

Review of the content of the Scottish Health Survey (SHeS)

July 2022



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1. Introduction

The Scottish Health Survey (SHeS) series was established in 1995 to provide data about the health of the population living in private households in Scotland. It was repeated in 1998 and 2003 and has been carried out annually since 2008, with some interviewing being undertaken by telephone in 2020 and throughout the 2021 survey due to restrictions imposed during the COVID-19 pandemic. The usual mode of in-home interviewing resumed in May 2022.

This review aims to assess the current content of the survey to inform decisions on the 2024 survey onwards. It does not include a review of the survey methodology. The current questions for each topic can be found in the supporting documents section.

2. Review process

This is the first step in reviewing the survey content. The review invites comments on the questionnaire and biological measurements, suggestions for changes and possible additional questions. All current and prospective users of the Scottish Health Survey are invited to respond. We will write up a report summarising the review responses and publish it on the Scottish Government website.

The results of the review will be discussed with SHeS project board members and any changes, additions or removal of questions or physical measures from the survey will be agreed. We will publish a further report to summarise the changes to the survey we plan to make as a result of the review process.

3. Aims of the review

The aims of the review are:

- To understand how existing data is being used by key stakeholders
- To identify whether any existing data is no longer needed and can be removed from the survey
- To identify whether there is a need to update the questions asked about specific topics
- To identify whether there is a need for any new topics or physical measurements to potentially be included in SHeS

It is very important to gain an understanding of how users are utilising the current data in the survey as this will help to shape the future content.

While the review provides an opportunity to make suggestions for new topics/additional questions to be included in SHeS in future, space is very limited and we are unlikely to be able to accommodate all new requests for data.

4. Scottish Survey Core Questions

In addition to questions on a variety of health topics, SHeS includes a number of questions which form the Scottish Surveys Core Questions (SSCQ). These are a limited set of questions included in all three major population surveys (Scottish Health Survey, Scottish Crime and Justice Survey, and Scottish Household Survey) in order to provide a large sample for these key questions. The current core questions are available on the Scottish Surveys website, here [Scottish Surveys: Core and Harmonised Questions](#)

The core questions are not included in this review as they are agreed by the Scottish Government's Office of the Chief Statistician (OCS). OCS are intending to run their own review about the core questions in the near future, which will feed into SHeS.

5. Overview of the Scottish Health Survey

SHeS is an annual, national survey that provides a detailed picture of the health of the Scottish population in private households and is designed to make a major contribution to the monitoring of health in Scotland. It is used by the Scottish Government and other stakeholders for forward planning, identifying gaps in health services provision, and identifying which groups are at particular risk of future ill-health.

The aims of the survey are:

- to estimate the prevalence of particular health conditions in Scotland
- to estimate the prevalence of certain risk factors associated with these health conditions and to document the pattern of related health behaviours
- to look at differences between regions and between subgroups of the population in the extent of their having these particular health conditions or risk factors, and to make comparisons with other national statistics for Scotland and England
- to monitor trends in the population's health over time
- to make a major contribution to monitoring progress towards health targets

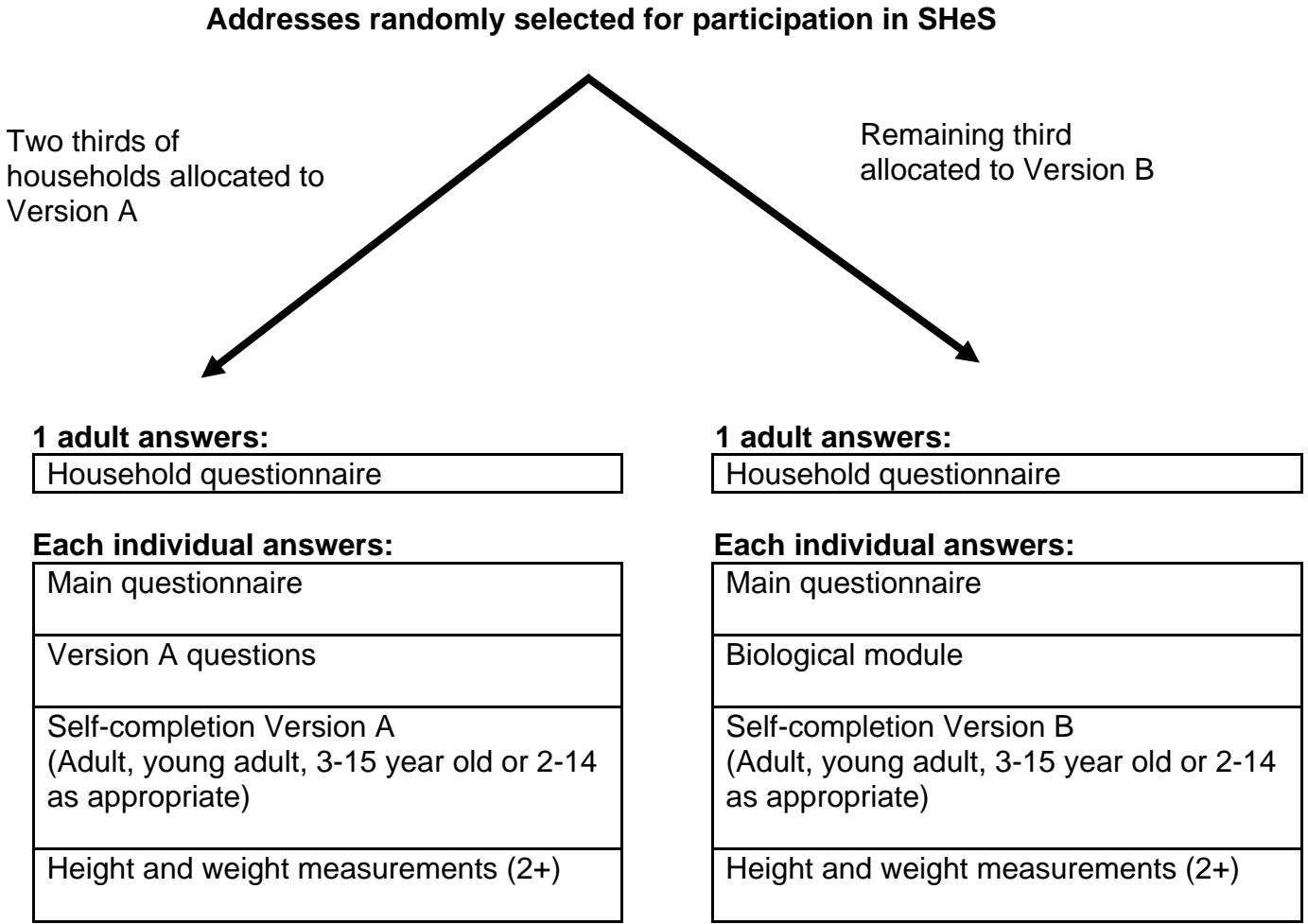
6. Data collection methods

SHeS data collection involves a main computer assisted interview (CAI), an online or paper self-completion questionnaire, height and weight measurements and, if applicable, adults also complete a biological module. A sample of addresses are randomly selected and these are then allocated to version A or version B of the survey, see figure 1. Two thirds of the sample are allocated to version A and complete a slightly longer interview. The remaining third of the sample are allocated to version B, the biological sample. Adults in these households are asked fewer questions in the main interview and complete an additional biological module. Children are not asked to provide biological measurements, except height and weight.

Up to 10 adults (16+) and 2 children per household are invited to take part in the survey. There is also a child boost sample where interviews only take place in

respect of children in the household. This is to ensure that enough children take part in the survey to provide estimates for children.

Figure 1. SHeS main sample allocation



7. Topics currently included in SHeS

Information is collected at both household and individual level in SHeS. Table 1 below outlines the topics asked in the main interview, including who they are asked of and how frequently they are asked. Some questions are included in the survey every year whilst others rotate in and out every two, three or four years.

7.1 Main interview

Table 1. Overview of topics included in SHeS main interview

Main interview (asked of everyone)	
Annual questions	
Household questionnaire including household composition	
Education (16+)	
Employment and economic activity (16+)	
Ethnic background, religion and country of birth (0+)	
General health (0+)	
Unpaid Caring (4+)	
COVID-19 (0+)	
General cardiovascular disease (16+)	
Asthma (0+)	
Respiratory (16+)	
Physical activity adults (16+) and children (2-15)	
Sedentary activity adults (16+) and children (2-15)	
Eating habits children (2-15)	
Fruit and vegetables consumption (2+)	
Smoking (18+)	
Passive smoking (0+)	
Drinking (18+)	
Dental health (16+)	
Biennial questions	
Use of cardiovascular disease services (16+)	Asked in odd years
Chronic pain (0+)	Asked in even years
CPR training (16+)	Asked in odd years
Parental history/Family health (16+)	Asked in odd years
Vitamins and supplements (0+)	Asked in odd years
Rotating modules (only asked of those assigned to Version A - around two thirds of the sample)	
Motivation/barriers to physical activity (16+)	Asked in even years
Accidents (0+)	Asked in odd years
Asthma (0+) – detailed questions about whistling/wheezing	Asked in even years

Respiratory (16+) – detailed questions about phlegm and breathing	Asked in even years
Discrimination and harassment (16+)	Asked in odd years
Stress at work (16+)	Asked in odd years
Dental services (16+)	Asked in odd years

7.2 Self-completions

Questions that are considered to be of a sensitive nature are answered directly by the respondent via online self-completion or within a paper self-completion booklet if the respondent prefers. Unlike the main interview, respondents' answers are not known to the interviewer or other residents of the household.

There are four types of self-completing included in SHeS depending on the age of the respondent. The adult self-completion - typically completed by those aged 18+. The young adult self-completion – typically completed by those aged 16-17. There is a self-completion for 13-15 year olds and one for children aged 4-12 which a parent/carer is asked to complete on behalf of their child(ren).

The self-completion for young adults aged 16-17 includes questions on smoking and drinking behaviour (instead of these being asked as part of the main interview). Interviewers also have the option of using this young adult self-completion for those aged 18-19 if they feel that it would be more appropriate for them to answer the questions in this format rather than face to face (e.g. they might be more likely to give more honest answers than in the face to face interview when other household members including parents may be present).

Tables 2-5 below outline the topics asked in the self-completions, including who they are asked of and how frequently they are asked.

Table 2. Overview of topics included in SHeS adult self-completions

Self-completion – Adults aged 18+
Annual topics
Mental wellbeing
Loneliness
Sexual orientation
Sex/trans status
Veterans
Depression, anxiety, self-Harm and suicide (only asked of those assigned to Version B – approximately a third of adults)
Non annual topics
Adverse childhood experiences (2021)
Problem drinking (every 2 years)
Drugs (every 2 years)
Gambling (every 4 years)
Food insecurity (2018, 2019, 2020, 2021)
Social capital (every 2 years)

Table 3. Overview of topics included in SHeS young adult self-completion booklets

Self-completion - Young adults
Annual topics
Mental wellbeing
Alcohol
Smoking
Loneliness
Sexual orientation
Sex/trans status
Non annual topics
Problem drinking (every 2 years)
Adverse childhood experiences (2021)
Food insecurity (2018, 2019, 2020, 2021)
Social capital (every 2 years)

Table 4. Overview of topics included in 13-15 year olds self-completion booklets

Self-completion - 13-15 year olds
Annual topic
Mental wellbeing

Table 5. Overview of topics included in 4-12 year olds self-completion booklets

Self-completion - Parents of 4-12 year olds
Annual topic
Strengths and difficulties questionnaire (SDQ)

7.3 Adult diet questions

Up until 2020, questions about adults' diet were included in the main interview. In 2021, Intake-24 an online food diary tool for adults aged 16+, was introduced into the survey as a new way to gather information on adults' diet. The questions included in Intake-24 are out with the scope of this review.

7.4 Height and weight measurements

All adults and children (2+) are invited to provide height and weight measurements, usually these measurements are undertaken by the interviewer. For the 2020 and 2021 surveys, heights and weights were self-reported since using the standard in-home method of collecting these measurements was not possible.

7.5 Biological module

Adult participants (16+) assigned to version B are invited to complete the biological module. As part of this module, participants are asked whether they use any medicines, pills, syrups, ointments, puffers or injections prescribed to them by a doctor or nurse. If participants answer yes to questions in the main interview about taking medication for high blood pressure, a heart condition or stroke, then they

would be asked to give the names of the drugs to the interviewer. This information is used to interpret blood pressure readings. Following these questions, interviewers take a series of physical measurements including: blood pressure, waist circumference, and a saliva sample. The saliva sample is analysed in conjunction with participants self-reported smoking behaviours to interpret the analysis of salivary cotinine and anabasine which are derivatives of nicotine and indicative of exposure to second-hand smoke.

8. Health Board and local authority level analysis

Since 2008, the SHeS sample has been designed to be representative of adults at health board and local authority level following four years of data collection. Changes in the sample design for the 2012 survey mean that users are not advised to combine data for periods spanning 2011 and 2012. Going forwards, however, the sample has been designed to be representative of the population of Scotland at Health Board level for every four-year period. Hence, the survey can be analysed using combined data from 2012 to 2015, 2013 to 2016, 2014 to 2017, 2015 to 2018 or 2016 to 2019. Due to the COVID-19 pandemic, a shortened version of the SHeS survey was conducted via telephone in 2020, but this data is not included in the [dashboard](#), as it is not comparable to the previous years. Depending on data quality/comparability a decision will be made on whether to include 2021 figures in the dashboard. For local area results we are proposing to combine three instead of four years this time (201820192021).

Therefore, any data that is required at health board or local authority level must be included in the survey **every year** to allow the estimates to be based on the most recent four years' worth of data combined.

9. Access to SHeS data

Each year the SHeS data is published as two volumes: Volume 1 presents results for adults and children on a variety of health topics and Volume 2 provides methodological information and survey documentation. Both volumes are available on the [Scottish Health Survey website](#) along with short summary reports of the key findings from the survey.

Supplementary web tables are also available on this website. These provide a large number of breakdowns by age group, deprivation, income and limiting long-term conditions. An [interactive dashboard](#) is also available presenting key indicators for Scotland, NHS Boards and local authority areas. The interactive dashboard will replace the supplementary web tables, once all indicators are included in it.

Individual level anonymised data from the health survey is also deposited on the [UK Data Service Datasets](#).

Annex A: Scoring sheet (for information only)

The scoring criteria below will be used to assess the need for different health topics. Scores can fall anywhere between the minimum and maximum shown below.

Score	Criteria (detailing range of possible score)
0 to 20	<u>Relevance</u> 0 - No clear relevance to any current or future Scottish Government policy/target. 20 - Clear relevance to a Scottish Government policy, with link to policy strategy/target which will continue into the future.
0 to 20	<u>Support</u> 0 - No Scottish Government/NHSScotland/external/academic support for bid. 20 - Significant Scottish Government/NHSScotland/external/academic support.
0 to 10	<u>Used for local measurement</u> 0 - No current or future plans to measure progress against a local target/delivery plan. 10 - Required to measure progress against a current or future local target/delivery plan.
0 to 10	<u>Time-series potential</u> 0 - New question/no trend analysis possible. 10 - Consistent time-series analysis possible.
0 to 10	<u>Availability from other sources</u> 0 - Available from other sources/links to other SHeS topics non-essential. 10 - Crucial indicator not available from any other source/links to other SHeS topics essential.
0 to 10	<u>Frequency and geography required</u> 0 - Question asked of full sample every year. 5 - Question asked of smaller sample every year. 10 - Question asked of smaller sample every second year or every fourth year.
0 to 10	<u>Tested questions</u> 0 - Not previously tested/wording not finalised. 10 - Previously tested and verified.
0 to 10	<u>Length of proposed question</u> 0 - A suite of questions required of full sample. 10 - One short question. (questions which are only required of part of the sample (e. g. people of certain age) would receive more points than those which are required of the full sample)
Up to 100	

Annex B: Questions

Please see below the questions asked as part of the review for information only. Questions 1-4 are introductory questions asked only once, whereas questions 5-20 are asked for each topic.

1) Please indicate whether you are responding as an individual or on behalf of your organisation.

Individual

Organisation

2) If you are responding on behalf of your organisation, please select the organisation you work for.

Scottish Government

Public Health Scotland

Local Government

Other

3) If you are responding on behalf of your organisation, please specify your team or department.

4) Please select the health topics you wish to provide feedback for.

Accidents

Adverse Childhood Experiences (ACEs)

Alcohol and drinking experiences

Asthma

Biological measurements

Cardiovascular disease and use of services

Chronic pain

COVID-19

CPR training

Dental health and services

Diet

Discrimination and harassment

Drugs

Food insecurity

Gambling

General health and long-term conditions

Mental wellbeing

Parental history

Physical activity

Prescribed medicines and drug coding

Respiratory

Smoking

Social capital and loneliness

Strengths and Difficulties Questionnaire (SDQ)

Stress at work

Unpaid caring
Vitamin supplements

5) Would you like to
Retain the questions in this topic without any changes?
Add new questions to this topic?
Remove some of the existing questions in this topic?
Replace the existing questions with alternative questions?

6) If you would like to retain the questions without any changes, please select why you want the questions to be retained without any changes.

No/limited population level data available elsewhere
Inform/evaluate public policy
Inform local interventions
Better allocate resources
Monitor targets
Monitor trends
Validate other data sources
Other

7) If you would like to add new questions or replace the existing questions, please describe the changes you propose and explain whether the questions have been tested or used in another survey.

8) If you would like to remove some of the existing questions, please specify which questions to remove.

9) If you would like to remove some of the existing questions, please select why these questions are not needed.

Alternative sources available
Questions out-of-data
Data not being used
Other

10) Do you require data at Health Board and/or Local Authority level?

See review paper for more information.

Yes

No

I don't know

11) How frequently do you require information gathered by the survey on this topic?

Please note that if you require data at subnational level, the data needs to be collected annually. See review paper for more information.

Annually

Biennially

4-yearly

One-off

As it currently is

Other

12) If you require information gathered by the survey annually, please select why you require data at this frequency.

Monitor fast-changing indicators

Health board and/or Local Authority level data required

Need for annual reporting

Other

13) What would be the impact on your area of work if this data was not collected in the Scottish Health Survey?

No impact

Some impact

Major impact

14) If some or major impact, please describe the expected impact.

15) Is it important to link information on this topic to other health topics in SHeS?

Yes

No

16) If it is important to link information on this topic to other health topics in SHeS, which topics?

Accidents

Adverse Childhood Experiences (ACEs)

Alcohol and drinking experiences

Asthma

Biological measurements

Cardiovascular disease and use of services

Chronic pain

COVID-19

CPR training

Dental health and services

Diet

Discrimination and harassment

Drugs
Food insecurity
Gambling
General health and long-term conditions
Mental wellbeing
Parental history
Physical activity
Prescribed medicines and drug coding
Respiratory
Smoking
Social capital and loneliness
Strengths and Difficulties Questionnaire (SDQ)
Stress at work
Unpaid caring
Vitamin supplements

17) Please explain why you need to be able to link these topics.

18) Is any of the information from this module available from any other source?

Yes

No

19) If the information is available from any other source, please state the alternative data sources.

20) If the information is available from any other source, please select why it is important to gather this information as part of the Scottish Health Survey.

Link to other topics

To ensure data availability due to bigger sample

Health board and/or Local Authority level data available

Validate other data sources

Other



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