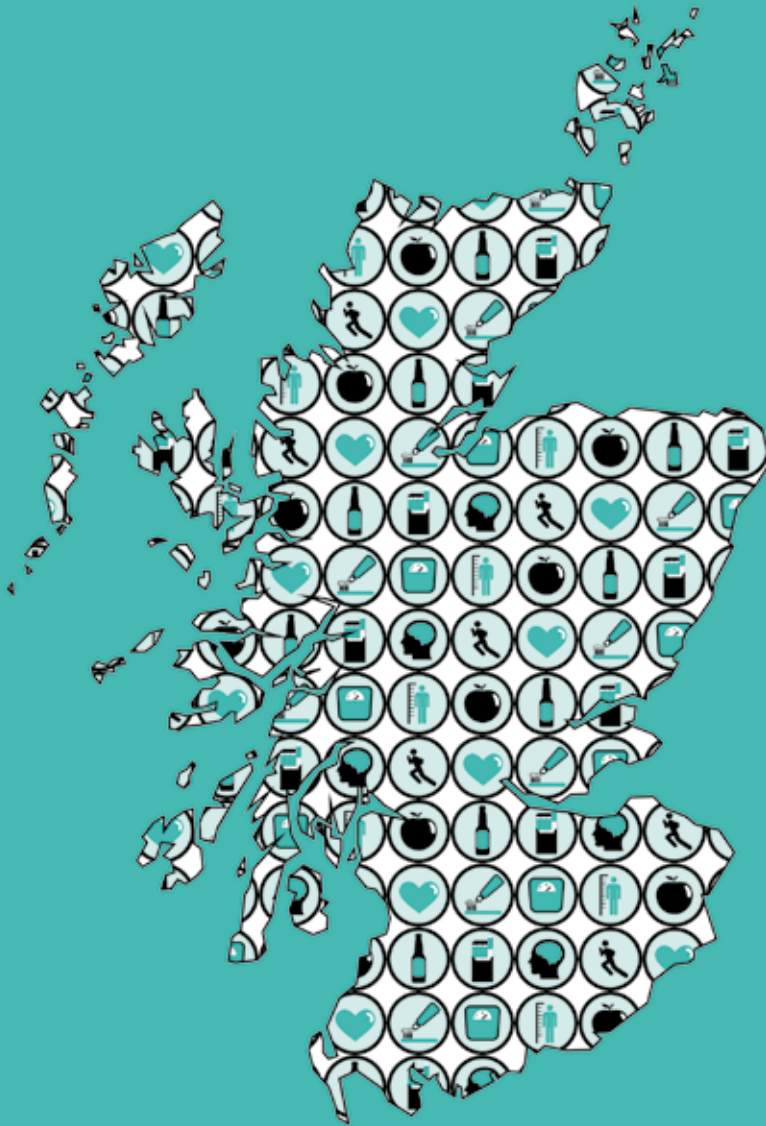




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The Scottish Health Survey

2020 edition telephone survey | volume 2 | technical report
An Experimental Statistics Publication for Scotland

Editors:

Joanne McLean¹ and Victoria Wilson¹

Principal authors:

Ben Cook², Xanthippi Gounari², Stephen Hinchliffe¹ and Victoria Wilson¹

¹ ScotCen Social Research, Edinburgh.

² Scottish Government.



Chapter 1

Methodology and Response

VOLUME 2: SHES 2020 TELEPHONE SURVEY TECHNICAL REPORT

Ben Cook, Stephen Hinchliffe, Victoria Wilson and Xanthippi Gounari

1.1 INTRODUCTION

1.1.1 The Scottish Health Survey series

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.

The 2018-2021 surveys are being conducted by ScotCen Social Research in collaboration with the Office for National statistics (ONS), the Social and Public Health Sciences Unit (MRC/CSO SPHSU) at the University of Glasgow, the Centre for Population Health Sciences at the University of Edinburgh and the Public Health Nutrition Research Group at the University of Aberdeen¹.

1.1.2 The SHeS 2020 Telephone Survey

The COVID-19 pandemic resulted in fieldwork for SHeS 2020 (the sixteenth face-to-face survey in the series) being suspended in March 2020. The decision was taken to instead collect data for some of the key measures from SHeS via a telephone survey. Potential participants aged 16 and over were contacted by letter and asked to opt-in to taking part in an interview conducted over the phone.

The telephone survey methods differed from those used in the SHeS series and while the survey includes many questions and key indicators from the face-to-face surveys, the change in mode of administration, along with the different approach to sampling, is likely to have impacted the responses received and thus comparability with the previous SHeS data. See sections 1.1.4 and 1.2 for more information.

The purpose of the SHeS telephone survey was to provide information at national level about the health of the population and the ways in which lifestyle factors are associated with health during the developing COVID-19 pandemic. This level of information is not available from administrative or operational databases, as hospitals and GPs are not able to collect detailed information about peoples' lifestyles and health-related behaviours. In addition, it is crucial that the Scottish Government has information about the health of the population, including people who do not access health services regularly, particularly against the backdrop of a pandemic.

1.1.3 The SHeS 2020 telephone survey report

The SHeS 2020 telephone survey was designed to provide data at national level about the adult population living in private households in Scotland during the months of August and September 2020. Due to the testing of a new methodology for the SHeS survey (already a well-established survey programme) within the context of the COVID-19 pandemic, the survey results in Volume 1 are presented as experimental statistics. This means that the survey reported upon was in a testing phase and that users should be aware of the mode differences and potential impact on results (see section 1.1.4 for more detail).

The 2020 telephone survey report consists of two volumes, published as a set under 'The Scottish Health Survey 2020 - Telephone Survey'. Volume 1 presents results for adults on a variety of health topics. This report (Volume 2) provides methodological information and survey documentation. Both volumes are available on the Scottish Government's website (<https://www.gov.scot/collections/scottish-health-survey>)

1.1.4 Comparisons with previous surveys in the SHeS series

The SHeS 2020 telephone survey was intended to provide a snapshot of the health of Scotland's population, both physical and mental, over a specified timescale (August and September 2020) within the period of COVID-19 pandemic. The SHeS 2020 telephone survey methods differs from those used on other SHeS surveys in the series and while the survey includes many questions and key indicators from the face-to-face SHeS surveys, the change in survey mode, along with the different approach to sampling, may have impacted the responses received and so affect comparability with the previous SHeS data. It is advised that this report is viewed as a standalone report of data collected during a specific period in time and the approach as experimental to inform potential future approaches while the COVID-19 pandemic is ongoing.

Mode effects

For the 2020 telephone survey, all participant information was collected by the interviewers during the interview. This difference from the usual SHeS face to face, self-complete and objective modes of administration may have affected responses in a number of ways:

- With less opportunity for interviewers to build up a rapport than in a face-to-face situation, participants may be less inclined to reveal sensitive information without fear of disclosure².
 - This is usually mitigated against by including these topics in a self-completion format further enabling participants to answer honestly.
 - It is therefore estimated that there may be some under-reporting of sensitive information, such as long-term

conditions, symptoms of anxiety and depression, suicide attempts and poor mental health or poor mental wellbeing.

- There may be a greater degree of social-desirability bias² (where some participants may wish to demonstrate behaviour they feel is likely to be perceived as healthy or ‘acceptable’) than in face to face mode in response to certain questions such as consumption of unhealthy foods, alcohol consumption smoking behaviour and physical activity.
 - There is a greater likelihood of a difference where questions have been moved from self-completion to telephone interviewing including food insecurity, loneliness, mental wellbeing, and social capital, as well as smoking and alcohol consumption for 16-19 year olds which is usually asked as via a self-completion approach.
- For general health, there is potential for a positivity bias, whereby people may over-report how well they feel.
- The use of self-reported measurements for height and weight, rather than the usual objective measurements obtained by interviewers could potentially be expected to lead to an under-reporting of overweight and obesity (see 1.9.5 ‘Chapter 4: Diet and Obesity’ for more information).
- There is a risk of “satisficing” (participants giving the minimum information required to move on through the survey quickly). This can also occur using a face-to-face approach but there is potentially more of a risk using a telephone mode.
 - This risk is greatest when questions are complex and not easy to follow or where the participant is asked to do some sort of calculation, such as to give an average amount. Areas that may have been affected include anxiety and depression, diet, physical activity, alcohol consumption and smoking.
 - Questions with a high number of possible responses may also prove more difficult to answer. This includes the question on treatment for asthma.
 - Such questions are being reviewed for any future SHeS telephone surveying to mitigate as far as possible against this risk.

Timing of data collection

The telephone survey took place during the months of August and September, rather than across the whole of 2020. At the time of data collection, easing of restrictions related to time outside of the home, social interactions and businesses that could open had been introduced which included those previously advised to shield being told they no longer had to³.

The time of year, as well as the general context of the COVID-19 pandemic, may have affected responses in a number of ways (both positive and negative impacts) that it is not possible to determine from the survey such as on:

- Perceptions of general health, including among those who have not been diagnosed with or suspect they have had the virus and those with long-term health conditions.
- Mental health and wellbeing, for example, increased anxiety or mental health impacts on individuals with long-term health conditions (irrespective of whether they have been advised to shield or not), potential impacts on loneliness etc.
- Specific health-related behaviours, adopting more positive or less beneficial behaviours related to physical activity, diet, alcohol consumption and smoking, which may vary for individuals throughout the pandemic.

The questionnaire

The survey was shortened for the telephone to minimise the burden on participants. Some questions were asked without the follow-up questions that usually accompany them, thus requiring some variables used in reporting to be derived differently from previous years. See section 1.9 'Methods and Definitions' for more detail on specific topics within the telephone survey.

1.1.5 Access to SHeS data

Data from the SHeS 2020 telephone survey will be deposited at the UK Data Service. Datasets from earlier years in the series are also deposited here (www.ukdataservice.ac.uk).

1.2 SAMPLE DESIGN

The sample specification for the SHeS 2020 telephone survey was designed by the Scottish Government. A random sample of addresses (11,000 addresses) was selected from the Postcode Address File (PAF), using a stratified design. Participating households included in the survey were those from which a participant or participants took part after contacting ScotCen to opt in. All adults aged 16 and over within these households were eligible for interview and were given the opportunity to take part once initial telephone contact had been made. See section 1.6.4 for more on the sample profile by age and sex.

For the telephone survey, an opt-in approach was used, whereby potential participants were initially contacted by letter to invite them to participate and only re-contacted for interview if they advised ScotCen that they were willing to take part. This typically leads to higher levels of non-response than is typical for SHeS due to the lack of an interviewer visit to encourage participation.

While there is a degree of self-selection bias in the traditional SHeS survey model, this is greater for an opt-in survey. If bias is known to only relate to demographic factors, such as sex, age and area deprivation, to reduce bias, these can be corrected for through weighting (see section 1.7 for more on the weighting approach). However, as there is the potential for opt-in bias to relate to factors such as someone's health or health behaviours, independent of the demographic factors considered as part of the weighting process, telephone survey estimates are likely to differ, to some extent, from the true population figures.

For the 2020 telephone survey, it is possible that factors such as the presence or absence of a long-term health condition and/or mental health/wellbeing may have influenced willingness to participate, whereby those who perceive themselves to be in better physical and/or mental health may have been more likely to opt in. The size of such an effect cannot be measured from the data collected. There may also be a degree of self-selection bias relating to other topics included in the survey, such as smoking, drinking and general health, similar to and possibly compounding the bias due to mode effects previously (see section 1.1.4).

1.3 TOPIC COVERAGE

1.3.1 Introduction

With the different mode of collection, attempts were made to maintain the broad scope of the survey. However, the requirement for a shorter questionnaire meant that in some topic areas the questions were less detailed than in previous years.

General health, long-term conditions (including cardiovascular disease (CVD) and respiratory conditions) and mental health (including social capital and loneliness) have all been topics of interest throughout the COVID-19 pandemic, and hence featured prominently in the SHeS 2020 telephone survey. Analysis of data on these topics make up the first three chapters of the report. Ischaemic heart disease (or coronary heart disease) and stroke, the two main components of CVD are both clinical priorities for the NHS in Scotland^{4,5}. Behaviours associated with CVD (smoking, poor diet, lack of physical activity, obesity and alcohol use) remained a key focus of the survey, and these are covered in chapters 4-7. The final chapter in the report focuses on dental health.

It is important to note that the data presented in this report was collected over a short period in 2020 (from the 5th of August to the 23rd of September) and that it was not possible to capture data at the outset, and in the early days of the COVID-19 pandemic, when restrictions were at their most wide-ranging.

1.3.2 Documentation

Copies of all the documents used in data collection are included in Appendix A. A summary of the main interview content is provided below.

1.3.3 Main interview

Information was collected at both the household and individual level. Table 1 below summarises the content of the individual level interviews for all participants.

Table 1: Content of the 2020 SHeS Telephone Interview

| Main interview outline |
|---|
| Household questionnaire including household composition |
| General health |
| CVD and diabetes |
| Asthma and COVID-19 |
| Physical activity |
| Diet |
| Smoking |
| Alcohol |
| Dental health |
| Food insecurity |
| Social capital and loneliness |
| Mental wellbeing |
| Self-reported height and weight |
| Ethnic background and religion |
| Data linkage & follow-up research consent |

The majority of the questions included in the survey used the same wording as the face-to-face interviews in the series. However, there were some key changes/additions as follows:

- Physical activity – due to limitations on survey length, the SHeS adult physical activity module was replaced with a shorter set of questions from the International Physical Activity Questionnaire (IPAQ) that were previously used in the Health Survey for England (HSE) in 2018⁶.
- Additional changes relating to COVID-19 specifically including:

- changes to available answer options for the employment question
- inclusion of a question on whether a participant had experienced/been diagnosed with COVID-19
- inclusion of a question on whether a participant had received a shielding letter/text
- inclusion of questions on changes to smoking behaviour, drinking behaviour and weight since lockdown began.
- Heights and weights were self-reported since using the standard in-home method of collecting these measurements was not possible.

The full wording of all the questions used in the SHeS 2020 telephone survey can be found in Appendix A.

1.4 FIELDWORK PROCEDURES

1.4.1 Survey recruitment

A letter stating the purpose of the survey was sent to each sampled address inviting all adults aged 16 and over to opt in to the telephone survey, either via an online portal, by email or by calling the survey freephone number. An interviewer from ScotCen then contacted those who opted in, by telephone, to complete the interview. All adults aged 16 and over within these households were eligible to take part. As a thank you, each participating adult received a £10 Love2Shop gift voucher.

1.4.2 Collecting data

Interviewing was conducted using Computer Assisted Telephone Interviewing (CATI), where the questionnaire answers were input directly to a laptop.

Towards the end of the interview self-reported height and weight measurements were taken from those who were willing to provide them. Unlike the face-to-face survey (where blood pressure, waist circumference and saliva samples are taken for a subset of the adult sample), no interviewer-administered biological measurements were taken as part of the telephone survey.

1.5 FIELDWORK QUALITY CONTROL AND ETHICAL CLEARANCE

1.5.1 Briefing interviewers

Experienced interviewers who had previously worked on the face-to-face SHeS were fully briefed in advance of fieldwork. The briefing covered the survey's content and procedures in detail and key changes from the face-to-face survey were highlighted. A full set of written

instructions that covered survey procedures were also provided to interviewers before starting work.

1.5.2 Checking interviewer quality

A large number of quality control measures were built into the survey at the data collection stage and thereafter, to monitor the quality of interviewer performance.

Recalls were carried out at 10% of productive households. These recalls checked with the participants that interviewers had followed the correct survey procedures when conducting the interview.

In addition to the recall procedure, the computer program used by interviewers had in-built soft checks (which can be suppressed) and hard checks (which cannot be suppressed) associated with particular interview questions. When uncommon or unlikely answers were entered, or answers outside a predetermined range, these checks were triggered and appear as a warning message on the interviewers' laptop. The interviewer is either encouraged to double-check the entered response (a soft-check) or asked to change it (a hard-check). For example, a hard check was used to ensure that the age given in the household grid for each individual participant matched the date of birth entered and the date of the interview.

Soft-checks were similar to hard-checks, however, they could be suppressed. For example, if an interviewer entered that a participant walked for more than twelve hours a day, a message appeared asking the interviewer to check and confirm that the entry was correct. The interviewer could suppress the soft check once they had confirmed whether the entry was a mistake or not.

1.5.3 Ethical clearance

Ethical approval for the 2020 telephone survey was obtained from the Health and Care Research Ethics Committee for Wales (REC reference number: 17/WA/0371).

1.6 SURVEY RESPONSE

1.6.1 Introduction

This section presents the fieldwork outcomes for the sampled addresses. Survey response is an important indicator of survey quality as non-response can introduce bias into survey estimates.

1.6.2 Household response

Table 1.1 shows a detailed breakdown of the SHeS response for all sampled addresses in the telephone survey. Figures are presented as a percentage of the issued sample, as a percentage of eligible households and as a percentage of households who both opted in and

provided a valid telephone number. An assumption was made that the proportion of ineligible addresses was 10% of the sampled addresses. This is based on evidence from previous years of SHeS, in which interviewers have found around 10% of addresses to be ineligible because they are unoccupied, occupied only as a holiday home, are non-residential, or otherwise do not fall within the scope of the survey.

1,498 households opted into the survey and of these, 1,476 provided valid telephone numbers. The number of opt-ins with valid numbers represented 13.4% of the issued sample and 14.9% of eligible households.

At each selected household in the main sample, all adults aged 16 and above were eligible for interview. When considering the household response rate, households classed as “responding” were those where at least one eligible person was interviewed. The table shows that 14.0% of eligible households were classed as responding, equating to 93.8% of those who opted in and provided a valid phone number. In around three-quarters (70.1%) of the responding households, all those aged 16 and above were interviewed (10.4% of eligible households).

Table 1.2 shows that across Health Boards, the percentage of households where at least one person was interviewed ranged from 9.9% of eligible households in Orkney to 18.0% in Dumfries and Galloway.

Table 1.3 shows the same information for local authorities. The percentage of households where at least one person was interviewed ranged from 8.5% of eligible households in Inverclyde and 8.6% in West Dunbartonshire to 21.5% in East Renfrewshire.

Table 1.4 shows that response rate increased with decreasing levels of deprivation. In the most deprived SIMD quintile, at least one person was interviewed in 9.9% of eligible households compared to 19.9% in the least deprived quintile.

Tables 1.1-1.4

1.6.3 Individual response for adults

Overall, there were 1,920 adult responses to the SHeS 2020 telephone survey. Tables 1.2, 1.3 and 1.4 show the number of adults per productive address and the number of achieved interviews as a percentage of the number of adults in productive households, for Health Board areas, local authorities and SIMD quintiles respectively.

There were, on average, 1.69 adults residing in each productive household and 81.9% of these were interviewed. The percentage of adults in productive households who were interviewed ranged across the Health Board areas from 75.5% in the Western Isles (where the number of adults per household was largest at 1.89) to 88.2% in Orkney (where there were 1.62 adults per productive household).

Across the local authority areas, the percentage of adults in productive households who were interviewed ranged from 67.3% in East Renfrewshire (where there were 1.88 adults per household) to 91.3% in Angus (where there were 1.64 adults per household).

The proportion of adults in productive households who were interviewed was fairly similar in each of the SIMD quintiles, between 80.8% and 83.7%. However, the number of adults per productive address increased with decreasing levels of deprivation, from 1.49 in the most deprived areas to 1.84 in the least deprived areas. Combined with the increasing response rate as deprivation decreased, this led to a considerable skew in the number of responding adults in each deprivation quintile, rising from 294 in the most deprived areas to 619 in the least deprived areas. The weighting strategy for the survey has been amended to take into account this skewed distribution of responses across the quintiles (see section 1.7).

Table 1.5 shows that men are under-represented in the achieved interviews compared to the National Records of Scotland's (NRS) mid-2019 population estimates as they made up 42% of the sample, but 48% of the population. Younger age groups were also under-represented in the SHeS sample when compared to the NRS mid-2019 population estimates. In particular, men and women under 45 were under-represented. Conversely, men and women 55 and over were over-represented in the sample. Again, this was accounted for in the weighting strategy.

Tables 1.2-1.5

1.6.4 The sample profile

Compared with previous SHeS surveys, some variations in the profile of participants were observed, most likely due to the opt-in nature of participation in telephone survey.

Figures 1 and 2 present the weighted and unweighted participant profile by sex. As shown in Figure 1, a higher proportion of participants were female in the 2020 telephone survey unweighted sample, compared with the 2019 unweighted sample, with the reverse evident for male participants. This was corrected for through weighting, as shown in Figure 2, bringing the two samples closer with regards to representation by sex (see section 1.7 for more on weighting for the telephone survey, which differs in some respects from the approaches used in previous SHeS surveys).

Figure 1

Profile of respondents by sex (unweighted)

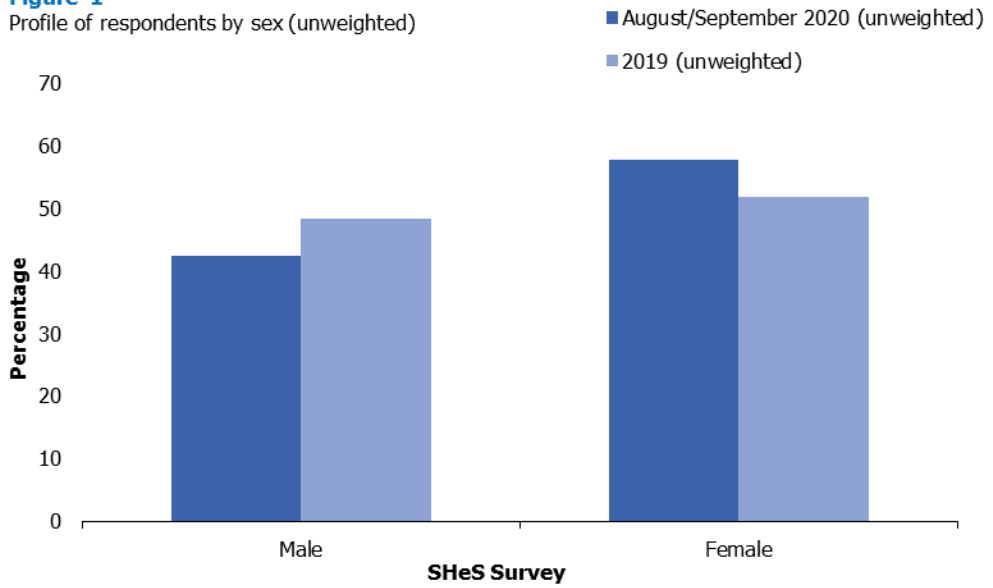
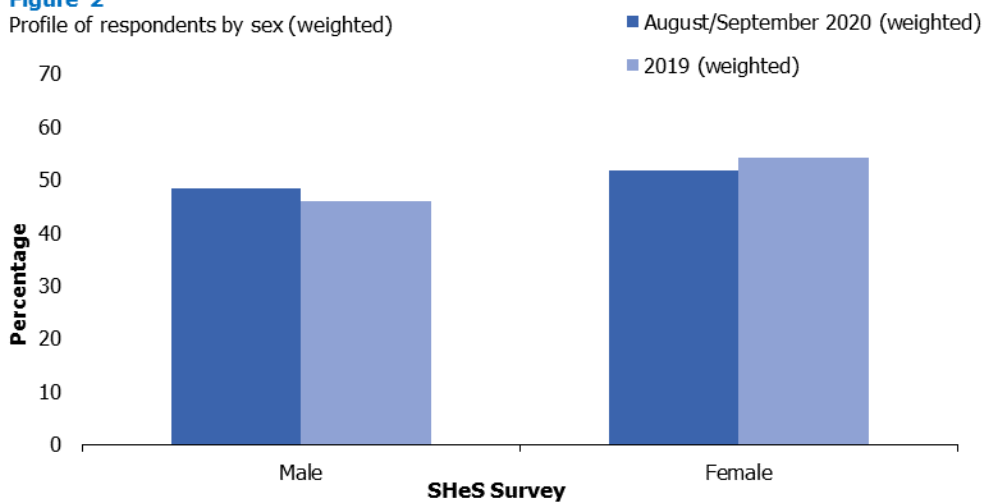


Figure 2

Profile of respondents by sex (weighted)



Figures 3 and 4 present the weighted and unweighted participant profile by age for the 2020 telephone survey and the 2019 survey. As shown in Figure 3, in the 2020 unweighted sample 16-54 year olds were under-represented and aged 55 and above over-represented, when compared with the 2019 unweighted sample. The age profiles within the two samples were more closely aligned after survey weighting was applied.

Figure 3

Profile of respondents by age (unweighted)

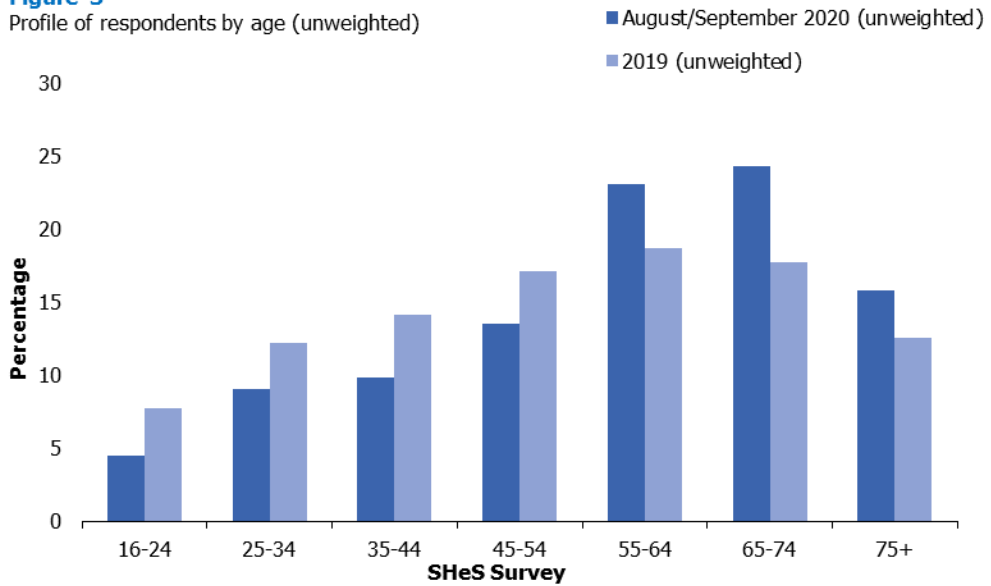
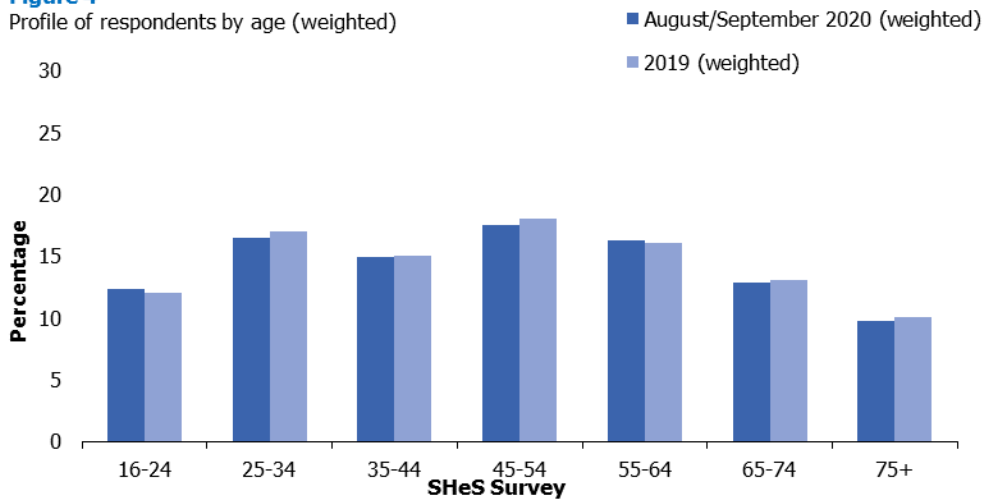


Figure 4

Profile of respondents by age (weighted)



1.7 WEIGHTING THE DATA

1.7.1 Introduction

This section presents information on the weighting procedures applied to the survey data. Since 2012, the weighting for SHeS has been undertaken by the Scottish Government rather than the survey contractor (as had previously been the case), but the methodology applied between 2012 and 2019 was largely consistent with that of the 2008 to 2011 sweeps of the survey. The methodology for the 2020 telephone survey was adapted from the 2019 approach to account for the smaller number of completed interviews which took place and to account for some changes in patterns of participants via telephone which are not seen in the face-to-face survey. Full details of the weighting approach is provided in section 1.7.2.

To undertake the calibration weighting the ReGenesees Package for R was used and within this to execute the calibration a raking function was implemented.

1.7.2 Main adult weights

The main adult weight is applicable for all adults interviewed as part of the telephone sample. There are usually six steps to calculating the overall adult weights, but only four actively apply to the telephone weighting. Full details are as follows:

1) Address selection weights (w1)

The address selection weights were calculated to compensate for unequal probabilities of selection of addresses in different survey strata. For the telephone sample there were 32 strata overall (one for each local authority). The address selection weight for each stratum was calculated as:

$$w1 = \frac{\text{Number of PAF addresses in the stratum}}{\text{Number of addresses selected for the stratum}}$$

2) Dwelling unit selection weights (w2)

The Multiple Occupancy Indicator (MOI) for the PAF was used to ensure that if there were multiple dwelling units at a single address point then they would have the same selection probability as individual addresses. However, there are likely to have been some cases where the MOI was incorrect. In face-to-face fieldwork, interviewers record where an MOI is different from PAF when visiting a property. This is not possible via the telephone survey, therefore, the information provided by PAF was assumed to be correct, therefore w2 is effectively 1 for all households.

3) Household selection weights (w3)

Similarly to w2, within a very small number of dwelling units, fieldworkers usually find multiple households, of which only one is selected for participation in the SHeS. Again, due to data collection via the telephone rather than face-to-face, it is not possible to correct for this, therefore w3 was effectively taken as 1 for all households.

4) Calibrated household weights (w4)

The design weight (w1) was applied to the survey data to act as entry weights for the calibration. The execution of the calibration step then modified the entry weights so that the weighted total of all members of responding households matched the population totals for Health Boards, Scotland-level population totals for age/sex breakdown, and the population within each SIMD quintile (20%) areas. The population totals that were used were the NRS mid-2019 estimates for private households. SIMD quintiles were added to the calibration stage rather than the bottom 15% SIMD grouping, which was used in 2019, to try

and correct for a change in pattern of participants across deprivation groups which was different to the face-to-face collection.

5) Adult non-response weights (w5)

All adults within selected households were eligible for interview, but within responding households not all individuals completed an interview. The profiles of household members that did not complete the interview were different from those that did. Information on all individuals within responding households was available through information gathered as part of the household interview. This allowed the differential response rates for individuals within households to be modelled using logistic regression to calculate a probability of responding based on their profiles. The logistic regression was only applicable for households containing more than one adult since households consisting of only one adult either responded to the household and individual interviews or did not respond at all. Due to the shorter telephone interview, a lower number of variables was possible to include in this model than in SHeS 2019.

The following variables were considered for inclusion in the model:

- Health Board
- Age/sex
- Number of adults in the household
- Employment status
- Marital status
- Tenure
- Urban/rural classification
- Located within SIMD15 area

Through running backwards and forwards selection procedures for the logistic regression the following variables were included in the final model:

- Health Board
- Age/sex
- Number of adults in the household
- Located within SIMD15 area
- Marital status

The final logistic regression model was then used to calculate the probability of response for all individuals that did respond. The adult non-response weight (w5) was then calculated as the reciprocal of this probability:

$$w5 = \frac{1}{\text{Probability of individual's response}}$$

For households of only one adult the non-response weight was one.

6) Individual calibration and final adult weight (int20wt)

The household (w4) and non-response (w5) were combined (w4*w5) and applied to the survey data prior to the final stage of calibration weighting which matched weighted totals for the survey data to the NRS 2019 mid-year population estimates for Health Boards, age/sex distribution at Scotland level and age/sex distribution for the Glasgow and Greater Clyde Health Board.

Table 2: 2019 mid-year population estimates for private households in Scotland by Health Board

| Health Board | Adults | Children | Total |
|-------------------------|------------------|----------------|------------------|
| Ayrshire & Arran | 303,748 | 60,961 | 364,709 |
| Borders | 95,603 | 18,967 | 114,570 |
| Dumfries & Galloway | 123,748 | 23,175 | 146,923 |
| Fife | 300,086 | 64,358 | 364,444 |
| Forth Valley | 247,221 | 52,165 | 299,386 |
| Grampian | 470,618 | 100,166 | 570,784 |
| Greater Glasgow & Clyde | 954,461 | 197,711 | 1,152,172 |
| Highland | 262,507 | 51,621 | 314,128 |
| Lanarkshire | 538,417 | 118,391 | 656,808 |
| Lothian | 726,147 | 151,244 | 877,391 |
| Orkney | 18,493 | 3,536 | 22,029 |
| Shetland | 18,556 | 4,152 | 22,708 |
| Tayside | 338,949 | 67,037 | 405,986 |
| Western Isles | 22,115 | 4,244 | 26,359 |
| Total | 4,420,669 | 917,728 | 5,338,397 |

Total figures might not be exact due to rounding

Table 3: 2019 mid-year population estimates for private households in Scotland by SIMD quintile (20%)

| SIMD15 | Total population |
|----------------------------------|------------------|
| SIMD Quintile 1 (most deprived) | 1,042,416 |
| SIMD Quintile 2 | 1,042,235 |
| SIMD Quintile 3 | 1,055,545 |
| SIMD Quintile 4 | 1,092,833 |
| SIMD Quintile 5 (least deprived) | 1,105,368 |
| Total | 5,338,397 |

Total figures might not be exact due to rounding

Table 4: 2019 mid-year population estimates for private households in Scotland by age group

| Age group | Male | Female | Total |
|--------------|------------------|------------------|------------------|
| 0-15 | 470,291 | 447,437 | 917,728 |
| 16-34 | 628,520 | 622,838 | 1,251,358 |
| 35-44 | 324,887 | 341,299 | 666,186 |
| 45-54 | 365,812 | 392,379 | 758,191 |
| 55-64 | 355,249 | 378,471 | 733,720 |
| 65+ | 459,087 | 552,127 | 1,011,214 |
| Total | 2,603,846 | 2,734,551 | 5,338,397 |

1.8 DATA ANALYSIS AND REPORTING

SHeS is a cross-sectional survey of the population. It examines associations between health status, personal characteristics and behaviour. However, such associations do not necessarily imply causality. In particular, associations between current health status and current behaviour need careful interpretation, as current health may reflect past, rather than present, behaviour. Similarly, current behaviour may be influenced by advice or treatment for particular health conditions.

1.8.1 Reporting age variables

Defining age for data collection

During the interview the participant's date of birth was ascertained. For data collection purposes, a participant's age was defined as their age on their last birthday before the interview.

Unlike the face-to-face survey where a considerable proportion of the questions are age specific, this was the case for very few questions in the SHeS 2020 telephone survey with most questions asked of all adults aged 16 and over who took part. The exception to this was a question on pregnancy which was only asked to woman aged 16-49.

Age as an analysis variable

Age is a continuous variable, and an exact age variable on the data file expresses it as such (so that, for example, someone whose 24th birthday was on January 1, 2020 and was interviewed on September 1, 2020 would be classified as being aged 24.75).

The presentation of tabular data involves classifying the sample into year bands. This can be done in two ways, age at last birthday and 'rounded age', that is, rounded to the nearest integer. In this report, all references to age are age at last birthday.

Due to sample sizes, the SHeS 2020 report tables are presented using a four age band split rather than the seven category age split used when reporting SHeS data collected via face to face data collection.

1.8.2 Design effects and true standard errors

The SHeS 2020 telephone survey used a stratified sample design. In addition, weights were applied when obtaining survey estimates. One of the effects of using the complex design and weighting is that standard errors for survey estimates are generally higher than the standard errors that would be derived from an unweighted simple random sample of the same size. The calculations of standard errors shown in tables, and comments on statistical significance throughout the report, have taken the stratification and weighting into account. The ratio of the standard error of the complex sample to that of a simple random sample of the same size is known as the design factor. Put another way, the design factor (or 'deft') is the factor by which the standard error of an estimate from a simple random sample has to be multiplied to give the true standard error of the complex design. The true standard errors and defts for the SHeS 2020 telephone survey have been calculated using a Taylor Series expansion method. The deft values and true standard errors (which are themselves estimates subject to random sampling error) are shown in Tables 1.6A to 1.13 for selected survey estimates presented in the main report. **Tables 1.6A - 1.13**

1.9 METHODS AND DEFINITIONS

1.9.1 General survey methods and definitions

Household

A household was defined as one person or a group of people who have the accommodation as their only or main residence and who either share at least one meal a day or share the living accommodation.

Questions regarding the age, sex and date of birth, as well as employment details, were collected from the first adult to be interviewed in the house only.

1.9.2 Chapter 1: General health, long-term conditions and caring

Self-assessed general health

All participants were asked to rate their health in general with answer options ranging from 'very good' to 'very bad'.

CVD conditions and diabetes

Participants were asked whether they had ever suffered from any of the following conditions: diabetes, angina, heart attack, stroke, heart murmur, irregular heart rhythm, or 'other heart trouble'. Most of the questions on cardiovascular conditions were not followed up with

confirmation as to whether the condition had been diagnosed by a doctor.

The results presented in the SHeS 2020 telephone survey report are inclusive of all who responded affirmatively to any of these conditions, irrespective of whether they had ever been told they had the condition by a doctor and whether they had experienced the conditions in the previous 12 months. Follow up questions were asked for women aged 16-49 who reported having diabetes, high blood pressure or angina in order to determine whether a doctor diagnosis was given during pregnancy in order to exclude such instances from the figures reported.

It is important to note that no attempt was made to verify these self-reported diagnoses objectively.

Any CVD condition

Participants were classified as having 'any CVD' if they reported ever having any of the following conditions: angina, heart attack, stroke, heart murmur, abnormal heart rhythm, or 'other heart trouble'.

Diabetes

Participants were classified as having diabetes if they self-reported having this condition. Women whose diabetes occurred only during pregnancy were excluded from the classification. Unlike the face-to-face SHeS surveys where they have been asked since 2018, no questions were included asking participants to report if they had been told they had Type 1 or Type 2 diabetes in the telephone survey.

Any CVD condition or diabetes

A summary measure of the above conditions is presented in the tables as 'any CVD condition or diabetes'.

Ischaemic heart disease (IHD)

Participants were classified as having IHD if they self-reported ever having angina or a heart attack. All tables refer to ever having had the condition.

Stroke

Participants were classified as having a stroke if they self-reported ever having had a stroke.

IHD or stroke

A summary measure of the above conditions is presented in the tables as 'IHD or stroke'.

Asthma diagnosis

Participants were asked to report if they had ever been told by a doctor that they had asthma. No objective measures were used to confirm these reported diagnoses.

Chronic Obstructive Pulmonary Disease (COPD)

COPD is defined by the World Health Organisation as ‘a pulmonary disease characterised by chronic obstruction lung airflow that interferes with normal breathing and is not fully reversible.’ It is associated with symptoms and clinical signs that in the past have been called ‘chronic bronchitis’ and ‘emphysema,’ including regular cough (at least three consecutive months of the year) and production of phlegm.

It should be noted that, unlike the face-to-face SHeS surveys, due to time constraints, the telephone survey did not collect data on whether the COPD reported was doctor-diagnosed.

1.9.3 Chapter 2: Mental wellbeing

Depression and anxiety

Details on symptoms of depression and anxiety are collected via a standardised instrument, the Revised Clinical Interview Schedule (CIS-R). The CIS-R is a well-established tool for measuring the prevalence of mental disorders⁷. The complete CIS-R comprises 14 sections, each covering a type of mental health symptom and asks about presence of symptoms in the week preceding the interview. Prevalence of two of these mental illnesses - depression and anxiety - were introduced to the Scottish Health Survey in 2008.

It should be noted that the way in which these questions were asked was different for the telephone survey. Given the potentially sensitive nature of these topics, they were included in the nurse interview part of the survey prior to 2012⁸. Since 2012, the questions have been as part of the face-to-face interviews in the biological module, with participants completing the questions themselves on the interviewer laptop (CASI). For the SHeS 2020 telephone survey, these questions were asked by the interviewer rather than via a self-completion mode.

General Health Questionnaire 12 (GHQ-12)

GHQ-12⁹ is a widely used standard measure of mental distress and mental ill-health consisting of 12 questions on concentration abilities, sleeping patterns, self-esteem, stress, despair, depression, and confidence in the previous few weeks. Responses to each of the GHQ-12 items are scored, with one point allocated each time a particular feeling or type of behaviour is reported to have been experienced 'more than usual' or 'much more than usual' over the previous few weeks.

These scores are combined to create an overall score of between zero and twelve. A score of four or more (referred to as a high GHQ-12 score) has been used here to indicate the presence of a possible psychiatric disorder. A score of zero on the GHQ-12 questionnaire can, in contrast, be considered to be an indicator of psychological wellbeing. GHQ-12 measures deviations from people's usual functioning in the previous few weeks and therefore cannot be used to detect chronic conditions.

It should be noted that these questions are asked using a paper self-completion questionnaire for the face-to-face SHeS surveys, but were asked by interviewers in the 2020 telephone survey.

Warwick-Edinburgh Mental Wellbeing Scale (WEMWBS)

Wellbeing is measured using the WEMWBS questionnaire. It has 14 items designed to assess: positive affect (optimism, cheerfulness, relaxation) and satisfying interpersonal relationships and positive functioning (energy, clear thinking, self-acceptance, personal development, mastery and autonomy)¹⁰. The scale uses positively worded statements with a five-item scale ranging from '1 - none of the time' to '5 - all of the time'. The lowest score possible is therefore 14 and the highest score possible is 70; the tables present mean scores.

The scale was not designed to identify individuals with exceptionally high or low levels of positive mental health, so cut-off points have not been developed¹¹.

WEMWBS is used to monitor the National Indicator 'mental wellbeing'¹² and the mean score of parents of children aged 15 years and under on WEMWBS is included in the mental health indicator set for children¹³.

It should be noted that these questions are asked using a paper self-completion questionnaire in the face-to-face SHeS surveys, but were asked by interviewers in the 2020 telephone survey.

1.9.4 Chapter 3: Social capital and loneliness

Social capital

Social capital is a term used to describe the social connections that provide support (social networks, workplaces etc.) and that are beneficial to the quality of life, health, safety, economy and wellbeing of individuals and the neighbourhoods in which they live. The SHeS 2020 telephone survey included questions on frequency of contact with other people and the number of people that participants could turn to in a crisis.

It should be noted that these questions were asked using a paper self-completion questionnaire for the face-to-face SHeS surveys in 2019, but were asked by interviewers in the 2020 telephone survey.

Loneliness

A question was included to measure levels of loneliness experienced in the two weeks prior to being interviewed, with five answer options ranging from 'all of the time' to 'never'.

It should be noted that this question is asked using a paper self-completion questionnaire for the face-to-face SHeS surveys, but were asked by interviewers in the 2020 telephone survey.

1.9.5 Chapter 4: Diet, obesity and food insecurity

Height, weight and Body Mass Index (BMI)

BMI is a widely accepted measure that allows for differences in weight due to height. It is defined as weight (kg)/square of height (m²). This has been used as a measure of obesity in SHeS since its inception in 1995. BMI has some limitations and does not, for example, distinguish between mass due to body fat and mass due to muscular physique¹⁴.

However, it was not possible to obtain these measurements using a face-to-face approach. Therefore, where they were happy to do so, participants were asked to estimate their height and weight, with these self-reported measures used to calculate estimated BMI. So, while these estimates have been calculated, this data should be used with caution given the self-reported nature of these measures.

Work undertaken to analyse data from the Health Survey for England (HSE) and Active Lives Surveys found that, on average, participants overestimated their height and underestimated their weight¹⁵.

Adjustments have been made to account for this and while these corrections appear to remove some bias from the estimates, caution is advised in interpreting this data.

It would not have been possible to collect accurate information for waist circumference, therefore, this was not included in the telephone survey.

Based on their BMI (calculated from self-reported height and weight), adult participants were classified into the following groups based on the World Health Organisation (WHO) classification¹⁶:

| BMI (kg/m²) | Description |
|-------------------------------|---------------------------------|
| Less than 18.5 | Underweight |
| 18.5 to less than 25 | Normal |
| 25 to less than 30 | Overweight, excluding obese |
| 30 to less than 40 | Obese, excluding morbidly obese |
| 40+ | Morbidly obese |

Both mean BMI and prevalence for the five categories outlined in the table above are presented for adults in this report. Although obesity has the greatest ill-health and mortality consequences, overweight is also a major public health concern, not least because overweight people are at high risk of becoming obese. Being underweight can also have negative health consequences.

The BMI data presented in the report and the data tables is based on data that has been adjusted according to the formula from this HSE and Active Lives work referenced previously. A comparison of the unadjusted and adjusted weighted data for all adults interviewed as part of the survey is presented in the table below.

| BMI category (kg/m²) | Unadjusted | Adjusted |
|--|-------------------|-----------------|
| Less than 18.5 | 3% | 1% |
| 18.5 to less than 25 | 44% | 37% |
| 25 to less than 30 | 32% | 35% |
| 30 to less than 40 | 18% | 23% |
| 40+ | 3% | 4% |
| Mean | 26.6 | 27.7 |

Food insecurity

Food insecurity is ‘the inability to acquire or consume an adequate quality or sufficient quantity of food in socially acceptable ways, or the uncertainty that one will be able to do so’. Participants in the telephone survey answered three routed questions on food insecurity asking whether they had worried about running out of food, had eaten less than they should have or had actually run out of food in the last 12 months.

It should be noted that these questions are asked using a paper self-completion questionnaire for the face-to-face SHeS surveys, but were asked by interviewers in the 2020 telephone survey.

1.9.6 Chapter 5: Physical Activity

IPAQ Physical Activity

Information on physical activity was collected using the Short-Form International Physical Activity Questionnaire (IPAQ). This questionnaire defines activity levels based on reported moderate or vigorous physical activity (MVPA) but uses a less detailed set of questions than those included in the face-to-face SHeS surveys. The derived variable related to adherence to MVPA guidelines has therefore been calculated using these questions.

While the data regarding the amount of time spent participating in moderate and/or vigorous physical activity is reported using the same breakdowns as in previous SHeS reports, it should be noted that differences in the questions used to collect the data in the telephone survey means that this is not comparable with the face-to-face survey approach.

1.9.7 Chapter 6: Alcohol

Measuring alcohol consumption in surveys

The alcohol consumption estimates discussed in this chapter are based on self-reported data collected during the survey interview regarding alcohol consumption in the seven days prior to being interviewed. Non-drinkers were defined in this survey as those who reported that they did not drink alcohol 'nowadays' whereas the face-to-face SHeS surveys

use a question that asks if participants have drunk alcohol at all in the past 12 months.

It is, however, important to note that surveys consistently obtain lower consumption estimates than those implied by alcohol sales or tax revenue data. This discrepancy can largely be explained by participants' under-reporting of consumption, due in part to a lack of accounting for atypical/special occasion drinking¹⁷, and there is also some evidence that survey non-responders are more likely than responders to engage in hazardous alcohol use among other risky health behaviours^{18,19,20}.

While self-reported survey estimates of consumption are typically lower than estimates based on sales data, surveys provide valuable information about the social patterning of individuals' alcohol consumption.

Calculating alcohol consumption in the SHeS 2020 telephone survey

The guidelines on lower risk drinking are expressed in terms of units of alcohol consumed. As discussed above, detailed information on the volume of alcohol drunk on the heaviest drinking day in the week preceding the survey was collected from participants. The volumes reported were not validated. In the UK, a standard unit of alcohol is 10 millilitres or around 8 grams of ethanol. In this report, alcohol consumption is reported in terms of units of alcohol.

Questions on the quantity of wine drunk were revised in 2008. Since then, participants reporting drinking any wine have been asked what size of glass they drank from: large (250ml), medium (175ml) and small (125ml). To help participants make more accurate judgements, details regarding the quantities in a small, medium and large glass were included in the question text (unlike the face-to-face survey where participants are shown a showcard depicting glasses with 125ml, 175ml and 250ml of liquid). Participants also had the option of specifying the quantity of wine drunk in bottles or fractions of a bottle; with a bottle treated as the equivalent of six small (125ml) glasses.

There are numerous challenges associated with calculating units at a population level, not least of which are the variability of alcohol strengths and the fact that these have changed over time. Table 5 below overleaf outlines how the volumes of alcohol reported in the survey were converted into units (the 2008 report provides full information about how this process has changed over time)²¹. Those who drank bottled or canned beer, lager, stout or cider were asked in detail about what they drank, and this information was used to estimate the amount in pints.

Table 5: Alcohol unit conversion factors

| Type of drink | Volume reported | Unit conversion factor |
|--|-----------------------------------|-----------------------------------|
| Normal strength beer, lager, stout, cider, shandy (less than 6% ABV) | Half pint | 1.0 |
| | Can or bottle | Amount in pints multiplied by 2.5 |
| | Small can (size unknown) | 1.5 |
| | Large can/bottle (size unknown) | 2.0 |
| Strong beer, lager, stout, cider, shandy (6% ABV or more) | Half pint | 2.0 |
| | Can or bottle | Amount in pints multiplied by 4 |
| | Small can (size unknown) | 2.0 |
| | Large can / bottle (size unknown) | 3.0 |
| Wine (including champagne and prosecco) | 250ml glass | 3.0 |
| | 175ml glass | 2.0 |
| | 125ml glass | 1.5 |
| | 750ml bottle | 1.5 x 6 |
| Sherry, vermouth and other fortified wines | Glass | 1.0 |
| Spirits | Glass (single measure) | 1.0 |
| Alcopops | Small can or bottle | 1.5 |
| | Large (700ml) bottle | 3.5 |

Daily alcohol consumption

Participants were asked about drinking in the week preceding the interview, with actual consumption on the heaviest drinking day in that week then examined in more detail²². Non-drinkers were defined in this survey as those who reported that they did not drink alcohol 'nowadays' whereas the face-to-face SHeS surveys use a question that asks if participants have drunk alcohol at all in the past 12 months. Details on the amounts consumed for each of the six types of drink listed in Table 5 above were collected and converted into units of alcohol consumed.

The UK Chief Medical Officers alcohol guidelines consist of three recommendations:

- A weekly guideline on regular drinking;
- Advice on single episodes of drinking; and
- A guideline on pregnancy and drinking.

According to the weekly guideline, adults are safest not to regularly drink more than 14 units per week, to keep health risks from drinking alcohol to a low level. If you do drink as much as 14 units a week, it is best to spread this evenly over three days or more. On a single episode of drinking, advice is to limit the total amount drunk on any occasion, drink more slowly, drink with food and alternate with water. The

guideline on drinking and pregnancy, or planning a pregnancy, advises that the safest approach is not to drink alcohol at all²³.

Consumption of more than three units (women) or four units (men) on a single day is also reported in this chapter, although these daily amounts of alcohol are no longer included in the most recent guidance from the UK Chief Medical Officers. Consumption of double this amount (six units for women and eight for men) is also reported.

It should be noted that these questions are asked of all aged 16 or 17 and the majority of those aged 18 or 19 using a paper self-completion questionnaire for the face-to-face SHeS surveys (asked by interviewers for older adults), but were asked by interviewers for all aged 16 and above in the 2020 telephone survey.

1.9.8 Chapter 7: Smoking

Cigarette smoking status

Smoking status categories reported here are:

- current cigarette smoker
- ex-regular cigarette smoker
- never regular cigarette smoker
- never smoked cigarettes at all

In previous SHeS surveys, ex-smokers were defined as those who used to smoke cigarettes regularly. Frequency of previous smoking among ex-smokers was not asked in the 2020 telephone survey with all who reported ever having smoked cigarettes, regardless of frequency or length of time, as ex-smokers.

Electronic cigarettes

Electronic cigarettes or e-cigarettes are battery-powered handheld devices which heat a liquid that delivers a vapour. The vapour is then inhaled by the user, which is known as 'vaping'. E-cigarettes typically consist of a battery, an atomiser and a cartridge containing the liquid. Earlier models, often referred to as 'cigalikes', were designed to closely resemble cigarettes but there is now a wide variety of product types on the market. The liquid is usually flavoured and may not contain nicotine, although in most cases e-cigarettes are used with nicotine. Unlike conventional or traditional cigarettes, they do not contain tobacco and do not involve combustion (i.e. they are not lit). The questions about e-cigarettes were amended in 2016 to include the term 'vaping devices'.

Exposure to second-hand smoke (adults)

Exposure to second-hand smoke in adults was measured by asking participants to self-report where they have been exposed to second-hand smoke.

It should be noted that these questions are asked of all aged 16 or 17 and the majority of those aged 18 or 19 using a paper self-completion questionnaire for the face-to-face SHeS surveys (asked by interviewers for older adults), but were asked by interviewers for all aged 16 and above in the 2020 telephone survey.

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The tables can be found in the [technical report page](#) under supporting documents.

References and notes

- 1 The 1995 and 1998 surveys were carried out by the Joint Health Surveys Unit of the National Centre for Social Research (NatCen Social Research) and the Department of Epidemiology and Public Health University College London Medical School (UCL). The MRC Social and Public Health Sciences Unit at the University of Glasgow (MRC SPHSU) joined the consortium in 2003. ScotCen Social Research (a branch of NatCen Social Research), UCL and MRC SPHSU conducted the 2008-2011 surveys after a decision was made to carry out the survey annually.
- 2 Tourangeau, R. and Yan, T. (2007). Sensitive Questions in Surveys. *Psychological Bulletin*, Volume 133 (5), p859-883. Available at: https://pdfs.semanticscholar.org/5901/847a3e5adbd4ff53f2c419ab15816392779d.pdf?_ga=2.172687904.2087136932.1607599737-177553291.1607599737
- 3 *Coronavirus (COVID-19): Scotland's route map*. Edinburgh: Scottish Government (2020). Available at: <https://www.gov.scot/collections/coronavirus-covid-19-scotlands-route-map/>
- 4 *Heart Disease Improvement Plan*. Edinburgh, Scottish Government. 2014. www.gov.scot/Publications/2014/08/5434
- 5 *Stroke Improvement Plan*. Edinburgh, Scottish Government. 2014. www.gov.scot/Publications/2014/08/9114
- 6 NatCen Social Research and UCL. (2019). *Health Survey for England 2018 Methods*. NHS Digital. Available from: <https://files.digital.nhs.uk/CA/2393EF/HSE18-Methods-rep.pdf>
- 7 Lewis, G. & Pelosi, A. J. (1990). Manual of the Revised Clinical Interview Schedule CIS–R. London: Institute of Psychiatry; Lewis G, Pelosi AJ, Araya R, Dunn G. (1992) Measuring psychiatric disorder in the community; a standardised assessment for use by lay interviewers. *Psychological Medicine*; 22, 465-486.
- 8 The nurse interview is conducted with one adult at a time, whereas the main interview can be conducted concurrently with up to four household members present. It was therefore easier to ensure that these questions could be answered in confidence. Nurses were also thought to be better placed to handle very sensitive topics such as these than interviewers conducting a general health survey who would have required additional specialist briefing. A leaflet with various help lines was handed to all participants in the nurse visit. From 2012, these questions have been included in the biological module of the survey, conducted by specially trained interviewers, and will be completed by participants using a self-completion computer aided questionnaire.
- 9 Goldberg, D and Williams, PA (1988). *A User's Guide to the General Health Questionnaire*. Windsor: NFER-Nelson.
- 10 Further information about WEMWBS is available at: www.healthscotland.com/scotlands-health/population/Measuring-positive-mental-health.aspx
- 11 Stewart-Brown, S and Janmohamed, K (2008). *Warwick-Edinburgh Mental Well-being Scale (WEMWBS). User Guide Version 1*. Warwick and Edinburgh: University of Warwick and NHS Health Scotland. Available at: <http://www.healthscotland.com/documents/2702.aspx>
- 12 See: <http://nationalperformance.gov.scot/>
- 13 NHS Health Scotland (2012). *Establishing a core set of national, sustainable mental health indicators for children and young people in Scotland: Final Report*. [online]. Available at: <http://www.healthscotland.com/uploads/documents/18753-C&YP%20Mental%20Health%20Indicators%20FINAL%20Report.pdf>
- 14 Romero-Corral, A. et al (2008). Accuracy of body mass index in diagnosing obesity in the adult general population. *International Journal of Obesity* 32: 959–966.

15 See <https://fingertips.phe.org.uk/documents/2.12%20A%20dult%20excess%20weight%20method%20details%202015-16.docx>

16 These cut-offs differ to those used in the previous surveys. In 1995 and 1998 the normal weight range was defined as 20-25 kg/m², in 2003 it was changed to 18.5-25 kg/m². From 2008 onwards the ranges are defined as set out below. This brings the definition in line with WHO recommendations. The impact of the change of definition is very marginal as very few people have a BMI measurement that is exactly 18.5, 25, 30 or 40 kg/m².

| | 2003 | 2008 onwards |
|----------------|----------------|----------------------|
| Underweight | 18.5 or under | Less than 18.5 |
| Normal weight | Over 18.5 – 25 | 18.5 to less than 25 |
| Overweight | Over 25 – 30 | 25 to less than 30 |
| Obese | Over 30 – 40 | 30 to less than 40 |
| Morbidly obese | Over 40 | 40+ |

17 Bellis MA, Hughes K, Jones L, Morloe M, Nichols J, McCoy E, Webster J and Sumnall H (2015). Holidays, celebrations, and commiserations: measuring drinking during feasting and fasting to improve national and individual estimates of alcohol consumption. *BMC Med*; 13(1): 113. Available at: <https://bmcmmedicine.biomedcentral.com/articles/10.1186/s12916-015-0337-0>

18 Torvik FA, Rognmo K and Tambs K (2012). Alcohol use and mental distress as predictors of non-response in a general population health survey: the HUNT study. *Social Psychiatry and Psychiatric Epidemiology*; 47(5):805-816. Available at: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3328681/>

19 Gorman E, Leyland AH, McCartney G, White IR, Katikireddi SV, Rutherford L, Graham L and Gray L (2014). Assessing the representativeness of population-sampled health surveys through linkage to administrative data on alcohol-related outcomes. *American Journal of Epidemiology*; 180(9): 941-8. Available at: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4207717/>

20 Gorman E, Leyland AH, McCartney G, Katikireddi SV, Rutherford L, Graham L, Robinson M and Gray L (2017). Adjustment for survey non-representativeness using record-linkage: refined estimates of alcohol consumption by deprivation in Scotland. *Addiction*; 112(7): 1270-1280. Available at: <https://onlinelibrary.wiley.com/doi/abs/10.1111/add.13797>

21 See: <https://www.gov.scot/publications/scottish-health-survey-2008/pages/29/>

22 Participants were first asked if they had drunk alcohol in the past seven days. If they had, they were asked on how many days and, if on more than one, whether they had drunk the same amount on each day or more on one day than others. If they had drunk more on one day than others, they were asked how much they drank on that day. If they had drunk the same on several days, they were asked how much they drank on the most recent of those days. If they had drunk on only one day, they were asked how much they had drunk on that day.

23 See: <https://www.drinkaware.co.uk/alcohol-facts/alcoholic-drinks-units/latest-uk-alcohol-unit-guidance/>

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The 2020 Scottish Health Survey

The Scottish Health Survey is an annual survey of around 7,000 people in Scotland. It is carried out for the Scottish Government by ScotCen Social Research, the MRC Social and Public Health Sciences Unit at the University of Glasgow and academics from the Universities of Aberdeen and Edinburgh.

Why take part?

The information you provide will help to develop ways of improving people's health in your area and across Scotland. It will also help improve the services people need at times of ill health.

By taking part, you are helping to provide a better understanding of the health and lifestyles of people in Scotland during these challenging times. The information you provide will also help with planning and improving health services beyond the Covid-19 pandemic.

What is it about?

There will be questions about your general health, eating habits, physical activity, smoking and drinking. There are some questions about diseases of the heart, lungs and chest, as this remains one of the leading causes of death in Scotland. There are also questions to help understand the impact of Covid-19 and the associated restrictions on you and your health.

The survey also asks you to provide your height and weight measurements, but only if you are happy to do so. Some personal details such as age, sex and employment are also included to help us interpret this information.

What happens to the information I provide?

Your answers are treated with care and with full respect for your privacy. The Scottish Government and ScotGen guarantee that the survey results will not be published in a form that can reveal your identity and that they will make no attempt to identify you from your answers. The information collected is used for statistical and research purposes only and will be dealt with in accordance with data protection legislation. The information collected in the survey (but no information that would allow you to be identified) is made available via the UK Data Service for use by researchers and academics.

If you take part in the survey, and agree, some information will be linked to your survey answers from your NHS health records on the following:

- Visits to hospital and length of stay.
- Information about diagnosis, treatments and hospital stays for cancer, heart disease, stroke, diabetes and psychiatric episodes.
- Details about registration with a general practitioner and, if you pass away, the date and cause of death.

This is done in such a way that no data which can identify you or any other individual is released, and really increases the value of the information you provide. If you wish your survey results not to be linked to your health records, please tell the interviewer when you take part.

For further information on how the information you provide will be used please see the privacy information on the Scottish Government's website here: <http://www2.gov.scot/Topics/Statistics/Browse/Health/scottish-health-survey/faqs>

Who will we want to speak to?

We would like to interview every adult (aged 16 and over) who lives at your household.

How does it work?

The survey is currently being completed over the phone, as due to the COVID-19 pandemic we cannot interview people in their homes. Taking part involves these 3 simple steps:

STEP 1

Get in touch through **one** of these ways

| | |
|-----------------|--|
| Visiting | survey.natcen.ac.uk/shes |
| Emailing | Scottishhealthsurvey@scotcen.org.uk |
| Calling | 0800 652 4568 |

You will need:

- The unique 8-digit number found in the top right-hand corner of the letter you received with this leaflet
- A phone number (mobile or landline) for your address, and your postcode

STEP 2

Get a **Call** from an experienced interviewer

An experienced interviewer from ScotGen Social Research will call you on the number provided at a time that is convenient for you. The interviewer will then complete the questionnaire with you, it should take around 35 minutes.

Any other adult(s) in your household can then take part on the same call, or arrange a good time for a call back.

STEP 3

Get a **£10 Voucher** as a thank you for taking part

Every adult in your household who takes part in the survey will receive a **£10 Love2Shop voucher** as a thank you.

This can be spent at over 20,000 stores, restaurants, and attractions (www.love2shop.co.uk/where-to-spend).

Why has my household been chosen?

To include every household in Scotland is expensive and time consuming. Instead we select a sample of addresses in such a way that all addresses in the country have a chance of being chosen. Yours is one of those chosen for the 2020 survey. Your address was chosen at random from the Postcode Address File, a list of every address in the UK, held by the Post Office and available to the public.

What happens if I agree to be contacted about further research?

If you give your permission, your name, contact details and relevant survey answers may be passed on to the Scottish Government or research agencies for the purpose of further research among particular groups of people to improve health or health services.

This information will only be released for statistical and research purposes carried out by reputable research organisations and you will not be identifiable in any published results. Any information passed to any other organisation will be treated in accordance with data protection legislation and will not be used for any purposes other than further research about health or health services.

Is the survey compulsory?

No. In all our surveys we rely on voluntary co-operation. The success of the survey depends on the goodwill and co-operation of those asked to take part. The more people who do take part, the more useful the results will be. You are free to withdraw from any part of the survey at any time, and you do not have to answer all the questions.

How will taking part in the survey benefit me?

Benefits from the survey will be indirect and in due course, will come from any improvements in health and in health services in

Scotland which result from the survey. You will also receive a **£10 voucher** for taking part, as a thank you.

Who has reviewed the study?

The study has been looked at by an independent group of people called a Research Ethics Committee, to protect your safety, rights, wellbeing and dignity. This study has been given a favourable opinion by Wales REC 3 on behalf of the NHS. The Public Benefit and Privacy Panel will be reviewing the process for linkage of the survey data with information from the NHS health records.

What if I have any other questions?

We hope this leaflet answers the questions you may have, and that it shows the importance of the survey. If you have any other questions about the survey, please do not hesitate to call **0131 240 0210** to speak to either Joanne McLean, Victoria Wilson, or Joe Rose, or visit **www.scottishhealthsurvey.org**.

If you have any concerns about how your information is being used, you can contact the Scottish Government's Data Protection Officer by emailing: **DataProtectionOfficer@gov.scot**

Your co-operation is very much appreciated. Thank you very much for your help with this survey.

For further information and advice on healthy living please see the Healthier Scotland website: **www.takelifeon.co.uk**

Information about common health conditions is available here: **www.nhsinform.scot**

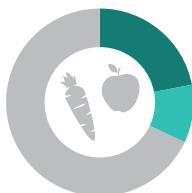
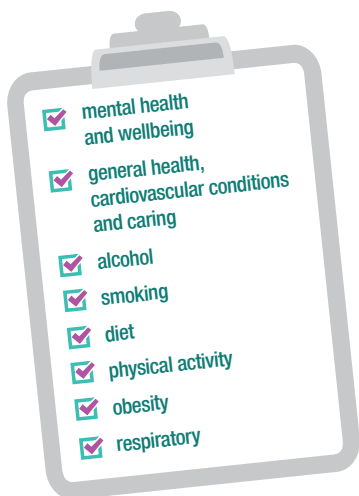
ScotCen
Social Research



Scottish
Government
gov.scot

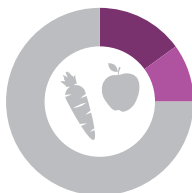
NHS
SCOTLAND

In 2018 we found that...



22% of adults met the 5-a-day recommendation.

10% did not consume any fruit or vegetables on previous day.



15% of children met the 5-a-day recommendation.

10% of children did not consume any fruit or vegetables on previous day.



32% **16%**

Men continued to be twice as likely than women to drink at hazardous or harmful levels.



13% **19%**

Men continued to be less likely than women to be non-drinkers.

Average consumption of fruit and vegetables has remained fairly constant since 2008.



Adults who assessed their general health to be 'good' or 'very good' varied by age:



The Resident

<Add1>
<Add2>
<Add3>
<Add4>
<Postcode>

Code: <Serial>/<CHK>

Help improve health services in <healthboard>

Dear Sir or Madam,

Your household has been chosen to take part in the Scottish Health Survey, an important annual study used to help improve health services in your area and across Scotland. By taking part, you are helping to provide a better understanding of the health and lifestyles of people in Scotland during these challenging times. It is also important to look to the future, and the information you provide will help plan, and improve, health services beyond the pandemic.

We rely on the goodwill of the people who take part to make the study a success and need to speak to as many different people as possible. Last year more than 7,000 people took part – now you have an opportunity to join in as well. We're sure you will find it interesting.



Taking part is easy

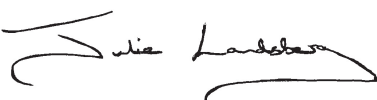
We would like to hear from the adults (aged 16 and over) in your household. The simple steps to taking part are:

| STEP 1 Get in Touch | STEP 2 Get a call | STEP 3 Enjoy your thank you! |
|--|--|---|
| <p>Contact us one of these ways:</p> <p>Visit survey.natcen.ac.uk/shes</p> <p>Email scottishhealthsurvey@scotcen.org.uk</p> <p>Call 0800 652 4568</p> <p>You will need the code at the top of this letter and your contact details</p> | <p>An experienced interviewer from ScotCen Social Research will get in touch to complete the telephone interview with you.</p> | <p>As a thank you, each adult who takes part will receive a £10 Love2Shop gift voucher.</p> <p>This can be used at over 20,000 shops, restaurants and attractions.</p> |



Further info

Answers to some questions you may have are on the back of this letter, in the enclosed leaflet and at www.scottishhealthsurvey.org. If you would like to talk to someone about the study, please phone free on **0800 652 4568**.



Julie Landsberg
Survey Manager, Scottish Government

How did you choose my address?

We chose your address at random from the Postcode Address File. This file is held by the Post Office and is available to the public. Only the addresses chosen at random have the opportunity to take part. Your address is one of 11,000 addresses which has been contacted this time.

What will happen to any information I give?

The information you provide will help the survey team understand more about health conditions and lifestyles. This, in turn, will help policy-makers to develop policies aimed at improving people's health in Scotland.

Your answers are treated with care and with full respect for your privacy. The information is used for statistical and research purposes only and is dealt with in accordance with data protection legislation. We will not publish the survey results in a form that can reveal your identity and no attempts will be made to identify you from your answers.

For further information on how the information you provide will be used, please see the privacy information on the Scottish Government's website here:

www2.gov.scot/Topics/Statistics/Browse/Health/scottish-health-survey/faqs.

More information is also available in the enclosed survey leaflet.

Who is carrying out the survey?

The Scottish Government has asked ScotCen Social Research (ScotCen) to carry out the survey.

ScotCen is independent of all government departments and political parties.

For more information about ScotCen please visit **www.scotcen.org.uk**.

What is the interview about?

The interview covers a range of health topics, including general health and lifestyles.

Where can I find out more?

See the enclosed leaflet, visit **www.scottishhealthsurvey.org** or phone us free on **0800 652 4568**.

Hear more about the real difference the study makes at **www.scotcen.org.uk/healthvideo**

How to get in touch?

In response to recent government advice, this study will only be conducted over the phone. As your household was chosen at random, we only have details of your address. We kindly ask that you contact us by going to **survey.natcen.ac.uk/shes** or by using the e-mail or freephone details provided above, so that we can get in touch. Please give your name, phone number, postcode, and the **8-digit code** found in the top right-hand corner of this letter.

We will then securely log your details and aim to call you back within 10 days to arrange an appointment at a convenient time. We would like to talk to you and, if possible, to each adult in your household.

The Resident

<Add1>
<Add2>
<Add3>
<Add4>
<Postcode>

Code: <Serial>/<CHK>

Your chance to help improve health services in Scotland

We wrote to you recently asking for your help with an important study called the Scottish Health Survey. If you haven't taken part yet you still have time to do so. Thank you to those of you who very kindly contacted us to take part. If you have been in touch then please ignore the rest of this letter.

The survey is especially important during the **COVID-19 outbreak** to provide a better understanding of the health and lifestyles of people in Scotland.



Its easy to take part

The simple steps to getting involved are:

STEP 1

Get in Touch

Contact us **one** of these ways:

Visit survey.natcen.ac.uk/shes

Email scottishhealthsurvey@scotcen.org.uk

Call 0800 652 4568

You will need the code at the top of this letter and your contact details

STEP 2

Get a call

An experienced interviewer from ScotCen Social Research will get in touch to complete the telephone interview with you.

STEP 3

Enjoy your thank you!

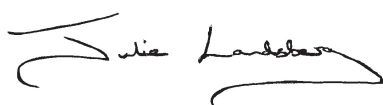
As a thank you, each adult who takes part will receive a **£10 Love2Shop gift voucher**.

This can be used at over 20,000 shops, restaurants and attractions.



Help improve health services in your area

We've only contacted a handful of people in your area, so we hope you'll join them in taking part in this important annual study used to help improve health services in your area and across Scotland.



Julie Landsberg

Survey Manager, Scottish Government

How did you choose my address?

We chose your address at random from the Postcode Address File. This file is held by the Post Office and is available to the public. Only the addresses chosen at random have the opportunity to take part. Yours is one of 11,000 addresses which has been contacted this time.

What will happen to any information I give?

The information you provide will help the survey team understand more about health conditions and lifestyles. This, in turn, will help policy-makers to develop policies aimed at improving people's health in Scotland.

Your answers are treated with care and with full respect for your privacy. The information is used for statistical and research purposes only and is dealt with in accordance with data protection legislation. We will not publish the survey results in a form that can reveal your identity and no attempts will be made to identify you from your answers.

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<https://www2.gov.scot/Topics/Statistics/Browse/Health/scottish-health-survey/faqs>.

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We will then securely log your details and aim to call you back within 10 days to arrange an appointment at a convenient time. We would like to talk to you and, if possible, to each adult in your household.

The Resident

<Add1>
<Add2>
<Add3>
<Add4>
<Postcode>

Code: <Serial>/<CHK>

Last chance to help improve health services in Scotland



We'd really like to hear from you

If you have not yet taken part in the Scottish Health Survey, we would be very grateful if you could do so as soon as you can. Thank you to those of you who very kindly contacted us to take part. If you have then please ignore the rest of this letter.

Taking part will help provide a better understanding of the health and lifestyles of people in Scotland. The information you provide will help plan, and improve, health services both now, and beyond the **COVID-19 pandemic**.



Taking part is easy

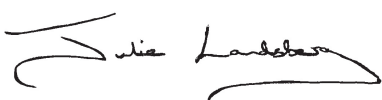
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Thank you

As a thank you, everyone in your household will receive a **£10 shopping voucher** when they take part.



Julie Landsberg
Survey Manager, Scottish Government

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We will then securely log your details and aim to call you back within 10 days to arrange an appointment at a convenient time. We would like to talk to you and, if possible, to each adult in your household.

Useful Contacts Sheet

This sheet contains some contact details for organisations that you may find useful. A Useful Contacts Sheet has been sent to every household contacted as part of the Scottish Health Survey.

| Organisation | Phone number | Website address |
|---|---|--|
| NHS 24 | 111 | www.nhs24.scot |
| NHS Inform (dedicated to Covid-19 at time of issue) | 0800 22 44 88 | www.nhsinform.scot |
| NHS Inform (stop smoking) | | www.nhsinform.scot/healthy-living/stopping-smoking |
| Take Life On | | www.takelifeon.co.uk |
| Alzheimer Scotland | 0808 808 3000 | www.alzscot.org |
| Alcoholics Anonymous | 0800 9177 650 | www.alcoholics-anonymous.org.uk |
| Narcotics Anonymous | 0300 999 1212 | www.ukna.org |
| Gamblers Anonymous Scotland | 0370 050 8881 | https://gascotland.org |
| Victim Support line | 0800 160 1985 | www.victimssupportsco.org.uk |
| Scotland Domestic Abuse and Forced Marriage Helpline | 0800 027 1234 | www.sdafmh.org.uk |
| Refuge (domestic abuse helpline) | 0808 2000 247 | www.refuge.org.uk |
| LGBT Helpline Scotland | 0300 123 2523 | www.lgbthealth.org.uk |
| The Samaritans | 116 123 | www.samaritans.org |
| Breathing Space Scotland | 0800 83 85 87 | www.breathingspace.scot |
| NHS Living Life | 0800 328 9655 | www.nhs24.scot/our-services/living-life |
| SANE | 020 3805 1790 | www.sane.org.uk |
| Supportline | 01708 765 200 | www.supportline.org.uk |
| NSPCC | 0808 800 5000 | www.nspcc.org.uk |
| Future Pathways | 0808 164 2005 | www.future-pathways.co.uk |
| NAPAC (The National Association for People Abused in Childhood) | 0808 801 0331 | www.napac.org.uk |
| Relationships Scotland | 0345 119 2020 | www.relationships-scotland.org.uk |
| Cruse Bereavement Care Scotland | 0845 600 2227 | www.crusescotland.org.uk |
| Parentline Scotland: Children 1 st | 08000 28 22 33 | www.children1st.org.uk |
| Citizens Advice Scotland | 0800 028 1456 | www.cas.org.uk |
| Carers Scotland | 0808 808 7777 | www.carersuk.org/scotland |

Other helplines in Scotland for people who have experienced abuse can be found on www.mygov.scot/childhood-abuse

Scottish Health Survey 2020 (Telephone survey)

Questionnaire documentation

Index

| <i>Section</i> | <i>Page numbers</i> |
|---|----------------------------|
| Notes on how to use this documentation | 2 |
| Individual interview | 3-50 |

Notes

Background

Individual interviews with eligible participants (adults aged 16+) with some detail collected about the household from the first interviewed participant in the household. There was only one version of the questionnaire which begins on page 3 of this document.

1. This is an edited documentation of the computer programme used in the SHeS 2020 telephone survey household and individual interviews. Instead of being numbered each question has a variable name; these are identified here in square brackets, e.g.: [varname].
2. Not all variables that appear here will be on the final data file (those that are not are marked with a '*'). Similarly, not all derived variables that will be on the data file are mentioned here. There will be a separate documentation of derived variables when the data is released.
3. Routing instructions appear above the questions. A routing instruction should be considered to stay in force until the next routing instruction.
4. Sections of text in brackets and italics were filled in as appropriate on the interviewers' computers.
5. Individual codes marked 'EDIT ONLY' were used by the editors to reclassify 'other' answers and are not visible during the main interviews.
6. For some questions, respondents could give a different answer to the main options they were presented with. Such answers are recorded verbatim and were examined during the editing process to see whether they could be 'back-coded' to one of the existing answer categories. These will not be available on the data file and have been indicated within this documentation with a '*'.
7. Some questions allowed respondents to give more than one answer (indicated within this documentation with the instruction: 'CODE ALL THAT APPLY'). In these cases each individual answer option will have its own variable name which is shown in square brackets to the right of the answer.

Important note for data users: You are advised to use the documentation accompanying the final dataset released by the UK Data Archive as there may be updates or corrections to the documentation between the publication of the annual report and the release of the final dataset.

Household questions

[Point]*

SAMPLE POINT NUMBER:

Range: 1..997

[Address]*

ADDRESS NUMBER:

Range: 1..97

[Hhold]*

HOUSEHOLD NUMBER:

Range: 1..3

[AdrField]*

PLEASE ENTER THE FIRST TEN CHARACTERS OF THE FIRST LINE OF THE ADDRESS TAKEN FROM A.R.F. ADDRESS LABEL. MAKE SURE TO TYPE IT EXACTLY AS IT IS PRINTED.

Text: Maximum 10 characters

[First]*

INTERVIEWER: For information, you are in the questionnaire for:

Org: (*ScotCen=3*)

Sample: (*sample type indicator, all = 1 in telephone interview*)

Point no: (*Point number*)

Address no: (*Address number*)

Household no: (*Household number*)

- TO COMPLETE A STARTED INDIVIDUAL SESSION, PRESS <CTRL, ENTER>.
- TO OPEN A NEW INDIVIDUAL SESSION, PRESS <CTRL, ENTER>.
- TO GO DIRECTLY TO 'ADMIN,' PRESS <CTRL, ENTER>.
- OTHERWISE PRESS 1 AND <ENTER> TO CONTINUE.

[BEFDIAL]

The named adult in this household is <FIR_NAME> <SUR_NAME>

Have you already interviewed this adult?

- 1 Yes (Go to PerOTav)
- 2 No (Go to Per1AV)

ASK IF BEFDIAL = 2/DK/REF

[Per1av]

Good morning/afternoon/evening. My name is....
and I am calling from ScotCen Social Research [the Office for National Statistics] about
the Scottish Health Survey.

Please could I speak with <FIR_NAME> <SUR_NAME>?

- 1 Speaking (Go to IntroA)
- 2 Yes, did not answer phone but available now (Go to IntroA)
- 3 No / not available now (Go to CallbackA)

ASK IF BEFDIAL = 1

[PerOTav]

Good morning/afternoon/evening. My name is [NAME] and I am calling from ScotCen
Social Research [the Office for National Statistics] about the Scottish Health Survey.

Some people in the household have already taken part in the Scottish Health Survey. I'm
hoping to speak with any other adults (aged 16+) who live at {Interviewer read address}, and
who have not yet taken part.

- 1 Yes, speaking (Go to IntroA)
- 2 Yes, did not answer phone but available now (Go to IntroA)
- 3 No-one else aged 16+ available right now (Go to CallbackA)
- 4 No-one else aged 16+ living here/ No-one else wants to take part. (Go to CallEndA)

ASK IF [Per1av] = 3/DK/REF or [PerOTav] = 3/DK/REF

[CAIIBackA]

No problem. When is a good day and time to call back { *Textfill if [Per1av] = 3/DK/REF: And
speak to <FIR_NAME>?*

- 1 Time given – INTERVIEWER RECORD MANUALLY
- 2 No specific day/time given

ASK IF [CAIIBackA] = 1, 2

Readprompt

Before I call back please could you { *Textfill if [Per1av] = 3/DK/REF: ask <FIR_NAME> to / if Perotav = 3: ask those aged 16 or over to* } read the letter and information leaflet sent your address? It is important that anyone who takes part has read these before doing so. If you don't still have the letter and leaflet that's fine, you can also read the information at www.scotcen.org.uk/scottishhealthsurvey.

INTERVIEWER – IF RESPONDENT WISHES TO RECORD THE WEBSITE ADDRESS PLEASE MAKE SURE THEY DO SO CORRECTLY BEFORE MOVING ON.

1Continue

ASK IF BEFDIAL=1 AND [Per1av] = 3/DK/REF

[OthAdA]

Is there anyone else who lives at this address and is 16 or over that I can speak to just now about taking part in the Scottish Health Survey?

- 1 Speaking
- 2 Yes, did not answer phone but available now
- 3 No-one else aged 16+ available right now (Go to CallbackA)
- 4 No-one else aged 16+ living there/ No-one else wants to take part.

ASK IF [OthAdA] = 3/4/DK/REF OR PerOTav = 4

[CallEndA]

No problem. {*text fill if OthAdA=3 AND CallBackA = 1 "I will call back as arranged" / if CallBackA = 2 "I will call back another time".* Thanks for your time.

ASK IF Per1av = (1 or 2) OR PerOTav = (1 or 2) or OthAdA = (1 or 2)

[INTROA]

{*Textfill if Per1Av=2 or PerOTav=2 or OthAdA = 2*} - Good morning/afternoon/evening. My name is...

I am calling from ScotCen social research [the Office for National Statistics] about the Scottish Health Survey.

We sent your household a letter recently about taking part in the survey. It can be completed now or at another time depending on what is convenient for you.

- 1 Complete now
- 2 Complete another time (go to callbackb)
- 3 Does not wish to take part (code as individual refusal and LOOP BACK TO OthAdA)

ASK IF INTROA = 2

[CallBackB]

No problem. When is a good day and time to call back { *Textfill if [Per1av] = 3/DK/REF: And speak to <FIR_NAME>* }?

1 Time give – INTERVIEWER RECORD MANUALLY

2 No time given [LOOP BACK TO OthAdA]

ASK IF INTROA = 1

[INTROC]

Have you had a chance to read the letter and information leaflet about the survey that we sent to your address recently?

- 1 Yes, have read (Go to CarryOn)
- 2 No, not read (Go to IntroLeaf)

ASK IF [INTROC]=2

[IntroLeaf]

The letter and leaflet outline some key things you might like to know about the survey before you take part. It is important that you are aware of this information in advance so you fully understand what taking part involves.

1 and enter

[FindLeaf]

Are you able to find the letter and leaflet just now? I am happy to wait while you locate it.

- 1 Yes – found and has letter and leaflet to hand (Go to ReadNow)
- 2 No – looked but couldn't find (Go to IntRead)
- 3 Didn't look for it (Go to IntRead)

If FindLeaf=1

[ReadNow]

Could you read the letter and leaflet now and let me know when you've finished? Again, I'm happy to wait while you do this.

INTERVIEWER: CODE BELOW IF HAPPY TO READ NOW

- 1 Participant reads letter and leaflet now while you wait (then go to CarryOn)
- 2 Participant prefers to go away and read it and get a call back.(loop back to CallBackB)
- 3 Participant decides does not want to read now or later as no longer wants to take part (code as individual refusal and LOOP BACK TO OthAdA)

If [FindLeaf]=2,3,DK,REF

[IntRead]

I can summarise the key information on the letter and leaflet for you now if you prefer. Shall I begin?

Yes (go to ReadOut)

No - prefer to go away and read for self (loop back to CallBackB)

No – no longer want to take part (code as individual refusal and LOOP BACK TO OthAdA)

If IntRead=yes

[ReadOut]

I have quite a lot to read out to you so do please bear with me and listen carefully. At the end I will ask you if you are happy to proceed.

The Scottish Health Survey is an annual survey carried out to gather information used to help develop ways to improve people's health across Scotland. It is carried out for the Scottish Government by ScotCen Social Research, an independent research institute, and academics from the Universities of Glasgow, Aberdeen and Edinburgh. Last year around 7000 people took part.

Your address was chosen at random from the publicly available Postcode Address File, a list of every address in Scotland, held by the Post Office. Yours is one of 11,000 addresses being contacted this time.

There will be questions about your general health, eating habits, physical activity, smoking and drinking. There are some questions about diseases of the heart, lungs and chest, and questions to help understand the impact of COVID-19 and the associated restrictions on you and your health.

You will also be asked to provide some personal details such as age, sex, employment, height and weight to help interpret the answers you give. If you do not wish to answer any questions you do not have to.

You will receive a £10 high street voucher as a thank you for taking part.

The Scottish Government and ScotCen guarantee that the survey results will not be published in a form that can reveal your identity and that they will make no attempt to identify you from your answers. The information collected is used for statistical and research purposes only and will be dealt with in accordance with data protection legislation. The information collected in the survey (but no information that would allow you to be identified) is made available via the UK Data Service for use by researchers and academics.

The study has been approved by an independent Research Ethics Committee to protect your safety, rights, wellbeing and dignity. It has been given a favourable opinion by Wales Research Ethics Committee on behalf of the NHS.

Further details on privacy and how the information you provide will be used can be found in the 'Asked to take part?' section of the Scottish Government's survey website:

www.scottishhealthsurvey.org. If you have any concerns about how your information is being used, you can contact the Scottish Government's Data Protection Officer by emailing:

DataProtectionOfficer@gov.scot

If you have any questions about the survey, you can ask me or call the freephone number 0800 652 4568. Alternatively, you can email Scottishhealthsurvey@scotcen.org.uk or visit www.scottishhealthsurvey.org.

1 and enter

If IntroC=1 or ReadNow=1 or INTREAD = 1

[CarryOn]

{TEXTFILL if IntroC=1 or ReadNow=1 textfill=read the information. If INTREAD = 1 textfill=heard this}

Having *{read the information/heard this}* are happy to proceed?

1 Yes (go to IntDate)

2 No (Go TO CallbackC)

If carryon=2

[callbackc]

Shall I call back another time?

1 Yes (loop back to CallBackB)

2 No – don't want to take part (code as individual refusal and LOOP back to OthAdA)

ASK IF [CarryOn]=1

[IntDate]*

PLEASE ENTER THE DATE OF THIS INTERVIEW.

Date:

[WhoHere]*

INTERVIEWER: COLLECT THE NAMES OF THE PEOPLE IN THIS HOUSEHOLD STARTING WITH THE RESPONDENT.

1 Continue

IF First person in household OR More=Yes THEN

[Name]*

What is the name of *(person number)*

[More]*

Is there anyone else in this household?

1 Yes

2 No

(Name and More repeated for up to 12 household members)

[SizeConf]*

So, can I check, altogether there are *((x) number)* people in your household?

1 Yes

2 No, more than *(x)*

3 No, less than *(x)*

HOUSEHOLD COMPOSITION GRID FOR ALL HOUSEHOLD MEMBERS (MAXIMUM 12)

[Person]

Person number in Household Grid.

Range: 0..12

[Name]*

First name from WhoHere

[Sex]

Interviewer, ask if necessary:

(Is name of household member), are you male or female?

- 1 Male
- 2 Female

[DoB]*

And can I ask, hat is (name of household member's) date of birth?

**Enter Day of month in numbers, Name of month in numbers, Year in numbers,
e. g. 02/01/1972.**

[Age] AgeOf

Can I check, what was (name of household member's) age last birthday?

Range: 0..120

IF AgeOf=Dk/Ref THEN

[AgeEst]*

INTERVIEWER CODE: ASK IF NECESSARY ARE YOU (THEY), AGED 16 YEARS OR OLDER? IF NOT KNOWN OR NO TERMINATE INTERVIEW

IF YES, TRY TO GET BEST ESTIMATE.

- 1 16-64 years
- 2 65 years or older
- 3 DK

[Marital12] Marital

What is your legal marital or same-sex civil partnership status?

INTERVIEWER: READ OUT AND CODE FIRST THAT APPLIES.

- 1 Never married and never registered a same-sex civil partnership
- 2 Married
- 3 In a registered same-sex civil partnership
- 4 Separated, but still legally married
- 5 Separated, but still legally in a same-sex civil partnership
- 6 Divorced
- 7 Formerly in a same-sex civil partnership which is now legally dissolved
- 8 Widowed
- 9 Surviving partner from a same-sex civil partnership

IF more than one person aged 16+ in household AND marital status=code 1, 4, 5, 6, 7, 8 or 9 THEN

[Couple]

May I just check, are you living with someone in this household as a couple?

- 1 Yes
- 2 No
- 3 SPONTANEOUS ONLY - same sex couple

END OF HOUSEHOLD COMPOSITION GRID

[HRP]*

INTERVIEWER: THE HOUSEHOLD REFERENCE PERSON IS:

(Displays name of Household Reference Person)

PRESS <1> AND <Enter> TO CONTINUE.

ASK ALL

READCON

INTERVIEWER DO NOT READ OUT:

Please confirm that the respondent has informed you that they have read the letter and leaflet themselves, or that you have read out the key survey information from your screen to the respondent.

- 1 Respondent confirmed read materials themselves
- 2 Respondent listened to me read out key information
- 3 Respondent neither read themselves or had read out to them

Ask if readcon = 3

Reread

'The letter and leaflet we sent to your address outlined some key things you might like to know about the survey before you take part. It is important that you are aware of this information so you fully understand what taking part involves so I will read this out to you now.

I have quite a lot to read out to you so do please bear with me and listen carefully.

The Scottish Health Survey is an annual survey carried out to gather information used to help develop ways to improve people's health across Scotland. It is carried out for the Scottish Government by ScotCen Social Research, an independent research institute, and academics from the Universities of Glasgow, Aberdeen and Edinburgh. Last year around 7000 people took part.

Your address was chosen at random from the publicly available Postcode Address File, a list of every address in Scotland, held by the Post Office. Yours is one of 11,000 addresses being contacted this time.

There will be questions about your general health, eating habits, physical activity, smoking and drinking. There are some questions about diseases of the heart, lungs and chest, and questions to help understand the impact of COVID-19 and the associated restrictions on you and your health.

You will also be asked to provide some personal details such as age, sex, employment, height and weight to help interpret the answers you give. If you do not wish to answer any questions you do not have to.

You will receive a £10 high street voucher as a thank you for taking part.

The Scottish Government and ScotCen guarantee that the survey results will not be published in a form that can reveal your identity and that they will make no attempt to identify you from your answers. The information collected is used for statistical and research purposes only and will be dealt with in accordance with data protection legislation. The information collected in the survey (but no information that would allow you to be identified) is made available via the UK Data Service for use by researchers and academics.

The study has been approved by an independent Research Ethics Committee to protect your safety, rights, wellbeing and dignity. It has been given a favourable opinion by Wales Research Ethics Committee on behalf of the NHS.

Further details on privacy and how the information you provide will be used can be found in the 'Asked to take part?' section of the Scottish Government's survey website:

www.scottishhealthsurvey.org. If you have any concerns about how your information is being used, you can contact the Scottish Government's Data Protection Officer by emailing:

DataProtectionOfficer@gov.scot

If you have any questions about the survey, you can ask me or call the freephone number 0800 652 4568. Alternatively, you can email Scottishhealthsurvey@scotcen.org.uk or visit www.scottishhealthsurvey.org.

1 and continue

Ask if readcon = 3

[CarryOnB]

Having heard this are happy to proceed?

1 Yes (go to IntDate)

2 No (go to CallbackA)

ASK ALL

[OwnORent08] OwnORent

In which of these ways do you occupy this accommodation?

READ OUT. PROBE FOR DETAILS

1 Buying it with mortgage or loan

2 Own it outright

3 Pay part rent/part mortgage

4 Rent (including rents paid by housing benefit)

5 Live here rent free

EMPLOYMENT DETAILS OF HOUSEHOLD REFERENCE PERSON

ASK ALL

[EmpNow]

Which of these would you say best describes your current situation?

READ OUT AND SELECT ONE ANSWER.

- 1 Employed and working full time
- 2 Employed and working part time
- 3 Employed but on furlough
- 4 Employed but on paid leave (not including furlough)
- 5 Employed and on unpaid leave
- 6 Apprenticeship
- 7 In unpaid/voluntary work.
- 8 Self-employed and currently working
- 9 Self-employed but not currently working and receiving government support
- 10 Self-employed but not currently working and not receiving government support
- 11 Unemployed and seeking work
- 12 Unemployed and not seeking work
- 13 Permanently sick or disabled
- 14 Looking after home or family
- 15 In education at school/college/university
- 16 Retired

Ask if currently working (including self-employed and volunteers) and not on furlough or leave (paid/unpaid) (EmpNow = 1, 2 ,6, 7 or 8)

[EmpWher]

Where are you currently working?

READ OUT AND SELECT ONE ANSWER.

- 1 Working from home
- 2 Working outside of your home
- 3 Both (working from home and working outside of your home)

Ask if currently working (including self-employed and volunteers) and not on furlough or leave (paid/unpaid) (EmpNow = 1, 2 ,6, 7 or 8)

[KeyWork]

Are you working as a key worker in any of the key sectors below (including as a volunteer)?

READ OUT AND SELECT ALL THAT APPLY - EXCEPT CODE 9 (SINGLE CODE)

- 1 Health and social care
- 2 Education and childcare
- 3 Key public services
- 4 Local and national government
- 5 Food and other necessary goods
- 6 Public safety and national security
- 7 Transport
- 8 Utilities, communications and financial services
- 9 No, I am not working as a key worker

General health module – (ALL)

ASK ALL

[GenHelf]

How is your health in general? Would you say it was ...READ OUT...

- 1 ...very good,
- 2 good,
- 3 fair,
- 4 bad, or
- 5 very bad?

[LongII12] LongIII

Do you have a physical or mental health condition or illness lasting, or expected to last, 12 months or more?

- 1 Yes
- 2 No

(Up to six long-standing illnesses are recorded in the program).

IF LongII12=Yes OR More=Yes THEN

[IIIcode]* (*variable names IIIcode1 to IIIcode6*)¹ IllsM [1] to [6]

What (*other*) condition(s) or illness(es) do you have?

INTERVIEWER: RECORD FULLY. PROBE FOR DETAIL.

- 1 Cancer (neoplasm) including lumps, masses, tumours and growths and benign (non-malignant) lumps and cysts
- 2 Diabetes
- 3 Other endocrine/metabolic
- 4 Mental illness/anxiety/depression/nerves (nes)
- 5 Mental handicap
- 6 Epilepsy/fits
- 7 Migraine/headache
- 8 Other problems of nervous system
- 9 Cataract/poor eye sight/blindness
- 10 Other eye complaints
- 11 Poor hearing/deafness
- 12 Tinnitus/noises in the ear
- 13 Meniere's disease/ear complaints causing balance problems
- 14 Other ear complaints
- 15 Stroke/cerebral haemorrhage/cerebral thrombosis
- 16 Heart attack/angina
- 17 Hypertension/high blood pressure/blood pressure (nes)
- 18 Other heart problems
- 19 Piles/haemorrhoids incl. Varicose Veins in anus
- 20 Varicose veins/phlebitis in lower extremities
- 21 Other blood vessels/embolic
- 22 Bronchitis/emphysema
- 23 Asthma
- 24 Hayfever
- 25 Other respiratory complaints

e.

¹ Note – the verbatim illness given by the respondent is coded in the office after interview.

- 26 Stomach ulcer/ulcer (nes)/abdominal hernia/rupture
- 27 Other digestive complaints (stomach, liver, pancreas, bile ducts, small intestine - duodenum, jejunum and ileum)
- 28 Complaints of bowel/colon (large intestine, caecum, bowel, colon, rectum)
- 29 Complaints of teeth/mouth/tongue
- 30 Kidney complaints
- 31 Urinary tract infection
- 32 Other bladder problems/incontinence
- 33 Reproductive system disorders
- 34 Arthritis/rheumatism/fibrositis
- 35 Back problems/slipped disc/spine/neck
- 36 Other problems of bones/joints/muscles
- 37 Infectious and parasitic disease
- 38 Disorders of blood and blood forming organs and immunity disorders
- 39 Skin complaints
- 40 Other complaints
- 41 Unclassifiable
- 42 Complaint no longer present
- 99 Not answered/Refusal

(LimAct12 and More repeated for each illness mentioned at IllsM)

[LimAct12] (variable names LimitAc1-LimitAc6)

Does (name of condition) limit your activities in any way?

INTERVIEWER: IF YES, PROBE: Is that a little or a lot?

- 1 Yes, a lot
- 3 Yes, a little
- 2 Not at all

ASK ALL

[RG15New]

Apart from anything you do as part of paid employment, do you look after, or give any regular help or support to family members, friends, neighbours or others because of either long-term physical, mental ill-health, disability; or problems related to old age?

- 1 Yes
- 2 No

IF RG15New = Yes THEN

[RG17New]

In total, how many hours each week approximately do you spend providing any regular help or support?

INTERVIEWER: READ OUT. Include care provided both inside and outside the household.

INTERVIEWER: EXCLUDE ANY CARING THAT IS DONE AS PART OF PAID EMPLOYMENT

- 1 Up to 4 hours a week
- 2 5 - 19 hours a week
- 3 20 - 34 hours a week
- 4 35 - 49 hours a week
- 5 50 or more hours a week
- 6 Varies (spontaneous - not on SHOW CARD)

Cardiovascular disease and diabetes module (ALL)

ASK ALL

[EverBp] CVD1

Do you have, or have you ever had high blood pressure (sometimes called hypertension)?

- 1 Yes
- 2 No

[Everangi] CVD2

Have you ever had angina?

- 1 Yes
- 2 No

[Everhart] CVD3

Have you ever had a heart attack (including myocardial infarction or coronary thrombosis)?

- 1 Yes
- 2 No

[Evermur] CVD4

And do you now have, or have you ever had a heart murmur?

- 1 Yes
- 2 No

[Everireg] CVD5

...abnormal heart rhythm?

- 1 Yes
- 2 No

[Everoht] CVD6

...any other heart trouble?

- 1 Yes
- 2 No

[Everstro] CVD7

Have you ever had a stroke?

INTERVIEWER: If the respondent mentions any instances of TIAs (transient ischaemic attacks) , these should be coded as 'yes' at this question.

- 1 Yes
- 2 No

[Everdi] CVD8

Do you now have, or have you ever had diabetes?

- 1 Yes
- 2 No

[COPD]

Have you ever had COPD, chronic bronchitis or emphysema?

INTERVIEWER: If asked, COPD stands for Chronic Obstructive Pulmonary Disease

- 1 Yes
- 2 No

IF Everbp = Yes THEN

[DocNurBp] DocBP

You mentioned that you have had high blood pressure. Were you told **by a doctor or nurse** that you had high blood pressure?

- 1 Yes
- 2 No

IF (DocNurBp= Yes) AND (Sex = Female) THEN

[PregBP]

Can I just check, were you pregnant when you were told that you had high blood pressure?

- 1 Yes
- 2 No

IF PregBP = Yes THEN

[NoPregBp] OthBP

Have you ever had high blood pressure apart from when you were pregnant?

- 1 Yes
- 2 No

ASK ALL 16+ WITH DIABETES (IF Everdi = Yes THEN)

[DocInfo1] Diabetes

Were you told by a doctor that you had diabetes?

- 1 Yes
- 2 No

IF (DocInfo1= Yes) AND (Sex = Female) THEN

[PregDi] DiPreg

Can I just check, were you pregnant when you were told that you had diabetes?

- 1 Yes
- 2 No

IF PregDi= Yes THEN

[NoPregDi] DiOth

Have you ever had diabetes apart from when you were pregnant?

- 1 Yes
- 2 No

ASK ALL WITH A HEART MURMUR (IF Evermur = Yes)

[Murdoc] Murmur

You mentioned that you have had a heart murmur. Were you told by a **doctor** that you had a heart murmur?

- 1 Yes
- 2 No

IF (Murdoc = Yes) AND (Sex = Female) THEN

[PregMur]

Can I just check, were you pregnant when you were told that you had a heart murmur?

- 1 Yes
- 2 No

IF PregMur = Yes THEN

[PregMur1] NoPregM

Have you ever had a heart murmur **apart** from when you were pregnant?

- 1 Yes
- 2 No

Asthma & COVID-19 Module (All)

ASK ALL

[ConDr]

Did a doctor ever tell you that you had asthma?

PLEASE EXCLUDE ADVICE FROM HOMEOPATHS, ETC.

- 1 Yes
- 2 No

IF (ConDR = Yes)

[TrtWh2]

READ OUT. CODE ALL THAT APPLY – EXCEPT CODE 10 (SINGLE CODE)

Have you received any treatment or advice for asthma/wheezing from any of the people in the last 12 months?

PROBE: Any others?

- 1 A general practitioner (GP)
- 2 Nurse at GP surgery/Health centre
- 3 Community, School or District Nurse
- 4 Hospital casualty/Accident and Emergency department
- 5 Consultant/Specialist or other doctor at hospital outpatients
- 6 Consultant/Specialist or other doctor elsewhere
- 7 Homeopath
- 8 Acupuncturist
- 9 Other alternative medicine professional
- 10 None of these [EXCLUSIVE]

ASK ALL

[HadCov19]

Have you had COVID-19 (coronavirus)?

Please select one

- 1 Yes diagnosed and recovered
- 2 Yes diagnosed and still ill
- 3 Not formally diagnosed but suspected
- 4 Don't know
- 5 No

[CovLet]

Have you been contacted by letter or text message to say you are at severe risk from COVID-19 due to an underlying health condition and have been advised to shield?

Please select one

- 1 Yes
- 2 No

Adult physical activity module (All)

ASK ALL

[IPAQInt]

The following questions will ask you about the time you spent being physically active in the **last 7 days**. Please answer each question even if you do not consider yourself to be an active person.

Please think about the activities you do:

- At **work**
- As part of your **housework or gardening**
- To **get from place to place**
- In your spare time for **recreation, exercise or sport**

[IWalk7]

Think about the time you spent **walking** in the **last 7 days**.

This includes at work and at home, walking to travel from place to place, and any other walking that you have done solely for recreation, sport, exercise, or leisure.

During the **last 7 days**, on which days did you **walk** for at least 10 minutes at a time?

- 1 Monday
- 2 Tuesday
- 3 Wednesday
- 4 Thursday
- 5 Friday
- 6 Saturday
- 7 Sunday
- 8 No walking in last 7 days

ASK IF ANY WALKING IN LAST 7 DAYS - [IWALK7] = 1, 2, 3, 4, 5, 6, 7

[IWalkHM]

How much time did you usually spend walking on {*Textfill, if IWALK7= 1: that /, if IWALK7 = 2-7: one*} of those days?

Please answer in hours and minutes, for example, if you did something for 90 minutes that would be 1 hour 30 minutes.

RECORD HOURS SPENT BELOW.

Range: 0..12

RECORD MINUTES SPENT BELOW.

Range: 0..59

ASK ALL

[IMod7]

Think about all the **moderate** activities that you did in the **last 7 days**.

Moderate activities refer to activities that take moderate physical effort and make you breathe **somewhat harder** than normal. Think **only** about those physical activities that you did for **at least 10 minutes** at a time.

During the **last 7 days**, on which days did you do **moderate** physical activities like:

- Digging in the garden
- Spring cleaning or other heavy housework
- Gentle swimming or cycling?

Do not include walking.

- 1 Monday
- 2 Tuesday
- 3 Wednesday
- 4 Thursday
- 5 Friday
- 6 Saturday
- 7 Sunday
- 8 No moderate activity in the last 7 days

ASK IF ANY MODERATE ACTIVITY IN LAST 7 DAYS - [IMod7] = 1, 2, 3, 4, 5, 6, 7
[IModHM]

How much time did you usually spend doing **moderate** physical activities on **one** of those days? Please answer in hours and minutes, for example, if you did something for 90 minutes that would be 1 hour 30 minutes.

RECORD HOURS SPENT BELOW.

Range: 0..12

RECORD MINUTES SPENT BELOW.

Range: 0..59

ASK ALL

[IVig7]

Thinking about all the **vigorous** activities that you did in the **last 7 days**. **Vigorous** physical activities refer to activities that take hard physical effort and make you breathe much harder than normal.

Think only about those physical activities that you did for **at least 10 minutes** at a time.

During the **last 7 days**, on which days did you do **vigorous** physical activities like:

- Running
- Fast cycling
- A workout at the gym that makes you out of breath or sweaty?

- 1 Monday
- 2 Tuesday
- 3 Wednesday
- 4 Thursday
- 5 Friday
- 6 Saturday
- 7 Sunday
- 8 No vigorous physical activities in the last 7 days

ASK IF ANY VIGOROUS ACTIVITY IN LAST 7 DAYS - [Vig7] = 1, 2, 3, 4, 5, 6, 7
[IVigHM]

How much time did you usually spend doing **vigorous** physical activities on **one** of those days?
Please answer in hours and minutes, for example, if you did something for 90 minutes that would be 1 hour 30 minutes.

RECORD HOURS SPENT BELOW.
Range: 0..12

RECORD MINUTES SPENT BELOW.
Range: 0..59

ASK ALL
[ISed7]

This question is about the time you spent **sitting** on weekdays during the last 7 days.
Include time spent at work, at home, while doing course work and during leisure time.
This may include time spent:

- Sitting at a desk
- Visiting friends
- Reading
- Sitting or lying down to watch television

During the **last 7 days**, how much time did you spend sitting on **an average week day**?
Please answer in hours and minutes, for example, if you did something for 90 minutes that would be 1 hour 30 minutes.

RECORD HOURS SPENT BELOW.
Range: 0..12

RECORD MINUTES SPENT BELOW.
Range: 0..59

Diet module (All)

ASK ALL

[Confec]

I'd like to ask you a few questions about how often you eat certain types of foods.

How often do you eat **sweets or chocolates**?

- 1 6 or more times a day
- 2 4 or 5 times a day
- 3 2 to 3 times a day
- 4 Once a day
- 5 5 or 6 times a week
- 6 2 to 4 times a week
- 7 Once a week
- 8 1 to 3 times per month
- 9 Less often or never

[IceCream]

How often do you eat **ice cream**?

- 1 6 or more times a day
- 2 4 or 5 times a day
- 3 2 to 3 times a day
- 4 Once a day
- 5 5 or 6 times a week
- 6 2 to 4 times a week
- 7 Once a week
- 8 1 to 3 times per month
- 9 Less often or never

[Crisps]

How often do you eat **crisps or other savoury snacks**?

- 1 6 or more times a day
- 2 4 or 5 times a day
- 3 2 to 3 times a day
- 4 Once a day
- 5 5 or 6 times a week
- 6 2 to 4 times a week
- 7 Once a week
- 8 1 to 3 times per month
- 9 Less often or never

[SoftDr]

How often do you drink **sugary soft drinks**?

Include fizzy drinks, energy drinks and diluting juice with added sugar.

(adults only) Include sugary soft drinks added to alcohol.

INTERVIEWER: Do **not** include diet, low-calorie or no-added sugar drinks or fresh fruit juice.

- 1 6 or more times a day
- 2 4 or 5 times a day
- 3 2 to 3 times a day
- 4 Once a day
- 5 5 or 6 times a week
- 6 2 to 4 times a week
- 7 Once a week
- 8 1 to 3 times per month
- 9 Less often or never

ASK ALL

[CakesEtc]

How often do you eat **cakes, scones, sweet pies or pastries**?

- 1 6 or more times a day
- 2 4 or 5 times a day
- 3 2 to 3 times a day
- 4 Once a day
- 5 5 or 6 times a week
- 6 2 to 4 times a week
- 7 Once a week
- 8 1 to 3 times per month
- 9 Less often or never

[Biscuits]

How often do you eat **biscuits**?

- 1 6 or more times a day
- 2 4 or 5 times a day
- 3 2 to 3 times a day
- 4 Once a day
- 5 5 or 6 times a week
- 6 2 to 4 times a week
- 7 Once a week
- 8 1 to 3 times per month
- 9 Less often or never

Smoking module (All)

ASK ALL

[SmokPreAm]

The next few questions ask about whether you smoke tobacco products. This means tobacco products which you light and smoke, and include, for example, cigarettes or hand-rolling tobacco.

When answering these questions please do **NOT** include:

- cigarettes that include no tobacco, electronic cigarettes or vaping devices

INTERVIEWER: PRESS 1 AND ENTER TO CONTINUE

[SmokEv] SmokEv08

May I just check, have you ever smoked a cigarette, a cigar or a pipe?

CODE ALL THAT APPLY.

- | | | |
|---|----------------|------------|
| 1 | Yes: cigarette | [SmokEv08] |
| 2 | Yes: cigars | [SmokEv09] |
| 3 | Yes: pipe | [SmokEv10] |
| 4 | No | [SmokEv11] |

IF ANY SmokEv08 to Smokev10 = yes THEN SmokEver = Yes; IF SmokEv08 = 4 THEN SmokEver = N

IF SmokEver = Yes THEN

[SmokNow15] SmokeNow

Do you smoke cigarettes nowadays?

- 1 Yes
- 2 No

IF SmokeNow = Yes THEN

[DlySmoke]

About how many cigarettes a day do you usually smoke on weekdays?

IF RESPONDENT CAN ONLY GIVE RANGE, TAKE THE MID-POINT.

IF LESS THAN ONE A DAY, ENTER 0

IF SMOKES ROLL-UPS AND CANNOT GIVE CIGARETTE NO., CODE 97.

Range: 0..97

IF DlySmoke = 97 THEN

[DlyEst] RoIDly

How much tobacco do you usually smoke on weekdays?

CODE HERE WHETHER THE AMOUNT IS TO BE CODED IN GRAMS OR OUNCES.

ENTER THE AMOUNT AT THE NEXT QUESTION:

- 1 Grams
- 2 Ounces

IF DlyEst = Grams THEN

[DlyG] GramRol

ENTER AMOUNT IN GRAMS

Range: 0..100

IF DlyEst = Ounces OR Don't know THEN

[DlyOz] OuncRol

ENTER AMOUNT IN OUNCES

Range: 0.00..100.00

IF SmokeNow = Yes THEN

[WkndSmok]

And about how many cigarettes a day do you usually smoke at weekends?

IF RESPONDENT CAN ONLY GIVE RANGE, TAKE THE MID-POINT.

IF LESS THAN ONE A DAY, ENTER 0

IF SMOKES ROLL-UPS AND CANNOT GIVE CIGARETTE NO., CODE 97.

Range : 0..97

IF WkndSmok = 97 THEN

[WkndEst] RolWknd

How much tobacco do you usually smoke on weekends?

CODE HERE WHETHER THE AMOUNT IS TO BE CODED IN GRAMS OR OUNCES.

ENTER THE AMOUNT AT THE NEXT QUESTION

- 1 Grams
- 2 Ounces

IF WkndEst = Grams THEN

[WkndG] GramWknd

ENTER AMOUNT IN GRAMS

Range: 0..100

IF WkndEst = Ounces THEN

[WkndOz] OuncWknd

ENTER AMOUNT IN OUNCES

Range: 0.00..100.00

ASK ALL

[ECigEv16]

Have you ever used an electronic cigarette (e-cigarette), or any other vaping device?

INTERVIEWER NOTE: AN ELECTRONIC CIGARETTE IS A DEVICE THAT CAN LOOK LIKE A NORMAL CIGARETTE (THOUGH SOME CAN LOOK DIFFERENT) AND THAT USES A BATTERY TO CREATE A VAPOUR THAT CAN LOOK LIKE SMOKE. UNLIKE NORMAL CIGARETTES, THEY DO NOT BURN, NOR CONTAIN TOBACCO, THEY SHOULD NOT BE CONFUSED WITH NICOTINE INHALERS/INHALATORS, WHICH ARE LICENSED NICOTINE REPLACEMENT THERAPY (NRT) PRODUCTS. E-CIGARETTES ARE SOLD AS AN ALTERNATIVE TO SMOKING.

- 1 Yes
- 2 No

IF ECigEv16=1 THEN

[ECigNw16]

Do you use an e-cigarette or vaping device at all nowadays?

- 1 Yes
- 2 No

IF ECigNw16=yes

[OftECigC]

How often in the last **four weeks** have you used an e-cigarette or vaping device?

- 1 Every day
- 2 4-6 days a week
- 3 2-3 days a week
- 4 Once a week
- 5 2-3 times in the last 4 weeks
- 6 Once in the last 4 weeks
- 7 Not at all in last 4 weeks

ASK ALL

[Passive...]

Are you regularly exposed to other people's tobacco smoke in any of these places?

PROBE: Where else?

INTERVIEWER: If asked: only include current exposure to other people's tobacco.

CODE ALL THAT APPLY

- | | | |
|---|--|-------------|
| 1 | At own home | [Passive1] |
| 2 | At work | [Passive2] |
| 3 | In other people's homes | [Passive3] |
| 4 | In cars, vans etc | [Passive4a] |
| 5 | Outside of buildings (e.g. pubs, shops, hospitals) | [Passive5a] |
| 6 | In other public places | [Passive6a] |
| 7 | No, none of these | [Passive7a] |

ASK IF SmokNow15 = Yes AND/OR ECigNw16 = Yes

[SmkDif]

Since lockdown began **on the 23rd March 2020**, has the amount you smoke changed in any way?

Single code

- 1 Yes, increased
- 2 Yes, decreased
- 3 No, it has stayed the same
- 4 Don't know
- 5 Refused

Drinking module (All)

ASK ALL

[Drink]

I am now going to ask you a few questions about what you drink – that is if you drink. Do you ever drink alcohol nowadays, including drinks you brew or make at home?

- 1 Yes
- 2 No

ASK ALL WHO DRINK ALCOHOL AT ALL NOWADAYS

(IF Drink = Yes)

[DrinkL7]

We know that what people drink can vary a lot from week to week, so I'd like to ask you a few questions about last week. Did you have an alcoholic drink in the seven days ending yesterday?

- 1 Yes
- 2 No

IF DrinkL7=Yes THEN

[DrnkDay]

On how many days out of the last seven did you have an alcoholic drink?
Range: 1..7

IF DrnkDay = 2 to7 days THEN

[DrnkSame]

Did you drink more on one of the days (*some days than others*), or did you drink about the same on both (*each of those*) days?

- 1 Drank more on one/some day(s) than other(s)
- 2 Same each day

IF DrinkL7=Yes THEN

[WhichDay]

Which day (*last week*) did you (*last have an alcoholic drink/ have the **most** to drink*)?

- 1 Sunday
- 2 Monday
- 3 Tuesday
- 4 Wednesday
- 5 Thursday
- 6 Friday
- 7 Saturday

[DrnkTy] DrnkType

Thinking about last (*answer to WhichDay*), what types of drink did you have that day?
CODE ALL THAT APPLY.

- | | | |
|---|---|------------|
| 1 | Normal strength beer/lager/cider/shandy | [DrnkTy01] |
| 2 | Strong beer/lager/cider | [DrnkTy02] |
| 3 | Spirits or liqueurs | [DrnkTy03] |
| 4 | Sherry, martini or buckfast | [DrnkTy04] |
| 5 | Wine, babycham, champagne or prosecco | [DrnkTy05] |
| 6 | Alcopops/Pre-mixed alcoholic drinks | [DrnkTy06] |
| 7 | Other alcoholic drinks | [DrnkTy07] |
| 8 | Low alcohol drinks | [DrnkTy08] |

IF DrnkTy=Normal strength beer/lager/cider/shandy (IF DrnkTy01 mentioned) THEN

[NBrL7]

Still thinking about last (*answer to WhichDay*), how much NORMAL STRENGTH BEER, LAGER, STOUT, CIDER or SHANDY (excluding cans and bottles of shandy) did you drink that day?

INTERVIEWER: CODE MEASURES THAT YOU ARE GOING TO USE.

- | | | |
|---|------------|----------|
| 1 | Half pints | [NBrL71] |
| 2 | Small cans | [NBrL72] |
| 3 | Large cans | [NBrL73] |
| 4 | Bottles | [NBrL74] |

IF NBrL7=Half pints (IF NBrL71 mentioned) THEN

[NBrL7Q1]

ASK OR CODE: How many half pints of NORMAL STRENGTH BEER, LAGER, STOUT, CIDER or SHANDY (excluding cans and bottles of shandy) did you drink that day?

Range: 1..97

IF NBrL7=Small cans (IF NBrL72 mentioned) THEN

[NBrL7Q2]

ASK OR CODE: How many small cans of NORMAL STRENGTH BEER, LAGER, STOUT or CIDER did you drink that day?

Range: 1..97

IF NBrL7=Large cans (IF NBrL73 mentioned) THEN

[NBrL7Q3]

ASK OR CODE: How many large cans of NORMAL STRENGTH BEER, LAGER, STOUT or CIDER did you drink that day?

Range: 1..97

IF NBrL7=Bottles (IF NBrL74 mentioned) THEN

[Nberqbt7] NBrL7Q4

ASK OR CODE: How many bottles of NORMAL STRENGTH BEER, LAGER, STOUT or CIDER did you drink that day?

Range: 1..97

[Nbotl7]

ASK OR CODE: What make of NORMAL STRENGTH BEER, LAGER, STOUT or CIDER did you drink from bottles on that day?

INTERVIEWER: IF RESPONDENT DRANK DIFFERENT MAKES CODE WHICH THEY DRANK MOST.

Text: Maximum 21 characters

[L7NcodEq]

EDIT ONLY:

PLEASE LOOK UP AND ENTER PINT EQUIVALENT OF A BOTTLE OF (*Name of Bottle*)

VALID ENTRIES ARE 0.00, 0.32, 0.35, 0.44, 0.48, 0.50, 0.58, 0.77, 0.88, 0.97 AND 1.00.

ENTER 9.99 IF CANNOT CODE

IF DrnkTy=Strong beer/lager/cider (IF DrnkTy02 mentioned) THEN

[SBrL7]

Still thinking about last (*answer to WhichDay*), how much STRONG BEER, LAGER, STOUT or CIDER did you drink that day?

INTERVIEWER: CODE MEASURES THAT YOU ARE GOING TO USE.

- | | | |
|---|------------|----------|
| 1 | Half pints | [SBrL71] |
| 2 | Small cans | [SBrL72] |
| 3 | Large cans | [SBrL73] |
| 4 | Bottles | [SBrL74] |

IF SBrL7=Half pints (IF SBrL71 mentioned) THEN

[SBrL7Q1]

ASK OR CODE: How many half pints of STRONG BEER, LAGER, STOUT or CIDER did you drink on that day?

Range: 1..97

IF SBrL7=Small cans (IF SBrL72 mentioned) THEN

[SBrL7Q2]

ASK OR CODE: How many small cans of STRONG BEER, LAGER, STOUT or CIDER did you drink on that day?

Range: 1..97

IF SBrL7=Large cans (IF SBrL73 mentioned) THEN

[SBrL7Q3]

ASK OR CODE: How many large cans of STRONG BEER, LAGER, STOUT or CIDER did you drink on that day?

Range: 1..97

IF SBrL7=Bottles (IF SBrL74 mentioned) THEN

[sberqbt7] SBrL7Q4

ASK OR CODE: How many bottles of STRONG BEER, LAGER, STOUT or CIDER did you drink on that day?

Range: 1..97

[Sbotl7]

ASK OR CODE: What make of STRONG BEER, LAGER, STOUT or CIDER did you drink from bottles on that day?

INTERVIEWER: IF RESPONDENT DRANK DIFFERENT MAKES CODE WHICH THEY DRANK MOST.

Text: Maximum 21 characters

[L7ScodEq]

PLEASE LOOK UP AND ENTER PINT EQUIVALENT OF A BOTTLE OF (*Name of Bottle*)

VALID ENTRIES ARE 0.00, 0.32, 0.35, 0.44, 0.48, 0.50, 0.58, 0.77, 0.88, 0.97 AND 1.00.

ENTER 9.99 IF CANNOT CODE

IF DrnkTy=Spirits (IF DrnkTy03 mentioned) THEN

[SpirL7]

Still thinking about last (*answer to WhichDay*), how much spirits or liqueurs (such as gin, whisky, brandy, rum, vodka, or cocktails) did you drink on that day?

CODE THE NUMBER OF SINGLES – COUNT DOUBLES AS TWO SINGLES.

25ml = 1 shot/single

1/5 70cl bottle = 5.5 singles

1/4 70cl bottle = 7 singles

1/3 70cl bottle = 9.5 singles

1/2 70cl bottle = 14 singles

70cl bottle = 28 singles

1L bottle = 40 singles

Range: 1..97

IF DrnkTy=Sherry (IF DrnkTy04 mentioned) THEN

[ShryL7]

Still thinking about last (*answer to WhichDay*), how much sherry or martini, including port, vermouth, Cinzano, or Buckfast did you drink on that day?

CODE THE NUMBER OF GLASSES.

Range: 1..97

IF DrnkTy=Wine (IF DrnkTy05 mentioned) THEN

[WineL7]

Still thinking about last (*name of day*) how much wine, including Babycham, champagne and prosecco, did you drink on that day?

INTERVIEWER: Code the measure the respondent used.

Please note that respondent may give answer in bottles and glasses.

Code **small** bottles (e.g. 250ml, 175ml) as glasses, not bottles.

Please code the relevant option.

- 1 Bottle or parts of bottle
- 2 Glasses
- 3 Both bottles or parts of bottle, and glasses

IF WineL7 = Bottle or parts of bottle OR Both bottles and glasses

[WL7Bt]

INTERVIEWER: Code the number of 125ml glasses drunk **from the bottle** by the respondent.

e.g. If they drank half a bottle, code 3 glasses.
Press <F9> for more information.
Range: 1.0..97.9

Interviewer information screen:

1 750ml bottle= 6 glasses.
½ 750ml bottle= 3 glasses.
⅓ 750ml bottle= 2 glasses.
¼ 750ml bottle= 1.5 glasses.
1 litre = 8 glasses.
½ litre = 4 glasses.
⅓ litre = 2.5 glasses.
¼ litre = 2 glasses.

If respondent has answered in bottles or litres, convert to glasses using the information provided on the screen.

For example, if a respondent said they usually share a bottle with one other person and they share it equally, code 3 glasses.

Small bottles (e.g. 250ml, 175ml) should **not** be coded here – record them as glasses.
Press <Esc> to close.

IF WineL7 = Glasses OR Both bottles and glasses

[WL7GI]

INTERVIEWER: Code the number of glasses (**drunk as glasses**).

Range: 1.0..97.9

[WL7Giz]\$

Were you drinking from a large, standard, or small glass? A large glass is 250ml, a standard glass is 175ml and a small is 125ml. If you ordered a standard or small glass of wine in a restaurant or bar, this would usually be 175ml.

INTERVIEWER: If respondent drank from two or three different size glasses, please code all that apply.

Please note that if respondent was drinking in a pub or wine bar and had a small glass, this would usually be 175ml. Also record the size of small bottles here.

- | | | |
|---|------------------------|-----------|
| 1 | Large glass (250ml) | [WL7Giz1] |
| 2 | Standard glass (175ml) | [WL7Giz2] |
| 3 | Small glass (125ml) | [WL7Giz3] |

IF WL7Giz1=mentioned THEN

[ml250Giz]

How many large 250ml glasses did you drink?

Range: 1.0..97.9

IF WL7Giz2=mentioned THEN

[ml175Giz]

How many standard 175ml glasses did you drink?

Range: 1.0..97.9

IF WL7Glz3=mentioned THEN

[ml125Glz]

How many small 125ml glasses did you drink?

Range: 1.0..97.9

IF DrnkTy=Alcoholic lemonades/colas (IF DrnkTy06 mentioned) THEN

[PopsL7]

Still thinking about last (*answer to Which Day*), how much alcopops or pre-mixed alcoholic drinks such as WKD, Smirnoff Ice, Bacardi Breezer etc. did you drink on that day?

INTERVIEWER: CODE MEASURES THAT YOU ARE GOING TO USE.

- | | | |
|---|--------------------------|-----------|
| 1 | Small cans | [PopsL71] |
| 2 | Standard bottles (275ml) | [PopsL72] |
| 2 | Large bottles (700ml) | [PopsL73] |

IF PopsL7=Small cans (IF PopsL71 mentioned) THEN

[PopsL7Q1]

ASK OR CODE: How many small cans of alcopops or pre-mixed alcoholic drinks did you drink on that day?

Range: 1..97

IF PopsL703=Standard Bottles (IF PopsL72 mentioned) THEN

[PopsL7Q2]

ASK OR CODE: How many standard bottles of alcopops or pre-mixed alcoholic drinks did you drink on that day?

Range: 1..97

IF PopsL703=Large Bottles (IF PopsL73 mentioned) THEN

[PopsL7Q3]

ASK OR CODE: How many large bottles of alcopops or pre-mixed alcoholic drinks did you drink on that day?

Range: 1..97

IF DrnkType=Other (IF DrnkTy07 mentioned) THEN

[OthL7TA]

Still thinking about last (*answer to WhichDay*), what other type of alcoholic drink did you drink on that day?

CODE FIRST MENTIONED ONLY

Text: Maximum 30 characters

[OthL7QA]*

How much (*name of 'other' alcoholic drink*) did you drink on that day?

WRITE IN HOW MUCH. REMEMBER TO SPECIFY HALF PINTS/ SINGLES/GLASSES/ BOTTLES.

Text: Maximum 30 characters

[OthL7B]*

Did you drink any other type of alcoholic drink on that day?

- | | |
|---|-----|
| 1 | Yes |
| 2 | No |

**ASK ALL WHO DRINK ALCOHOL AT ALL NOWADAYS
(IF Drink = Yes)**

[DrkDifDy]

Since **lockdown began on the 23rd March 2020**, would you say that the **number of days per week** on which you have drunk alcohol has changed?

Single code

- 1 Yes, increased
- 2 Yes, decreased
- 3 Stayed the same
- 4 Don't know
- 5 Refused

[DrkDifAm]

Since **lockdown began on the 23rd March 2020**, would you say that the **amount** of alcohol you have drunk on a typical day has changed?

Single code

- 1 Yes, increased
- 2 Yes, decreased
- 3 Stayed the same
- 4 Don't know
- 5 Refused

Dental health (All)

ASK ALL

[NatTeeth]

Adults can have up to **32** natural teeth but over time people lose some of them. How many natural teeth, including crowns have you got?

- 1 No natural teeth
- 2 Fewer than 10 natural teeth
- 3 Between 10 and 19 natural teeth
- 4 20 or more natural teeth

[TthPain]

Have you had any toothache or pain in your mouth within the last month, or are you having any at present?

- 1 Yes
- 2 No

[MthIssue]

Do you currently have any problems with your mouth, teeth or dentures that cause you difficulty with any of the following?

INTERVIEWER: PLEASE CODE ALL THAT APPLY.

- 1 Yes, eating food
- 2 Yes, speaking clearly
- 3 Yes, smiling, laughing and showing teeth without embarrassment
- 4 Yes, emotional stability, for example, becoming more easily upset than usual
- 5 Yes, enjoying the company of other people such as family, friends, or neighbours
- 6 No, none of these

[IntroPSC]

INTERVIEWER READ OUT: The next questions are more sensitive as they are about mental health and wellbeing and loneliness. You may find that some of the questions asked are quite personal in nature. If you feel unable, or if you are uncomfortable, in answering a question then you do not have to answer that question.

Food insecurity module (All)

The next questions ask about whether you, or anyone else in your household, worry about being able to buy enough food. They ask whether you have enough money to buy the quantity of food your household needs, rather than whether you have enough money to eat a nutritious or balanced diet.

ASK ALL

During **the last 12 months**, was there a time when:

[WRFOOD]

You were worried you would run out of food because of a lack of money or resources?

- 1 Yes
- 2 No

IF WRFOOD =1 (YES) THEN

[ATELESS]

You ate less than you thought you should because of a lack of money or other resources?

- 1 Yes
- 2 No

IF ATELESS =1 (YES) THEN

[HHFOOD]

Your household ran out of food because of lack of money or other resources?

- 1 Yes
- 2 No

Social capital & loneliness module (All)

[Contact]

Not counting the people you live with, how often do you personally contact your relatives, friends or neighbours either in person, by phone, letter, email or through the internet?

- 1 On most days
- 2 Once or twice a week
- 3 Once or twice a month
- 4 Less often than once a month
- 5 Never

[PCrisis]

If you had a serious personal crisis, how many people, if any, do you feel you could turn to for comfort and support?

INTERVIEWER: If more than 15, code as 15.

Range: 0..15

[Lonely]

How often have you felt lonely in the past two weeks?

- 1 All of the time
- 2 Often
- 3 Some of the time
- 4 Rarely
- 5 Never

Mental wellbeing module (All)

ASK ALL

INTERVIEWER READ OUT: I'm going to ask you some questions about your feelings and thoughts. Please choose the answer option that best describes your experience over the past two weeks.

[Optim]

I've been feeling optimistic about the future

- 1 None of the time
- 2 Rarely
- 3 Some of the time
- 4 Often
- 5 All of the time

[Use]

I've been feeling useful

- 1 None of the time
- 2 Rarely
- 3 Some of the time
- 4 Often
- 5 All of the time

[Relax]

I've been feeling relaxed

- 1 None of the time
- 2 Rarely
- 3 Some of the time
- 4 Often
- 5 All of the time

[interest]

I've been feeling interested in other people

- 1 None of the time
- 2 Rarely
- 3 Some of the time
- 4 Often
- 5 All of the time

[Energy]

I've had energy to spare

- 1 None of the time
- 2 Rarely
- 3 Some of the time
- 4 Often
- 5 All of the time

[Deal]

I've been dealing with problems well

- 1 None of the time
- 2 Rarely
- 3 Some of the time
- 4 Often
- 5 All of the time

[Think]

I've been thinking clearly

- 1 None of the time
- 2 Rarely
- 3 Some of the time
- 4 Often
- 5 All of the time

[Good]

I've been feeling good about myself

- 1 None of the time
- 2 Rarely
- 3 Some of the time
- 4 Often
- 5 All of the time

[Close]

I've been feeling close to other people

- 1 None of the time
- 2 Rarely
- 3 Some of the time
- 4 Often
- 5 All of the time

[Confid2]

I've been feeling confident

- 1 None of the time
- 2 Rarely
- 3 Some of the time
- 4 Often
- 5 All of the time

[Mind]

I've been able to make up my own mind about things

- 1 None of the time
- 2 Rarely
- 3 Some of the time

- 4 Often
- 5 All of the time

[Love]

I've been feeling loved

- 1 None of the time
- 2 Rarely
- 3 Some of the time
- 4 Often
- 5 All of the time

[Intrst2]

I've been interested in new things

- 1 None of the time
- 2 Rarely
- 3 Some of the time
- 4 Often
- 5 All of the time

[Cheer]

I've been feeling cheerful

- 1 None of the time
- 2 Rarely
- 3 Some of the time
- 4 Often
- 5 All of the time

INTERVIEWER READ OUT: I'm going to ask you some questions about how your health has been in general over the past few weeks. Please choose the answer option that you think most applies to you.

[GHQCONC]

Have you recently been able to concentrate on whatever you're doing?

- Better than usual
- Same as usual
- Less than usual
- Much less than usual

[GHQSLEEP]

Have you recently lost much sleep over worry?

- Not at all
- No more than usual
- Rather more than usual
- Much more than usual

[GHQUSE]

Have you recently felt you were playing a useful part in things?

More so than usual
Same as usual
Less useful than usual
Much less useful

[GHQDECIS]

Have you recently felt capable of making decisions about things?

More so than usual
Same as usual
Less so than usual
Much less capable

[GHQSTRAI]

Have you recently felt constantly under strain?

Not at all
No more than usual
Rather more than usual
Much more than usual

[GHQOVER]

Have you recently felt you couldn't overcome your difficulties?

Not at all
No more than usual
Rather more than usual
Much more than usual

[GHQENJOY]

Have you recently been able to enjoy your normal day-to-day activities?

More so than usual
Same as usual
Less so than usual
Much less than usual

[GHQFACE]

Have you recently been able to face up to your problems?

More so than usual
Same as usual
Less able than usual
Much less able

[GHQUNHAP]

Have you recently been feeling unhappy and depressed?

Not at all
No more than usual
Rather more than usual

Much more than usual

[GHQCONFI]

Have you recently been losing confidence in yourself?

Not at all

No more than usual

Rather more than usual

Much more than usual

[GHQWORTH]

Have you recently been thinking of yourself as a worthless person?

Not at all

No more than usual

Rather more than usual

Much more than usual

[GHQHAPPY]

Have you recently been feeling reasonably happy, all things considered?

More so than usual

About same as usual

Less so than usual

Much less than usual

[AnxInt]

The next few questions ask about how you've been feeling lately and if you've been feeling depressed, worried or anxious.

Press 1 and enter to continue.

[J1SC]

Have you been feeling anxious or nervous in the past month?

1 Yes, anxious or nervous

2 No

IF J1SC = No THEN

[J2SC]

In the past month, did you ever find your muscles felt tense or that you couldn't relax?

1 Yes

2 No

ALL

[J3SC]

Some people have phobias; they get nervous or uncomfortable about specific things or situations when there is no real danger. For instance they may get extremely anxious when in confined spaces, or they may have a fear of heights. Others become nervous at the sight of things like blood or spiders.

In the past month have you felt anxious, nervous or tense about any specific things when there was no real danger?

- 1 Yes
- 2 No

IF RESPONDENT HAS EXPERIENCED ANXIETY AND PHOBIA ((IF J1SC=Yes AND J3SC=Yes) OR (J2SC=Yes AND J3SC=Yes)) THEN

[J5SC]

In the past month, when you felt anxious/nervous/tense, was this always brought on by the phobia about some specific situation or thing or did you sometimes feel generally anxious/nervous/tense?

- 1 Always brought on by phobia
- 2 Sometimes generally anxious

IF J5SC = Sometimes generally anxious THEN

[J6SC]

The next questions are concerned with general anxiety/nervousness/tension only.

On how many of the past seven days have you felt generally anxious/nervous/tense?

- 1 4 days or more
- 2 1 to 3 days
- 3 None

IF RESPONDENT HAS EXPERIENCED GENERAL ANXIETY ONLY (IF (J1SC=Yes AND J3SC=No) OR (J2SC=Yes AND J3SC=No)) THEN

[J7SC]

On how many of the past seven days have you felt generally anxious/nervous/tense?

- 1 4 days or more
- 2 1 to 3 days
- 3 None

IF RESPONDENT HAS EXPERIENCED ANXIETY FOR AT LEAST 1 DAY (IF J6SC IN [1..2] OR J7SC IN [1..2]) THEN

[J8SC]

In the past week, has your anxiety/nervousness/tension been:

RUNNING PROMPT

- 1 ...very unpleasant
- 2 ...a little unpleasant
- 3 ...or not unpleasant?

[J9SC]

In the past week, when you've been anxious/nervous/tense, have you had any of the symptoms shown below?

- 1 Heart racing or pounding
- 2 Hands sweating or shaking
- 3 Feeling dizzy
- 4 Difficulty getting your breath
- 5 Butterflies in stomach
- 6 Dry mouth
- 7 Nausea or feeling as though you wanted to vomit

**IF RESPONDENT HAS EXPERIENCED ANY OF THE SYMPTOMS LISTED IF J9SC=Yes)
THEN**

[J9A..]

Which of these symptoms did you have when you felt anxious/nervous/tense?

CODE ALL THAT APPLY

- | | | |
|---|---|----------|
| 1 | Heart racing or pounding | [J9A1SC] |
| 2 | Hands sweating or shaking | [J9A2SC] |
| 3 | Feeling dizzy | [J9A3SC] |
| 4 | Difficulty getting your breath | [J9A4SC] |
| 5 | Butterflies in stomach | [J9A5SC] |
| 6 | Dry mouth | [J9A6SC] |
| 7 | Nausea or feeling as though you wanted to vomit | [J9A7SC] |

**IF RESPONDENT HAS EXPERIENCED ANXIETY FOR AT LEAST 1 DAY (IF J6SC IN [1..2] OR
J7SC IN [1..2]) THEN**

[J10SC]

Have you felt anxious/nervous/tense for more than 3 hours in total on any one of the past seven days?

- 1 Yes
- 2 No

[J11SC]

How long have you had these feelings of general anxiety/nervousness/tension as you described?

- 1 Less than 2 weeks
- 2 2 weeks but less than 6 months
- 3 6 months but less than 1 year
- 4 1 year but less than 2 years
- 5 2 years or more

[G1SC]

Almost everyone becomes sad, miserable or depressed at times.

Have you had a spell of feeling sad, miserable or depressed in the past month?

- 1 Yes
- 2 No

[G2SC]

During the past month, have you been able to enjoy or take an interest in things as much as you usually do?

- 1 Yes
- 2 No/no enjoyment or interest

IF G1SC = Yes THEN

[G4SC]

In the past week have you had a spell of feeling sad, miserable or depressed?

- 1 Yes
- 2 No

IF G2SC= No THEN

[G5SC]

In the past week have you been able to enjoy or take an interest in things as much as usual?

- 1 Yes
- 2 No/no enjoyment or interest

IF (G4SC = Yes) OR (G5SC = No/no enjoyment or interest) THEN

[G6SC]

Since last [Sunday/Monday/Tuesday/Wednesday/Thursday/Friday/Saturday] on how many days have you felt [depressed or unable to take an interest in things/sad, miserable or depressed/unable to enjoy or take an interest in things]?

- 1 4 days or more
- 2 1 to 3 days
- 3 None

[G7SC]

Have you felt [depressed or unable to take an interest in things/sad, miserable or depressed/unable to enjoy or take an interest in things] for more than 3 hours in total (on any day in the past week)?

- 1 Yes
- 2 No

[G9SC]

In the past week when you felt sad, miserable or depressed/unable to enjoy or take an interest in things, did you ever become happier when something nice happened, or when you were in company?

- 1 Yes, at least once
- 2 No

[G10SC]

How long have you been feeling sad, miserable or depressed/unable to enjoy or take an interest in things as you have described?

- 1 Less than 2 weeks
- 2 2 weeks but less than 6 months
- 3 6 months but less than 1 year
- 4 1 year but less than 2 years
- 5 2 years but less than 5 years
- 6 5 years but less than 10 years
- 7 10 years or more

Self-reported measurements module (All)

ASK ALL WOMEN AGED 16-49

[PregNowB]

May I check, are you pregnant now?

- 1 Yes
- 2 No

ASK ALL

[SifHt]

INTERVIEWER: Ask (respondent) for an estimated height. Will it be given in metres or in feet and inches?

If respondent doesn't know height use <Ctrl K>, if respondent isn't willing to give height use <Ctrl R>.

- 1 Metres
- 2 Feet and inches

[SifWt]

INTERVIEWER: Ask (respondent) for an estimated weight. Will it be given in kilograms or in stones and pounds?

If respondent doesn't know weight use <Ctrl K>, if respondent isn't willing to give weight use <Ctrl R>.

- 1 Kilograms
- 2 Stones and pounds

[WtDif]

Since **lockdown began on 23rd March 2020**, would you say that your weight has changed?

- 1 Yes, increased
- 2 Yes, decreased
- 3 Stayed the same
- 4 Don't know
- 5 Refused

Ethnic background and religion module (All)

ASK ALL

[Ethnic12]* Ethnic09

Please tell me how you would best describe your ethnic group or background

INTERVIEWER:

Select the most appropriate option from the list below and confirm with respondent.

If respondent disagrees with option selected, then provide them with the relevant alternatives.

CODE ONE ONLY

- 1 A - White: Scottish
- 2 A - White: Other British
- 3 A - White: Irish
- 4 A - White: Gypsy/Traveller
- 5 A - White: Polish
- 6 A - White: Other (WRITE IN)
- 7 B - Mixed: Any mixed or multiple ethnic groups (WRITE IN)
- 8 C - Asian: Pakistani, Pakistani Scottish or Pakistani British
- 9 C - Asian: Indian, Indian Scottish or Indian British
- 10 C - Asian: Bangladeshi, Bangladeshi Scottish or Bangladeshi British
- 11 C - Asian: Chinese, Chinese Scottish or Chinese British
- 12 C - Asian: Other (WRITE IN)
- 13 D - African: African, African Scottish or African British
- 14 D - African: Other (WRITE IN)
- 15 E - Caribbean or Black: Caribbean, Caribbean Scottish or Caribbean British
- 16 E - Caribbean or Black: Black, Black Scottish or Black British
- 17 E - Caribbean or Black: Other (WRITE IN)
- 18 F - Other ethnic group: Arab, Arab Scottish or Arab British
- 19 F - Other ethnic group: other (WRITE IN)

IF Ethnic12=Other white background

[Othwhit]*

WRITE IN ETHNIC GROUP

Text: Maximum 60 characters

IF Ethnic12=Mixed background

[Othmix]*

WRITE IN ETHNIC GROUP

Text: Maximum 60 characters

IF Ethnic12=Other Asian background

[OthAsi]*

WRITE IN ETHNIC GROUP

INTERVIEWER: Write in.

Text: Maximum 60 characters

IF Ethnic12=Other African background

[OthAfr]*

WRITE IN ETHNIC GROUP

INTERVIEWER: Write in.

Text: Maximum 60 characters

IF Ethnic12=Other Caribbean or Black background

[OthBlk]

WRITE IN ETHNIC GROUP

INTERVIEWER: Write in.

Text: Maximum 60 characters

IF Ethnic12=Other

[Otheth]*

WRITE IN ETHNIC GROUP

Text: Maximum 60 characters

Note: All other ethnic group answers recorded under Othwhit- Otheth backcoded into Ethnic12

ASK ALL AGED 16+

[Religi09] ReligioS

What religion, religious denomination or body do you belong to?

INTERVIEWER: DO NOT PROMPT

- 0 None
- 1 Church of Scotland
- 2 Roman Catholic
- 3 Other Christian
- 4 Muslim
- 5 Buddhist
- 6 Sikh
- 7 Jewish
- 8 Hindu
- 9 Pagan
- 10 Another religion (SPECIFY)
- 97 Refused

IF Religi09=3 'Other Christian' THEN

[Religio2]* ReligioSC

How would you describe your religion?

INTERVIEWER: Write in

IF Religi09=10 'another religion' THEN

[Religio3]* ReligioSO

What is the name of the religion, religious denomination or body you belong to?

INTERVIEWER: Write in

Note: All other religion answers recorded under Religio2-Religio3 backcoded into Religio9

[SXORIENT]

Which of the following options best describes how you think of yourself?

Select one only

- 1 Heterosexual or straight
- 2 Gay or Lesbian
- 3 Bisexual
- 4 Other

Consents (All)

ASK ALL

[InfoLeaf]

IMPORTANT: PLEASE MAKE SURE THAT ALL RESPONDENTS HAVE RECEIVED A COPY OF THE SHES INFORMATION LEAFLET PLEASE REMIND RESPONDENTS AT THIS POINT THAT THIS CONTAINS MORE INFORMATION ABOUT HOW THEIR INFORMATION IS USED AND GIVE THEM A CHANCE IF THEY WANT TO READ IT AGAIN OR ASK ANY QUESTIONS.

Health Record linkage

Ask if READCON=2,3

[LinkInf]

If you agree, your survey answers will be linked to some information from your NHS health records on the following:

- any visits to hospital and length of stays.
- Information about diagnosis, treatments and hospital stays for cancer, heart disease, stroke, diabetes and psychiatric episodes.
- Details about registration with a general practitioner and, if you pass away, the date and cause of death.

This is done in such a way that no data which can identify you or any other individual is released, and really increases the value of the information you provide. If you do not want your survey results to be linked to your health records in this way, please tell me.

The Public Benefit and Privacy Panel will review the process for linkage of the survey data with information from the NHS health records.

Press 1 and enter to continue

ASK ALL

INSERT THE QUESTION FROM ADMIN BLOCK HERE ON OPT-OUTS

SG consent

ASK ALL

Add {textfills} if asked [ReadOut]

[FolRes]

In the future, the Scottish Government may want to commission follow-up research among particular groups of the public to improve public policies and services. {More information about this can be found in the letter and leaflet sent to your address and on the survey website.}

If you give your permission, your name, contact details and relevant survey answers may be passed on to the Scottish Government or research agencies for the purpose of further research among particular groups of people to improve health or health services.

Please be assured that any information you provide for this purpose will be released for statistical and research purposes only carried out by reputable research organisations and that your confidentiality will be protected in the publication of any results given.

{Any information passed to any other organisation will be treated in accordance with data protection legislation and will not be used for any purposes other than further research about health or health services.}

If you are invited to take part in any future studies you will be free to refuse if you do not want to take part.

You can cancel this permission at any time in the future by contacting the researchers at ScotCen, using the details provided in the Information Leaflet or on the survey website:
www.scottishhealthsurvey.org

ASK ALL

[FoIResA]

Would you be willing to have your name, contact details and relevant answers you have given during the interview passed on to the Scottish Government or other research agencies acting on behalf of, or in collaboration with, the Scottish Government for this purpose?

- 1 Consent given
- 2 Consent refused

ASK ALL AGED 16+ (IF FoIResA = 1)

[ReIntEmA]

In addition to the other contact details provided during this interview, would you be willing to provide us with your email address so that we can pass this on to the Scottish Government or other research agencies with the permission of the Scottish Government to contact you about taking part in follow-up research? This will only be used for research purposes as previously explained.

IF YES: Please note that we can only accept an email address that is yours and not someone else's? It is fine if both yourself and someone else use the same email address.

INTERVIEWER: IF TWO OR MORE PEOPLE SHARE AN EMAIL ADDRESS, CODE THE AS 'OWN' EMAIL ADDRESS.

- 1. Yes – respondent's own email address,
- 2. Email address refused
- 3. No one in household has email address

ASK IF ReIntEmA = 1 OR 2

[EmailA]

What is the email address?

INTERVIEWER: TYPE IN EMAIL ADDRESS.

: STRING[60]

[EmailChk]

INTERVIEWER: Read out the email below to check that it is correct.

[Display email address entered at *EmailA*]

1. Email address correct
2. Email address not correct

IF EmailChk=2, HARD CHECK: INTERVIEWER: RETURN TO EMAILA AND RE-ENTER THE EMAIL ADDRESS

Thank you section

[Thankyou]

As a thank you, everyone that takes part receives a £10 high street voucher. We'd like to email this to you.

- 1 Respondent happy to have voucher emailed
- 2 Respondent asks for voucher to be posted (INTERVIEWER - do not read out as an option)
- 3 Respondent refuses voucher

Ask if ThankYou=1 AND RelntEmA=1 and EmailChk=1

[EmailThk]

Is it okay to send it to the email address you just provided?

[Display email address entered at *EmailA*]

- 1 Yes
- 2 No

Ask if ThankYou=1 AND RelntEA=2,3

RelntEmb

Do you have an email address we can email your £10 voucher to?

1. Yes – respondent's own email address,
2. Email address refused
3. No one in household has email address

ASK IF RelntEmB = 1

[EmailB]

What is the email address?

INTERVIEWER: TYPE IN EMAIL ADDRESS.

: STRING[60]

[EmailChkB]

INTERVIEWER: Read out the email below to check that it is correct.

[Display email address entered at *EmailB*]

1. Email address correct
2. Email address not correct

IF EmailChkB=2, HARD CHECK: INTERVIEWER: RETURN TO EMAILB AND RE-ENTER THE EMAIL ADDRESS

ASK IF ReIntEmB=2,3 OR ThankYou=2

[PostVouch]

That's okay. We will post the voucher to your address.

- 1 Respondent happy to have voucher posted
- 2 Respondent doesn't want a voucher

ASK (if ThankYou=1 and EmailChk=1) OR (ThankYou=1 and EmailChkB=1) OR

(PostVouch=1)

[ThankSoon]

It can take up to three weeks for your voucher to arrive, but it may come quicker than this.

INTERVIEWER: Press 1 and Enter

An Experimental Official Statistics publication for Scotland

Official and National Statistics are produced to high professional standards set out in the Code of Practice for Official Statistics. Both undergo regular quality assurance reviews to ensure that they meet customer needs and are produced free from any political interference.

Experimental statistics are a subset of newly developed or innovative official statistics that are undergoing evaluation. Experimental statistics are developed under the guidance of the Head of Profession for Statistics and are published in order to involve users and stakeholders in the assessment of their suitability and quality at an early stage.

Correspondence and enquiries

For enquiries about this publication please contact:

Julie Landsberg, Health and Social Care Analysis, DG Health and Social Care
Telephone: 0131 244 2368, e-mail: Scottish_Health_Survey@gov.scot

For general enquiries about Scottish Government statistics please contact:

Office of the Chief Statistician, Telephone: 0131 244 0442,
e-mail: statistics.enquiries@scotland.gsi.gov.uk

How to access background or source data

The data collected for the Scottish Health Survey:

- are made available via the UK Data Service
- may be made available on request, subject to consideration of legal and ethical factors. Please contact Scottish_Health_Survey@gov.scot for further information.

Further breakdowns of the data:

- are available via the Scottish Health Survey website
<https://www.gov.scot/collections/scottish-health-survey>

Complaints and suggestions

If you are not satisfied with our service or have any comments or suggestions, please write to the Chief Statistician, 3WR, St Andrews House, Edinburgh, EH1 3DG, Telephone: (0131) 244 0302, e-mail statistics.enquiries@scotland.gsi.gov.uk.

If you would like to be consulted about statistical collections or receive notification of publications, please register your interest at www.gov.scot/scotstat
Details of forthcoming publications can be found at www.gov.scot/statistics

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Any enquiries regarding this publication should be sent to us at
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