

**Greater Glasgow Health &
Well-being Study 2005**

Results for Glasgow City

Prepared for Glasgow Community Planning Ltd

This version of the report has been modified following re-analysis by Traci Leven Research
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INVESTOR IN PEOPLE



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1 INTRODUCTION

This report contains the findings of a research study carried out in 2005 by RBA Research Ltd (with Research Resource Ltd) on behalf of NHS Greater Glasgow (NHSGG). It is part of a larger study covering the entire Greater Glasgow area. This report focuses solely on the results from Glasgow City. The results of the main study can be found in a separate report.

1.1 *Background*

NHSGG is operating to the NHS clinical priorities of cancer, coronary heart disease and stroke, mental health and services to children and young people. However, underpinning its work is its strong commitment to promote positive health and to reduce inequalities in health by developing initiatives that will:

- Strengthen individuals,
- Strengthen communities and encourage them to participate in decision-making on health services and budgets,
- Improve access to services and facilities, and ensure equity of access, particularly in deprived circumstances, and
- Encourage macro-economic and cultural change by addressing the underlying determinants of health and effecting policy change.¹

¹ *The NHS in Greater Glasgow: Health Improvement Programme 1999-2004* (1999). Greater Glasgow NHS Board.

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A number of recent strategic developments also have influenced NHSGG action. They include:

- a. *Towards a Healthier Scotland*,² the government's White Paper on public health which established a national strategy for improving Scotland's health. The White Paper calls for a reduction in health inequalities, a focus on children and young people, and initiatives to reduce cancer and heart disease rates. It advocates improving the life circumstances that impact on health, such as social inclusion, jobs, income, housing and education. In addition, lifestyles that lead to illness and premature death need to be addressed, such as lack of exercise, poor diet, smoking, and alcohol and drug misuse. It also calls for work to prevent accidents and to enhance oral, mental and sexual health. The white paper stresses the importance of having appropriate monitoring and evaluation mechanisms in place to assess the effectiveness of interventions and to provide the indicators and targets that will inform and assess progress in specific areas, as well as the progress towards the reduction of health inequalities between different socio-economic groups.
- b. *Creating Tomorrow's Glasgow*, the strategy of the Glasgow Alliance of which NHSGG was a partner, outlined a plan to re-establish Glasgow as a competitive city attracting and retaining jobs, people and opportunities. NHSGG has taken the lead role in ensuring that the health and well-being objective - that Glasgow will be a city where all citizens have the knowledge, services and support to live a safe, active and healthy life by 2010 - is met. The initial health priorities for the Alliance were: children's health, mental health, tobacco, physical activity, and drug and alcohol misuse. These have since been identified as continuing priorities in the Glasgow Community Plan (2005).
- c. *Community planning through partnership working* has been a strategy guiding work recently both within Glasgow and in North and South Lanarkshire, East and West Dunbartonshire and East Renfrewshire. In December 2004, a new £318 million Community Regeneration Fund was established across Scotland to bring improvements to deprived areas and replaces the existing Social Inclusion Partnership (SIP) and Better Neighbourhood Services Fund (BNSF) programmes. This fund's main purpose is to

² *Working Together for a Healthier Scotland* (1999). White Paper. The Scottish Office Department of Health, Edinburgh.

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achieve one of the six 'Closing the Opportunity Gap' objectives: "regenerating the most disadvantaged areas, so that people living there can take advantage of job opportunities and improve their quality of life". As a result, the fund focuses on the most deprived 15% of areas (Data Zones) identified by the Scottish Index of Multiple Deprivation (SIMD) 2004. Community Planning Partnerships have developed 3-year strategic frameworks to help deliver this objective, known as Regeneration Outcome Agreements (ROAs).

In Glasgow, over 309,000 people live in the most deprived 15% of areas (SIMD, 2004). This is far higher (80,000 more) than the population resident in the previously designated Social Inclusion Partnership (SIP) areas in the city.

Strategic themes of Community Planning and Regeneration in Glasgow include:

- A focus on the themes of health, learning, working, safety and vibrancy, with a particular emphasis on issues relating to worklessness and addictions,
- An emphasis on local working within communities to address local needs and issues,
- Increased attention to the prevention of problems, particularly through working with those at highest risk, and
- A need to establish and maintain strong partnerships with other agencies.

The impact of these policy initiatives on the health and well-being of the NHSGG population requires careful and systematic monitoring over time, hence the requirement for this series of surveys. In 1999, a baseline study was carried out by MVA Scotland, with a view to measuring core health indicators. Interviews were conducted with 1,693 NHSGG respondents aged 16 and over. The primary aim of the study was to provide baseline data in order to monitor change over time in both deprived (i.e. the SIPs) and non deprived (non-SIP) areas along a variety of health-related measures. As a result of findings from the baseline study, NHSGG has set priorities to ensure investment is in place to meet the greatest need.

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Some of the indicators established during the baseline study were those required to assess progress towards the Public Health White Paper's targets. Examples include:

- % of 45-54 year olds with no natural teeth,
- % current smokers, aged 16-64,
- % exceeding the recommended weekly alcohol limits,
- % aged 16-64 who achieved recommended moderate exercise level,
- % meeting Scottish Diet target on daily fruit and vegetable consumption.

Other indicators were developed to inform local service delivery. Examples include:

- % reporting a long-standing illness/condition that interferes with daily living,
- % perceiving health as excellent or good.

The baseline study identified baseline measures on the core indicators and explored the relationship between different aspects of life and various measures of the physical and mental health and quality of life of the population. Further statistical analysis was commissioned from the Information and Statistics Division (ISD) to identify the relative influence of the different aspects of life on perceived physical health, perceived mental health and quality of life.

The first follow-up of the baseline study was conducted in 2002 by RBA Research, and consisted of 1,802 interviews (including 1,149 in Glasgow City). This study provided an opportunity to monitor the core indicators and assess changes over time for the total NHSGG population, as well as for those living in SIP and non-SIP areas. The questionnaire used for the 1999 study was used as the basis for the 2002 study, but was revised by the advisory group to counteract some of the problems encountered in 1999. Core questions, however, remained the same to enable changes to be tracked over time.

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The results of the study were relevant not only to the NHS, but also to a range of partners whose activities contribute to improving the health, well-being and quality of life of people throughout the Greater Glasgow area. Some of the main findings of the follow-up illustrated:

- The impact of health inequalities and the effect of poverty and deprivation on health, with people in deprived (SIP) areas recording less favourable responses in almost all aspects of health,
- Evidence of improvements in health since the baseline survey in 1999,
- Encouraging indications that the policy of working in partnership and targeting resources and efforts to deprived (SIP) areas is resulting in positive changes in both lifestyle behaviours and life circumstances,
- In some aspects of health, the inequality gap between SIP and non-SIP areas was found to be narrowing.

1.2 Objectives

As noted above, the study reported here is the second follow-up of the 1999 baseline Health and Well-being Study. It provides the opportunity to continue to monitor the core indicators and assess changes over time. The study will assist in the assessment of changes to health and well-being in our most deprived communities over the lifetime of the former SIP programme (1999-2005), which formally ended in Glasgow in March 2006. The timing also allows the study to provide baseline data for the newly-defined deprived areas in the city (i.e. the 15% most deprived Data Zones), which can be tracked in future follow-ups. The intention is to continue carrying out follow-up surveys every three years.

A working group established to facilitate this study has members who have extensive experience with survey research and includes Senior Research Officers from Health Promotion and Information Services and a representative from the Glasgow Centre for Population Health.

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The identified objectives of the study are:

1. To continue to monitor the core health indicators in the total NHSGG population
2. To determine whether the changes found in the first follow-up were the beginning of a trend
3. To compare the attitudes and behaviour of those living in SIP areas with those living in non-SIP areas, and assess whether changes in attitudes and behaviour apply across the board, or just in SIP/non-SIP areas, thereby tracking progress towards reducing health inequalities
4. To compare attitudes and behaviour of those living in the ROA areas with those living elsewhere, and use this analysis as a baseline for tracking progress towards reducing health inequalities in the future

1.3 Summary of Methodology

On the main survey, 1,954 face-to-face, in-home interviews were conducted with adults (aged 16 or over) in the NHSGG area. Of these, 1,382 (71%) were in Glasgow City, i.e. in proportion to the Glasgow City population, and the results in this report are based on this sample of 1,382.

The fieldwork was carried out by Research Resource Ltd, under the guidance of RBA Research. The fieldwork was conducted between 13 August and 11 December 2005. The response rate for all in-scope attempted contacts for the main sample was 72%.

The sample was stratified proportionately by local authority and DEPCAT (for definition of DEPCAT see Section 1.4), with addresses selected at random within each stratum. Adults were randomly selected within each sampled household.

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

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1.4 Sample Profile

The 1,382 completed interviews were weighted to account for under / over representation of groups within the sample to ensure the 2005 sample was as representative as possible of the adult population in Glasgow City. A full explanation of the weighting method and the data sources used can be found in the report for the main survey. The breakdown of the final weighted dataset - and how this compares with the known population profile - is shown in Tables 1.1 and 1.2.

Table 1.1: Age and gender breakdown

Base: All (1,382)

Age	Men % of sample	Women % of sample	Total % of sample	Glasgow City % of 16+ population*
16-24	15.5%	13.9%	14.6%	14.7%
25-34	20.3%	17.1%	18.6%	16.1%
35-44	21.0%	20.1%	20.5%	15.4%
45-54	15.0%	13.5%	14.2%	11.5%
55-64	12.3%	11.4%	11.8%	9.4%
65-74	10.0%	13.1%	11.6%	8.7%
75+	5.8%	10.8%	8.5%	7.0%

* Census data are provided in age bands, which were used to calculate these figures. In the published census data there is a '15-19' age band, but no '16-19' age band. The figures in tables 1.1 and 1.2 have been calculated by taking 80% of the 15-19 age band and assuming this to be the size of the 16-19 age band.

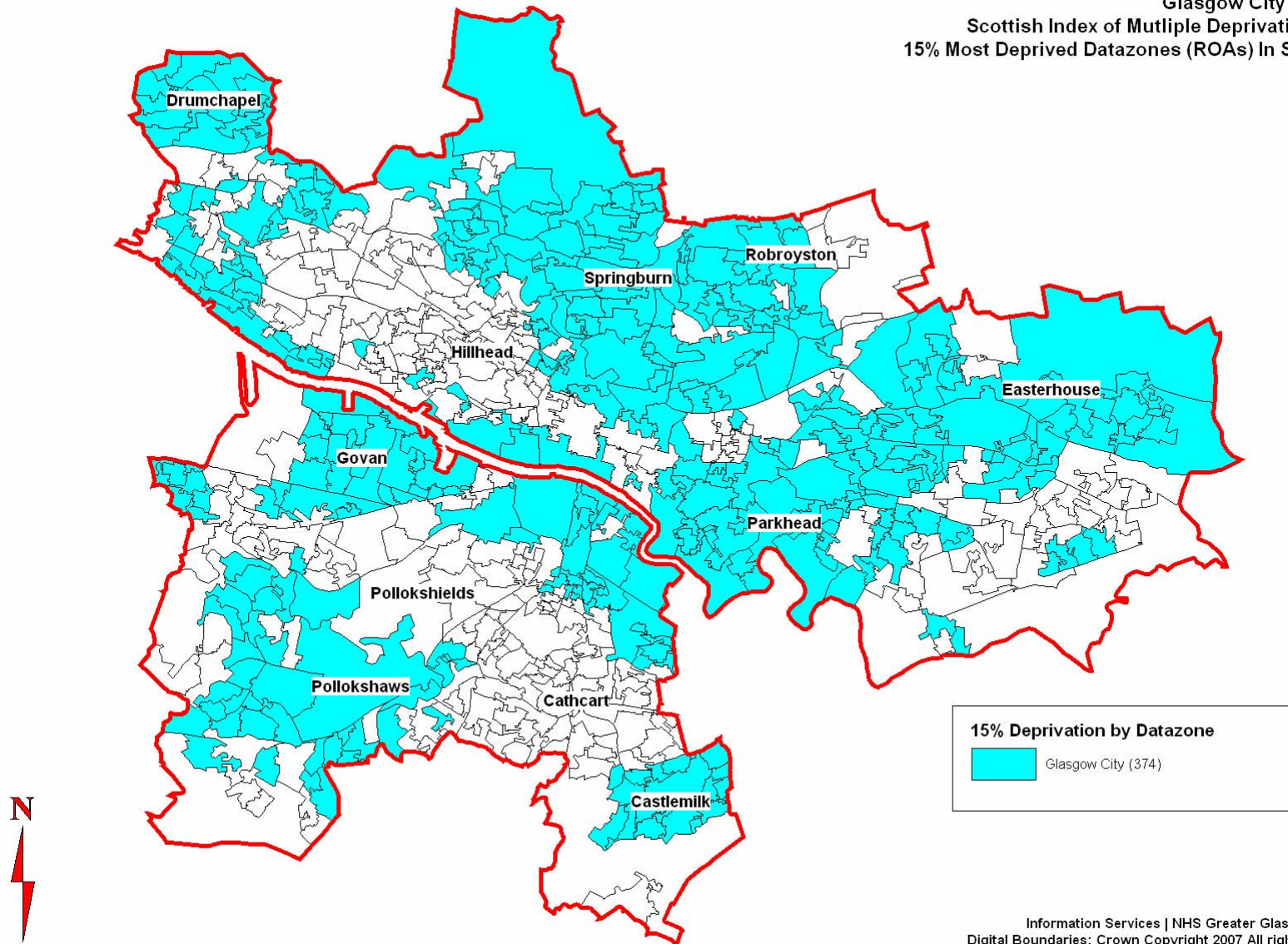
Table 1.2: Breakdown by Regeneration Outcome Agreement (ROA) Areas / Non-ROA Areas

Base: All (1,382)

Area	% of sample	Glasgow City % of 16+ population
ROA Data Zones total	47.4%	52.6%
Non ROA Data Zones total	52.5%	47.4%

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Glasgow City Council
Scottish Index of Multiple Deprivation 2004
15% Most Deprived Datazones (ROAs) In Scotland



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1.5 This Report

Chapters 2-6 report on all the survey findings, with each subject chapter containing its own summary.

Analysis by deprivation uses the Regeneration Outcome Agreement (ROA) Areas. These are the 15% most deprived Data Zone areas, as identified within the Scottish Index of Multiple Deprivation (SIMD) 2004 as the definition of 'deprived'. If ROA area respondents are not mentioned in the text, it means, on that measure, there is no significant difference between those living in these areas and those living elsewhere.

For many indicators, tables are presented showing the proportion of the sample which met the criteria broken down by demographic (independent) variables. In the text, however, only those independent variables which were found to be significantly different ($p < 0.05$) are mentioned.

A full set of chi-square probability values and t-test calculations for each core indicator by all demographic variables is in Appendix C.

1.6 Acknowledgements

First and foremost, we would like to thank the 1,382 Glasgow City residents who gave up their time to be interviewed for this study. Without them, there would be no study!

At Greater Glasgow NHS Board and the Glasgow Centre for Population Health, we would like to thank the project Steering Group: Evelyn Borland, Allan Boyd, Russell Jones, Ruth Kendall, Margaret McGranachan, John Thomson, Julie Truman and latterly Norma Greenwood and Phil White. Their enthusiasm for the project, depth of knowledge and support is much appreciated.

The team at Research Resource did a sterling job of collecting and processing the data for

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this challenging project. The response rate in 2005 is the best so far in this series of research studies, and the whole team is to be congratulated for this achievement. In particular, our thanks go to Elaine MacKinnon, Kirsty Martin and Lorna Shaw.

In addition to the named authors of this report (below), we would like to acknowledge the contribution of the whole RBA team, in particular Cathy Burton, the project manager who kept us all on track.

The production of the trends chapter (Chapter 7) owes a lot to the hard work of Russell Jones at the Glasgow Centre for Population Health, who spent many hours poring over the 1999 database to produce the 1999 figures.

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SUMMARY

Analysis of patterns across the three surveys carried out in 1999, 2002 and 2005 reveals some encouraging findings, such as:

- A lower incidence of drinking over the recommended weekly alcohol limit, than was observed in 1999
- An increase since 1999 in the percentage of respondents saying they meet the physical activity targets, with the increase being particularly marked in SIP areas
- An increase since 1999 in the percentage of SIP respondents consuming the recommended amount of oily fish
- An increase since 1999 in the percentage of Glasgow City respondents feeling in control of decisions affecting their lives
- An increase since 1999 in the percentage of SIP respondents with a positive perception of their quality of life (closing the gap between SIP and non-SIP respondents)
- A decrease since 1999 in the percentage of Glasgow City respondents who feel isolated from family and friends
- An increase since 1999 in the percentage saying they feel safe walking alone in their local area after dark
- An increase since 1999 in the percentage with a positive perception of their household income, and a corresponding decrease in the percentage saying they would find it difficult to find the money for unexpected expenses
- An increase since 1999 in the proportion with a positive perception of their local area, both as a place to live and as a place to bring up children

There are, however, some disappointing results, including:

- No significant change in smoking rates since 1999
- No significant change since 1999 in the percentage saying they eat the recommended amount of fruit and vegetables
- A significant increase since 1999 in the percentage of non-SIP respondents with a BMI of 25 or over

Summary

- A decrease since 1999 in the percentage of those with their own teeth who brush their teeth at least twice a day
- A decrease since 1999 in the percentage saying they value local friendships

General Health

- Almost two-thirds of Glasgow City respondents (63%) rate their health as excellent or good.
- Around eight in ten have a positive perception of: their physical well-being, their mental/emotional well-being, happiness and quality of life. ROA respondents tend to be less positive than non-ROA respondents on these measures.
- One in eight (13%) show indications of poor mental health (16% in ROA areas)

Use of Health Services

- Eight in ten (79%) report having seen a GP at least once in the preceding year
- Just four in ten (39%) say they have been to the dentist in the last 6 months, despite 78% being registered with a dentist. In ROA areas, just 35% have visited a dentist in the last 6 months.
- Most are positive about their opportunities to be involved in decisions affecting health service delivery.
- Most report no difficulty accessing health services, but 16% say they have difficulty getting to hospital for an appointment and 11% say it is difficult to get a GP appointment.

Health Behaviours

- Four in ten (39%) say they currently smoke (47% in ROA areas), and over half (56%) that they smoke passively some or most of the time (62% in ROA areas).
- One in six (15%) admit to having exceeded the recommended alcohol consumption levels in the week preceding interview

Summary

- A quarter (26%) report binge drinking in the preceding week (36% of men and 17% of women), although binge drinking is slightly *less* prevalent in ROA areas than in non-ROA areas. Among those who had a drink in the preceding week, however, almost two-thirds (63%) admit to binge drinking.
- Almost two-thirds (63%) say they do the recommended amount of physical activity
- Just a quarter (26%) say they eat the recommended amount of fruit and vegetables (just 23% in ROA areas)
- Four in ten (41%) have a BMI of 25 or over. ROA respondents are less likely than non-ROA respondents to be overweight (37% and 45% respectively)

Social Well being

- Only 8% say they feel isolated from friends and family.
- Most (70%) have a sense of belonging to their local area, and around half: feel valued as a member of the community, feel they can influence decisions affecting the local area and/or exchange small favours with their neighbours
- Nearly all (93%) feel safe in their own home, almost eight in ten (78%) feel safe using public transport and just over half (54%) feel safe walking alone after dark in their local area
- Most (83%) have a positive perception of their local area as a place to live and 71% are positive about it as a place to bring up children, but attitudes are less positive in ROA areas than in non-ROA areas
- Seven in ten are positive about each of reciprocity and trust in their local area, but again attitudes are less positive in ROA areas
- Seven in ten have a positive perception of their social support network

Financial Well being

- Most have a positive perception of the adequacy of their household income, but almost half (47%) say they experience difficulty meeting household expenses. ROA respondents tend to hold less positive views about their financial situation

Summary

Table S.1: Indicators relating to national targets

	Glasgow City	ROA Areas**	Non ROA Areas	SIP Areas	Non SIP Areas
<i>Base: All. Unweighted base:</i>	1,382	654	728	503	879
Takes at least 30 minutes of moderate exercise 5+ times per week OR at least 20 minutes of vigorous exercise 3+ times per week (Q26-27c)	63.6%	66.2%	61.3%	67.0%	61.6%
Consumes at least 5 portions of fruit and/or vegetables per day (Q18-19)	26.1%	23.4%	28.5%	19.7%	29.9%
Aged 45-54 with some/all natural teeth (Q7) (National target= 95%) Base = 216 in GC, 99 in ROA areas, 117 in non-ROA areas, 99 in SIP areas, and 125 in non-SIP areas	94.7%	93.8%	95.7%	90.9%	97.0%
Heavily addicted smokers (smokes more than 20 cigarettes per day), based on those currently smoking (n=531 in GC, 298 in ROA areas, 233 in non-ROA areas, 228 in SIP areas and 303 in non-SIP areas)	53.5%	52.4%	54.9%	53.3%	53.6%
Exceeds recommended weekly units of alcohol (Q17) – based on all respondents	15.6%	14.2%	16.9%	13.7%	16.8%
Exceeds recommended weekly units of alcohol (Q17) – based on those who drank at all in past week (n=534 in GC, 224 in ROA areas, 310 in non-ROA areas, 191 in SIP areas and 343 in non-SIP areas)	38.0%	40.5%	36.9%	35.4%	40.1%
Admits to binge drinking in last week (Q17) – based on those who drank at all in past week (n=534 in GC, 224 in ROA areas, 310 in non-ROA areas, 191 in SIP areas and 343 in non-SIP areas)	57.3%	59.5%	55.7%	53.6%	59.0%
One or more of the following unhealthy behaviours: smoking, drinking over the recommended amount of alcohol, overweight, not eating 5 portions of fruit and veg a day, not meeting exercise targets.	92.5%	91.8%	93.2%	95.1%	91.0%

***The ROA Areas are those identified to be in the bottom 15% most deprived areas (Data Zones) in Scotland, according to the SIMD 2004. Non ROA Areas are those other areas not in the bottom 15% most deprived areas.*

For the national target indicators above, the only significant difference between SIP/non-SIP and between ROA/non ROA areas was for consumption of fruit and vegetables. Those in non ROA and non-SIP areas were more likely to consume five or more portions of fruit and/or vegetables per day.

2 PEOPLE'S PERCEPTIONS OF THEIR HEALTH & ILLNESS

2.1 Chapter Summary

Table 2.1 shows all indicators relating to perceptions of health and illness, and shows how the results of the ROA area respondents compare with those from other areas. The results for ROA area respondents are significantly worse than their non ROA area counterparts in relation to: self-perceived general health, mental/emotional well-being, happiness, quality of life, having illness/condition affecting daily life, mental health and frequency of brushing teeth.

Table 2.1: Indicators for perceptions of health and illness

	Glasgow City Total	ROA Areas**	Non ROA Areas
<i>Base: All. Unweighted base:</i>	<i>1,382</i>	<i>654</i>	<i>728</i>
Self-perceived health excellent or good (Q1)	63.5%	59.1%	67.3%
Positive perception of general physical well-being (Q28b)	78.0%	76.1%	79.8%
Positive perception of general mental or emotional well-being (Q28c)	82.6%	78.5%	86.3%
Positive perception of happiness (Q46d)	85.2%	79.0%	90.8%
Positive perception of quality of life (Q28a)	82.4%	78.7%	85.8%
Feels in control of decisions affecting life (Q45)	96.9%	96.1%	97.7%
Have illness or condition affecting daily life (Q3)	24.9%	28.2%	21.9%
Total number of conditions currently receiving treatment for (Q2):			
0	54.8%	55.5%	54.2%
1	23.7%	22.7%	24.7%
2	13.3%	13.8%	12.8%
3 or more	8.2%	8.0%	8.3%
Mean number of conditions for which currently receiving treatment (based on those with at least one condition: 710 in Glasgow City, 345 in ROA areas, 365 in non ROA areas)	1.81	1.81	1.81
GHQ-12 score of 4 or above (indicating poor mental health) (Q11)	12.9%	15.7%	10.3%
Have some/all of own teeth (Q7)	84.2%	84.0%	84.4%
Aged 45-54 with some/all natural teeth (Q7) (National target=95%) Base =216 in GC, 99 in ROA areas and 91 in non ROA areas	94.7%	93.8%	95.7%
Brushes teeth twice a day or more (Q7a) (based on those with at least some of their own teeth: 1096 in Glasgow City; 510 in ROA areas, 586 in non ROA areas)	64.7%	55.1%	73.3%

**The ROA Areas are those identified to be in the bottom 15% most deprived areas (Data Zones) in Scotland, according to the SIMD 2004. Non ROA Areas are those other areas not in the bottom 15% most deprived areas.

2: People's Perceptions of their Health & Illness

2.2 Self-perceived Health & Well-being

2.2.1 General Health

Respondents were asked to describe their general health using a four-point scale (excellent, good, fair, poor). Most (63%) have a positive view, with 15% saying 'excellent' and 48% 'good'.

There is a link between deprivation and self-perceived health and well-being, with just 59% of ROA area respondents holding a positive view, compared with 67% of non ROA area respondents.

2.2.2 Components of Health & Well-being

Respondents were asked to rate different components of their health and well-being, using a 'faces' scale. The scale consisted of seven faces representing different perceptions, ranging from very happy to very unhappy:



Using this scale, they were asked to rate their:

- General physical well-being
- General mental or emotional well-being
- Happiness
- Overall quality of life

Those selecting any of the three 'smiling' faces (1-3) were categorised as having a positive perception.

2: People's Perceptions of their Health & Illness

Overall, almost eight in ten (78%) Glasgow respondents rate their **general physical well-being** positively.

Across the whole sample, just over four in five (83%) rate their general **mental or emotional well-being** positively. In the ROA areas, only 78% are positive compared with 86% in non ROA respondents.

Overall, over four in five (85%) rate their **happiness** positively. In the ROA areas, however, this figure is only 79%, compared with 91% in non ROA areas.

Across the sample as a whole, just over eight in ten (82%) rate their **overall quality of life** positively. In the ROA areas, however, only 79% are positive compared with 86% of respondents in non ROA areas.

Respondents were asked whether they **feel in control of decisions** that affect their lives, such as planning a budget, moving house or changing job. Most (97%) say they feel in control of these decisions (69% say 'definitely' and 28% 'to some extent'). Respondents in the ROA areas are significantly less likely than non ROA respondents to say they 'definitely' feel in control (61% and 76% respectively).

2.3 Illness

2.3.1 Long-term Condition or Illness

A quarter (25%) report having a long-term condition or illness that interferes with day-to-day activities.

The ROA respondents are more likely to say that they have such a condition, compared with non ROA respondents (28% and 22% respectively).

2: People's Perceptions of their Health & Illness

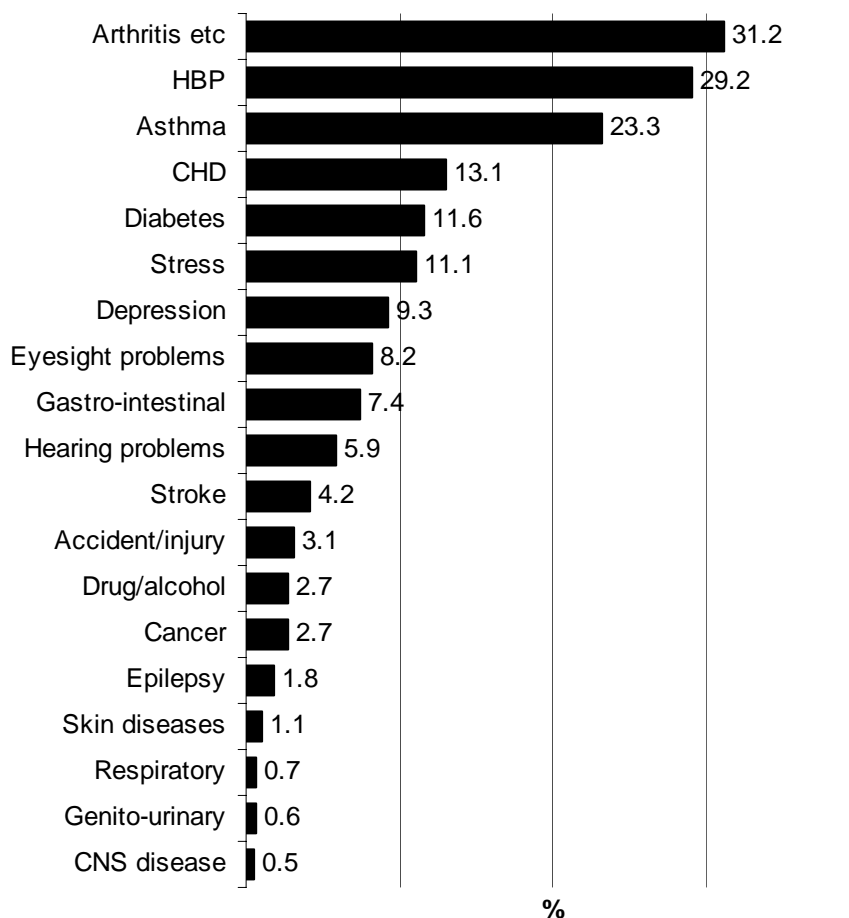
2.3.2 Illnesses/Conditions Being Treated

Over two in five (45%) say they are currently being treated for at least one illness or condition. A quarter (24%) say they are being treated for one illness/condition, 13% say they have two and 8% report three or more. Among those with at least one condition, the mean number of conditions is 1.81.

Chart 2.1 shows the conditions reported by 0.5% or more of Glasgow City respondents. It illustrates that the most commonly-reported conditions are: arthritis/rheumatism/painful joints (31.2%) and high blood pressure (29.2%). Asthma/bronchitis/persistent cough (23.3%) and coronary heart disease (13.1%) are also relatively widespread.

Chart 2.1: Illnesses/conditions for which treatment is being received (Q2)

Base: All (1,382)



2: People's Perceptions of their Health & Illness

2.3.3 Mental Health

The method used to assess mental health was the GHQ-12 scale, which is a validated method of measuring general psychosocial well-being. A score of 4 or more on this scale (range: 0-12) indicates poor mental health. By this measure, one in eight Glasgow City respondents overall (13%) have poor mental health.

Those living in the ROA areas are more likely than non ROA respondents to have poor mental health (16% and 10% respectively have a GHQ-12 score of 4+).

2.4 Oral Health

Overall, 84% of Glasgow City respondents say they have some (28%) or all (56%) of their own teeth.

Almost two-thirds of those with at least some of their own teeth (65%) say they brush their teeth at least twice a day. ROA respondents are less likely than non ROA respondents to do so (55% and 73% respectively).

The national target is for 95% of 45-54 year olds to have some or all of their natural teeth. This target is met in Glasgow City – 95% of respondents in this age group had some or all of their natural teeth.

3 THE USE OF HEALTH SERVICES

3.1 Chapter Summary

Table 3.1 shows all indicators relating to use of health services, and also how results compare between ROA and non ROA areas. Respondents in the ROA areas are more likely to report visiting A&E in the last year, but less likely to report being seen as an out-patient, being registered with or visiting a dentist, and difficulty accessing health services in an emergency.

Table 3.1: Indicators for use of health services

	Glasgow City Total	ROA Areas**	Non ROA Areas
<i>Base: All. Unweighted base:</i>	1,382	654	728
Seen a GP at least once in last year (Q4a)	79.2%	79.4%	79.1%
Out-patient to see a doctor at least once in last year (Q4c)	25.3%	21.5%	28.7%
Accident & Emergency at least once in last year (Q4b)	16.8%	20.0%	13.9%
Hospital stay at least once in last year (Q4d)	13.8%	13.8%	13.7%
Been to the dentist in last 6 months (Q8)	39.3%	35.3%	42.8%
Registered with a dentist (Q6)	77.9%	74.2%	81.2%
Given adequate info about condition/treatment (Q5a)	82.2%	81.1%	83.2%
Encouraged to participate in decisions affecting health or treatment (Q5b)	76.3%	77.1%	75.5%
Feel that views and circumstances are understood & valued (Q5d)	72.9%	74.4%	71.5%
Have a say in how services are delivered (Q5c)	63.6%	65.5%	61.9%
Difficulty reaching hospital for an appointment (Q10d)	16.4%	15.9%	16.8%
Difficulty getting GP appointment (Q10a)	10.8%	11.3%	10.3%
Difficulty getting hospital appointment (Q10c)	8.8%	7.3%	10.2%
Difficulty getting GP consultation within 48 hours (Q10h)	6.9%	6.7%	7.1%
Difficulty accessing health services in an emergency (Q10b)	4.3%	3.1%	5.4%
Difficulty getting dentist appointment (Q10e)	4.3%	4.1%	4.5%
Accident in the home in the last year (Q12)	9.1%	8.5%	9.7%

**The ROA Areas are those identified to be in the bottom 15% most deprived areas (Data Zones) in Scotland, according to the SIMD 2004. Non ROA Areas are those other areas not in the bottom 15% most deprived areas.

3: The Use of Health Services

3.2 Use of Specific Health Services

Across the sample as a whole, four in five (79%) say they have **seen a GP** in the past 12 months. The mean number of visits in the last year is 3.9.

Overall, a quarter (25%) say they have seen a doctor at a **hospital out-patient department** in the past 12 months. Those in ROA areas are less likely than those in non ROA areas to say they have visited a hospital out-patient department (22% compared with 29%). The mean number of visits in the last year is 0.97.

Overall, one in six (17%) say they have been to **Accident & Emergency** (A & E) in the past 12 months. Residents within the ROA areas are more likely than non ROA respondents to say this (20% and 14% respectively).

Overall, one in seven (14%) say they have been **admitted to hospital** at least once in the past year.

Two in five (39%) say they have been to the **dentist** within the past six months. A further 29% say they have been in the past 6-15 months, while 32% say it is over 15 months since their last visit. Respondents from the ROA areas are less likely than non ROA respondents to say they have been to the dentist in the past six months (35% and 43% respectively).

Almost four in five (78%) say they are registered with a dentist. Respondents in deprived areas are less likely to be registered than respondents in other areas (74% and 81% respectively).

3: The Use of Health Services

3.3 *Involvement in Decisions Affecting Health Service Delivery*

Respondents were asked to think about their recent use and experience of health services such as GP, dentist or hospital.

Across Glasgow, just over eight in ten (82%) feel they have **been given adequate information about their condition or treatment** (46% say 'definitely' and 36% 'to some extent').

Three-quarters (76%) feel they have been **encouraged to participate in decisions affecting their health and treatment** (36% say 'definitely' and 41% 'to some extent').

Almost three-quarters (73%) feel their **views and circumstances are understood and valued** (36% say 'definitely' and 37% 'to some extent').

Just under two-thirds (64%) feel that they **have a say in how health services are delivered** (31% say 'definitely' and 33% 'to some extent').

3.4 *Accessing Health Services*

Respondents were asked to rate how easy or difficult it is for them to access certain health services, on a scale of 1 (very difficult) to 5 (very easy). For the purposes of reporting, we have defined ratings of 1 or 2 as 'difficult' and ratings of 4 or 5 as 'easy'. For all the services covered on the questionnaire, the majority of those with an opinion rate access as easy. Getting a GP appointment is the aspect of service most likely to be rated as difficult.

Overall, one in six (16%) say it is difficult to **travel to the hospital for an appointment**.

One in nine (11%) say it is difficult to **get a GP appointment**.

One in eleven (9%) say it is difficult to **get a hospital appointment**.

3: The Use of Health Services

One in fourteen (7%) say it is difficult to **get a consultation with someone at their GP surgery within 48 hours.**

One in twenty-five (4%) say it is difficult to **access health services in an emergency.** Respondents in ROA areas are slightly *less* likely than non ROA respondents to find this difficult (3% and 5% respectively).

Overall, one in twenty-five (4%) say it is difficult to **get a dentist appointment.**

3.5 Accidents in the Home

One in eleven respondents (9%) say that they or someone in their household has suffered an accidental injury in the home in the past year.

4 HEALTH BEHAVIOURS

4.1 Chapter Summary

Table 4.1 shows all indicators relating to health behaviours, and shows how the results compare across ROA and non ROA areas. ROA respondents are *more* likely to be smokers, and to report being exposed to others smoke most/some of the time. They are also less likely to consume at least 5 portions of fruit and vegetables per day and to eat breakfast every day. However, ROA area respondents are *less* likely to admit to binge drinking in the preceding week and to have a BMI of 25 or over.

Those indicators which relate to national targets are shown shaded in grey.

4: Health Behaviours

Table 4.1: Indicators for health behaviours

	Glasgow City Total	ROA Areas**	Non ROA Areas
<i>Base: All. Unweighted base:</i>	1,382	654	728
Currently smoking (Q14)	38.9%	46.8%	31.8%
Heavily addicted smokers (smokes more than 20 cigarettes per day) based on those currently smoking (n=531 in GC, 298 in ROA areas and 233 in non ROA areas)	53.5%	52.4%	54.9%
Exposed to others' smoke most/some of the time (Q13)	55.6%	62.1%	49.8%
Exceeds recommended weekly units of alcohol (Q17) – based on all respondents	15.6%	14.2%	16.9%
Exceeds recommended weekly units of alcohol (Q17) – based on those who drank at all in past week (534 in Glasgow City, 224 in ROA areas, 310 in non ROA areas)	38.4%	40.5%	36.9%
Admits to binge drinking in last week (Q17) – based on all respondents	23.3%	20.8%	25.6%
Admits to binge drinking in last week (Q17) – based on those who drank at all in past week (534 in Glasgow City, 224 in ROA areas, 310 in non ROA areas)	57.3%	59.5%	55.7%
Takes at least 30 minutes of moderate exercise 5+ times per week (Q26-27b)	55.9%	58.2%	53.8%
Takes at least 20 minutes of vigorous exercise 3+ times per week (Q27-27c)	31.3%	30.9%	31.3%
Takes at least 30 minutes of moderate exercise 5+ times per week OR at least 20 minutes of vigorous exercise 3+ times per week (Q26-27c)	63.6%	66.2%	61.3%
Consumes at least 5 portions of fruit and/or vegetables per day (Q18-19)	26.1%	23.4%	28.5%
Consumes breakfast every day (Q23)	73.7%	70.6%	76.4%
Consumes at least 2 portions of oily fish per week (Q22)	29.1%	29.9%	28.4%
Consumes at least 2 high-fat snacks per day (Q21)	31.1%	31.6%	30.7%
Body Mass Index 25 or over (Q25)	41.3%	36.9%	45.3%
One or more of the following behaviours: smoking, drinking over the recommended amount of alcohol, overweight, not eating 5 portions of fruit and veg a day, not meeting exercise targets	92.5%	91.8%	93.2%

**The ROA Areas are those identified to be in the bottom 15% most deprived areas (Data Zones) in Scotland, according to the SIMD 2004. Non ROA Areas are those other areas not in the bottom 15% most deprived areas.

4: Health Behaviours

4.2 Smoking

Overall, two in five respondents (39%) are 'smokers' (i.e. say they smoke at least some days). The target for smoking is to reduce the rate to 31% by 2010. Among those who smoke, the mean number of cigarettes smoked per week is 114.45. More than half (54%) of those who smoke, smoke more than 20 cigarettes per day indicating a heavy addiction.

In the ROA areas, 47% are smokers, i.e. significantly higher than the 32% living in other areas.

Most respondents (56%) report being exposed to other people's smoke some or most of the time. A further 23% say it happens seldom, leaving 21% saying it never happens. Passive smoking is more common among ROA respondents than among non ROA area respondents (62% and 50% respectively say they are exposed to it some or most of the time).

4.3 Drinking

Seven in ten (69%) say they **drink alcohol at least sometimes**, and just over a half (37%) say they do so once a week or more.

Those who say they ever have an alcoholic drink were asked to state whether or not they had had a drink in the 7 days preceding the interview, six in ten 'drinkers' (60%) say they did.

The current recommended weekly alcohol consumption limit for men is 21 units per week, and for women it is 14 units per week. Respondents were asked to detail their total consumption per day in the last week (interviewers used a diary-style grid to record their answers), and these data were converted into units.

The targets for alcohol misuse are to reduce the incidence of men exceeding the weekly limit to 29% by 2010, and to reduce the incidence of women exceeding the limit to 11% by 2010. Currently, 47% of men and 26% of women (i.e. 38% overall) who had consumed alcohol in the previous week, admit to **exceeding the recommended limit** in the week preceding the interview.

4: Health Behaviours

For the purposes of this analysis, '**binge drinking**' is defined as a man drinking more than 8 units on a single day, or a woman drinking more than 6. By this definition, nearly one in four Glasgow City respondents (23%) admit to having 'binged' at least once in the week preceding interview (35% of men and 13% of women). Respondents in the ROA areas are *less* likely than non ROA respondents to say they have binged (21% and 26% respectively).

Among those who say they had a drink in the week preceding interview, almost three in five (57%) admit to having 'binged' at least once in that week (67% of men and 43% of women).

4.4 Physical Activity

Respondents were asked to state the number of days in an average week on which they take at least 30 minutes of moderate physical exercise, such as brisk walking. They were also asked to state the number of days on which they take at least 20 minutes of vigorous exercise, i.e. enough to make them sweaty and out of breath. They were then prompted to find out whether or not they had included physical activity that they do in their job, housework, DIY and gardening. Those who had not were asked to give a revised estimate of their physical activity levels in an average week.

The recommended levels of physical activity are: at least 30 minutes of moderate activity five or more times per week and/or at least 20 minutes of vigorous activity three or more times per week. Overall, almost two-thirds (64%) say they meet this recommendation. Just over half (56%) say they take the recommended amount of moderate activity, and three in ten (31%) that they take the recommended level of vigorous activity.

The target is to increase the proportion taking 30 minutes of moderate activity on 5 or more occasions each week to 60% for men and 50% for women by 2010. Currently, the figures in Glasgow City stand at 55% for men and 57% for women. In other words, the target for women has already been exceeded.

4: Health Behaviours

4.5 Diet

4.5.1 Fruit & Vegetables

The Scottish Diet Action Plan target is for individuals to consume at least five portions of fruit and/or vegetables (excluding potatoes) per day. Overall, a quarter (26%) of Glasgow respondents say they do this on an average day. The mean number of portions of fruit and vegetables consumed per day is 3.56.

Respondents in the ROA areas are less likely than non ROA respondents to say they eat the recommended amount of fruit and vegetables (23% and 28% respectively).

4.5.2 Breakfast

Respondents were asked to state the number of days per week on which they usually eat breakfast. Overall, three in four (74%) say they do so every day, and one in nine (11%) that they never do. The ROA area respondents are less likely than non ROA respondents to say they eat breakfast every day (71% compared to 76%).

Respondents were then asked to state what they had for breakfast *that morning*. Even if, in some cases, what respondents had for breakfast that morning does not reflect their usual behaviour, we can assume that for every respondent who did *not* eat a healthy breakfast that morning despite usually doing so, there will be another who *did* eat a healthy breakfast that morning even though (s)he does not normally do so. On aggregate, therefore, these data should give us a good picture of a 'typical' day in terms of breakfast-eating behaviour across Glasgow City.

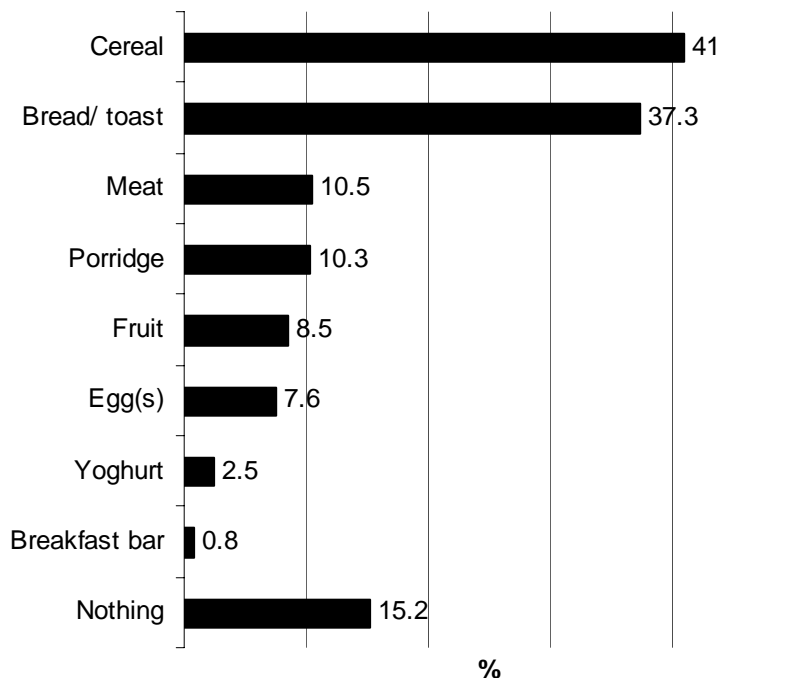
One in seven (15%) say they ate no breakfast that morning. This is similar to the 11% who, at the previous question, said that they do not usually eat breakfast, indicating a reasonable degree of consistency of responses.

4: Health Behaviours

Chart 4.1 shows that cereal and toast are by far the most popular breakfast foods (41% and 37% respectively say they ate these that morning). One in nine (11%) say they had a meat product such as bacon, sausage or black pudding, and one in ten (10%) that they had porridge. Only 9% say they had fruit or fruit juice. Only 9% say they had fruit or fruit juice.

Chart 4.1: Foods eaten for breakfast that morning (Q24)

Base: All (1,382)



4.5.3 Oily Fish

The Scottish Diet Action Plan target is for individuals to consume at least two portions of oily fish per week. Overall, three in ten (29%) say they usually do this. The mean number of portions of oily fish consumed per week is 1.07.

4: Health Behaviours

4.5.4 High-fat Snacks

Three in ten (31%) say they eat two or more high-fat snacks (e.g. cakes, pastries, chocolate, biscuits, crisps) on a usual day. The mean number of high-fat snacks consumed per day is 1.13. The recommended maximum consumption of high-fat snacks is no more than one per day.

4.6 *Body Mass Index (BMI)*

Respondents were asked to state their height and weight, from which their Body Mass Index (BMI) was calculated. Obviously, these figures would have been more reliable had we been able to weigh and measure the respondents rather than rely on their self-reported height and weight, but this is the best approximation available.

A BMI of 25 or over constitutes being above ideal weight, and two in five Glasgow City respondents (41%) fit this description. A BMI of 30 or over constitutes being obese, and 11% fit this description.

Respondents in the ROA areas are *less* likely to have a body mass index of 25 or over than non ROA area respondents (37% compared with 45%).

4.7 *An 'Unhealthy Behaviours' Index*

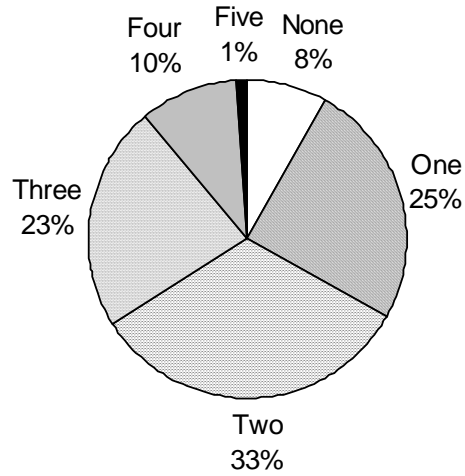
This section looks at the extent to which those who exhibit one 'unhealthy behaviour' are likely to exhibit others. In this analysis, we have looked at five 'unhealthy behaviours' and how they interact:

- Smoking
- Being above ideal weight (i.e. BMI of 25+)
- Not doing the recommended amount of physical activity
- Not eating the recommended quantity of fruit and vegetables
- Drinking more than the recommended limit of alcohol per week

4: Health Behaviours

Chart 4.2 shows that over nine in ten respondents (92%) admit to at least one of these behaviours, but only 1% admit to all five.

Chart 4.2: Number of unhealthy behaviours exhibited
Base: All (1,382)



The mean number of unhealthy behaviours is 2.06.

5 SOCIAL HEALTH

5.1 Chapter Summary

Table 5.1 shows all indicators relating to social health, and shows how the results compare across ROA and non ROA areas. Respondents from the deprived areas are less likely to: belong to a club or association, feel they belong to their area, feel valued as a member of their community, believe that people in their area can influence decisions, identify with a religion, feel safe in their own home or feel safe walking alone after dark.

Table 5.1: Indicators for social health

	Glasgow City Total	ROA Areas**	Non ROA Areas
<i>Base: All. Unweighted base:</i>	1,382	654	728
Feel isolated from family & friends (Q59)	7.9%	8.0%	7.9%
Belong to a club or association (Q33)	20.7%	16.0%	25.0%
Feel I belong to this local area (Q42b)	69.9%	67.2%	72.4%
Feel valued as a member of my community (Q42d)	50.4%	46.8%	53.7%
People in my neighbourhood can influence decisions (Q42f)	56.7%	50.3%	62.3%
Exchange small favours with neighbours (Q42h)	57.1%	55.4%	58.6%
Identify with a religion (Q66)	71.6%	68.7%	74.1%
Consider self to be religious (Q67)	9.7%	8.5%	10.8%
Consider self to be spiritual (Q68)	7.0%	5.6%	8.2%
Attend religious/spiritual activities at least once a week (Q69)	16.6%	15.4%	17.7%
Treated unfairly due to religious beliefs (Q70)	6.1%	6.8%	5.4%
Feel safe in my own home (Q46c)	93.3%	90.3%	96.1%
Feel safe using public transport (Q46a)	79.3%	79.1%	79.5%
Feel safe walking alone even after dark (Q46b)	57.1%	52.5%	61.3%

**The ROA Areas are those identified to be in the bottom 15% most deprived areas (Data Zones) in Scotland, according to the SIMD 2004. Non ROA Areas are those other areas not in the bottom 15% most deprived areas.

5: Social Health

5.2 *Social Connectedness*

5.2.1 Isolation from Family & Friends

When asked if they ever feel isolated from family and friends, one in twelve (8%) Glasgow respondents say 'yes'.

5.2.2 Club Membership

One in five respondents (21%) say they belong to a social club, association or similar. Nearly all of these are clubs in the local area.

Respondents from the ROA areas are less likely than those in other areas to say they are club members (16% and 25% respectively).

5.2.3 Sense of Belonging to the Community

Seven in ten of respondents (70%) agree with the statement: 'I feel I belong to this local area' (61% agree and 13% agree strongly). Just 8% disagree.

The ROA area respondents are less likely than non ROA respondents to have a sense of belonging (67% and 72% respectively).

5.2.4 Feeling Valued as a Member of the Community

Half (50%) agree with the statement: 'I feel valued as a member of my community' (41% agree and 9% agree strongly). One in seven (15%) disagree.

The ROA area respondents are less likely than non ROA respondents to feel valued (47% and 54% respectively).

5: Social Health

5.2.5 Influence within Neighbourhood

Almost three in five (57%) agree with the statement: 'By working together, people in my neighbourhood can influence decisions that affect my neighbourhood' (49% agree and 7% agree strongly). One in fourteen (7%) disagree.

Respondents from the ROA areas are less likely than non ROA area respondents to feel they have an influence (50% and 62% respectively).

5.2.6 Exchanging Favours with Neighbours

Over half of Glasgow respondents (57%) say they exchange small favours with people who live near them (e.g. leaving a key to let in a repair man, feeding pets while you are away or picking up things from the shop for each other). Almost a quarter (23%) do so with one neighbour, the same proportion (24%) do so with 2-5 neighbours and 12% with more than 5.

5.2.7 Religious Identity

Just over seven in ten (72%) say they identify with a religion, predominantly Church of Scotland (32%) and Roman Catholic (31%).

Respondents from the ROA areas are significantly less likely than non ROA respondents to say they identify with a religion (69% and 74% respectively).

5.2.8 'Religiousness'

Respondents were asked how religious they consider themselves to be on a scale of 1 ('not at all') to 5 ('very much'). Those responding '4' or '5' have been defined as 'very or fairly religious'. On this basis, 10% of Glasgow City respondents consider themselves to be very/fairly religious, whereas three-quarters (74%) say they are a little or not at all religious.

5: Social Health

5.2.9 'Spirituality'

Respondents were then asked how spiritual they consider themselves to be, on the same scale of 1 ('not at all') to 5 ('very much'). Again, those responding '4' or '5' have been defined as 'very or fairly spiritual'. On this basis, 7% of Glasgow City respondents consider themselves to be very/fairly spiritual, whereas just over three quarters (78%) say they are a little or not at all spiritual.

There is an extremely high degree of crossover between those who consider themselves to be spiritual and those who consider themselves to be religious – i.e. they are mostly the same individuals. Nonetheless, 9% of those who say they are religious do *not* consider themselves to be spiritual.

When the questionnaire was piloted, it was clear that there was some confusion regarding the difference between the two concepts. In the interviewer instructions for the main survey, therefore, an explanation was provided for use when the respondent asked for one. This explanation read: *"These questions are not asking about activities, just how spiritual they consider themselves to be. This can often take the form of people involved in non-traditional spiritual activities (such as meditation, crystals, etc) but it's also worthwhile to note that some people who've been raised in a religious environment, but no longer participate in religious activities, may still feel they have a strong spiritual connection, although no longer consider themselves to be religious."*

5.2.10 Frequency of Attending Spiritual or Religious Activities

Three in five Glasgow respondents (61%) say they never attend religious or spiritual activities (excluding weddings, funerals, baptisms etc). One in six (17%) say they do so once a week or more, and one in eight (12%) that they attend less often than once a week.

5: Social Health

5.2.11 Unfair Treatment Due to Religious Beliefs

Just 6% of Glasgow respondents say they have been treated unfairly because of their religious beliefs (or lack of them).

5.3 *Feelings of Safety*

A large majority of respondents (93%) agree or agree strongly with the statement: 'I feel safe **in my own home**' (63% agree and 30% agree strongly). Only 2% disagree. Respondents in the ROA areas are less likely to feel safe in their own home than those who live elsewhere (90% compared to 96%).

Most (79%) Glasgow respondents agree or agree strongly with the statement: 'I feel safe **using public transport** in this local area' (69% agree and 10% agree strongly). Only 4% disagree.

Just over half (57%) agree or agree strongly with the statement: 'I feel safe **walking alone** around this local area, even after dark' (46% agree and 11% agree strongly). A quarter (25%), however, disagree. Respondents in the ROA areas are less likely than non ROA respondents to feel safe walking alone (52% and 61% respectively).

5: Social Health

5.4 Social Issues in Local Area

Using the faces scale (see section 2.2.2), respondents were asked which face best describes how they feel about a range of social issues in their local area. Faces 5-7 are classed as feeling negative about that issue.

Table 5.2 shows the proportion feeling negative about each issue, and how the results vary across ROA and non ROA areas. Respondents tend to be least concerned about burglaries, assaults/muggings and car crime. They tend to be most concerned about young people hanging around and drug activity.

Table 5.2 demonstrates that ROA respondents are more likely than non ROA respondents to be concerned about a range of issues: assault, vandalism, drug activity, young people hanging around, alcohol consumption and unemployment.

Table 5.2: Proportion with a negative perception of social issues in local area (Q31)

	Glasgow City Total	ROA Areas**	Non ROA Areas
<i>Base: All. Unweighted base:</i>	1,382	654	728
Number of burglaries	8.4%	9.1%	7.8%
Number of assaults/muggings	10.3%	13.3%	7.6%
Amount of car crime	11.5%	12.7%	10.4%
Amount of vandalism/graffiti	16.8%	23.4%	10.8%
Amount of drug activity	23.7%	28.0%	19.9%
Young people hanging around	25.2%	28.8%	21.9%
Level of alcohol consumption	21.9%	27.1%	17.1%
Level of unemployment	21.9%	26.7%	17.5%

**The ROA Areas are those identified to be in the bottom 15% most deprived areas (Data Zones) in Scotland, according to the SIMD 2004. Non ROA Areas are those other areas not in the bottom 15% most deprived areas.

5: Social Health

5.5 Environmental Issues in Local Area

Again using the faces scale (see section 2.2.2), respondents were asked which face best describes how they feel about a range of environmental issues in their local area. Faces 5-7 are classed as a feeling negative about that issue.

Table 5.3 shows the proportion feeling negative about each issue in Glasgow, and how this compares across ROA and non ROA areas. It shows that city respondents tend to be most concerned about rubbish lying around, dogs' dirt and broken glass. They tend to be least concerned about smell from sewers, abandoned cars, and vacant/derelict buildings and land.

Respondents in the ROA communities are more likely than non ROA respondents to be concerned about nearly all the environmental issues listed, the exceptions being amount of traffic, uneven pavements and noise/disturbance.

Table 5.3: Proportion with negative perception of environmental issues (Q32)

	Glasgow City Total	ROA Areas**	Non ROA Areas
<i>Base: All. Unweighted base:</i>	1,382	654	728
Level of smells from sewers	1.9%	2.4%	1.5%
Standard of street lighting	4.3%	5.3%	3.4%
Number of vacant/derelict buildings	3.4%	5.8%	1.2%
Amount of vacant/derelict land	3.7%	6.2%	1.5%
Number of abandoned cars	3.2%	5.1%	1.5%
Amount of broken glass lying around	11.7%	17.4%	6.5%
Amount of noise and disturbance	9.6%	11.3%	8.0%
Number of uneven pavements	10.9%	11.9%	10.0%
Amount of traffic	14.3%	13.3%	15.3%
Availability of pleasant places to walk etc	12.7%	16.6%	9.2%
Availability of safe play spaces	14.7%	18.5%	11.3%
Amount of dog's dirt	17.0%	21.7%	12.6%
Amount of rubbish lying about	18.2%	20.5%	16.0%

**The ROA Areas are those identified to be in the bottom 15% most deprived areas (Data Zones) in Scotland, according to the SIMD 2004. Non ROA Areas are those other areas not in the bottom 15% most deprived areas

5: Social Health

5.6 Perceived Quality of Services in the Area

Respondents were read a list of seven services/facilities, and asked to rate the quality of each in their area, on a five-point scale (very poor, poor, adequate, good, excellent). Those rating it as 'good' or 'excellent' are classed as having a positive perception.

Table 5.4 shows results for Glasgow City and how they vary across ROA and non ROA areas. It shows that Glasgow respondents are most likely to be positive about public transport and food shops. They are least likely to be positive about childcare provision and activities for young people.

Respondents in the ROA areas are less likely than non ROA respondents to be positive about: public transport, food shops, leisure/ sports facilities and activities for young people.

Table 5.4: Proportion with a positive perception of services/facilities in local area (Q43)

	Glasgow City Total	ROA Areas**	Non ROA Areas
<i>Unweighted base:</i>	<i>1,382</i>	<i>654</i>	<i>728</i>
Public transport	61.6%	58.5%	64.4%
Food shops	52.3%	48.3%	55.9%
Local schools	49.6%	50.5%	48.8%
Police	31.4%	29.5%	33.0%
Leisure/sports facilities	29.1%	23.0%	34.5%
Activities for young people	21.2%	16.6%	25.4%
Childcare provision	17.7%	16.2%	19.1%

**The ROA Areas are those identified to be in the bottom 15% most deprived areas (Data Zones) in Scotland, according to the SIMD 2004. Non ROA Areas are those other areas not in the bottom 15% most deprived areas

5: Social Health

5.7 Individual Circumstances & Financial Situation

Several questions were asked to identify personal circumstances that might lead to social exclusion and/or have an impact on health. These are detailed in Table 5.5. On these measures, ROA area respondents are more likely to: have children under 14, be lone parents with children under 14, have no educational qualifications and have no employed adults in the household. They are also less likely to have Internet access or own a car than those in non ROA areas.

Table 5.5: Indicators for individual circumstances

	Glasgow City Total	ROA Areas**	Non ROA Areas
<i>Base: All. Unweighted base:</i>	<i>1,382</i>	<i>654</i>	<i>728</i>
Has children under 14 (Q47)	29.9%	35.3%	25.0%
Lone parent with children under 14 (Q47)	10.4%	14.7%	6.6%
Widowed/divorced/separated (Q64)	17.0%	17.7%	16.3%
No educational qualifications (Q49)	44.3%	53.8%	35.7%
No employed adults in household (Q47)	46.2%	55.3%	37.8%
Has access to the Internet (Q40)	45.8%	37.5%	53.3%
Owns a car (Q61)	51.6%	38.9%	63.1%
Has caring responsibilities (Q60)	4.9%	4.9%	4.8%

**The ROA Areas are those identified to be in the bottom 15% most deprived areas (Data Zones) in Scotland, according to the SIMD 2004. Non ROA Areas are those other areas not in the bottom 15% most deprived areas

5: Social Health

Table 5.6 details the indicators that relate to respondents' financial situation. It shows that respondents in the ROA areas tend to perceive their financial situation as poorer than that of non ROA deprived respondents. They are also more likely to report that all their household income comes from state benefits and that they experience difficulty meeting household expenses. The ROA area respondents are also more likely to find it impossible or a big problem to find £20, £100 or £1000.

Table 5.6: Indicators for financial situation

	Glasgow City Total	ROA Areas**	Non ROA Areas
<i>Base: All. Unweighted base:</i>	1,382	654	728
Positive perception of adequacy of household income (Q58)	68.2%	56.9%	78.4%
All household income from State benefits (Q56)	32.6%	42.7%	23.4%
Experiences difficulty meeting household expenses (Q53)	47.0%	56.9%	38.0%
Impossible/big problem to find £20 (Q54a)	1.1%	1.9%	0.3%
Impossible/big problem to find £100 (Q54b)	16.6%	23.7%	10.2%
Impossible/big problem to find £1,000 (Q54c)	52.0%	62.5%	42.5%

**The ROA Areas are those identified to be in the bottom 15% most deprived areas (Data Zones) in Scotland, according to the SIMD 2004. Non ROA Areas are those other areas not in the bottom 15% most deprived areas

6 SOCIAL CAPITAL

6.1 Chapter Summary

Table 6.1 shows all indicators relating to social capital, and shows how the results compare across ROA and non ROA areas. Respondents in the ROA areas report less social capital than non ROA respondents for all the listed measures except: volunteering and valuing local friendships.

Table 6.1: Indicators for social capital

	Glasgow City Total	ROA Areas**	Non ROA Areas
<i>Base: All. Unweighted base:</i>	1,382	654	728
Positive perception of local area as a place to live (Q29)	83.2%	77.0%	88.9%
Positive perception of local area as a place to bring up children (Q30)	73.2%	69.2%	76.8%
Responsibilities in clubs, associations etc (Q34)	5.4%	4.1%	6.6%
'Local activists' (Q35)	7.3%	4.9%	9.4%
Currently act as a volunteer (Q36)	4.5%	3.8%	5.2%
Positive perception of reciprocity (Q42a)	71.4%	68.4%	74.1%
Positive perception of trust (Q42e)	70.1%	63.7%	75.9%
Belongs to social network(s) (Q33)	20.7%	16.0%	25.0%
Values local friendships (Q42c)	67.1%	65.2%	68.8%
Positive perception of social support (Q42g)	69.9%	63.5%	75.6%

**The ROA Areas are those identified to be in the bottom 15% most deprived areas (Data Zones) in Scotland, according to the SIMD 2004. Non ROA Areas are those other areas not in the bottom 15% most deprived areas

6: Social Capital

6.2 *View of Local Area*

Respondents were presented with a 7-point 'faces' scale (see section 2.2.2 for details), and asked to rate their local area: (a) as a place to live, and (b) as a place to bring up children. Those selecting any of the three 'smiling' faces (1-3) were categorised as having a positive perception. Overall, 83% of Glasgow City respondents have a positive perception of their area as a place to live, and 73% have a positive perception of it as a place to bring up children.

Respondents in the ROA areas are less likely than non ROA respondents to rate their local area positively (77% of ROA area respondents are positive about their local area as a place to live, compared with 89% of non ROA respondents; 69% of ROA area respondents are positive about their area as a place to bring up children, compared with 77% of non ROA respondents).

6.3 *Civic Engagement*

One in twenty (5%) of Glasgow respondents say that, in the last three years, they have had **responsibilities in clubs, associations, church groups or similar** (e.g. committee member, fundraising, organising events or administrative work).

Respondents were presented with a list of actions that could be taken in an attempt to improve things in the local area, and asked which they had personally done in the last three years. Those saying they had done at least one have been categorised as '**activists**'. By this definition, one in fourteen (7%) are activists. Respondents in the ROA communities are less likely than non ROA area respondents to be activists (5% and 9% respectively).

One in twenty (5%) Glasgow respondents say they currently act as a **volunteer**.

6: Social Capital

6.4 *Reciprocity & Trust*

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

1. *“This is a neighbourhood where neighbours look out for each other”*, and
2. *“Generally speaking, you can trust people in my local area”*.

Those agreeing with the first statement are categorised as having a positive view of reciprocity, and those agreeing with the second statement are categorised as having a positive view of trust. Overall, 71% of Glasgow respondents are positive about reciprocity and 70% about trust.

Respondents in the ROA areas are less likely than those living elsewhere to be positive about both reciprocity (69% and 74% respectively) and trust (64% and 76% respectively).

6.5 *Social Networks & Local Friendships*

Respondents were asked if they belong to any social clubs, associations, church groups or similar, and those indicating that they do are categorised as belonging to a **social network**. According to this definition, one in five (21%) belong to a social network.

Respondents in the ROA areas are less likely than those living elsewhere to say they belong to a social network (16% and 25% respectively).

Respondents were asked to indicate the extent to which they agree or disagree with the statement: *“The friendships and associations I have with other people in my local area mean a lot to me”*. Overall, two thirds (67%) of Glasgow respondents agree with this statement, i.e. **value local friendships**.

6: Social Capital

6.6 Social Support

Respondents were asked to indicate the extent to which they agree or disagree with the statement: *“If I have a problem, there is always someone to help me”*. Those agreeing with this statement are categorised as having a positive view of social support. According to this definition, seven in ten (70%) are positive about social support.

The ROA area respondents are less likely than those living elsewhere to have a positive perception of social support (64% and 76% respectively).

7 TREND DATA

In this chapter, results from all indicator questions that represent a statistically significant change between 2005 and 2002, or 2005 and 1999 are shown. Detail on changes between 1999 and 2002 can be found in the 2002 report and is not repeated here, unless the 1999-2002 change is reinforced or contradicted by the 2002-2005 change.

This section reports on results within the former Social Inclusion Partnership (SIP) areas against the non-SIP areas in the city. The trend data allow some analysis to be performed over the lifetime of the former SIP programme (1999-2005), to determine how conditions or circumstances have changed for respondents in that time.

The changes recorded in trend data in the SIP areas over time may provide some guidance for monitoring changes in conditions within the local Community Planning Partnership areas, and in particular, the ROA communities.

The tables in this chapter show only the results and the size of any significant change observed since 1999 or 2002. If the change is not statistically significant, 'n/a' is shown. In Appendix C, these tables are shown again, this time with the level of statistical significance and the confidence interval for each significant change. Appendix C also contains detail on how this analysis was carried out, and some important 'health warnings' about its interpretation.

7: Trend Data

7.1 People's Perceptions of Their Health & Illness

Across the total sample, the proportion of Glasgow respondents with a positive perceptions of their general health has not changed significantly since 1999. Between 1999 and 2002 there was a drop in the proportion of those in the SIP areas saying excellent/good. However, this has now returned to slightly (but not significantly) above 1999 levels. In non-SIP areas, however, the proportion saying excellent/good has fallen significantly since 1999. 2005 is the first year which shows no difference between SIP and non-SIP areas.

Table 7.1: Positive perceptions of general health

Base: All

	Glasgow City Total	SIP Areas	Non-SIP Areas
1999	66%	62%	69%
2002	64%	49%	73%
2005	63%	64%	63%
Change 1999-2005	n/a	n/a	-6
Change 2002-2005	n/a	15	n/a

Across the total sample, people's self-perceptions of their physical well-being have not changed significantly since 1999. In SIP areas, after a fall between 1999 and 2002, there has been a significant increase in the proportion rating their physical well-being positively, and this figure now stands at its highest recorded level. There has, however, been a small but significant fall since 2002 in the proportion of non-SIP respondents with a positive view. As a result of these changes, 2005 is the first year in which there is no significant difference between SIP and non-SIP areas.

Table 7.2: Positive perceptions of physical well-being

Base: All

	Glasgow City Total	SIP Areas	Non-SIP Areas
1999	76%	70%	79%
2002	75%	62%	82%
2005	78%	78%	78%
Change 1999-2005	n/a	8	n/a
Change 2002-2005	n/a	n/a	-4

7: Trend Data

The proportions of respondents giving a positive rating to their mental or emotional well-being have not changed significantly since 1999. In 2002, there was a drop in the proportion of those in SIP areas rating this positively; however this has now returned to 1999 levels. Thus, 2005 is the first year showing no significant difference between SIP and non-SIP areas.

Table 7.3: Positive perceptions of mental or emotional well-being

Base: All

	Glasgow City Total	SIP Areas	Non-SIP Areas
1999	83%	78%	86%
2002	75%	62%	82%
2005	83%	82%	83%
Change 2002-2005	8	20	n/a

Between 1999 and 2005 there has been a significant increase in the proportion of respondents saying that they definitely feel in control of decisions that affect their life. This applies across both SIP and non-SIP areas, but the increase is particularly marked in SIP areas, such that the difference between SIP and non-SIP areas no longer exists.

Table 7.4: Feeling definitely in control of decisions affecting life

Base: All

	Glasgow City Total	SIP Areas	Non-SIP Areas
1999	51%	38%	58%
2002	78%	72%	82%
2005	69%	70%	68%
Change 1999-2005	18	32	10

7: Trend Data

Between 1999 and 2005 there has been a significant increase in the proportion of those in SIP areas giving a positive rating for their overall quality of life, while between 2002 and 2005 there has been a significant drop in the proportion for those living in non-SIP areas. Thus, 2005 is the first year which shows no significant difference between SIP and non-SIP areas on this measure.

Table 7.5: Positive perceptions of overall quality of life

Base: All

	Glasgow City Total	SIP Areas	Non-SIP Areas
1999	79%	70%	84%
2002	83%	73%	88%
2005	82%	82%	83%
Change 1999-2005	n/a	12	n/a
Change 2002-2005	n/a	n/a	-5

There has been no significant change in the proportions reporting a long-term condition or illness over all three waves of the survey.

Table 7.6: Illness/condition affecting daily life

Base: All

	Glasgow City Total	SIP Areas	Non-SIP Areas
1999	24%	30%	21%
2002	25%	33%	21%
2005	25%	29%	23%
Change	n/a	n/a	n/a

7: Trend Data

There has been a significant drop since 2002 in the proportion of those in SIP areas saying they currently receive treatment for one or more condition(s). The 2005 SIP results take us back to those recorded in 1999. In non-SIP areas, however, there has been a small but significant increase since 1999 in the proportion saying they are receiving treatment.

Table 7.7: Receiving treatment for one or more condition(s)

Base: All

	Glasgow City Total	SIP Areas	Non-SIP Areas
1999	42%	45%	40%
2002	45%	57%	39%
2005	45%	46%	45%
Change 1999-2005	n/a	n/a	5
Change 2002-2005	n/a	-11	n/a

There has been no significant change in the proportions saying they have some or all of their own teeth over all three waves of the survey.

Table 7.8: Proportion with some/all of their own teeth

Base: All

	Glasgow City Total	SIP Areas	Non-SIP Areas
1999	83%	81%	84%
2002	84%	83%	85%
2005	84%	85%	84%
Change	n/a	n/a	n/a

7: Trend Data

There has been a **significant drop** since 1999 in the proportion of those with at least some of their own teeth who say they brush their teeth at least twice a day. This overall change is driven by a large drop in non-SIP areas; in SIP areas there has been no significant change since 1999.

Table 7.9: Proportion brushing teeth at least twice a day

Base: All with at least some of their own teeth

	Glasgow City Total	SIP Areas	Non-SIP Areas
1999*	72%	69%	73%
2002*	72%	56%	81%
2005	65%	64%	65%
Change 1999-2005	-7	n/a	-8
Change 2002-2005	n/a	8	n/a

* These figures differ slightly from those reported in the 1999 and 2002 reports. This is because in 2005 the question was only asked of those reporting having some or all of their own teeth. The 1999 and 2002 figures have been adjusted for the reduced base in order to be comparable.

7: Trend Data

7.2 The Use of Health Services

Since 1999 there has been a significant drop in the proportion who report GP visit(s) in both SIP and non-SIP areas. The drop in SIP areas is larger than the drop in non-SIP areas, such that the gap between the two is no longer significant. There has also been a drop in the proportion reporting outpatient visit(s), but this is solely due to a drop in non-SIP areas. Again, this result in the gap between the two becoming non-significant. On the other hand, there has been a significant increase since 1999 in the proportion reporting use of A&E services, but this is solely due to an increase in SIP areas.

Table 7.10: Use of specific health services

Base: All

	Glasgow City Total	SIP Areas	Non-SIP Areas
<i>Proportion seen a GP at least once in last year</i>			
1999	89%	93%	87%
2002	79%	88%	74%
2005	79%	81%	78%
Change 1999-2005	-10	-12	-9
<i>Proportion been to A&E at least once in last year</i>			
1999*	14%	12%	15%
2002	15%	17%	14%
2005	17%	18%	16%
Change 1999-2005	3	6	n/a
<i>Proportion been to hospital as out-patient to see a doctor at least once in last year</i>			
1999	32%	26%	35%
2002	25%	29%	23%
2005	25%	25%	26%
Change 1999-2005	-7	n/a	-9

* In 1999, the wording used for this question was slightly different to that used in 2002 and 2005, so change between 1999 and 2002/2005 should be interpreted with caution. However, the fact that the overall results from 1999 are similar to those recorded in 2002 and 2005 suggests that the change in wording has not had a major impact on the way in which respondents answer this question.

7: Trend Data

The proportion saying they are registered with a dentist has increased significantly since 2002, returning to the levels observed in 1999.

Table 7.11: Registered with a dentist

Base: All

	Glasgow City Total	SIP Areas	Non-SIP Areas
1999	77%	73%	80%
2002	70%	65%	73%
2005	78%	75%	80%
Change 2002-2005	8	10	7

There has been a significant drop since 2002 in the proportion in non-SIP areas saying they have been to the dentist in the preceding six months, which has driven an overall drop.

Table 7.12: Been to dentist in last 6 months

Base: All

	Glasgow City Total	SIP Areas	Non-SIP Areas
1999		Not asked	
2002	47%	36%	53%
2005	39%	36%	41%
Change 2002-2005	-8	n/a	-12

Since 2002 there has been a large drop in the proportion of respondents in both SIP and non-SIP areas saying they have difficulty getting a GP appointment and accessing health services in an emergency. There has, however, been a change to the scale used between 2002 and 2005 for the 'access to health services' question (Q10). This is almost certainly the main reason for the large change in ratings, so these results are not shown in this chapter. Future follow-ups of the survey will show whether any of it is due to a 'real' improvement in access to services.

7: Trend Data

7.3 Health Behaviours

Smoking rates in 2005 are not significantly different to those recorded in 1999. In non-SIP areas, there has been a significant increase in smoking rates since 2002, but this takes the level back up to that recorded in 1999. Passive smoking rates, however, have dropped significantly since 2002, most markedly in SIP areas.

Table 7.13: Smoking / passive smoking

Base: All

	Glasgow City Total	SIP Areas	Non-SIP Areas
<i>Proportion currently smoking (some days / every day)</i>			
1999	41%	50%	36%
2002	37%	52%	29%
2005	39%	46%	35%
Change 2002-2005	n/a	n/a	6
<i>Proportion exposed to smoke (some/most of time)</i>			
1999	Not asked in comparable way		
2002	62%	69%	59%
2005	56%	59%	54%
Change 2002-2005	-6	-10	-5

Since 1999, the proportion exceeding the recommended weekly units of alcohol has significantly reduced in both SIP and non-SIP areas.

Table 7.14: Proportion exceeding recommended alcohol limit in preceding week

Base: All

	Glasgow City Total	SIP Areas	Non-SIP Areas
1999	20%	21%	20%
2002	13%	11%	15%
2005	16%	14%	17%
Change 1999-2005	-4	-7	-3

7: Trend Data

There has been a significant increase since 1999 in the proportion of those in both SIP and non-SIP areas taking sufficient exercise. The increase is evident for both moderate and vigorous exercise, and is particularly marked in SIP areas.

Table 7.15: Physical activity

Base: All

	Glasgow City Total	SIP Areas	Non-SIP Areas
<i>Proportion taking sufficient moderate or vigorous exercise</i>			
1999	49%	45%	52%
2002	59%	61%	57%
2005*	61%	65%	59%
Change 1999-2005	12	20	7
<i>Proportion taking at least 30 mins of moderate exercise 5+ times a week</i>			
1999	43%	44%	42%
2002	56%	60%	54%
2005*	54%	59%	51%
Change 1999-2005	11	15	9
<i>Proportion taking at least 20 mins of vigorous exercise 3+ times a week</i>			
1999	15%	8%	19%
2002	26%	23%	28%
2005*	30%	30%	30%
Change 1999-2005	15	22	11

* These figures differ slightly from those reported in the main text of the report, because new prompts were added in 2002 to check that respondents were including all types of physical activity. The figures reported in this chapter are based on the questions asked before the prompt, i.e. in a way comparable to 1999. The figures in the main report are based on the full responses, so are a better reflection of current behaviour, including activity at work.

7: Trend Data

1999 to 2002 saw a significant increase in the proportion of people saying they eat five or more portions of fruit or vegetables a day. In 2005 this has dropped back to 1999 levels. On both occasions the change was driven by those in non-SIP areas; the proportion in SIP areas has remained more or less constant.

Table 7.16: Proportion eating recommended amount of fruit/vegetables

Base: All

	Glasgow City Total	SIP Areas	Non-SIP Areas
1999	23%	18%	25%
2002	32%	21%	39%
2005	26%	20%	30%
Change 1999-2005	n/a	n/a	5
Change 2002-2005	-6	n/a	n/a

The proportion of those in SIP areas eating oily fish at least twice a week remains significantly higher than was the case in 1999. Across non-SIP areas and overall there has not been a significant change.

Table 7.17: Proportion eating recommended amount of oily fish

Base: All

	Glasgow City Total	SIP Areas	Non-SIP Areas
1999	27%	17%	32%
2002	30%	25%	33%
2005	29%	27%	31%
Change 1999-2005	n/a	10	n/a

7: Trend Data

The enormous drop in the proportion of people eating two or more high fat snacks a day seen in 2002 is sustained (but not significantly changed) in 2005.

Table 7.18: Proportion eating more than recommended amount of high-fat snacks

Base: All

	Glasgow City Total	SIP Areas	Non-SIP Areas
1999	62%	67%	59%
2002	33%	34%	32%
2005	31%	29%	33%
Change 1999-2005	-31	-38	-26

Since 1999, there has been no significant change in the overall proportion of people with Body Mass Index (BMI) of 25 or over (overweight, obese or extremely obese). However, there has been a significant increase in the proportion of those in non-SIP areas with BMI of 25 and over. In SIP areas, the proportion with a BMI of 25 or over has returned to 1999 levels after an increase between 1999 and 2002. In both SIP and non-SIP areas, the proportion with a BMI of 30 or over (obese or extremely obese) has returned to 1999 levels.

Table 7.19: BMI

Base: All

	Glasgow City Total	SIP Areas	Non-SIP Areas
<i>Proportion having Body Mass Index of 25 or over</i>			
1999	39%	41%	38%
2002	41%	47%	38%
2005	41%	38%	43%
Change 1999-2005	n/a	n/a	5
Change 2002-2005	n/a	-9	n/a
<i>Proportion having Body Mass Index classified as 'obese'/'extremely obese'</i>			
1999	12%	13%	11%
2002	12%	19%	8%
2005	12%	12%	12%
Change 2002-2005	n/a	-7	4

7: Trend Data

7.5 Social Health

There has been a significant drop in the proportion of respondents who feel isolated from friends and family between 1999 and 2005. The decrease is largest for those in SIP areas.

Table 7.20: Proportion feeling isolated from family and friends

Base: All

	Glasgow City Total	SIP Areas	Non-SIP Areas
1999	21%	26%	18%
2002	18%	23%	16%
2005	8%	9%	7%
Change 1999-2005	-13	-17	-11

Since 1999, there has been a significant drop in the proportion saying they belong to a club/association/church group, but this is solely due to a drop in non-SIP areas. In SIP areas, the proportion belong to such groups has returned to 1999 levels after a dip in 2002.

Table 7.21: Proportion belonging to a club/association/church group

Base: All

	Glasgow City Total	SIP Areas	Non-SIP Areas
1999	27%	19%	32%
2002	18%	12%	21%
2005	21%	17%	23%
Change 1999-2005	-6	n/a	-9
Change 2002-2005	n/a	5	n/a

7: Trend Data

There has been no significant change since 1999 in the proportion who feel they belong to their local area. In non-SIP areas, the results have returned to 1999 levels after a dip in 2002.

Table 7.22: Proportion feeling they belong to local area

Base: All

	Glasgow City Total	SIP Areas	Non-SIP Areas
1999	70%	70%	69%
2002	67%	70%	65%
2005	70%	70%	70%
Change 2002-2005	n/a	n/a	5

Since 2002 there has been no significant change in the proportion of respondents who feel valued as members of the community.

Table 7.23: Proportion feeling valued as a member of the community

Base: All

	Glasgow City Total	SIP Areas	Non-SIP Areas
1999	Not asked in a comparable way		
2002	49%	50%	49%
2005	50%	48%	52%
Change 2002-2005	n/a	n/a	n/a

There has been a small but significant increase since 2002 in the proportion who feel that people in their neighbourhood can influence decisions.

Table 7.24: Proportion feeling local people can influence decisions

Base: All

	Glasgow City Total	SIP Areas	Non-SIP Areas
1999	Not asked		
2002	53%	50%	55%
2005	57%	55%	58%
Change 2002-2005	4	n/a	n/a

7: Trend Data

Since 2002 there has been no significant change overall in the proportion feeling safe in their own home and when using public transport. There has, however, been a significant increase in the proportion of non-SIP respondents who feel safe in their own homes.

There has been a significant increase since 1999 in the proportion feeling safe walking alone in their local area, which has been driven solely by an improvement in ratings in SIP areas.

Table 7.25: Feelings of safety

Base: All

	Glasgow City Total	SIP Areas	Non-SIP Areas
<i>Proportion feeling safe in own home</i>			
1999		Not asked	
2002	91%	92%	90%
2005	93%	91%	95%
Change 2002-2005	n/a	n/a	5
<i>Proportion feeling safe using public transport</i>			
1999		Not asked	
2002	77%	77%	77%
2005	79%	78%	80%
Change 2002-2005	n/a	n/a	n/a
<i>Proportion feeling safe walking alone after dark</i>			
1999	46%	39%	50%
2002	58%	56%	59%
2005	57%	56%	58%
Change 1999-2005	11	17	8
Change 2002-2005	n/a	n/a	n/a

7: Trend Data

7.6 Individual Circumstances

Since 1999 there has been a significant increase in the proportion of respondents who say they are married, cohabiting or living with their partner, in both SIP and non-SIP areas.

Table 7.26: Proportion married/cohabiting/living with partner

Base: All

	Glasgow City Total	SIP Areas	Non-SIP Areas
1999	48%	48%	48%
2002	46%	41%	49%
2005	58%	57%	58%
Change 1999-2005	10	9	10

Since 1999, there has been a small but significant increase in the proportion of non-SIP respondents with children under 14 in the household, which has driven an overall increase..

Table 7.27: Proportion with children under 14

Base: All

	Glasgow City Total	SIP Areas	Non-SIP Areas
1999	26%	31%	23%
2002	32%	42%	27%
2005	30%	33%	28%
Change 1999-2005	4	n/a	5
Change 2002-2005	n/a	-9	n/a

Since 2002, there has been a significant increase in the proportion who say they are lone parents, taking the figures back to 1999 levels.

Table 7.28: Proportion who are lone parents

Base: All

	Glasgow City Total	SIP Areas	Non-SIP Areas
1999	10%	13%	8%
2002	6%	12%	3%
2005	10%	13%	9%
Change 2002-2005	4	n/a	6

7: Trend Data

Internet access continues to rise with significant increases in both SIP and non-SIP areas. There is, however, no sign of the gap between SIP and non-SIP areas narrowing.

Table 7.29: Proportion with Internet access

Base: All

	Glasgow City Total	SIP Areas	Non-SIP Areas
1999	17%	11%	20%
2002	38%	22%	47%
2005	46%	38%	51%
Change 1999-2005	29	27	31

Since 1999 there has been a significant increase in the proportion of respondents who own a car in SIP areas. In non-SIP areas, the proportion saying they have a car has returned to 1999 levels after an increase between 1999 and 2002.

Table 7.30: Proportion with car

Base: All

	Glasgow City Total	SIP Areas	Non-SIP Areas
1999	50%	37%	57%
2002	50%	31%	62%
2005	52%	45%	56%
Change 1999-2005	n/a	8	n/a
Change 2002-2005	n/a	n/a	-6

Since 1999, there has been a significant decrease in the proportion saying they have no qualifications in SIP areas. In non-SIP areas and overall, the proportion has returned to 1999 levels after a dip in 2002.

Table 7.31: Proportion with no qualifications

Base: All

	Glasgow City Total	SIP Areas	Non-SIP Areas
1999	46%	56%	41%
2002	30%	42%	23%
2005	44%	49%	41%
Change 1999-2005	n/a	-7	n/a
Change 2002-2005	14	n/a	18

7: Trend Data

Since 1999 there has been a significant drop in the proportion of SIP respondents who say they gain all their income from State Benefits, but a significant increase in the proportion of non-SIP respondents who say this. There has also been a significant increase in the proportion of both SIP and non-SIP respondents who say they are on Income Support.

Table 7.32: State benefits

Base: All

	Glasgow City Total	SIP Areas	Non-SIP Areas
<i>Proportion with all income from State Benefits</i>			
1999	31%	46%	23%
2002	36%	60%	21%
2005	33%	39%	29%
Change 1999-2005	n/a	-7	6
<i>Proportion on Income Support</i>			
1999	21%	33%	14%
2002	22%	41%	11%
2005	31%	40%	24%
Change 1999-2005	10	7	10

There has been a significant increase since 1999 in the proportion of respondents who have a positive perception of their household income. Furthermore, the gap between SIP and non-SIP areas has narrowed.

Table 7.33: Proportion with positive perception of household income

Base: All

	Glasgow City Total	SIP Areas	Non-SIP Areas
1999	52%	42%	57%
2002	59%	48%	65%
2005	68%	64%	71%
Change 1999-2005	16	22	14

7: Trend Data

Following this trend, across both SIP and non-SIP areas, there has been a significant drop since 1999 in the proportion who would have difficulty finding unexpected sums of £20, £100 and £1000. Since 2002, however, the proportion of non-SIP respondents saying they would find it difficult to find £100 has not changed, and the proportion of non-SIP respondents who would find it difficult to find £1,000 has significantly *increased*.

Table 7.34: Difficulty meeting unexpected expenses

Base: All

	Glasgow City Total	SIP Areas	Non-SIP Areas
<i>Proportion having difficulties finding unexpected expense of £20</i>			
1999	36%	40%	33%
2002	19%	34%	11%
2005	8%	13%	5%
Change 1999-2005	-28	-27	-28
<i>Proportion having difficulties finding unexpected expense of £100</i>			
1999	71%	82%	66%
2002	48%	72%	34%
2005	40%	49%	34%
Change 1999-2005	-31	-33	-32
<i>Proportion having difficulties finding unexpected expense of £1000</i>			
1999	90%	97%	87%
2002	77%	91%	69%
2005	76%	79%	75%
Change 1999-2005	-14	-18	-12

Note: These figures include respondents reporting that it would be 'impossible', 'a big problem' or a 'bit of a problem' to find £20, £100 or £1,000. This differs to the figures in Table 5.6 which includes only those who said 'impossible' or 'a big problem'.

7: Trend Data

7.7 Social Capital

Since 1999, there has been a massive increase in the proportion of SIP respondents with a positive view of their local area, both as a place to live and as a place to bring up children. In non-SIP areas, there have also been increases, but on a smaller scale. The gap between SIP and non-SIP areas is now far smaller in terms of the area as a place to live, and virtually non-existent in terms of the area as a place to bring up children.

Table 7.35: Positive perception of local area

Base: All

	Glasgow City Total	SIP Areas	Non-SIP Areas
<i>Proportion with positive perception of local area as a place to live</i>			
1999	72%	52%	83%
2002	67%	51%	76%
2005	83%	78%	86%
Change 1999-2005	11	26	n/a
Change 2002-2005	n/a	n/a	10
<i>Proportion with positive perception of local area as a place to bring up children</i>			
1999	53%	29%	66%
2002	55%	45%	60%
2005	73%	71%	74%
Change 1999-2005	20	42	8

7: Trend Data

Since 2002 the proportion of respondents saying they have responsibilities in clubs or associations has not changed significantly. The proportion of activists has significantly dropped in both SIP and non-SIP areas while the proportion of volunteers has significantly dropped in SIP areas, back to 1999 levels.

Table 7.36: Civic engagement

Base: All

	Glasgow City Total	SIP Areas	Non-SIP Areas
<i>Proportion with responsibilities in clubs, associations etc</i>			
1999		Not asked	
2002	6%	3%	7%
2005	5%	4%	6%
Change 2002-2005	n/a	n/a	n/a
<i>Proportion of activists</i>			
1999		Not asked	
2002	12%	9%	14%
2005	7%	3%	10%
Change 2002-2005	-5	-6	-4
<i>Proportion currently acting as volunteers</i>			
1999	6%	3%	7%
2002	7%	7%	7%
2005	5%	3%	6%
Change 2002-2005	-2	-4	n/a

7: Trend Data

Since 2002 the proportions of respondents in both SIP and non-SIP areas with a positive perception of reciprocity and trust have significantly increased. The increase is larger in SIP areas than in non-SIP areas, to the extent that there is no longer a gap between the two.

Table 7.37: Reciprocity and trust

Base: All

	Glasgow City Total	SIP Areas	Non-SIP Areas
<i>Proportion with positive perception of reciprocity</i>			
1999		Not asked	
2002	60%	48%	61%
2005	71%	70%	72%
Change 2002-2005	11	22	11
<i>Proportion with positive perception of trust</i>			
1999		Not asked	
2002	61%	55%	64%
2005	70%	68%	71%
Change 2002-2005	9	13	7

The proportion valuing local friendships has significantly dropped for those in both SIP and non-SIP areas since 1999.

Table 7.38: Proportion valuing local friendships

Base: All

	Glasgow City Total	SIP Areas	Non-SIP Areas
1999	75%	76%	75%
2002	71%	74%	70%
2005	67%	67%	67%
Change 1999-2005	-8	-9	-8

7: Trend Data

In SIP areas the proportion with a positive perception of social support has significantly dropped since 2002.

Table 7.39: Proportion with positive perception of social support

Base: All

	Glasgow City Total	SIP Areas	Non-SIP Areas
1999		Not asked	
2002	72%	77%	69%
2005	70%	68%	71%
Change 2002-2005	n/a	-9	n/a

APPENDIX A: SURVEY METHODOLOGY & RESPONSE

Sampling

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

- representative of the population of the NHSGG area as a whole in terms of age, sex, geographical distribution and index of deprivation;
- comparable with the system used in 1999 and 2002, to allow results to be compared across the two surveys;
- replicable, so that future surveys can track indicators over time.

The sample was stratified by local authority (six authorities) and by DEPCAT (seven categories, grouped into three – 1/2, 3/4/5 and 6/7). The target sample size was set at 2000 individuals. To achieve this, 200 clusters were sampled in proportion to the population in each stratum, with a view to achieving an average of 10 interviews per cluster. The table below shows the number of clusters in each of the 13 strata.

Table A.1: Sample stratification – main sample

Stratum	Local Authority	DEPCAT Group	No. of Clusters
1	West Dunbartonshire	3/4/5	4
2	West Dunbartonshire	6/7	6
3	East Dunbartonshire	1/2	13
4	East Dunbartonshire	3/4/5	7
5	East Dunbartonshire	6/7	2
6	East Renfrewshire	1/2	11 ³
7	East Renfrewshire	3/4/5	1
8	Glasgow City	1/2	6
9	Glasgow City	3/4/5	41
10	Glasgow City	6/7	91
11	North Lanarkshire	3/4/5	6
12	South Lanarkshire	3/4/5	11
13	South Lanarkshire	6/7	1

³ After the initial round of fieldwork, the original 11 clusters in stratum 6 had not yielded sufficient interviews to allow the appropriate analysis to be conducted in East Renfrewshire due to a low response rate in this stratum. To remedy this, a further 4 clusters were issued, bring the total in this stratum up to 15.

Appendix A: Survey Methodology & Response

The sample was drawn from the Postal Address File (PAF) by CACI, to a specification provided by RBA Research. The PAF was sorted into the 13 strata above. Within each stratum, the PAF was then sorted in alphanumeric order by postcode and house number/name. Interval samples of groups of 150 addresses were then taken, with the number of groups being the number of clusters required in the stratum. This was done as follows:

- the interval was calculated by taking the number of addresses in the stratum and dividing by the number of clusters required. Eg, if there were 1000 addresses in a stratum and four clusters were required, the interval x would be $1000/4=250$;
- a random number was selected between 1 and x and then the group of 150 addresses started at this point on the address list. Eg, if the random number between 1 and 250 was 50, the 150 addresses began at the 50th address in the stratum. The second group of 150 addresses started at address 300, and so on.
- Eighteen addresses were randomly sampled from each group of 150 addresses to form each cluster. Interviewers were required to obtain as many interviews as possible in each cluster, with the assumption that on average, 10 per cluster would be achieved.

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

Questionnaire Design and Pilot

The survey questionnaire was based on the questionnaire used in 2002, but some new questions had been added. It was felt that the 2002 questionnaire had reached its maximum practicable length, so the addition of new questions had to be balanced by commensurate cuts elsewhere in the questionnaire. Questions for which the data were deemed to be least useful in 2002 were selected for deletion in 2005.

Appendix A: Survey Methodology & Response

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

Once a draft questionnaire had been agreed, a pilot survey was conducted. Three interviewers conducted 30 interviews. Pilot interviews were carried out to the following quotas:

Table A.3: Pilot quotas

	Male		Female	
	Under 45 years	45+ years	Under 45 years	45+ years
DEPCAT 1,2	1	1	1	1
DEPCAT 3,4,5	3	2	3	3
DEPCAT 6,7	4	3	4	4

The pilot ensured that:

- the questionnaire structure flowed easily, thereby maintaining the interest of the respondent over the duration of the interview which was not considered to be onerous;
- the routing of questions was complete;
- the questions were understood by a range of respondents. It was recognised that the questions had to be coherent and meaningful to people of different levels of ability.

Following the pilot, a few minor changes were made to the questionnaire, but question wording largely remained as it was in 2002.

Fieldwork

Research Resource Ltd was responsible for the fieldwork element of the project. A team of 8 interviewers attended a briefing session which was conducted by Research Resource and RBA, and which was attended by a representative of the Health & Well-being Survey Steering Group. The briefing session involved full instructions in the conduct of the survey interview. Written instructions were given to all interviewers. A copy of these can be found in the report for the main survey. A further 15 interviewers were briefed by Research Resource when they started work later in the fieldwork period.

Appendix A: Survey Methodology & Response

Interviewers were assigned a number of clusters. A list of 18 addresses was issued per cluster, with interviewers being instructed to obtain as many interviews as possible from each list. Their instructions were to make at least four calls at an address at different times of the day/days of the week before classifying the address as a non-response.

Respondents were randomly selected within households using the 'next birthday rule'. The person aged 16 or over who would next have a birthday was chosen for interview. In cases where the next birthday was not known, a Kish grid was used to make a random selection. An example grid can be found in the main survey report.

Each sampled address was sent an advance letter from NHSGG explaining the purpose of the survey and requesting co-operation. As a result of this letter, a number of respondents contacted NHSGG to 'opt out' of the survey. These addresses were removed from the lists given to interviewers and these households were not contacted further by Research Resource.

Each interviewer was provided with a 'letter of authorisation' to show on the doorstep. Interviewers were also instructed to carry their Research Resource photo-identity card at all times and to display this to all potential respondents. Each interviewer also carried a stock of leaflets that explained more about the survey and why participation is important. A leaflet was left with every respondent. Copies of the letters and leaflet can be found in the main survey report.

Fieldwork began immediately after the briefing session on 12 August 2005, and the bulk of it (including all the Glasgow City interviews) was completed by 2 December, with most interviews taking place in November. The average interview length was just under 30 minutes. On the main sample, 1,954 interviews were completed, of which 1,382 were in Glasgow City.

Appendix A: Survey Methodology & Response

Response

Table A.4 shows the outcomes of attempted contacts across the full Greater Glasgow sample.

Table A.4: Outcome of attempts to interview

Outcome	n	% of in-scope	% of all contacts
In-scope (interview possible)			
Interview obtained	1954	71.89%	51.39%
Office refusal (telephone/letter)	136	5.00%	3.58%
No. of people in household information refused	10	0.37%	0.26%
No contact after 4+ calls	158	5.81%	4.16%
No contact with selected person after 1+ visits	134	4.93%	3.52%
Personal refusal by selected person	258	9.49%	6.79%
Proxy refusal on behalf of selected person	22	0.81%	0.58%
Broken appointment, no re-contact	21	0.77%	0.55%
Ill at home during survey period	2	0.07%	0.05%
Away/in hospital during survey period	7	0.26%	0.18%
Selected person has dementia	14	0.52%	0.37%
Inadequate English	2	0.07%	0.05%
Incomplete interview	0	0.00%	0.00%
<i>Total in-scope</i>	<i>2718</i>	<i>100.00%</i>	<i>71.49%</i>
Out of scope (no interview possible)			
Insufficient address	19	n/a	0.50%
Not traced	39	n/a	1.03%
Not yet built / not yet ready for occupation	0	n/a	0.00%
Derelict/demolished	37	n/a	0.97%
Empty/vacant	20	n/a	0.53%
Business/industrial only (not private)	9	n/a	0.24%
Institution only	3	n/a	0.08%
Other	55	n/a	1.45%
<i>Total out-of-scope</i>	<i>182</i>	<i>n/a</i>	<i>4.79%</i>
<i>Untried (cluster quota achieved so address not pursued – treated as ‘out of scope’)</i>	<i>902</i>	<i>n/a</i>	<i>23.72%</i>
<i>Total contacts⁴</i>	<i>3802</i>	<i>n/a</i>	<i>n/a</i>

⁴ The initial sample consisted of 3,600 addresses (200 clusters x 18 addresses). Where batches of unusable addresses were identified within a cluster, additional contacts were released. Also, as noted above, a further 4 clusters were released in stratum 6 when it became apparent that the response rate was low in this stratum. Hence the total number of contacts is greater than 3,600.

Data Coding and Input

Data from open questions were coded using the same code frames as were used in 1999 and 2002, for comparability. NHSGG was involved in re-coding some of the lists of codes, which referred to medical conditions.

A specially devised data entry programme was set up to allow data to be entered directly onto computer. The programme included route, range and logic checks at the time of data entry to ensure that the data were valid.

A second-stage cleaning process was conducted after all the data had been entered. This involved examining frequency counts for all variables and checking extreme values.

Additional core indicator variables were computed and added to the dataset. These were specified by NHSGG.

Data were weighted before analysis. Appendix B details the weighting processes, which replicates that used in 1999 and 2002 to aid comparability.

APPENDIX B: DATA WEIGHTING

Registrar General for Scotland (GRO(S)) 2000 Mid Year population estimates were used in the weighting process.

In order to ensure the weighting of the dataset is as accurate as possible, the population source chosen for this needed to be more current than the 1991 Census. However, several factors have had to be considered when selecting this source. On 30th September 2002 (GRO(S)) released population estimates for Scotland. These estimates were based on the 2001 Census and showed that previous estimates were too high. GRO(S) believes two factors have contributed to this; firstly emigration during the last 20 years have been underestimated and secondly, an undercount adjustment applied to the 1991 population estimates was too large. The GRO(S) plans to issue a revised set of estimates however they are not yet available by postcode sector which is required in order to attach deprec for weighting. The decision was therefore taken to use the 2000 estimate, as it is more representative of the population in 2001 than the 1991 Census.

Introduction

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

Household Size Weighting

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

the weights matches the sample size.

The formula for calculating the household size weight was:

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

Where:

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

F is the household size

T is the total number of respondents (1,954)

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

Weighting by Age/Sex/DEPCAT

Firstly the household size weighting was applied to the dataset. This produced the new 'actual' counts (column H in the table below) to which we applied the age/sex/DEPCAT weighting frame to produce the final weighting factors. Column W below shows the final weighted counts. All the results in this report are based on the combined weighting of household size, age, sex and DEPCAT.

	DEPCAT 1/2			DEPCAT 3/4/5			DEPCAT 6/7		
	A	H	W	A	H	W	A	H	W
Male:									
16-24	8	13	25	21	28	43	54	59	78
25-34	13	12	31	63	59	59	79	83	109
35-44	10	12	34	45	54	59	81	84	97
45-54	17	25	31	55	55	46	75	74	62
55-64	6	5	23	31	28	35	54	43	52
65-74	11	11	17	48	35	27	67	51	43
75+	17	12	10	20	15	17	46	31	24
Female:									
16-24	15	21	27	36	49	44	75	85	83
25-34	8	11	30	76	84	61	107	134	105
35-44	18	25	33	85	120	64	91	118	93
45-54	15	20	33	77	94	49	71	81	63
54-64	22	17	25	51	41	39	71	65	57
65-74	18	13	21	62	42	38	92	67	56
75+	35	20	19	34	19	36	70	38	50

A= Actual (unweighted)

H= Weighted by household size

W = Final weighted figures (by age/sex/DEPCAT and household size)

APPENDIX C: NOTES ON INTERPRETING TREND DATA

The following information applies to the trend data presented in chapter 7 of this report.

The formula used to test for significant change is a hypothesis test for two proportions. The 'null hypothesis' is that there is no change since 1999 or since 2002. The following formula yields a 'test statistic' (z):

$z = \frac{\hat{p}_1 - \hat{p}_2}{\sqrt{\hat{p}_p(1 - \hat{p}_p) \left[\left(\frac{1}{n_1} \right) + \left(\frac{1}{n_2} \right) \right]}}$	<p>p_1 = proportion observed in 2005 p_2 = proportion observed in 1999/2002 n_1 = sample size in 2005 n_2 = sample size in 1999/2002</p>
$\hat{p}_p = \frac{x_1 + x_2}{n_1 + n_2} = \frac{n_1 p_1 + n_2 p_2}{n_1 + n_2}$	

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

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

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

For example, the confidence interval for the middle column in Table 7.1 is (9 to 21). This means that we can be 95% confident that, had we interviewed the entire population of Glasgow City in the surveys, the actual difference between the two sets of results would be between 9 and 21 percentage points.

Only significant changes over time have been mentioned in the text in Chapter 7. Where a change is not significant, the size of the change is not shown in the table. The exception to this rule is if a result shows a significant change when comparing both 1999-2005 and 2002-2005. In such cases, only the 1999-2005 change is shown as significant.

Appendix C: Notes on Interpreting Trend Data

It should be noted that the formulae used in Chapter 7 only strictly apply to simple random samples, whereas this survey uses a complex multi-stage sample design. For this reason, results of tests should be interpreted with caution, particularly if the result is on the margins of statistical significance.

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

7.1 People's Perceptions of Their Health & Illness

Table 7.1: Positive perceptions of general health

Base: All

	Glasgow City Total	SIP Areas	Non-SIP Areas
1999	66%	62%	69%
2002	64%	49%	73%
2005	63%	64%	63%
Change 1999-2005	n/a	n/a	-6
Change 2002-2005	n/a	15	n/a
P	n/a	<0.001	<0.05
Confidence interval	n/a	9 to 21	-1 to -11

Table 7.2: Positive perceptions of physical well-being

Base: All

	Glasgow City Total	SIP Areas	Non-SIP Areas
1999	76%	70%	79%
2002	75%	62%	82%
2005	78%	78%	78%
Change 1999-2005	n/a	8	n/a
Change 2002-2005	n/a	n/a	-4
P	n/a	<0.01	<0.05
Confidence interval	n/a	2 to 14	-0.1 to -8

Appendix C: Notes on Interpreting Trend Data

Table 7.3: Positive perceptions of mental or emotional well-being

Base: All

	Glasgow City Total	SIP Areas	Non-SIP Areas
1999	83%	78%	86%
2002	75%	62%	82%
2005	83%	82%	83%
Change 2002-2005	8	20	n/a
P	<0.001	<0.001	n/a
Confidence interval	5 to 11	14 to 26	n/a

Table 7.4: Feeling definitely in control of decisions affecting life

Base: All

	Glasgow City Total	SIP Areas	Non-SIP Areas
1999	51%	38%	58%
2002	78%	72%	82%
2005	69%	70%	68%
Change 1999-2005	18	32	10
P	<0.001	<0.001	<0.001
Confidence interval	14 to 22	26 to 38	5 to 15

Table 7.5: Positive perceptions of overall quality of life

Base: All

	Glasgow City Total	SIP Areas	Non-SIP Areas
1999	79%	70%	84%
2002	83%	73%	88%
2005	82%	82%	83%
Change 1999-2005	n/a	12	n/a
Change 2002-2005	n/a	9	-5
P	n/a	<0.001	<0.01
Confidence interval	n/a	6 to 18	-2 to -8

Appendix C: Notes on Interpreting Trend Data

Table 7.6: Illness/condition affecting daily life

Base: All

	Glasgow City Total	SIP Areas	Non-SIP Areas
1999	24%	30%	21%
2002	25%	33%	21%
2005	25%	29%	23%
Change	n/a	n/a	n/a
P	n/a	n/a	n/a
Confidence interval	n/a	n/a	n/a

Table 7.7: Receiving treatment for one or more condition(s)

Base: All

	Glasgow City Total	SIP Areas	Non-SIP Areas
1999	42%	45%	40%
2002	45%	57%	39%
2005	45%	46%	45%
Change 1999-2005	n/a	n/a	5
Change 2002-2005	n/a	-11	n/a
P	n/a	<0.001	<0.05
Confidence interval	n/a	-5 to -17	0.2 to 10

Table 7.8: Proportion with some/all of their own teeth

Base: All

	Glasgow City Total	SIP Areas	Non-SIP Areas
1999	83%	81%	84%
2002	84%	83%	85%
2005	84%	85%	84%
Change	n/a	n/a	n/a
P	n/a	n/a	n/a
Confidence interval	n/a	n/a	n/a

Appendix C: Notes on Interpreting Trend Data

Table 7.9: Proportion brushing teeth at least twice a day

Base: All with at least some of their own teeth

	Glasgow City Total	SIP Areas	Non-SIP Areas
1999*	72%	69%	73%
2002*	72%	56%	81%
2005	65%	64%	65%
Change 1999-2005	-7	n/a	-8
Change 2002-2005	n/a	8	n/a
P	<0.001	<0.05	<0.01
Confidence interval	-3 to -11	1 to 15	-3 to -13

* These figures differ slightly from those reported in the 1999 and 2002 reports. This is because in 2005 the question was only asked of those reporting having some or all of their own teeth. The 1999 and 2002 figures have been adjusted for the reduced base in order to be comparable.

7.2 The Use of Health Services

Table 7.10: Use of specific health services

Base: All

	Glasgow City Total	SIP Areas	Non-SIP Areas
<i>Proportion seen a GP at least once in last year</i>			
1999	89%	93%	87%
2002	79%	88%	74%
2005	79%	81%	78%
Change 1999-2005	-10	-12	-9
P	<0.001	<0.001	<0.001
Confidence interval	-7 to -13	-8 to -16	-5 to -13
<i>Proportion been to A&E at least once in last year</i>			
1999*	14%	12%	15%
2002	15%	17%	14%
2005	17%	18%	16%
Change 1999-2005	3	6	n/a
P	<0.05	<0.05	n/a
Confidence interval	0.2 to 6	1 to 11	n/a
<i>Proportion been to hospital as out-patient to see a doctor at least once in last year</i>			
1999	32%	26%	35%
2002	25%	29%	23%
2005	25%	25%	26%
Change 1999-2005	-7	n/a	-9
P	<0.001	n/a	<0.001
Confidence interval	-4 to -10	n/a	-4 to -14

* In 1999, the wording used for this question was slightly different to that used in 2002 and 2005, so change between 1999 and 2002/2005 should be interpreted with caution. However, the fact that the overall results from 1999 are similar to those recorded in 2002 and 2005 suggests that the change in wording has not had a major impact on the way in which respondents answer this question.

Appendix C: Notes on Interpreting Trend Data

Table 7.11: Registered with a dentist

Base: All

	Glasgow City Total	SIP Areas	Non-SIP Areas
1999	77%	73%	80%
2002	70%	65%	73%
2005	78%	75%	80%
Change 2002-2005	8	10	7
P	<0.001	<0.001	<0.001
Confidence interval	5 to 11	4 to 16	3 to 11

Table 7.12: Been to dentist in last 6 months

Base: All

	Glasgow City Total	SIP Areas	Non-SIP Areas
1999		Not asked	
2002	47%	36%	53%
2005	39%	36%	41%
Change 2002-2005	-8	n/a	-12
P	<0.001	n/a	<0.001
Confidence interval	-4 to -12	n/a	-7 to -17

7.3 Health Behaviours

Table 7.13: Smoking / passive smoking

Base: All

	Glasgow City Total	SIP Areas	Non-SIP Areas
<i>Proportion currently smoking (some days / every day)</i>			
1999	41%	50%	36%
2002	37%	52%	29%
2005	39%	46%	35%
Change 2002-2005	n/a	n/a	6
P	n/a	n/a	<0.05
Confidence interval	n/a	n/a	1 to 11
<i>Proportion exposed to smoke (some/most of time)</i>			
1999	Not asked in comparable way		
2002	62%	69%	59%
2005	56%	59%	54%
Change 2002-2005	-6	-10	-5
P	<0.01	<0.01	<0.05
Confidence interval	-2 to -10	-4 to -16	-0.1 to -10

Table 7.14: Proportion exceeding recommended alcohol limit in preceding week

Base: All

	Glasgow City Total	SIP Areas	Non-SIP Areas
1999	20%	21%	20%
2002	13%	11%	15%
2005	16%	14%	17%
Change 1999-2005	-4	-7	n/a
P	<0.01	<0.01	n/a
Confidence interval	-1 to -7	-2 to -12	n/a

Appendix C: Notes on Interpreting Trend Data

Table 7.15: Physical activity

Base: All

	Glasgow City Total	SIP Areas	Non-SIP Areas
<i>Proportion taking sufficient moderate or vigorous exercise</i>			
1999	49%	45%	52%
2002	59%	61%	57%
2005*	61%	65%	59%
Change 1999-2005	12	20	7
P	<0.001	<0.001	<0.01
Confidence interval	8 to 16	14 to 26	2 to 12
<i>Proportion taking at least 30 mins of moderate exercise 5+ times a week</i>			
1999	43%	44%	42%
2002	56%	60%	54%
2005*	54%	59%	51%
Change 1999-2005	11	15	9
P	<0.001	<0.001	<0.001
Confidence interval	7 to 15	8 to 22	4 to 14
<i>Proportion taking at least 20 mins of vigorous exercise 3+ times a week</i>			
1999	15%	8%	19%
2002	26%	23%	28%
2005*	30%	30%	30%
Change 1999-2005	15	22	11
P	<0.001	<0.001	<0.001
Confidence interval	12 to 18	17 to 27	7 to 15

* These figures differ slightly from those reported in the main text of the report, because new prompts were added in 2002 to check that respondents were including all types of physical activity. The figures reported in this chapter are based on the questions asked before the prompt, i.e. in a way comparable to 1999. The figures in the main report are based on the full responses, so are a better reflection of current behaviour, including activity at work.

Appendix C: Notes on Interpreting Trend Data

Table 7.16: Proportion eating recommended amount of fruit/vegetables

Base: All

	Glasgow City Total	SIP Areas	Non-SIP Areas
1999	23%	18%	25%
2002	32%	21%	39%
2005	26%	20%	30%
Change 1999-2005	n/a	n/a	5
Change 2002-2005	-6	n/a	n/a
P	<0.001	n/a	<0.05
Confidence interval	-2 to -10	n/a	1 to 9

Table 7.17: Proportion eating recommended amount of oily fish

Base: All

	Glasgow City Total	SIP Areas	Non-SIP Areas
1999	27%	17%	32%
2002	30%	25%	33%
2005	29%	27%	31%
Change 1999-2005	n/a	10	n/a
P	n/a	<0.001	n/a
Confidence interval	n/a	5 to 15	n/a

Table 7.18: Proportion eating more than recommended amount of high-fat snacks

Base: All

	Glasgow City Total	SIP Areas	Non-SIP Areas
1999	62%	67%	59%
2002	33%	34%	32%
2005	31%	29%	33%
Change 1999-2005	-31	-38	-26
P	<0.001	<0.001	<0.001
Confidence interval	-27 to -35	-32 to -44	-21 to -31

Appendix C: Notes on Interpreting Trend Data

Table 7.19: BMI

Base: All

	Glasgow City Total	SIP Areas	Non-SIP Areas
<i>Proportion having Body Mass Index of 25 or over</i>			
1999	39%	41%	38%
2002	41%	47%	38%
2005	41%	38%	43%
Change 1999-2005	n/a	n/a	5
Change 2002-2005	n/a	-9	n/a
P	n/a	<0.01	<0.05
Confidence interval	n/a	-3 to -15	0.2 to 10
<i>Proportion having Body Mass Index classified as 'obese'/'extremely obese'</i>			
1999	12%	13%	11%
2002	12%	19%	8%
2005	12%	12%	12%
Change 2002-2005	n/a	-7	4
P	n/a	<0.01	<0.01
Confidence interval	n/a	-2 to -12	1 to 7

7.6 Social Health

Table 7.20: Proportion feeling isolated from family and friends

Base: All

	Glasgow City Total	SIP Areas	Non-SIP Areas
1999	21%	26%	18%
2002	18%	23%	16%
2005	8%	9%	7%
Change 1999-2005	-13	-17	-11
P	<0.001	<0.001	<0.001
Confidence interval	-10 to -16	-12 to -22	-8 to -14

Appendix C: Notes on Interpreting Trend Data

Table 7.21: Proportion belonging to a club/association/church group

Base: All

	Glasgow City Total	SIP Areas	Non-SIP Areas
1999	27%	19%	32%
2002	18%	12%	21%
2005	21%	17%	23%
Change 1999-2005	-6	n/a	-9
Change 2002-2005	n/a	5	n/a
P	<0.001	<0.05	<0.001
Confidence interval	-3 to -9	1 to 9	-5 to -13

Table 7.22: Proportion feeling they belong to local area

Base: All

	Glasgow City Total	SIP Areas	Non-SIP Areas
1999	70%	70%	69%
2002	67%	70%	65%
2005	70%	70%	70%
Change 2002-2005	n/a	n/a	5
P	n/a	n/a	<0.05
Confidence interval	n/a	n/a	0.4 to 10

Table 7.23: Proportion feeling valued as a member of the community

Base: All

	Glasgow City Total	SIP Areas	Non-SIP Areas
1999	Not asked in a comparable way		
2002	49%	50%	49%
2005	50%	48%	52%
Change 2002-2005	n/a	n/a	n/a
P	n/a	n/a	n/a
Confidence interval	n/a	n/a	n/a

Appendix C: Notes on Interpreting Trend Data

Table 7.24: Proportion feeling local people can influence decisions

Base: All

	Glasgow City Total	SIP Areas	Non-SIP Areas
1999		Not asked	
2002	53%	50%	55%
2005	57%	55%	58%
Change 2002-2005	4	n/a	n/a
P	<0.05	n/a	n/a
Confidence interval	0.1 to 8	n/a	n/a

Table 7.25: Feelings of safety

Base: All

	Glasgow City Total	SIP Areas	Non-SIP Areas
<i>Proportion feeling safe in own home</i>			
1999		Not asked	
2002	91%	92%	90%
2005	93%	91%	95%
Change 2002-2005	n/a	n/a	5
P	n/a	n/a	<0.001
Confidence interval	n/a	n/a	2 to 8
<i>Proportion feeling safe using public transport</i>			
1999		Not asked	
2002	77%	77%	77%
2005	79%	78%	80%
Change 2002-2005	n/a	n/a	n/a
P	n/a	n/a	n/a
Confidence interval	n/a	n/a	n/a
<i>Proportion feeling safe walking alone after dark</i>			
1999	46%	39%	50%
2002	58%	56%	59%
2005	57%	56%	58%
Change 1999-2005	11	17	8
Change 2002-2005	n/a	n/a	n/a
P	<0.001	<0.001	<0.01
Confidence interval	7 to 15	11 to 23	2 to 14

7.6 Individual Circumstances

Table 7.26: Proportion married/cohabiting/living with partner

Base: All

	Glasgow City Total	SIP Areas	Non-SIP Areas
1999	48%	48%	48%
2002	46%	41%	49%
2005	58%	57%	58%
Change 1999-2005	10	9	10
P	<0.001	<0.01	<0.001
Confidence interval	6 to 14	2 to 16	5 to 15

Table 7.27: Proportion with children under 14

Base: All

	Glasgow City Total	SIP Areas	Non-SIP Areas
1999	26%	31%	23%
2002	32%	42%	27%
2005	30%	33%	28%
Change 1999-2005	4	n/a	5
Change 2002-2005	n/a	-9	n/a
P	<0.05	<0.01	<0.05
Confidence interval	0.5 to 8	-3 to -15	1 to 9

Table 7.28: Proportion who are lone parents

Base: All

	Glasgow City Total	SIP Areas	Non-SIP Areas
1999	10%	13%	8%
2002	6%	12%	3%
2005	10%	13%	9%
Change 2002-2005	4	n/a	6
P	<0.001	n/a	<0.001
Confidence interval	2 to 6	n/a	4 to 8

Appendix C: Notes on Interpreting Trend Data

Table 7.29: Proportion with Internet access

Base: All

	Glasgow City Total	SIP Areas	Non-SIP Areas
1999	17%	11%	20%
2002	38%	22%	47%
2005	46%	38%	51%
Change 1999-2005	29	27	31
P	<0.001	<0.001	<0.001
Confidence interval	26 to 32	22 to 32	27 to 35

Table 7.30: Proportion with car

Base: All

	Glasgow City Total	SIP Areas	Non-SIP Areas
1999	50%	37%	57%
2002	50%	31%	62%
2005	52%	45%	56%
Change 1999-2005	n/a	8	n/a
Change 2002-2005	n/a	n/a	-6
P	n/a	<0.05	<0.05
Confidence interval	n/a	2 to 14	-1 to -11

Table 7.31: Proportion with no qualifications

Base: All

	Glasgow City Total	SIP Areas	Non-SIP Areas
1999	46%	56%	41%
2002	30%	42%	23%
2005	44%	49%	41%
Change 1999-2005	n/a	-7	n/a
Change 2002-2005	14	n/a	18
P	<0.001	<0.05	<0.001
Confidence interval	10 to 18	-0.5 to -14	14 to 22

Appendix C: Notes on Interpreting Trend Data

Table 7.32: State benefits

Base: All

	Glasgow City Total	SIP Areas	Non-SIP Areas
<i>Proportion with all income from State Benefits</i>			
1999	31%	46%	23%
2002	36%	60%	21%
2005	33%	39%	29%
Change 1999-2005	n/a	-7	6
P	n/a	<0.05	<0.01
Confidence interval	n/a	-0.5 to -14	2 to 10
<i>Proportion on Income Support</i>			
1999	21%	33%	14%
2002	22%	41%	11%
2005	31%	40%	24%
Change 1999-2005	10	7	10
P	<0.001	<0.05	<0.001
Confidence interval	7 to 13	1 to 13	6 to 14

Table 7.33: Proportion with positive perception of household income

Base: All

	Glasgow City Total	SIP Areas	Non-SIP Areas
1999	52%	42%	57%
2002	59%	48%	65%
2005	68%	64%	71%
Change 1999-2005	16	22	14
P	<0.001	<0.001	<0.001
Confidence interval	12 to 20	16 to 28	9 to 19

Appendix C: Notes on Interpreting Trend Data

Table 7.34: Difficulty meeting unexpected expenses

Base: All

	Glasgow City Total	SIP Areas	Non-SIP Areas
<i>Proportion having difficulties finding unexpected expense of £20</i>			
1999	36%	40%	33%
2002	19%	34%	11%
2005	8%	13%	5%
Change 1999-2005	-28	-27	-28
P	<0.001	<0.001	<0.001
Confidence interval	-25 to -31	-21 to -33	-24 to -32
<i>Proportion having difficulties finding unexpected expense of £100</i>			
1999	71%	82%	66%
2002	48%	72%	34%
2005	40%	49%	34%
Change 1999-2005	-31	-33	-32
P	<0.001	<0.001	<0.001
Confidence interval	-27 to -35	-27 to -39	-27 to -37
<i>Proportion having difficulties finding unexpected expense of £1000</i>			
1999	90%	97%	87%
2002	77%	91%	69%
2005	76%	79%	75%
Change 1999-2005	-14	-18	-12
P	<0.001	<0.001	<0.001
Confidence interval	-11 to -17	-14 to -22	-8 to -16

7.7 Social Capital

Table 7.35: Positive perception of local area

Base: All

	Glasgow City Total	SIP Areas	Non-SIP Areas
<i>Proportion with positive perception of local area as a place to live</i>			
1999	72%	52%	83%
2002	67%	51%	76%
2005	83%	78%	86%
Change 1999-2005	11	26	n/a
Change 2002-2005	n/a	n/a	10
P	<0.001	<0.001	<0.001
Confidence interval	8 to 14	20 to 32	6 to 14
<i>Proportion with positive perception of local area as a place to bring up children</i>			
1999	53%	29%	66%
2002	55%	45%	60%
2005	73%	71%	74%
Change 1999-2005	20	42	8
P	<0.001	<0.001	<0.01
Confidence interval	16 to 24	37 to 47	3 to 13

Appendix C: Notes on Interpreting Trend Data

Table 7.36: Civic engagement

Base: All

	Glasgow City Total	SIP Areas	Non-SIP Areas
<i>Proportion with responsibilities in clubs, associations etc</i>			
1999		Not asked	
2002	6%	3%	7%
2005	5%	4%	6%
Change 2002-2005	n/a	n/a	n/a
P	n/a	n/a	n/a
Confidence interval	n/a	n/a	n/a
<i>Proportion of activists</i>			
1999		Not asked	
2002	12%	9%	14%
2005	7%	3%	10%
Change 2002-2005	-5	-6	-4
P	<0.001	<0.001	<0.05
Confidence interval	-3 to -7	-3 to -9	-1 to -7
<i>Proportion currently acting as volunteers</i>			
1999	6%	3%	7%
2002	7%	7%	7%
2005	5%	3%	6%
Change 2002-2005	-2	-4	n/a
P	<0.05	<0.01	n/a
Confidence interval	-0.1 to 4	-1 to -7	n/a

Appendix C: Notes on Interpreting Trend Data

Table 7.37: Reciprocity and trust

Base: All

	Glasgow City Total	SIP Areas	Non-SIP Areas
<i>Proportion with positive perception of reciprocity</i>			
1999		Not asked	
2002	60%	48%	61%
2005	71%	70%	72%
Change 2002-2005	11	22	11
P	<0.001	<0.001	<0.001
Confidence interval	7 to 15	16 to 28	6 to 16
<i>Proportion with positive perception of trust</i>			
1999		Not asked	
2002	61%	55%	64%
2005	70%	68%	71%
Change 2002-2005	9	13	7
P	<0.001	<0.001	<0.01
Confidence interval	5 to 13	7 to 19	2 to 12

Table 7.38: Proportion valuing local friendships

Base: All

	Glasgow City Total	SIP Areas	Non-SIP Areas
1999	75%	76%	75%
2002	71%	74%	70%
2005	67%	67%	67%
Change 1999-2005	-8	-9	-8
P	<0.001	<0.01	<0.001
Confidence interval	-4 to -12	-3 to -15	-4 to -12

Table 7.39: Proportion with positive perception of social support

Base: All

	Glasgow City Total	SIP Areas	Non-SIP Areas
1999		Not asked	
2002	72%	77%	69%
2005	70%	68%	71%
Change 2002-2005	n/a	-9	n/a
P	n/a	<0.01	n/a
Confidence interval	n/a	-3 to -15	n/a

APPENDIX D: SURVEY QUESTIONNAIRE

Appendix D: Survey Questionnaire

INTRODUCTION

Good morning/afternoon/evening. My name is from an independent research agency called Research Resource. We are carrying out a research study on behalf of the Greater Glasgow NHS Board and we would appreciate it if you could just answer a few questions. **SHOW LETTER OF AUTHORISATION IF REQUIRED.**

(IF REQUIRED): (It should take about half an hour.)
(IF REQUIRED): (The survey is about your health and related issues such as diet, exercise and how you feel about the area you live in.)

Q1 I'd like to start by asking you some questions about your health. How would you describe your health over the past year?

(READ OUT AND CODE ONE ONLY)

- Excellent* 1
- Good* 2
- Fair* 3
- Poor* 4

SHOWCARD A

Q2 Can you tell me all the illnesses or conditions for which you are currently being treated, by indicating the numbers on the card.

(CODE ALL THAT APPLY)

- Coronary heart disease 1
- Stroke 2
- Arthritis or rheumatism or painful joints 3
- Clinical depression 4
- Diabetes 5
- Cancer 6
- Asthma, bronchitis, or persistent cough 7
- Epilepsy 8
- Stress related conditions, eg difficulty sleeping or concentrating 9
- Severe hearing problems 10
- Severe eyesight problems 11
- Accident / injury 12
- Gastro-intestinal problems, eg peptic ulcer disease, irritable bowel syndrome 13
- High blood pressure 14
- Drug or alcohol related conditions 15
- Sexually transmitted infections, eg gonorrhoea, syphilis, chlamydia 16
- Other/s (PLEASE SPECIFY)

- None 17

Appendix D: Survey Questionnaire

Q3 *Do you have any long-term condition or illness that substantially interferes with your day to day activities?*

Yes1 GO TO Q3a
 No2 GO TO Q4

Q3a *Thinking of these conditions and/or illnesses, would you describe yourself as having...?*
 (READ OUT AND CODE ALL THAT APPLY)

A physical disability1
A mental or emotional health problem2
A long-term illness3
Other/s (PLEASE SPECIFY)

Q3b *How much does it (do they) interfere with the following activities (seriously, moderately, or doesn't)?*

(READ OUT AND CODE ONE FOR EACH)

	<i>Seriously interferes</i>	<i>Moderately interferes</i>	<i>Does not interfere</i>	<i>N/A</i>
a. <i>Taking up training</i>	1.....	2.....	3.....	4.....
b. <i>Holding down or obtaining a job</i>	1.....	2.....	3.....	4.....

Q4 *Thinking about the past year and your own health:*

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

- a) *How many times have you seen a GP?*
- b) *How many times have you been to accident and emergency?*
- c) *How many times have you visited a hospital out-patient department to see a doctor? (Do not include visits for an X-ray or other tests)*
- d) *How many times have you been admitted to hospital (either as a day case or for a longer stay)?*

Appendix D: Survey Questionnaire

SHOWCARD B

Q5 *Thinking about your recent use and experience of the Health Services such as GP, dentist, or hospital:*

(READ OUT AND CODE ONE FOR EACH)

Defin- To some No Don't Not
itely extent know applicable

- a) *Were you given adequate information about your condition or treatment?* 1 2 3 4 5
- b) *Have you been encouraged to participate in decisions affecting your health or treatment?* 1 2 3 4 5
- c) *Do you feel that you have a say in how these services are delivered?* 1 2 3 4 5
- d) *Do you feel that your views and circumstances are understood and valued?* 1 2 3 4 5

Q6 *Are you registered with a dentist?*

(CODE ONE ONLY)

- Yes 1 GO to Q6a
- No 2 GO to Q7

Q6a *Is this an NHS or private dentist?*

(CODE ONE ONLY)

- NHS 1
- Private 2

Q7 *What proportion of your teeth are your own?*

(CROWNS ARE REGARDED AS 'OWN TEETH'.)

(READ OUT. CODE ONE ONLY)

- All of them* 1 GO TO Q7a
- Some of them* 2 GO TO Q7a
- None of them* 3 GO TO Q8

Q7a *How often do you brush your teeth?*

(CODE ONE ONLY)

- Twice or more a day 1
- About once a day 2
- Less than once a day 3
- Seldom or never 4

Q8 *When was the last time you went to the dentist?*

(READ OUT. CODE ONE ONLY)

- Within the last 6 months* 1
- Within 6 months to 15 months* 2
- Over 15 months* 3

(Q9 deleted)

Appendix D: Survey Questionnaire

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

Have you recently...

(Please tick one box for each statement)

a) ...been able to concentrate on whatever you're doing?	Better than usual <input type="checkbox"/> 1	Same as usual <input type="checkbox"/> 2	Less than usual <input type="checkbox"/> 3	Much less than usual <input type="checkbox"/> 4
b) ...lost much sleep over worry?	Not at all <input type="checkbox"/> 1	No more than usual <input type="checkbox"/> 2	Rather more than usual <input type="checkbox"/> 3	Much more than usual <input type="checkbox"/> 4
c) ...felt that you are playing a useful part in things?	More so than usual <input type="checkbox"/> 1	Same as usual <input type="checkbox"/> 2	Less useful than usual <input type="checkbox"/> 3	Much less useful <input type="checkbox"/> 4
d) ...felt capable of making decisions about things?	More so than usual <input type="checkbox"/> 1	Same as usual <input type="checkbox"/> 2	Less so than usual <input type="checkbox"/> 3	Much less capable <input type="checkbox"/> 4
e) ...felt constantly under strain?	Not at all <input type="checkbox"/> 1	No more than usual <input type="checkbox"/> 2	Rather more than usual <input type="checkbox"/> 3	Much more than usual <input type="checkbox"/> 4
f) ...felt you couldn't overcome difficulties?	Not at all <input type="checkbox"/> 1	No more than usual <input type="checkbox"/> 2	Rather more than usual <input type="checkbox"/> 3	Much more than usual <input type="checkbox"/> 4
g) ...been able to enjoy your normal day-to-day activities?	More so than usual <input type="checkbox"/> 1	Same as usual <input type="checkbox"/> 2	Less so than usual <input type="checkbox"/> 3	Much less than usual <input type="checkbox"/> 4
h) ...been able to face up to your problems?	More so than usual <input type="checkbox"/> 1	Same as usual <input type="checkbox"/> 2	Less able than usual <input type="checkbox"/> 3	Much less able <input type="checkbox"/> 4
i) ...been feeling unhappy and depressed?	Not at all <input type="checkbox"/> 1	No more than usual <input type="checkbox"/> 2	Rather more than usual <input type="checkbox"/> 3	Much more than usual <input type="checkbox"/> 4
j) ...been losing confidence in yourself?	Not at all <input type="checkbox"/> 1	No more than usual <input type="checkbox"/> 2	Rather more than usual <input type="checkbox"/> 3	Much more than usual <input type="checkbox"/> 4
k) ...been thinking of yourself as a worthless person?	Not at all <input type="checkbox"/> 1	No more than usual <input type="checkbox"/> 2	Rather more than usual <input type="checkbox"/> 3	Much more than usual <input type="checkbox"/> 4
l) ...been feeling reasonably happy, all things considered?	More so than usual <input type="checkbox"/> 1	About same as usual <input type="checkbox"/> 2	Less so than usual <input type="checkbox"/> 3	Much less than usual <input type="checkbox"/> 4

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Appendix D: Survey Questionnaire

Q12 *In the past year, has anyone in your household suffered an accidental injury in the home? Please include any injuries – no matter how small - for which the sufferer was treated at home.*

(CODE ONE ONLY)

- Yes1 GO TO Q12a
 No2 GO TO Q13

Q12a *How many people had an accidental injury in the home in the past year?*

(WRITE NUMBER OF PEOPLE IN THE BOX)

Q12b *How many of the people who had an accidental injury in the past year were aged under 16 at the time?*

(WRITE NUMBER OF UNDER-16S IN THE BOX)

Q12c *For each person, how many accidents did they have that required treatment from a doctor or a nurse? How many of these were treated at the hospital?*

(WRITE A NUMBER IN THE BOX FOR EACH PERSON WHO HAD ACCIDENTS – INCLUDING THOSE AGED 16 AND OVER)

DR OR NURSE

AT HOSPITAL

Person 1	<input type="text"/>	<input type="text"/>
Person 2	<input type="text"/>	<input type="text"/>
Person 3	<input type="text"/>	<input type="text"/>
Person 4	<input type="text"/>	<input type="text"/>

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

Q13 *How often are you usually in places where there is smoke from other people smoking tobacco? Would you say most of the time, some of the time, seldom or never?*

(CODE ONE ONLY)

- Most of the time1
 Some of the time2
 Seldom3
 Never4

SHOWCARD C

Q14 *Which of the following statements best describes you at present?*

(CODE ONE ONLY)

- I have never smoked tobacco1 GO to Q15
 I have only tried smoking once or twice2 GO to Q15
 I have given up smoking3 GO to Q15
 I smoke some days4 GO to Q14b
 I smoke every day5 GO to Q14b

Q14a (deleted)

Q14b *On average, how many cigarettes a day do you smoke?*

(WRITE NUMBER OF CIGARETTES IN THE BOX)

(CODE AS '995' IF THE PERSON ONLY SMOKES CIGARS / PIPE / LOOSE TOBACCO)

Appendix D: Survey Questionnaire

Q15 How often do you drink alcohol?

(READ OUT. CODE ONE ONLY)

- Never*1 GO to Q18
- Less than once a month*2 GO to Q16
- More than once a month but not weekly*3 GO to Q16
- 1-2 days per week*4 GO to Q16
- 3-5 days per week*5 GO to Q16
- 6-7 days per week*6 GO to Q16

Q16 Have you had a drink containing alcohol in the past 7 days?

(CODE ONE ONLY)

- Yes1 GO to Q17
- No2 GO to Q18

SHOWCARD D

Q17 Using the card, please tell me how much you drank on each day in the past week.

(START WITH THE PREVIOUS DAY AND WORK BACK THROUGH THE WEEK)

	Mon	Tue	Wed	Thurs	Fri	Sat	Sun
Normal strength beer/lager/stout/cider (eg McEwan's lager, heavy)							
Pints							
Cans							
Bottles							
Strong beer/lager/cider (eg Guinness, Murphy's, Budweiser)							
Pints							
Cans							
Bottles							
Extra strong beer/lager/ cider (eg Tennant's super lager)							
Pints							
Cans							
Bottles							
Single measures of spirits (eg whisky, gin, vodka) (a bottle contains 28 measures)							
Single measures of Martini/sherry/buckfast/Mad Dog 20/20 (a bottle contains 14 measures)							
Glasses of wine at pub or restaurant							
Small glass							
Large glass							
Bottles of wine at home							
¼ bottle							
½ bottle							
Full bottle							
Bottles of alcoholic carbonate (alcopops, such as Smirnoff Ice and Bacardi Breezer)							
Other (please describe)							

Appendix D: Survey Questionnaire

Q18 *Now I'd like to ask you some questions about the food you eat. On average, how many portions of fruit do you eat EACH DAY? Examples of a portion are one apple, one tomato, 2 tablespoons canned fruit, one small glass fruit juice.*
 (WRITE NUMBER IN BOX. IF LESS THAN ONE, WRITE '0')

Q19 *On average, how many portions of vegetables or salad (not counting potatoes) do you eat EACH DAY? A portion of vegetables is 2 tablespoons.*
 (WRITE NUMBER IN BOX. IF LESS THAN ONE, WRITE '0')

Q20 (deleted)

Q21 *How often PER DAY do you usually eat items such as cakes, pastries, chocolate, biscuits and crisps?*
 (WRITE NUMBER IN BOX. IF LESS THAN ONE, WRITE '0')

Note Q22-23 refers to the number of times per week

Q22 *How often PER WEEK do you usually eat oily fish, taken in sandwiches or as part of a meal? (eg kipper, herring, salmon, trout, mackerel, tuna, sardines or pilchards.)*
 (WRITE NUMBER IN BOX.
 INCLUDE OILY FISH TAKEN AS PART OF A MEAL, EG TUNA PASTA, SALMON FISHCAKES)

Q23 *On how many days PER WEEK do you usually eat breakfast?*
 (WRITE NUMBER BETWEEN 0 AND 7 IN BOX)

Q24 *What, if anything, did you eat for breakfast this morning?*
 (CODE AS MANY AS APPLY)

- Nothing 1
- Breakfast cereal..... 2
- Porridge..... 3
- Bread / toast 4
- Fruit (incl. fresh fruit juice/smoothie, but not fruit squash/cordial) 5
- Yoghurt 6
- Meat (eg bacon, sausage, black pudding) 7
- Egg(s)..... 8
- Breakfast bar, eg Nutrigrain..... 9
- Pastry, eg croissant, pain au chocolat 10
- Other (specify)

Appendix D: Survey Questionnaire

Q25a *What is your weight?*

(WRITE IN WEIGHT IN STONES/POUNDS OR KILOGRAMS. IF UNSURE, ASK FOR ESTIMATE.)

Stones Pounds

Or
 Kilograms

Q25b *What is your height?*

(WRITE IN HEIGHT IN FEET/INCHES OR CENTIMETRES)

Feet Inches

or

Centimetres

Q26 *Thinking now of the exercise you take. In an average week, on how many days do you take at least 30 minutes of moderate physical exercise such as brisk walking? It doesn't have to be 30 minutes all at once.*

(WRITE NUMBER OF DAYS IN BOX)

Q27 *In an average week, on how many days do you spend at least 20 continuous minutes doing vigorous exercise (enough to make you sweaty and out of breath)?*

(WRITE NUMBER OF DAYS IN BOX)

Q27a *Can I just check, when you answered the last two questions, did you include physical activity that you do in your job, housework, DIY and gardening?*

(CODE ONE ONLY)

Yes - all activities have been included 1 GO to Q28

No – there are more activities to add 2GO to Q27b

Q27b *Including ALL types of exercise and activity you take. In an average week, on how many days do you take at least 30 minutes of moderate physical exercise such as brisk walking? It doesn't have to be 30 minutes all at once.*

(WRITE IN THE TOTAL NUMBER OF DAYS IN BOX)

Q27c *And including ALL types of exercise and activity. In an average week, on how many days do you spend at least 20 continuous minutes doing vigorous exercise (enough to make you sweaty and out of breath)?*

(WRITE IN THE TOTAL NUMBER OF DAYS IN BOX)

Appendix D: Survey Questionnaire

SHOWCARD E

Q28 Looking at the faces on the card:

a. Which face best rates your overall quality of life?
(WRITE NUMBER IN BOX)

b. Which face best rates your general physical well being?
(WRITE NUMBER IN BOX)

c. Which face best rates your general mental or emotional well being?
(WRITE NUMBER IN BOX)

SHOWCARD E AGAIN

Q29 Now I would like to ask you some questions regarding your local area and community. Please look at the card and could you tell me which face on the scale indicates how you feel about your local area as a place to live.
(WRITE NUMBER IN BOX)

SHOWCARD E AGAIN

Q30 And how do you feel about this area as a place in which to bring up children?
(WRITE NUMBER IN BOX)

SHOWCARD E AGAIN

Q31 I'm going to ask you some questions about various things that may or may not be a problem in your local area. Which face best describes how you feel about ...
(READ OUT (A) –(H) AND CODE ONE FOR EACH)

- A) The level of unemployment in your area 1 2 3 4 5 6 7
- B) The number of burglaries in your area 1 2 3 4 5 6 7
- C) The amount of vandalism / graffiti in your area 1 2 3 4 5 6 7
- D) The number of assaults / muggings in your area 1 2 3 4 5 6 7
- E) The amount of drug activity in your area 1 2 3 4 5 6 7
- F) The level of alcohol consumption in your area 1 2 3 4 5 6 7
- G) Young people hanging around in your area 1 2 3 4 5 6 7
- H) The amount of car crime in your area 1 2 3 4 5 6 7

Appendix D: Survey Questionnaire

SHOWCARD E AGAIN

Q32 *Now I'd like to ask you about some environmental issues that may or may not be a problem in your area. Which face best describes how you feel about ...*

(READ OUT (I) –(U) AND CODE ONE FOR EACH)

- I) *The amount of rubbish lying about in your area* 1 2 3 4 5 6 7
- J) *The amount of noise and disturbance in your area* 1 2 3 4 5 6 7
- K) *The standard of street lighting in your area* 1 2 3 4 5 6 7

- L) *The amount of vacant/derelict land in your area* 1 2 3 4 5 6 7
- M) *The number of vacant/derelict buildings in your area* 1 2 3 4 5 6 7
- N) *The amount of dog's dirt in your area* 1 2 3 4 5 6 7

- O) *The number of abandoned cars in your area* 1 2 3 4 5 6 7
- P) *The amount of traffic in your area* 1 2 3 4 5 6 7
- Q) *The level of smells from sewers in your area* 1 2 3 4 5 6 7

- R) *The amount of broken glass lying around in your area* 1 2 3 4 5 6 7
- S) *The number of uneven pavements in your area* 1 2 3 4 5 6 7
- T) *The availability of safe play spaces in your area* 1 2 3 4 5 6 7
- U) *The availability of pleasant places to walk etc in your area* 1 2 3 4 5 6 7

Q33 *Do you belong to any social clubs, associations, church groups or anything similar?*
(CODE ONE ONLY)

- Yes 1 GO to Q33a
- No 2 GO to Q35

Q33a *How many do you attend regularly in your local area? And elsewhere?*
(WRITE NUMBER IN EACH BOX. IF 'NONE' WRITE IN '0'.)

Local	
Elsewhere	

Q34 *In the past 3 years, have you had any responsibilities in the groups you belong to, such as being a committee member, raising funds, organising events, or doing administrative or clerical work?*
(CODE ONE ONLY)

- Yes 1
- No 2

Appendix D: Survey Questionnaire

SHOWCARD F

Q35 *In the past 3 years, have you taken any of the following actions in an attempt to help improve things in your local area?*
(CODE ALL THAT APPLY)

- Written to local newspaper 1
- Contacted an organisation, e.g. the council 2
- Contacted a local councillor or MSP 3
- Attended a protest meeting 4
- Joined an action group 5
- Joined a decision-making group, e.g. community council
or school board 6
- Thought about it, but did not do it 7
- Other action (specify)

None of the above 8

Q36 *Do you act as a volunteer?*
(CODE ONE ONLY)

- Yes 1 GO TO Q36a
- No 2 GO TO Q37

Q36a *How many hours (approximately) do you volunteer per week?*
(WRITE NUMBER OF HOURS IN BOX)

Q37 *How long have you lived in this neighbourhood/local area?*
(WRITE IN YEARS AND/OR MONTHS.
USE RESPONDENT'S OWN DEFINITION OF NEIGHBOURHOOD/LOCAL AREA.)

Years Months

Q38 *How long have you lived in your present home?*
(WRITE IN YEARS AND/OR MONTHS)

Years Months

Q39 (deleted)

Q40 *Do you have access to the Internet?*
(CODE ONE ONLY)

- Yes 1 GO to Q40a
- No 2 GO to Q41

Q40a *Is this at home, elsewhere, or both?*
(CODE ONE ONLY)

- Home..... 1
- Elsewhere..... 2
- Both 3

Appendix D: Survey Questionnaire

Q41 *Is there anything about your home that affects your health?*
(CODE ONE ONLY)

- Yes 1 GO to Q41a
No 2 GO to Q41b

Q41a *What would that be?*

Q41b *Is your home bought or rented?*
(CODE ONE ONLY)

- Owner occupied/being bought 1
Rented from private owner 2
Rented from local housing association or Glasgow Housing Association. 3
B&B/Hostel 4
Other (specify) _____
Refused 5

SHOWCARD G

Q42 *How much do you agree or disagree with the following statements about living in this local area?*

(READ OUT AND CODE ONE FOR EACH)

- | | <i>Strongly
Agree</i> | <i>Agree</i> | <i>Neither
/nor</i> | <i>Disagree</i> | <i>Strongly
Disagree</i> |
|---|---------------------------|--------------|-------------------------|-----------------|------------------------------|
| a. <i>This is a neighbourhood where neighbours look out for each other.</i> | 1 | 2 | 3 | 4 | 5 |
| b. <i>I feel I belong to this local area.</i> | 1 | 2 | 3 | 4 | 5 |
| c. <i>The friendships and associations I have with other people in my local area mean a lot to me.</i> | 1 | 2 | 3 | 4 | 5 |
| d. <i>I feel valued as a member of my community.</i> | 1 | 2 | 3 | 4 | 5 |
| e. <i>Generally speaking, you can trust people in my local area.</i> | 1 | 2 | 3 | 4 | 5 |
| f. <i>By working together, people in my neighbourhood can influence decisions that affect my neighbourhood.</i> | 1 | 2 | 3 | 4 | 5 |
| g. <i>If I have a problem, there is always someone to help me.</i> | 1 | 2 | 3 | 4 | 5 |

Appendix D: Survey Questionnaire

Q42h *Do you ever exchange small favours with the people who live near you? I'm thinking about things like leaving a key to let in a repair man, feeding pets while you are away or picking up things from the shop for each other. IF YES: How many people do you exchange favours with?*

WRITE NUMBER IN THE BOX. IF 'NONE' WRITE IN '0', IF MORE THAN 98 WRITE IN '98'. IF DON'T KNOW, WRITE IN '99'.

SHOWCARD H

Q43 *Please look at the card I've given you and tell me what you think of the quality of services in your area.*

(READ OUT AND CODE ONE FOR EACH)

	Very Poor	Poor	Adequate	Good	Excellent	D/K
a. <i>Food shops</i>	1	2	3	4	5	6
b. <i>Local schools</i>	1	2	3	4	5	6
c. <i>Public transport</i>	1	2	3	4	5	6
d. <i>Activities for young people</i>	1	2	3	4	5	6
e. <i>Leisure/sports facilities</i>	1	2	3	4	5	6
f. <i>Childcare provision</i>	1	2	3	4	5	6
g. <i>Police</i>	1	2	3	4	5	6

Q44 *What is your main form of transport?*

(CODE ONE ONLY)

- Car/motorcycle/moped.....1
- Public transport (buses and trains).....2
- Cycling.....3
- Walking.....4
- Other (specify)

Never go out.....5

Q45 *Do you feel in control of decisions that affect your life, such as planning your budget, moving house or changing job?*

(CODE ONE ONLY)

- Definitely1
- To some extent.....2
- No3

Appendix D: Survey Questionnaire

SHOWCARD I

Q46 *How much do you agree or disagree with the following statements about safety in this local area?*

(READ OUT AND CODE ONE FOR EACH)

Strongly Agree Agree Neither /nor Disagree Strongly Disagree

a. *I feel safe using public transport in this local area*..... 1 2 3 4 5

b. *I feel safe walking alone around this local area even after dark*..... 1 2 3 4 5

c. *I feel safe in my own home* 1 2 3 4 5

SHOWCARD J

Q46d *Taking all things into account, which face best indicates how happy you are?*
(WRITE NUMBER IN BOX)

Appendix D: Survey Questionnaire

Q47 *Now I'd like to ask you about the members of your household.*

A: *How many people are there in this household (including yourself)?*

B: *Please tell me their ages.*

C: FOR EACH: *Is he/she employed or in education?*

MAKE SURE RESPONDENT IS PERSON NUMBER 1.

RECORD AS EMPLOYED ONLY IF THIS IS PRIMARY OCCUPATION (E.G. FULL-TIME STUDENTS WITH A PART-TIME JOB SHOULD NOT BE CLASSED AS EMPLOYED.) ENTER NUMBERS IN GRID BELOW.

Person number	Gender 1 = male 2 = female	Age Write in age last birthday	Work status 1 = employed 2 = education 3 = other
1 (respondent)			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			

TOTAL NUMBER OF PEOPLE IN HOUSEHOLD (INCLUDING RESPONDENT):

Q48 (deleted)

Appendix D: Survey Questionnaire

SHOWCARD K

Q49 *What is the highest level of educational qualifications you've obtained?*

(CODE ONE ONLY)

School leaving certificate.....	1
'O' Grade, Standard Grade, GCSE, CSE, Senior Cert or equivalent	2
Higher Grade, CSYS, 'A' Level, AS Level, Advanced Senior Cert or equivalent	3
GSVQ/SVQ Level 1 or 2, Scotvec Module, BTEC First Diploma, City and Guilds Craft, RSA or equivalent.....	4
GSVQ/SVQ Level 3, ONC, OND, Scotvec National Diploma, City and Guilds Advanced Craft, RSA Advanced Diploma or equivalent	5
Apprenticeship / trade qualification.....	6
HNC, HND, SVQ Level 4 or 5, RSA Higher Diploma or equivalent	7
First Degree, Higher Degree	8
Professional qualifications (specify)	

None9

Q50 *I'd like to ask about the main wage earner in the household. If there is no wage earner, this could be the person who draws a pension or simply brings in most of the household's income. Are you the main wage earner in the household?*

Yes	1
No	2

SHOWCARD L

Q51a *Which one of these describes you best?*

IF RESPONDENT IS MAIN WAGE EARNER ('YES' AT Q50), ENTER UNDER 'RESPONDENT' COLUMN. CODE ONE ONLY.

IF CURRENTLY OFF WORK OR ON MATERNITY LEAVE, CODE AS EMPLOYED FULL- OR PART-TIME.

IF RESPONDENT IS NOT MAIN WAGE EARNER ('NO' AT Q50), ASK Q51B: OTHERS GO TO Q51C.

Q51b *Which of these applies to the main wage earner?*

ENTER UNDER 'MAIN WAGE EARNER' COLUMN BELOW. CODE ONE ONLY.

IF CURRENTLY OFF WORK OR ON MATERNITY LEAVE, CODE AS EMPLOYED FULL- OR PART-TIME.

	<i>Q51a) Respondent</i>	<i>Q51b) Main wage earner</i>
Employed full-time	1	1
Employed part-time	2	2
Unemployed and seeking work.....	3	3
Unable to work due to illness or disability	4	4
Retired.....	5	5
Looking after home/family	6	6
In full-time education/training	7	7
In part-time education/training	8	8

Appendix D: Survey Questionnaire

Q51c (deleted)

Q51d *What is or was the main wage earner's occupation?*

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

What industry do/did he/she work in? What is/was made or done at the place where he/she work(ed)?

ENTER UNDER 'MAIN WAGE EARNER' COLUMN BELOW. CODE ONE ONLY.

Job (write in)
(if never worked, write
'never worked')

Ask how many people
he/she is/was responsible for.
If none, write in '0'

Industry:

- Manufacturing and mining..... 1
- Construction.....2
- Transport.....3
- Health service4
- Local or national government5
- Service industries (eg banking, insurance, travel, entertainment)6
- Retail services7
- Catering/food preparation8
- Professional services (eg teaching, legal, surveying services)9
- Voluntary or community sector10
- Other (PLEASE WRITE IN)

Q51e OFFICE USE ONLY

Socio-Economic Group

- A 1
- B 2
- C1 3
- C2 4
- D 5
- E 6

Appendix D: Survey Questionnaire

IF RESPONDENT IS UNEMPLOYED AND SEEKING WORK (CODE 3 AT Q51A), ASK Q52. OTHERS GO TO Q53.

Q52 *How long has it been since you were last in paid employment?*
 WRITE IN NUMBER OF YEARS AND/OR MONTHS . IF NEVER WORKED, WRITE IN 'NEVER'

YEARS
 MONTHS

SHOWCARD M

Q53 *How often do you find it difficult to meet the cost of:*
 (READ OUT AND CODE ONE FOR EACH)

	Very Often	Quite Often	Occasi onally	Never	D/K	N/A
<i>a. Rent/mortgage</i>	1	2	3	4	5	6
<i>b. Gas, electricity and other fuel bills</i>	1	2	3	4	5	6
<i>c. Telephone bill</i>	1	2	3	4	5	6
<i>d. Council tax, insurance</i>	1	2	3	4	5	6
<i>e. Food</i>	1	2	3	4	5	6
<i>f. Treats/holidays</i>	1	2	3	4	5	6
<i>g. Clothes and shoes</i>	1	2	3	4	5	6

SHOWCARD N

Q54 *How would your household be placed if you suddenly had to find a sum of money to meet an unexpected expense such as a repair or new washing machine? How much of a problem would it be if it was £20 ..? or £100? Or £1000?*
 (READ OUT AND CODE ONE FOR EACH)

	Impossible To find	A big problem	A bit of a problem	No problem	D/K
<i>a. £20</i>	1	2	3	4	5
<i>b. £100</i>	1	2	3	4	5
<i>c. £1,000</i>	1	2	3	4	5

Q55 (deleted)

Appendix D: Survey Questionnaire

SHOWCARD O

Q56 *What proportion of your household income comes from state benefits?*
(READ OUT. CODE ONE ONLY)

- None*1 GO to Q58
- Very little*2 GO to Q57
- About a quarter*3 GO to Q57
- About a half*4 GO to Q57
- About three quarters*5 GO to Q57
- All*6 GO to Q57
- Don't know*7 GO to Q57

Q57 *Are you or any member of your household in receipt of each of the following?*
(READ OUT. CODE ALL THAT APPLY)

- Job seekers allowance (JSA).....1
- Income support2
- Disability-related benefits.....3
- Housing benefits4
- Family tax credit5
- Disabled person's tax credit.....6
- Retirement pension7
- Attendance allowance8
- Other pension.....9
- Other (PLEASE WRITE IN)

SHOWCARD P

Q58 *Thinking of the total income of your household, which face on the scale indicates how you feel about the adequacy of that income?*
(WRITE NUMBER IN BOX)

Q59 *Do you ever feel isolated from family and friends?*
(CODE ONE ONLY)

- Yes1
- No2

Appendix D: Survey Questionnaire

Q60 *Outwith work, are you responsible for caring for someone on a day to day basis? – eg a disabled child, elderly person, etc. (Do not include ‘ordinary’ childcare.)*

- Yes 1 GO to Q60a
No 2 GO to Q61

Q60a *On average, how many hours per day do you spend looking after this person(s)?*
(WRITE NUMBER OF HOURS IN BOX)

Q61 *Do you, or any member of your household, own a car?*

- Yes 1
No 2

Q62 (deleted)

Q63 (deleted)

SHOWCARD Q

Q64 *Can you tell me which of these descriptions applies to you?*

CODE ONE ONLY

- Married..... 1
Cohabiting/living with partner..... 2
Single/never married..... 3
Widowed..... 4
Divorced..... 5
Separated..... 6

Appendix D: Survey Questionnaire

SHOWCARD R

Q65 *Which of the groups on this card best describes you?*
(CODE ONE ONLY)

White

Scottish.....	1
Other British	2
Irish	3
Other White background (specify)	4*

Mixed (specify)5

Asian, Asian Scottish or Asian British

Indian	6
Pakistani.....	7
Bangladeshi.....	8
Chinese.....	9
Other Asian, Asian Scottish or Asian British background (specify)	10

Black, Black Scottish or Black British

Caribbean.....	11
African	12
Other Black, Black Scottish or Black British (specify).....	13

Any other ethnic background (specify)14

Refused15

* Gypsy/Travellers should be encouraged to record their ethnic group under ‘Other White – specify’

Q66 *What religion, if any, do you identify with?*
(CODE ONE ONLY)

None	1
Church of Scotland	2
Roman Catholic	3
Other Christian.....	4
Buddhist.....	5
Hindu	6
Jewish.....	7
Muslim.....	8
Sikh	9
Other religion.....	10
Refused	11

Appendix D: Survey Questionnaire

Q67 *On a scale of 1 to 5, where 1 is ‘not at all’ and 5 is ‘very much’, how religious do you consider yourself to be?*
(WRITE NUMBER IN BOX)

Q68 *On a scale of 1 to 5, where 1 is ‘not at all’ and 5 is ‘very much’, how spiritual do you consider yourself to be?*
(WRITE NUMBER IN BOX)

Q69 *How often, if ever, do you attend religious or spiritual activities? (Do not include weddings, funerals, baptisms etc.)*
(CODE ONE ONLY)

- Never.....1
- More than once a week2
- About once a week.....3
- 2-3 times a month4
- Once a month.....5
- A few times a year6

Q70 *Have you ever been treated unfairly because of your religious beliefs (or lack of them)?*

- No1
 - Yes (write in details).....2
-
-

Q71 *May we have your permission to give the Health Board and its partners your name and address so they can contact you in the future about similar research studies? The Health Board’s partners are the Glasgow Centre for Population Health (if respondent lives in West Dunbartonshire: and West Dunbartonshire Council). We would not give them any of your answers to this interview – just your name and address.*

- Yes, permission given.....1
- No, permission not given.....2

Q72 *Please record the length of the interview:*

minutes

Q73 *Please record how Q11 was completed.*
(CODE ONE ONLY)

- Self completion 1
- Read out for the respondent 2

THANK AND CLOSE
MAKE SURE FRONT PAGE DETAILS (incl. POSTCODE) ARE COMPLETE & CORRECT
HAND OUT “THANK YOU” LEAFLET
COMPLETE THE CONTACT SHEET AND ATTACH TO THE QUESTIONNAIRE