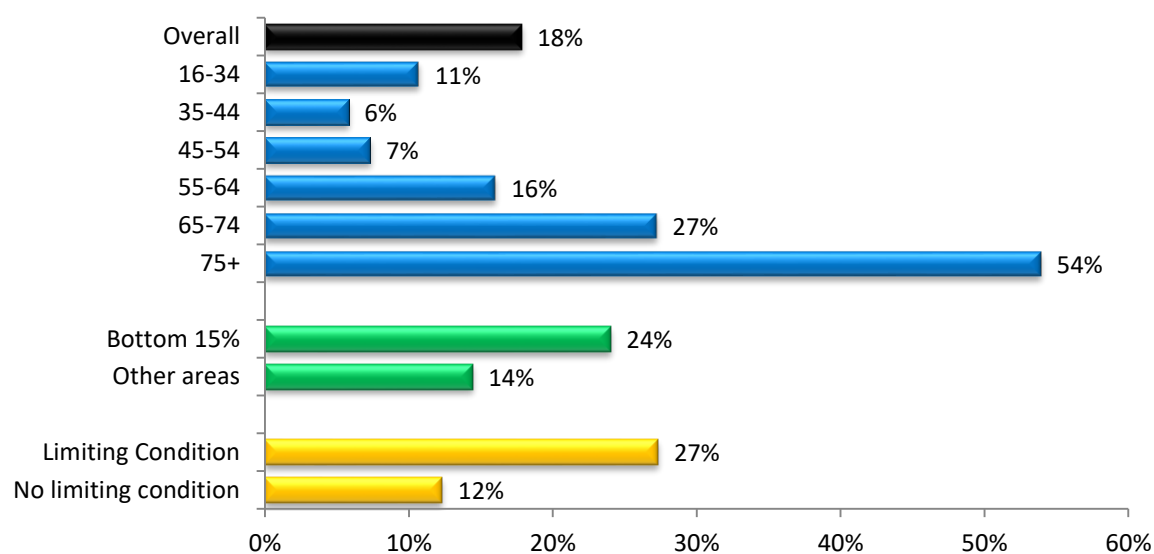
Figure 7.1: Household Size



Those aged 75 or over were the most likely to live alone – more than half (54%) of those aged 75 or over lived 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



Among those aged under 45, men were more likely than women to live alone. However, 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

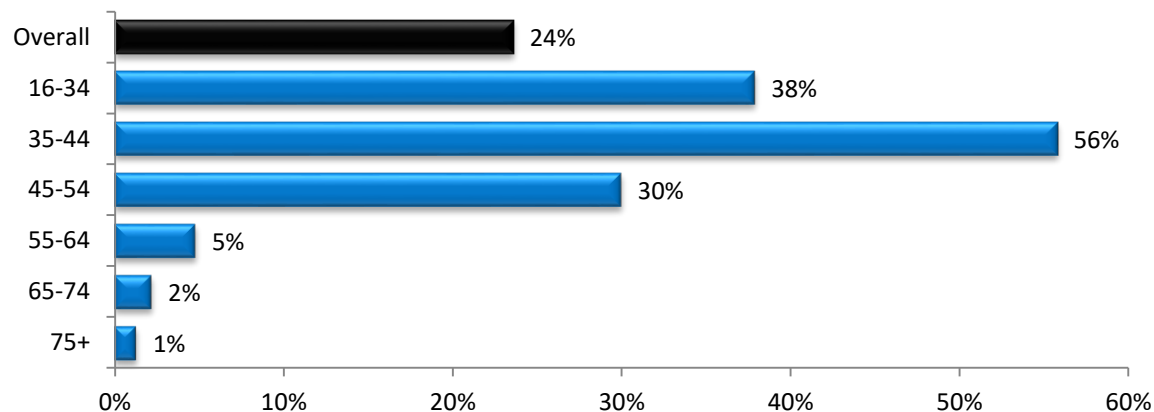
	Live Alone
Men 16-44	13%
Women 16-44	5%
Men 45-64	13%
Women 45-64	11%
Men 65+	25%
Women 65+	49%

Children in the Household

One in four (24%) adults lived in a home with at least one child under the age of 16.

Those aged 35-44 were the most likely to live in a home with at least one child under the age of 16.

Figure 7.3: Proportion with a Child Aged Under 16 in their Household by Age



7.2 Trans Identities and Sexual Orientation

Of the 987 people who answered the self-completion component of the main questionnaire and answered the question about trans identities, less than 1% (N=<5) said they considered themselves to be trans or to have a trans history.

Most (96.9%) of those who answered the self-completion component described themselves as heterosexual or straight, while 0.6% described themselves as gay, 1.8% described themselves as bisexual and 0.7% described themselves in another way. (This excludes the 1.9% who preferred not to say).

Those aged under 35 were the most likely to identify as gay, bisexual or other (9%).

Comparison with NHSGGC

The proportion in Inverclyde who identified as gay/bisexual/other (3.1%) was lower than in the NHSGGC area as a whole (6.1%).

7.3 Ethnicity

Respondents were asked their ethnicity. Table 7.2 shows the proportion of respondents in each group (groups have been combined where sub-groups had less than 1.0% responses)⁸.

Table 7.2: Ethnicity

Ethnicity	%
White:	
Scottish	82.0%
Other British	12.9%
Other White	2.2%
Total White	97.1%
African	1.6%
Mixed or any other ethnic group	1.3%
Total BME (Nonwhite)	2.9%

Comparison with NHSGGC

The proportion in Inverclyde who had BME identities (2.9%) was lower than in the NHSGGC area as a whole (13.1%).

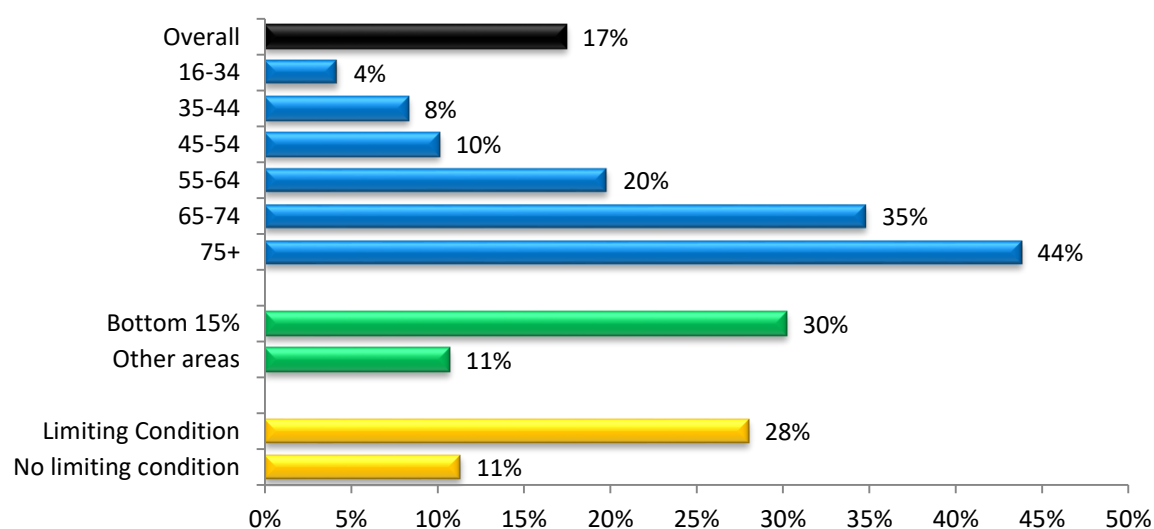
⁸ The full Scottish Census 2022 categories were used – see Question T06 in the main questionnaire, Appendix G.

7.4 Educational Qualifications

One in six (17%) said they had no qualifications.

- Those in the oldest age groups were the most likely to say they had no qualifications and those in the youngest groups were the least likely.
- Those in the most deprived areas were much more likely than those in other areas to say they had no qualifications.
- Those with a limiting condition or illness were more likely to say they had no qualifications.

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



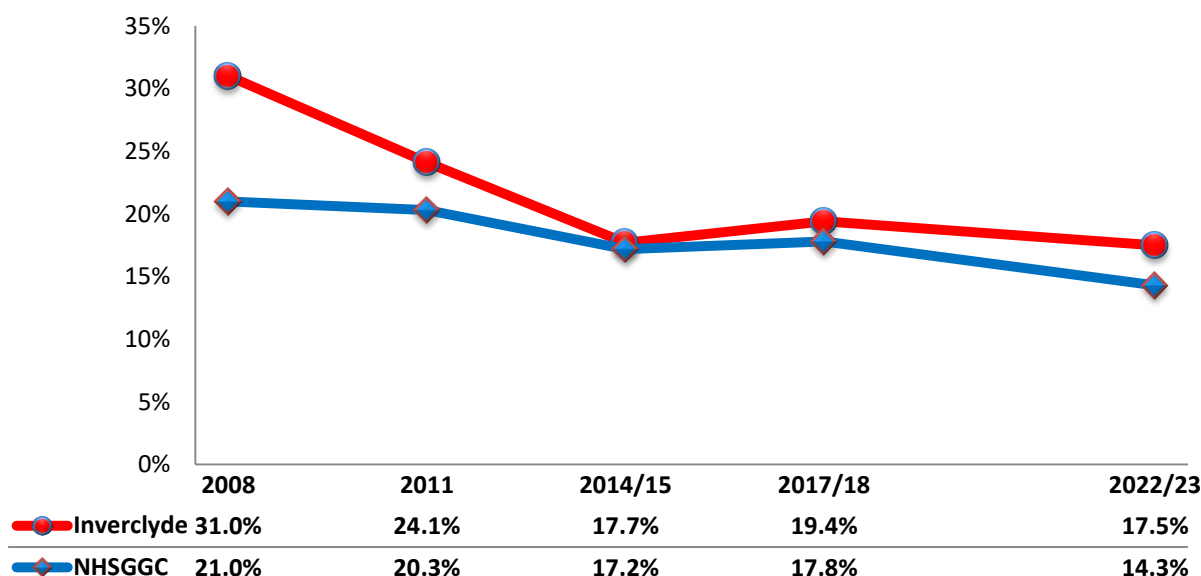
Comparison with NHSGGC

The proportion in Inverclyde who had no qualifications (17%) was higher than in the NHSGGC area as a whole (14%).

Trends

In Inverclyde, the proportion who had no qualifications fell between 2008 and 2014/15 but has shown little change since then. There was no significant change between 2017/18 and 2022/23.

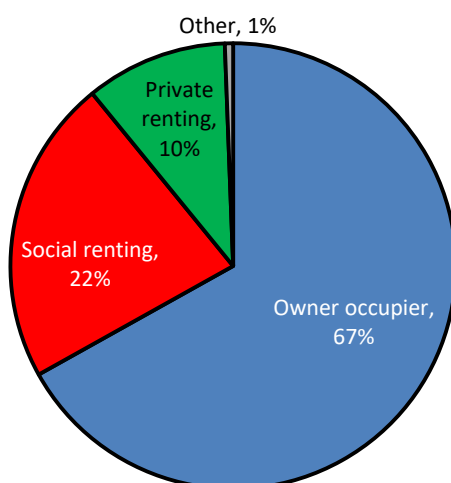
Figure 7.6: Trends for No Qualifications 2008 to 2022/23



7.5 Tenure

Two in three (67%) adults lived in owner-occupied homes (either owned outright or buying with a mortgage), 22% lived in homes rented from the council or a housing association, 10% lived in privately rented homes and 1% lived in homes with some other tenure.

Figure 7.7: Tenure



- Those aged under 45 were less likely than older people to live in owner-occupied homes and much more likely than older people to live in privately rented homes.

- Just over a third (37%) of those in the most deprived areas lived in owner-occupied homes compared to 84% of those in other areas. Just
- Under half (48%) of those in the most deprived areas lived in socially rented homes.
- Those with a limiting condition or illness were less likely than others to live in owner-occupied homes and more likely to live in socially rented homes.

Table 7.3: Tenure by Age, Deprivation and Limiting Conditions

	Owner-occupier	Social renting	Private renting	Other
16-34	52%	26%	22%	1%
35-44	53%	24%	22%	1%
45-54	71%	23%	5%	1%
55-64	80%	18%	2%	0%
65-74	73%	23%	3%	1%
75+	79%	18%	3%	0%
Bottom 15%	37%	48%	15%	<1%
Other areas	84%	8%	8%	1%
Limiting Condition	59%	32%	8%	<1%
No limiting condition	71%	16%	12%	1%

Comparison with NHSGGC

The proportion in Inverclyde who lived in owner-occupied homes (67%) was higher than in the NHSGGC area as a whole (59%).

7.6 Economic Activity

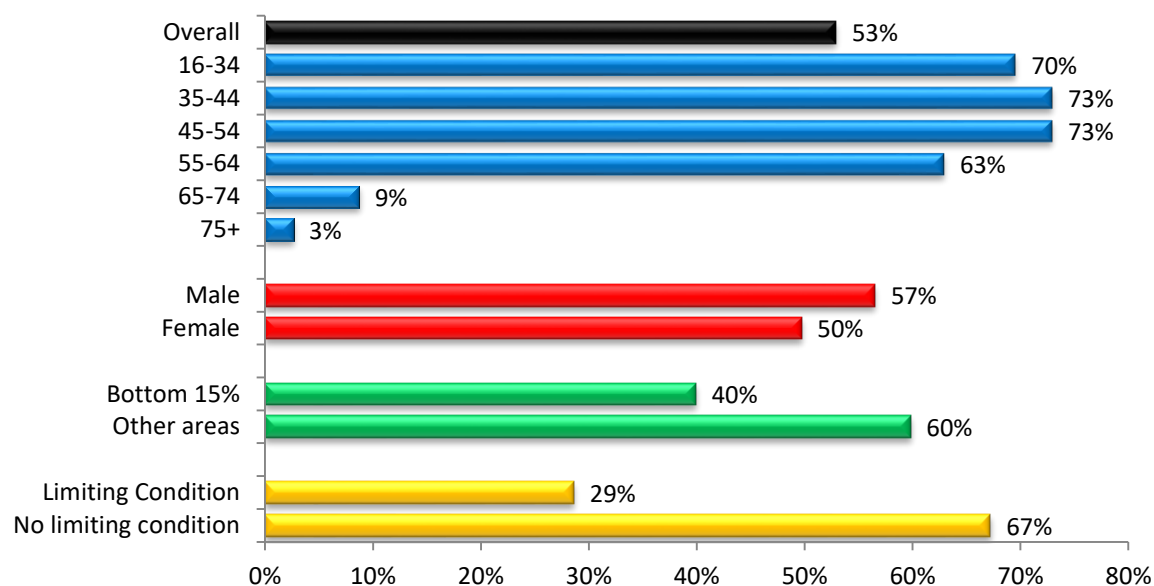
Respondents were asked which category best described their employment situation, with the option of selecting more than one category. Responses, from most to least frequent were:

- Employee in full-time job (36%)
- Wholly retired from work (26%)
- Employee in part-time job (12%)
- Permanently sick/disabled (12%)
- Self-employed – full or part time (4%)
- Unemployed and available for work (4%)
- Looking after the family/home (3%)
- Full-time education (2%)
- Employed on a zero hours contract (1%)
- Part-time education (<1%)
- Other (1%).

In total, just over half (53%) 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 35-54.
- Men were more likely than women to be economically active.
- Those in the most deprived areas were less likely than others to be economically active.
- Those with a limiting condition or illness were much less likely than others to be economically active.

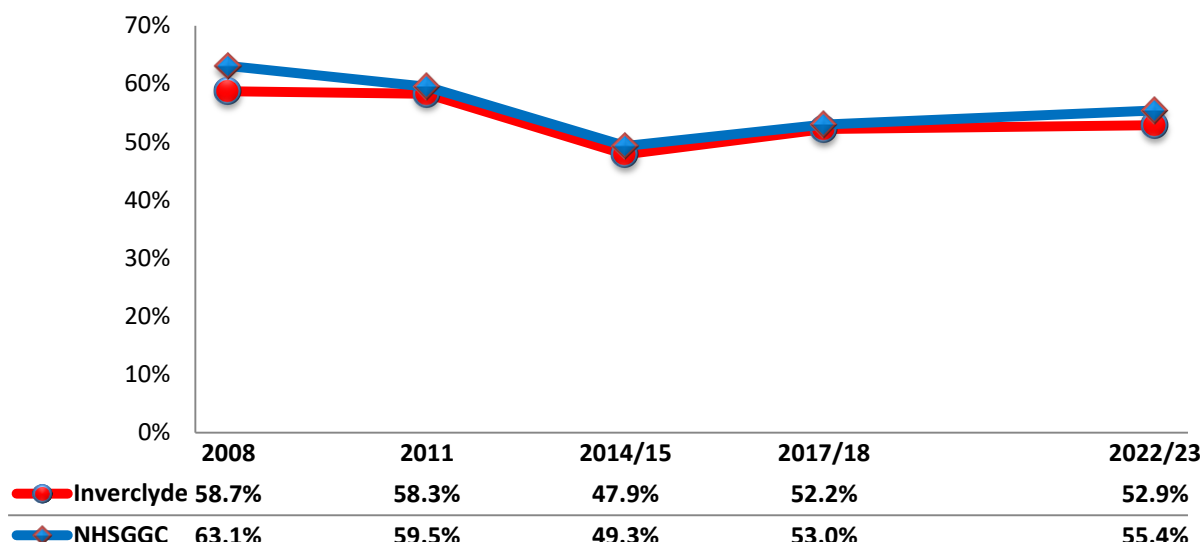
Figure 7.8: Proportion Economically Active by Age, Gender, Deprivation and Limiting Conditions



Trends

The proportion who were economically active fell between 2011 and 2014/15, but has seen little change since then. There was no significant change between 2017/18 and 2022/23.

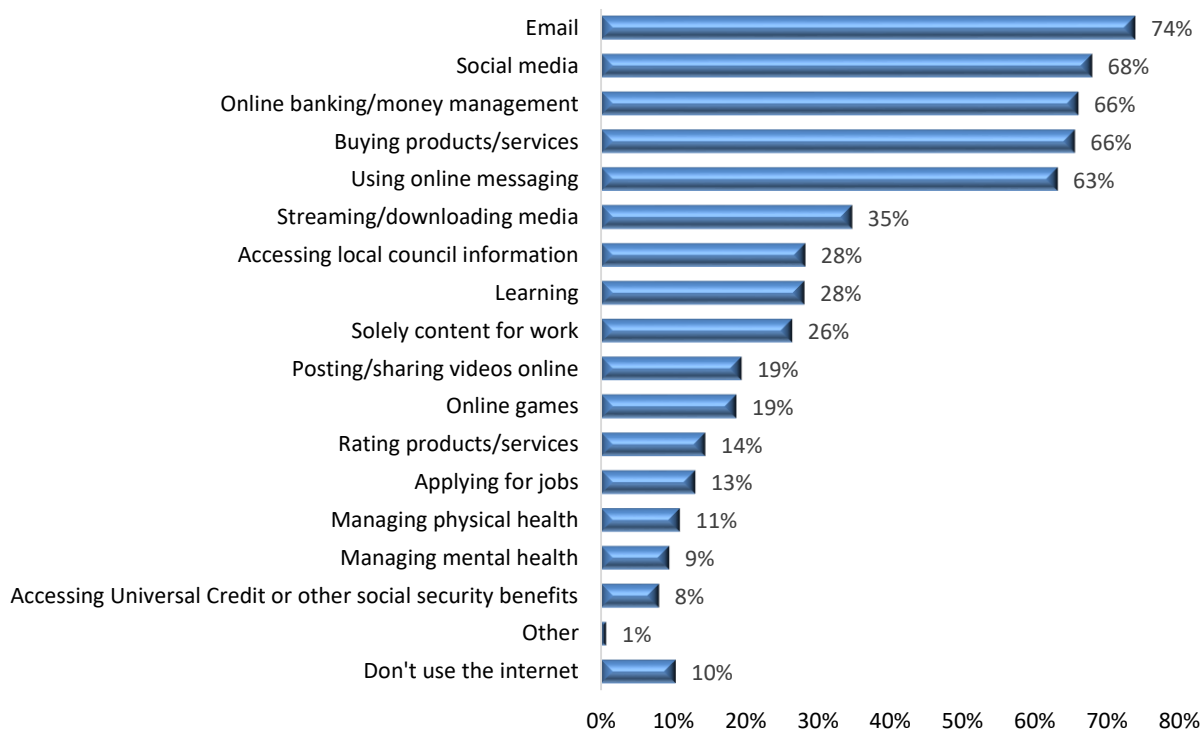
Figure 7.9: Trends for Economically Active 2008 to 2022/23



7.7 Internet Use

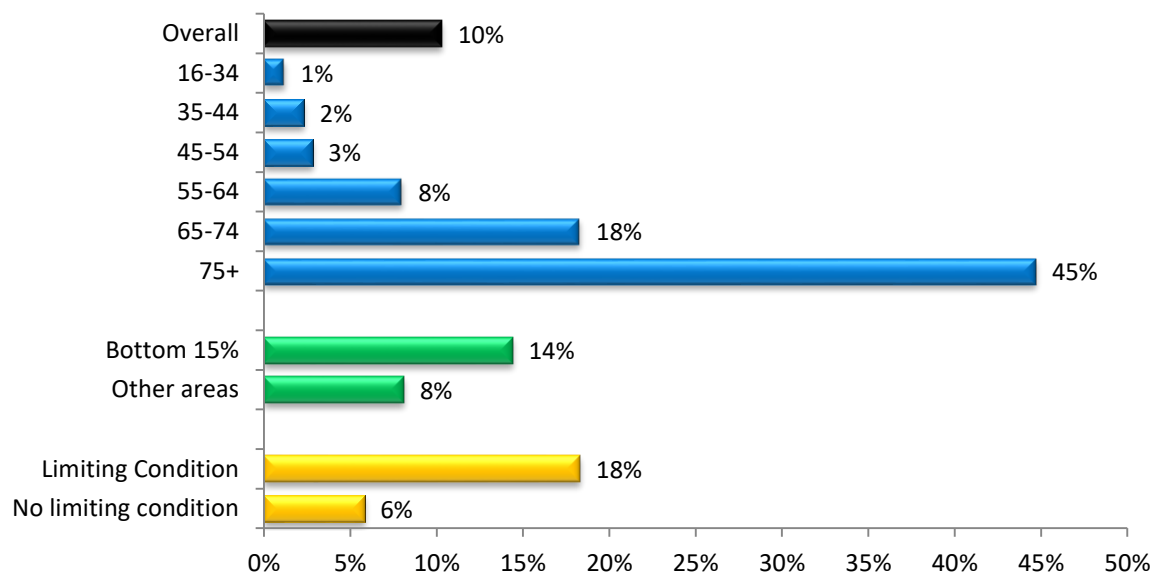
Respondents were asked about the purposes for which they used the internet. One in ten (10%) did not use the internet. The most common uses of the internet were email (74%), social media (68%) buying products/services (66%) and online banking/money management (66%). All responses are shown in Figure 7.10.

Figure 7.10: Purposes of Internet Use



- The likelihood of using the internet decreased with age. Just under half (45%) of those aged 75 or over said they did not use the internet.
- Those in the most deprived areas were less likely to use the internet.
- Those with a limiting condition or illness were much 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

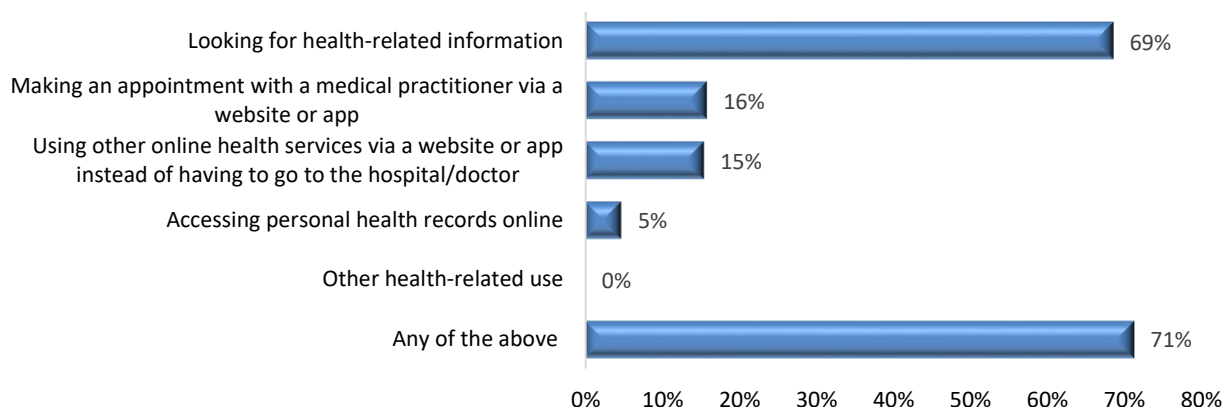


*Evidence from
Other Sources*

- **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 prevalence of internet use in Inverclyde compared to nationally (although use of the internet among those aged 75 or over was much lower in Inverclyde).

Among those who ever used the internet, 71% 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)

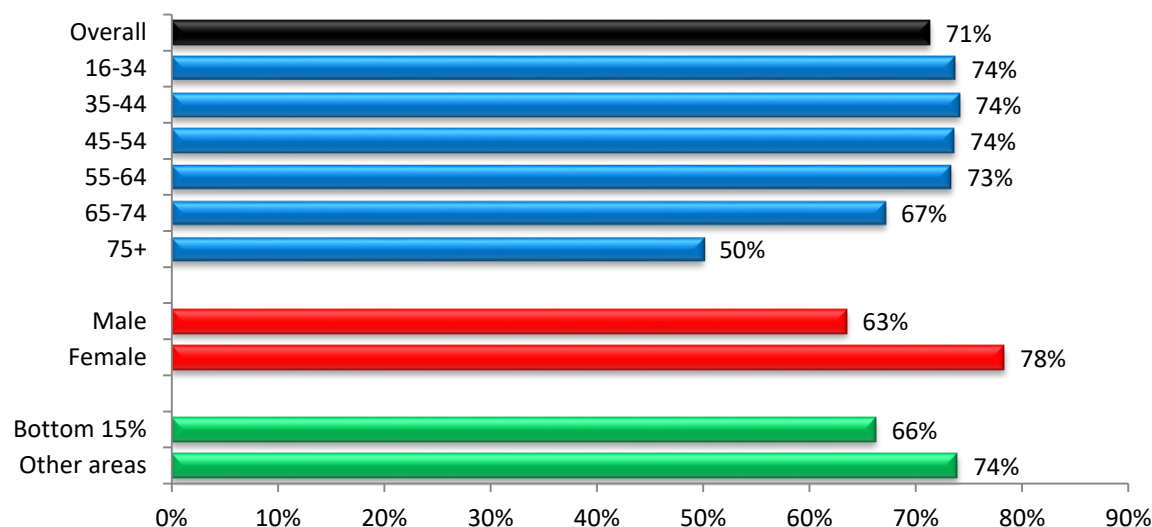


Base: All those who used the internet (unweighted N= 966)

Among those who used the internet, those less likely to use the internet for health related reasons were:

- those aged 75 or over
- men
- those in the most deprived areas.

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



Base: All those who used the internet (unweighted N= 966)

Those who did not use the internet (N=164) were asked which of a number of statements applied to them when thinking about what would encourage them to improve their digital skills. Most (86%) said that nothing would encourage them to do so as they avoid adopting technology. However, 10% said they would be encouraged to do so if devices and internet access were cheaper.

7.8 Summary of Key Messages from This Chapter

Indicators where Inverclyde Differed Significantly to NHSGGC

Compared to those in the NHSGGC area as a whole, those in Inverclyde were:

- less likely to identify as gay/bisexual/other
- less likely to have a BME identity
- more likely to say they had no qualifications
- more likely to live in owner-occupied homes.

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.
- Those aged 75 or over were the most likely to say they had no qualifications.
- Those aged under 45 were the least likely to live in owner occupied homes and the most likely to rent privately.
- Those aged 35-54 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, and among those who did use the internet, those aged 75 or over were the least likely to use the internet for health-related reasons.
- Women were more likely than men to use the internet for health-related purposes.

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 and more likely to live in socially rented homes
- less likely to be economically active
- less likely to use the internet, and among those who did, less likely to do so for health-related purposes.

Differences by Limiting Conditions

Those with a limiting condition or illness were:

- more likely to live alone and less likely to live with children
- less likely to live in owner-occupied homes and more likely to live in socially rented homes
- less likely to be economically active
- less likely to use the internet.

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 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

HSCP	SAPE 2020	Boosts Required Sample (+/- 4% MOE)						Total Sample
		Main Sample *		Basic Boost	N'Hood Boost	Enhanced Boost		
		15%	Others	All	All	MD **	Others	
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 HSCP	East	Glasgow North HSCP	West	Glasgow South HSCP	Inverclyde Community HSCP	Renfrewshire Community 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:

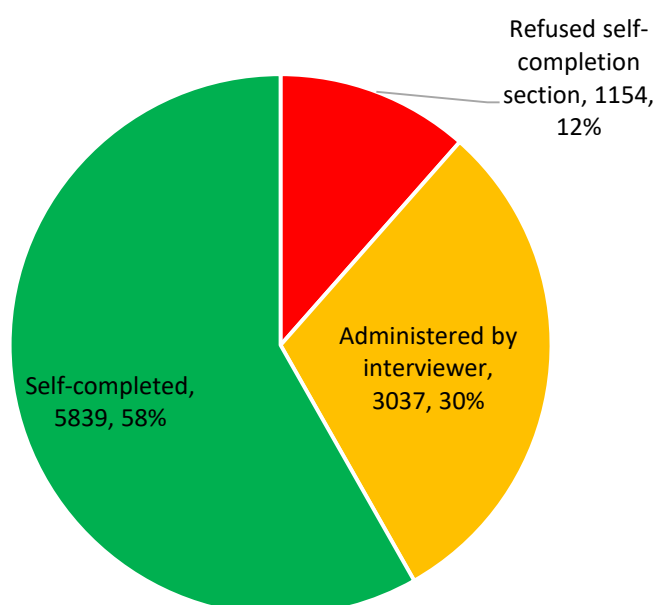
- Increased sample size to cover all geographies in GGC allowing for analysis at HSCP level for Glasgow City, East Dunbartonshire, Renfrewshire, Inverclyde, West Dunbartonshire and East Renfrewshire.
- New questions introduced asked about 'effects of COVID on Health and Wellbeing', fuel poverty, internet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

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 C2 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.

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%⁹/HSCP or Neighbourhood weighting frame to produce the final weighting factors. This ensured that the weighted data would reflect the overall Greater Glasgow and Clyde population in terms of age, gender, bottom 15%/other areas and

⁹ Bottom 20% in the case of East Dunbartonshire and East Renfrewshire

HSCP areas (or neighbourhoods in the case of Glasgow City). The formula for this stage of the weighting process was:

$$W_i = \frac{c_i}{C} \times \frac{T}{t_i}$$

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.

The unweighted and weighted sample profiles are shown in Table C1. This 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 the differing levels of self-completion of the 'self-completion' sections 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: 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	6	16-34; 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; 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.

Questions	Scoring system					Your score
	0	1	2	3	4	
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 who were economically active
- Proportion with no qualifications

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 <u>more often</u>		
2	Physically active <u>less often</u>		
3	<u>No change</u> 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		

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

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
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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:
 - o Inpatient and outpatient visits to hospital, length of stay and waiting time.
 - o Information about specific medical conditions such as cancer, heart disease and diabetes.
 - o 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 NHS GGC 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 NHS GGC 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
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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
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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	Cyrobane (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.