



Scottish Government  
Riaghaltas na h-Alba



# The Scottish Health Survey

2022 edition | Volume 2 | Technical Report

An accredited Official Statistics Publication for Scotland

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An Accredited Official Statistics Publication for Scotland

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# Chapter 1

Methodology and response

# Chapter 1 Methodology and response

Victoria Wilson & Stephen Hinchliffe

## 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 2018-2023 surveys are being conducted by The Scottish Centre for 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 Aberdeen<sup>1</sup>.

Fieldwork for the 2020 and 2021 surveys was significantly affected by the COVID-19 pandemic, while the 2022 survey was a transitional year from pandemic approaches to a more standard SHeS methodology. Fieldwork for SHeS 2020 was suspended in March 2020. Data for some of the key measures from SHeS was collected via a telephone survey in August and September 2020. Due to the testing of a new methodology for the SHeS survey within the context of the COVID-19 pandemic, the survey results for 2020 were presented as experimental statistics. These results have not been included in time series analysis presented in Volume 1 of this report.

Further details of the approaches used for the 2021 survey can be found in Chapter 1 of the [Scottish Health Survey 2021 - volume 2: technical report](#). Please note that while the 2021 survey includes most of the 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.

### 1.1.2 The SHeS 2022 Fieldwork

There were two phases of fieldwork for SHeS 2022 for both the Core sample and Child Boost samples.

During Phase 1 for the Core sample, potential participants were contacted by letter and recruited to participate by interviewers knocking on their door, in what is termed a 'knock-to-nudge' methodology. Interviews were conducted by telephone. This phase covered the months of March and April 2022 and included similar content to earlier survey years, as well as interviews with or on behalf of children. The Core sample Phase 2 began in May 2022. Potential respondents were again contacted by letter but were then invited to take part in an in-home interview. A telephone contingency was retained for

respondents unwilling to have the interviewer enter their home due to health concerns. This second phase only began once COVID-19 restrictions in Scotland had been lifted to the extent that Scottish Government ministers and the Chief Medical Officer gave permission for in-home interviewing to recommence on Scottish Government surveys. The shift to an in-home approach had a positive impact on sample composition, with greater representation in the final sample of respondents in the most deprived Scottish Index of Multiple Deprivation (SIMD) quintiles compared to a solely telephone or knock-to-nudge approach.

Whilst there was a shift from telephone to in-home data collection between phases 1 and 2, because both phases utilised doorstep/in-person contact it was assumed that the response rate would not change significantly – unlike if there was a shift from fully remote ‘opt-in’ recruitment. As such, a single sample was drawn to cover both of the Core phases.

Between March and July 2022, participants from the child boost sample continued to be invited to opt in via letter. Fieldwork for the child boost sample was suspended in August 2022 to allow the transition to the second phase which utilised a sample linked to the Community Health Index (CHI) database. This was undertaken following approval from the Scottish Government’s Public Benefits and Privacy Panel. The transition to the use of the CHI database was undertaken to increase the efficiency of the sample. Prior to the suspension of fieldwork at the outset of the COVID-19 pandemic, the child boost sample was drawn without any indication as to whether there may be children under 16 living in the sampled households. This meant that approximately four-fifths of households visited did not have children under the age of 16 living in them. The transition to sampling via CHI database linkage was used to try and identify households with children under 16 living in them and while a margin for error remains with this approach, it was found to be much more efficient than the previous sampling approach.

### **1.1.3 Aims of the Scottish Health Survey**

The purpose of SHeS is to provide information at national level about the health of the population and the ways in which lifestyle factors are associated with health. 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.



The specific aims of SHeS are:

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

Each survey in the SHeS series has a set of core questions and measurements (height and weight and, if applicable, blood pressure, waist circumference and saliva samples), plus modules of questions on specific health conditions and health risk factors that vary from year to year. Each year the main sample has been augmented by an additional boosted sample for children.

The purpose of the SHeS 2022 survey was to provide this same information at national level in the context of the transition from the height of the COVID-19 pandemic. The SHeS series now has trend data going back 27 years and providing this time series is an important function of the survey.

#### **1.1.4 The 2022 survey**

The 2022 Scottish Health Survey was designed to provide data at national level about the population living in private households in Scotland. The survey covered all ages.

The target sample size for the 2022 survey was the same as that for 2018, 2019 and 2021. Due to the reintroduction of doorstep contact in late 2021 and the reintroduction of in-home interviewing in May 2022, the issued sample was smaller than in 2021.

An initial sample of 8,689 Core addresses (main sample version A and main sample version B) and 16,266 child boost addresses were drawn from the Postcode Address File (PAF) in 2022 on the basis of the Core sample being conducted as telephone/in-home with doorstep contact and the child boost sample being conducted via opt-in. This sample was split into 11 monthly waves of fieldwork from March to January.

For the child boost sample, only the first five months were issued, as the sample was superseded by a smaller CHI linked sample which was worked over five months between September 2022 and January 2023 (August 2022 was a transition month to the new sample with no child boost sample issued or worked for this month). A replacement child

boost CHI linked sample (1,151 addresses) was drawn for the last five months of 2022.

The Core (versions A and B) sample of 8,869 addresses were grouped into 347 interviewer assignments, with around 32 assignments being issued to interviewers each month between March 2022 and January 2023.

For Phase 1 of the child boost, participants were asked to opt-in using an online portal, or by contacting the NatCen freephone team. They were asked to leave a telephone number on which an interviewer would call them back. Addresses were only assigned to interviewers after the household had opted into the survey. Assignments comprised up to 10 addresses and a mix of all sample types.

For Phase 2 of the child boost, participants were visited on the doorstep and up to 2 children per household were invited to take part in an in-home interview. The sample of 1,151 CHI linked addresses were grouped into 77 interviewer assignments, with around 14 assignments being issued to interviewers each month between September 2022 and January 2023.

ScotCen enlisted the Office for National Statistics (ONS) to assist with the interviewing for the duration of the 2018-2023 contract. ONS interviewers were only used for the Core Version A sample element of the 2022 survey. As a result, ONS were allocated approximately 304 of the sampled Core addresses.

Fieldwork for the 2022 survey was paused between the announcement of the Queen's passing until after her funeral, with fieldwork extended until March 2023 as a result to allow for the initial fieldwork periods and interview mop ups to be worked.

The table below shows the total number of addresses (mainstage and additional) issued for each sample type and the people eligible for interview within each sample type.

**Table 1: Number of addresses and people eligible for interview, 2022**

<b>Sample type</b>	<b>Number of addresses issued in 2022</b>	<b>Eligible for interview</b>
Core version A	5,769	Max of 10 adults (age 16+) and 2 children (age 0-15)
Core version B	2,920	Max of 10 adults (age 16+) and 2 children (age 0-15)
Child boost	16,266 opt-in 1,511 CHI-linked	Only households containing children aged 0-15 were eligible to participate (up to two children at these households were eligible to be interviewed)
<i>Total</i>	<i>26,466</i>	

Data collection involved a main computer assisted personal (CAPI) or telephone interview (CATI), and online or paper self-completion questionnaire.

Standardised interviewer-administered height and weight measurements were reintroduced as part of in-home interviews in 2022. For interviews conducted by telephone, no height and weight measurements or biological measures could be taken. Participants were asked to estimate their own height and weight during these interviews and for any face-to-face interviews where accreditations for standardised measurements had not yet taken place.

In previous years, the Core version B sample completed a biological module, and these addresses were only assigned to trained bio interviewers. For 2021, as all interviews were conducted by telephone no biological measurements were taken, however, these were reintroduced gradually during 2022 as the panel of accredited interviewers was built back up. Version B interviews included a slightly longer self-completion to cover the depression, anxiety, self-harm and attempted suicide questions which are included in the biological module.

#### **1.1.5 The 2022 SHeS annual report**

The 2022 report consists of two volumes, published as a set under 'The Scottish Health Survey 2022'. Volume 1 presents results for adults and children 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 along with a short summary report of the key findings from the 2022 survey ([Scottish Health Survey](#)). Supplementary web tables are also available on this website. These provide a large number of breakdowns by age group, deprivation, income and limiting long-term condition. An interactive data dashboard is also available presenting key indicators for Scotland, NHS Boards and local authority areas.

### **1.1.6 Comparisons with previous surveys in the SHeS series**

In the 2022 report, comparisons are made with data collected earlier in the series (1998-2019 and 2021 for children and 2003-2019 and 2021 for adults). However, it should be noted that, due to the difference in method for 2021, caution should be applied when comparing results from this survey year to 2021. For more information, see [Chapter 2 of the Scottish Health Survey 2021: volume 2 technical report](#).

In addition, this report includes analysis from some combined datasets: one for the years 2018, 2019, 2021, 2022 combined and one for the years 2021 and 2022 combined to aid analysis of small subsamples of the population and/or for questions which are included in the survey every second year. Combining data across years in this way allows for a more detailed analysis of subgroups in the sample and allows for analysis of questions with small sample sizes in one survey year.

### **1.1.7 Health Board and local authority level analysis**

Since 2008, the SHeS sample has been designed to be representative of adults at Health Board level (for all Health Boards) following four years of data collection and in 2018 the sample size was increased to allow analysis by local authority. Analysis of the 2018, 2019, 2021 and 2022 data combined by NHS Health Board and by local authority is published via the [online SHeS data dashboard on the Scottish Government website](#). Areas with larger samples may be able to analyse data at their area level based on fewer years of data collection and users should consult the SHeS website for further guidance on sub-geographies analysis.

Changes in the sample design for the 2012 survey mean that users are not advised to combine data for periods spanning 2011 and 2012. Since 2012, however, the sample has been designed to be representative of the population of Scotland at Health Board level for every four-year period. Hence the survey can be analysed using combined data from 2012 to 2015, 2013 to 2016, 2014 to 2017, 2015 to 2018, 2016 to 2019, 2017/2018/2019/2021 or 2018/2019/2021/2022. It should be noted that no data for 2020 is available by Health Board.

### **1.1.8 Access to SHeS data**

Data from the 2022 survey will be deposited at the UK Data Service along with a combined 2018/2019/2021/2022 dataset and a combined 2021/2022 dataset. Datasets from earlier years in the series are also deposited here ([www.ukdataservice.ac.uk](http://www.ukdataservice.ac.uk)).

## **1.2 Sample design**

### **1.2.1 Requirements**

The sample specification for the 2022 SHeS was designed by the Scottish Government. The design was coordinated with the designs for the Scottish Household Survey (SHS) and the Scottish Crime and

Justice Survey (SCJS) to improve survey efficiency and to allow the samples of the three surveys to be pooled for further analysis<sup>2</sup>.

There were two elements to the SHeS sample in 2022:

- 1) Main adult sample - to allow annual reporting of Scotland level results and results at Health Board and local authority level using the 2018, 2019, 2021 and 2022 data combined. This required an annual interview target of 5,112 adults for Scotland as a whole and a minimum target of 125 for each local authority. There was an additional requirement for a minimum of 1,000 adults to complete each biological measure each year.
- 2) Child sample boost – overall there was a requirement for 2,031 child interviews for Scotland. As the main sample was only expected to yield 1,026 child interviews, a further 1,005 interviews were required from a separate boost sample.

### **1.2.2 Sample design and assumptions**

In 2022, the knock-to-nudge and in-home samples both utilised a two-stage clustered sample design, with intermediate geographies randomly selected at the first stage and address points at the second stage, was used. With the exception of Orkney, Shetland and Na h-Eileanan Siar councils, the sample was clustered by intermediate geographies (IG) with one quarter of IGs selected for each year of fieldwork. In Orkney, Shetland and Na h-Eileanan Siar the sample was clustered by data zone.

### **1.2.3 Main sample**

As stated above, the annual target sample size for Scotland was 5,112 adults with a minimum local authority target sample size of 125 adults. These sample sizes were the minimum required to allow effective reporting of Scotland-level results annually and Health Board and local authority results with four years of data combined. An iterative approach was taken to efficiently allocate the sample across all Health Boards and local authorities. For the first iteration, 4,000 adult interviews were allocated across local authorities in proportion to the adult population. Any local authorities allocated fewer than 125 adult interviews had their allocation increased to 125.

The remaining sample was then allocated over the remaining local authorities. Where allocations were not whole numbers the number was rounded up. This resulted in a total target of 5,112 adult interviews. The results of the allocation are shown in Table 2.

**Table 2: SHeS target annual adult interviews, 2022, by Health Board**

<b>Health Board</b>	<b>Target Annual Adult Interviews</b>
Ayrshire and Arran	375
Borders	125
Dumfries and Galloway	125
Fife	271
Forth Valley	375
Grampian	488
Greater Glasgow and Clyde	1,075
Highland	297
Lanarkshire	482
Lothian	749
Orkney	125
Shetland	125
Tayside	375
Western Isles	125
<b>Total</b>	<b>5,112</b>

To allow for reporting at local authority level over a four-year period (2018/2019/2021/2022) and coordination with the sample selection of the SHS and SCJS, the required sample sizes were set at local authority level. This was done by allocating the target Health Board samples to local authorities proportionate to population.

The number of addresses selected in order to provide the target number of interviews for the opt-in part of the sample was calculated by:

- 1) Estimating the number of productive adult interviews per co-operating household. Considering response data from previous years, it was estimated that there would be an average of 1.5 interviews per co-operating households in each local authority.
- 2) Allocation of the target interviews and associated estimate of co-operating households to local authority strata proportionate to population.
- 3) The response rate assumptions for local authorities for 2022 were then estimated based on the variation across local authorities in response to the 2017, 2018 and 2019 face-to-face surveys.
- 4) The final step was to estimate the level of ineligible addresses. As for previous survey years, the estimates were calculated at local authority level and based on the average level of ineligible addresses from previous years of SHeS, SHS and the SCJS.

Table 5 shows the number of selected addresses used for the main sample in 2022 knock-to-nudge and in-home combined.

### 1.2.4 Child boost sample

For the 2022 survey, 2,031 child interviews were required. It was estimated that the knock-to-nudge and in-home Core sample would provide 1,026 child interviews, therefore, to reach the target number of child interviews, a child boost sample was required to yield a further 1,005 interviews.

For the child boost, up to July 2022 potential respondents were initially contacted by letter and asked to opt-in to an interview conducted over the phone. A child boost opt-in sample was used for this part of the year. From September 2022, interviews were conducted in the home. For this part of the year, the child boost sample was linked to health records via the Community Health Index (CHI) to identify households with children (the child boost in-home sample). This significantly improved the sample efficiency and response levels. This linkage was carried out by the CHI Linkage (CHLi) Indexing Team at Public Health Scotland.

**Table 3: Target annual child interviews, 2022, by Health Board**

	<b>Expected child interviews from main sample</b>	<b>Child interviews from boost</b>	<b>Total child interviews</b>
Ayrshire and Arran	75	70	149
Borders	25	21	50
Dumfries and Galloway	25	27	50
Fife	54	71	108
Forth Valley	75	60	149
Grampian	97	110	194
Greater Glasgow and Clyde	219	216	427
Highland	60	59	118
Lanarkshire	97	131	191
Lothian	149	163	298
Orkney	25	0	50
Shetland	25	0	50
Tayside	75	77	149
Western Isles	25	0	50
<b>Total</b>	<b>1,026</b>	<b>1,005</b>	<b>2,031</b>

The process for calculating the number of addresses to select for the child boost sample was as follows:

- 1) The child boost target of 1,005 child interviews was allocated proportionally to local authorities based on the child (under 16) population. If the number expected from the child boost was less than 10, then the local authority boost target was set to zero. The

following table shows the child interview targets for the main sample and child boost sample by Health Board.

- 2) The number of co-operating households with children required in each Health Board for the child boost sample was estimated using the performance of the child boost samples in the surveys between 2013 and 2015.
- 3) For the child boost opt-in sample, to estimate the proportion of child-less households, data from child boost samples between 2012 and 2015 was used. As there was little variation across different areas, a Scotland level estimate of households without children (80%) was used. This is applicable to the child boost opt-in addresses only.
- 4) For the child boost in-home addresses, CHI linkage was performed to identify homes where health records indicated that a child was resident. It was assumed the CHI linking would identify 20% of sampled households as having a child resident. An additional assumption of 64% accuracy of the CHI records was included to allow for cases where health records may not be up-to-date or households had moved.
- 5) The assumptions made on ineligible addresses for the main sample were applied to the address calculations for the child boost sample.

The total numbers of addresses issued for the child boost sample are shown in Table 4.



**Table 4: Selected addresses issued by strata in 2022 – Child Boost opt-in sample (March to July 2022) and in-home (September 2022 to January 2023)**

<b>Sample strata</b>	<b>Child Boost opt in</b>	<b>Child boost in-home</b>	<b>Total sample</b>
Aberdeen City	492	31	523
Aberdeenshire	634	62	696
Angus	317	16	333
Argyll & Bute	247	14	261
Clackmannanshire	129	6	135
Dumfries & Galloway	368	15	383
Dundee City	460	33	493
East Ayrshire	280	27	307
East Dunbartonshire	317	31	348
East Lothian	336	31	367
East Renfrewshire	297	16	313
Edinburgh, City of	1464	78	1542
Eilean Siar	0	0	0
Falkirk	368	30	398
Fife	1154	80	1234
Glasgow City	2228	154	2382
Highland	865	50	915
Inverclyde	297	23	320
Midlothian	243	21	264
Moray	218	13	231
North Ayrshire	364	19	383
North Lanarkshire	1187	102	1289
Orkney Islands	0	0	0
Perth & Kinross	428	26	454
Renfrewshire	741	57	798
Scottish Borders	264	19	283
Shetland Islands	0	0	0
South Ayrshire	286	15	301
South Lanarkshire	961	72	1033
Stirling	218	12	230
West Dunbartonshire	403	31	434
West Lothian	700	67	767
<b>Total</b>	<b>16,266</b>	<b>1,151</b>	<b>17,417</b>

**Table 5: Selected addresses issued by strata in 2022 – K2N & in-home core sample (adults only)**

<b>Sample strata</b>	<b>Main adult sample</b>
Aberdeen City	262
Aberdeenshire	288
Angus	204
Argyll & Bute	242
Clackmannanshire	651
Dumfries & Galloway	193
Dundee City	204
East Ayrshire	216
East Dunbartonshire	187
East Lothian	206
East Renfrewshire	213
Edinburgh, City of	198
Eilean Siar	182
Falkirk	465
Fife	876
Glasgow City	324
Highland	232
Inverclyde	189
Midlothian	185
Moray	201
North Ayrshire	207
North Lanarkshire	447
Orkney Islands	194
Perth & Kinross	215
Renfrewshire	256
Scottish Borders	195
Shetland Islands	192
South Ayrshire	202
South Lanarkshire	394
Stirling	188
West Dunbartonshire	250
West Lothian	231
<b>Total</b>	<b>8,689</b>

### 1.2.5 Sample Selection

The Royal Mail's small user Postcode Address File (PAF) was used as the sample frame for the address selection. The advantages of using the PAF are as follows:

- It has previously been used as the sample frame for Scottish Government surveys so previously recorded levels of ineligible addresses can be used to inform assumptions for 2022 sample design.
- It has excellent coverage of addresses in Scotland.
- The small user version excludes the majority of businesses.

The PAF does still include a number of ineligible addresses, such as small businesses, second homes, holiday rental accommodation and vacant properties. A review of the previous performance of individual surveys found that they each recorded fairly consistent levels of ineligible address for each local authority. This meant that robust assumptions could be made for the expected levels of ineligible addresses in the sample size calculations.

As the samples for the SHS, SHeS and SCJS have all been selected by the Scottish Government since 2012, addresses selected for any of the surveys are removed from the sample frame so that they cannot be re-sampled for another survey. This helps to reduce respondent burden. The addresses are removed from the sample frame for a minimum of four years.

The sample design specified in Section 1.2 for opt-in was implemented in three stages:

1. All primary sampling units (data zones on the islands, intermediate geographies elsewhere) were randomly allocated to one of four sets. One of these sets will be used in each year of fieldwork. This means that the sample is drawn from one quarter of PSUs each year. The sets were updated ahead of the 2021 sampling and this ensures that over four years of fieldwork (2021 to 2024) all addresses will have a non-zero probability of selection.

**Table 6: Primary sampling units selected in 2021 knock-to-nudge/in-home sample**

<b>Health Board</b>	<b>PSUs in 2021 Sample</b>	<b>Total PSUs</b>
Ayrshire and Arran	23	93
Borders	7	30
Dumfries and Galloway	10	40
Fife	26	104
Forth Valley	20	78
Grampian	33	132
Greater Glasgow and Clyde	64	257
Highland	20	79
Lanarkshire	40	160
Lothian	48	192
Orkney	7	29
Shetland	8	30
Tayside	23	92
Western Isles	9	36
<b>Total</b>	<b>338</b>	<b>1,352</b>

2. The required numbers of addresses for the main and child boost samples gave an overall total of addresses to sample for each stratum (local authorities). The required number of addresses for each stratum was then sampled from the sample frame of addresses in active PSUs. Systematic random sampling was used with addresses within PSUs ordered by urban-rural classification, SIMD rank and postcode.
3. Once the overall sample was selected, a proportion of the main sample addresses were randomly allocated to the biological module. One quarter of the target main adult sample was required to complete the biological module. To guard against a lower response rate to the different elements of the biological module, and to correct for inaccurate response assumptions in previous years, a proportion higher than the required one quarter of the adult sample (33% in 2022) were allocated to the biological module.

### **1.2.6 Selecting individuals within households**

For the main sample, all adults aged 16 and over in responding households were eligible for interview. To ease respondent burden, for child interviews for both the main and the child boost samples a maximum of two children were interviewed at each household. If a household contained more than two children, then two were randomly selected for interview.

### **1.2.7 Selecting households at addresses with multiple dwellings**

A small number of addresses have only one entry in the Postcode Address File (PAF) but contain multiple dwelling units. Such addresses are identified in the PAF by the Multiple Occupancy Indicator (MOI). To ensure that households within MOI addresses had the same probability of selection as other households, the likelihood of selecting addresses was increased in proportion to the MOI. At addresses with more than one dwelling unit fieldworkers have a programme to randomly select the household at which interviews should be sought. There are generally a few cases where the MOI on the PAF is inconsistent with the actual number of dwelling units. When this occurred, the fieldworkers recorded the information and a correction was made through the survey weighting.

### **1.2.8 Selecting individuals within households**

For the main sample all adults aged 16 and over in responding households were selected for interview. To ease respondent burden, for child interviews for both the main and the child boost samples a maximum of two children were interviewed at each household. If a household contained more than two children, then two were randomly selected for interview.

## **1.3 Topic coverage**

### **1.3.1 Introduction**

Topics covered in the 2018 to 2022 surveys were agreed following a consultation carried out in 2016<sup>3</sup>. Many of the topics and questions included in earlier years of the survey were included again to continue the time series. Questions on long COVID were introduced in 2021 and included again in 2022. The 2022 survey included the same rotating topics as the 2018 and 2016 surveys (see sections 1.3.3 and 1.3.4), with the exception that questions on chronic pain were included for the first time. As with previous years, the 2022 survey had a focus on cardiovascular disease (CVD) and its associated risk factors.

A report on the outcome of a public consultation about the content of the survey from 2018 is available from the [Scottish Government website](#). This report outlines key changes to be made to the 2018-2022 surveys and other topics which would be considered if space became available.

A further review was conducted in 2022<sup>4</sup>. This will inform changes to the survey from 2024 onwards.

### **1.3.2 Documentation**

Copies of all the documents used in data collection are included in Appendix A. Full copies of the questionnaire documentation used in the main interview and biological module are also available at [Scottish Health Survey](#). A summary of the main interview content and the content of the biological module is provided below.

### **1.3.3 Main interview**

Information was collected at both the household and individual level. The content of the individual level interviews for all participants is summarised below. The topics a participant was asked depended both on their age and the sample type to which their address had been allocated. The age criteria for each topic are included in brackets following the topic name.

#### **Content of the main 2022 interview**

- Household questionnaire including household composition
- General health including unpaid caring (0+)
- Respiratory symptoms and cardiovascular disease (16+)
- Asthma (0+) – some questions asked of version A only
- Chronic Pain (0+)
- Physical activity adults (16+) and children (2-15)
- COVID-19 (0+)
- Eating habits children (2-15)
- Fruit and vegetables consumption (2-15)
- Smoking (18+)
- Passive smoking (0+)
- Drinking (18+)
- Dental health (16+)
- Employment and economic activity (16+)
- Education (16+)
- Self-reported/interviewer-administered measurements (0+)
- Ethnic background, religion and country of birth (0+)

#### **Overview of topics included in SHeS adult self-completions**

- Mental wellbeing
- Loneliness
- Sexual orientation
- Sex/trans status
- Veteran status
- Depression, anxiety, self-harm and suicide (only asked of those assigned to Version B – approximately a third of adults)

### **Overview of topics included in SHeS young adult self-completion booklets**

- Mental wellbeing
- Alcohol
- Smoking
- Loneliness
- Sexual orientation
- Sex/trans status
- Depression, anxiety, self-harm and suicide (only asked of those assigned to Version B – approximately a third of adults)
- Veteran status

### **Overview of topics included in 13–15-year-olds self-completion booklets**

- Mental wellbeing

### **Overview of topics included in 4–12-year-olds self-completion booklets**

- Strengths and difficulties questionnaire (SDQ)

Version A households accounted for 62% of the main (core) sample. At these households the questionnaire included the core questions and the questions included in the Version A rotating module. In 2022, topics in the Version A rotating module included some additional questions on respiratory health.

Version B households accounted for the remaining 38% of the main (core) sample. At these addresses, participants were asked the core questions during the main interview, with a slightly longer self-completion module that included depression, anxiety, self-harm and attempted suicide questions.

A significant number of changes were made to the questionnaire content in advance of the 2018 survey based on the consultation that took place in Autumn 2016, with a summary of responses published in Spring 2017<sup>5</sup>. These changes are discussed below and in the Scottish Health Survey: Report of Questionnaire Changes from 2018<sup>6</sup>.

In 2021 and 2022, questions on COVID-19 vaccinations and long COVID were included to monitor the continued effects of the pandemic on the health of those living in Scotland.

In 2022, questions were included to establish the prevalence and effects of chronic pain<sup>7</sup> among adults and children living in Scotland.

The full question wording of all the questions used in 2022 can be found at [Scottish Health Survey](#).

### 1.3.4 Self-completion questionnaire

Participants aged 13 and over and parents of participants aged between 4 and 12 were asked to fill in a self-completion booklet during the interview. In all, four different booklets were administered. The version completed was dependent on the age of the participant.

The booklet for young adults aged 16-17 included questions on smoking and drinking behaviour (instead of these being asked as part of the CAPI interview). Interviewers also had the option of administering this young adults self-completion for those aged 18-19 if they felt that it would be more appropriate.

A question on previous service in the UK Armed Forces was added to the adult and young adult self-completion booklets in 2022.

For the wording of the questions in full, see the adult or young adult self-completion booklet listed at [Scottish Health Survey](#).

Paper questionnaire booklets and web-based self-complete questionnaires contained the following topics in the 2022 survey:

Adults	(Versions A & B) General Health Questionnaire (GHQ12), Warwick Edinburgh Mental Well-being scale (WEMWBS), loneliness, sexual orientation, sex, trans status and previous UK Armed Forces service.  (Additional questions in version B) - depression, anxiety, self-harm and attempted suicide.
Young adults	Smoking (including use of e-cigarettes), drinking, GHQ12, WEMWBS, loneliness, sexual orientation, sex, trans status and previous UK Armed Forces service.
13-15 year olds	GHQ12 and WEMWBS.
Parents of 4-12 year olds	Strengths and Difficulties questionnaire (SDQ) (designed to detect behavioural, emotional and relationship difficulties in children).

### 1.3.5 Height and weight

Standardised interviewer-administered height and weight measurements were reintroduced as part of in-home interviews in 2022. As the interviewer panel was being built back up and additional training, reaccreditations and/or equipment were needed, some face-to-face interviews required the collection of self-reported height and weight data. For interviews conducted by telephone, no height and weight measurements or biological measures could be taken. Participants were asked to estimate their own height and weight during these



interviews and for any face-to-face interviews where accreditations for standardised measurements had not yet taken place.

### **1.3.6 Biological module**

As highlighted previously, a sub-sample (around 40%) of main core sample addresses, adults (aged 16 and over) were selected to complete the biological module. Since 2012, specially trained interviewers have been collecting the measurements and samples which were collected by nurses in previous years (1995 to 2011). This was not possible in 2021, therefore, no objective biological measurements were collected. These measurements were reintroduced in 2022 as the panel of suitably trained and accredited interviewers was built back up again.

Participants in this sample were asked a set of questions about depression, anxiety, suicide attempts and self-harm (taken from the Adult Psychiatric Morbidity Survey) as part of their self-completion questionnaire. These questions were previously completed by the respondent using a computer-assisted self-completion approach (CASI) directly on to the interviewer's laptop.

## **1.4 Fieldwork procedures**

### **1.4.1 Advance letters**

Each sampled address was sent an advance letter that introduced the survey and, for the in-home samples, to let the resident know that an interviewer would be calling to seek permission to interview. A number of versions of the advance letter were used in 2022; one for the Core version A addresses, one for Core version B addresses (with the biological module), and one for child boost addresses. There was a version of each of these letters for each organisation conducting interviews (ScotCen and ONS), as well as for child boost opt-in and Core knock-to-nudge and in-home samples. A copy of the survey leaflet was included with every advance letter. The survey leaflet introduced the survey, described its purpose in more detail and included some summary findings from previous surveys.

For copies of the advance letters and survey leaflet, see the documents listed in Appendix A.

### **1.4.2 Making contact**

Initial contact for both samples was made via the advance letter. For the child boost opt-in sample, this letter provided instructions for taking part which involved contacting ScotCen via an online opt-in portal, the survey email address and/or the survey freephone number. Additional information was then sent by post to participants who opted in, which was followed by interviewer telephone contact to arrange a time to complete the interview.

The knock-to-nudge and in-home approaches differed in that interviewers were able to visit respondent's homes to attempt to gain agreement to participate in the survey, some of which continued to be conducted by telephone but which were increasingly done in-home. At initial contact, the interviewer established the number of dwelling units (DUs) and/or households (HHs) at an address and made any necessary selections (see Section 1.2.7).

The interviewer then attempted to make contact with each household. In the main sample they attempted to interview all adults (up to a maximum of ten) and up to two children aged 0-15 (see Section 1.2) from the household. At child boost sample households, interviewers first screened for children aged 0-15. In those households where children were present up to two children were randomly selected for interview. Interviewers obtained the verbal consent of both the parent/guardian and the child before commencing the interview.

### **1.4.3 Collecting data**

Interviewers used computer assisted personal (CAPI) interviewing for interviews done in-home and computer assisted telephone interviewing (CATI) for the telephone interviews.

At each co-operating eligible household (across all sample types), the interviewer first completed a household questionnaire, with information collected from the household reference person<sup>8</sup> or their partner wherever possible. This questionnaire obtained basic information (including date of birth and relationship to other household members) about all members of the household, regardless of age and whether they were eligible to take part in the interview. The computer assisted personal/telephone interviewing (CAPI) program then created individual questionnaires for each eligible participant in the household.

Where possible an individual interview was then conducted with all eligible adults and up to two children in a household. In order to reduce the amount of time spent in the home, interviews could be carried out concurrently.

In addition to an advance letter and general survey leaflet, participants were also given a more detailed leaflet describing the contents and purpose of the interview, and what will happen to information they provide (including a link to the Privacy Notice on the Scottish Government's website).

A separate version of this leaflet was used for children in both main and child boost households. Parents at child boost addresses were also provided with a leaflet containing background information on the survey. Copies of all the participant leaflets used in the survey are included in Appendix A.

#### **1.4.4 Interviewing and measuring children**

Children aged 13-15 were interviewed directly by interviewers, after verbal consent had been obtained from both the child and their parent or guardian. Interviewers were instructed to ensure that the child's parent or guardian was present throughout the interview. Information about younger children (aged 0-12) was collected directly from a parent or guardian. Whenever possible, younger children were present while their parent or guardian answered questions about their health. This was partly because the interviewer had to take the child's height and weight measurements (where possible), but it also ensured that the child could contribute information where appropriate (for example, about physical activity done during school time).

#### **1.4.5 Feedback to participants**

If participants wished, interviewers recorded their height and weight measurements within their information leaflet. Participants kept the information leaflet and thus had a record of their height and weight, if they wished.

Participants eligible for the biological module were given an additional document; the biological measurement record card. If participants had their waist measurement and blood pressure taken, then interviewers recorded their results on this card (if the participant wished). As before, participants could keep this measurement record card and thus had a note of their measurements.

For the biological module, interviewers were issued with a set of guidelines to follow when commenting on participants' blood pressure readings. If the participant's blood pressure was mildly raised, they were instructed to advise the participant to contact their GP within 2 months. If the participant's blood pressure was moderately raised, they were instructed to advise the participant to contact their GP within 2 weeks. Finally, if the participant's blood pressure reading was considerably raised, interviewers advised the participant to visit their GP within 5 days and interviewers were instructed to contact the survey doctor at the earliest opportunity. The survey doctor would then phone the participant and advise them to contact their GP as soon as possible.

### **1.5 Fieldwork quality control and ethical clearance**

#### **1.5.1 Training interviewers**

Interviewers new to SHeS were fully briefed on the survey's content and procedures. Interviewers were supervised by an interviewer supervisor during the early stages of their work to ensure that interviews were administered correctly, and protocols were followed.

Interviewers that had worked on SHeS in previous years attended a refresher briefing ahead of the launch of the new survey year and were refreshed on any additional in-home processes when this was

introduced. This ensured that they were aware of changes to survey content and procedures for 2022.

Interviewers interested in administering the biological module were initially screened for suitability. Minimum competency levels were set and only interviewers that met the set criteria were invited to training and accreditation sessions.

Full sets of written instructions, covering both survey procedures and measurement protocols, were provided to interviewers (measurement protocols are available on request from ScotCen).

### **1.5.2 Checking interviewer and measurement 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.

Quality checks 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 above quality checking 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, when young children were weighed by having an adult hold them; the weight of the adult on their own was entered into the computer followed by the combined weight of the infant and adult. A hard check was used to ensure that the weight entered for the adult alone did not exceed the weight of the infant and adult combined.

Soft-checks were similar to hard-checks, however they could be suppressed. For example, soft-checks were applied to height measurements; if an interviewer entered a respondent's height to be in excess of 1.93 metres (6 feet 3 inches), a message appeared asking the interviewer to confirm that this entry was correct. The interviewer could suppress the soft-check once they had confirmed that the height entry was not a mistake.

### **1.5.3 Ethical clearance**

Ethical approval for the 2022 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.

Standardised outcome codes (based on an updated version of those published in Lynn et al, 2001<sup>9</sup>) for survey fieldwork were applied across the SHeS, SHS and SCJS. This enables consistent reporting of fieldwork performance and effective comparison of performance between the surveys.

### **1.6.2 Household response**

Tables 1.1a and 1.1b show a detailed breakdown of the SHeS response for sampled addresses in 2022, which are reported separately for the knock-to-nudge and in-home samples. Addresses with unknown eligibility have been allocated as eligible and ineligible proportional to the levels of eligibility for the remainder of the sample. This approach provides a conservative estimate of the response rate as it estimates a high proportion of eligible cases amongst addresses with unknown eligibility.

At each selected household in the main sample, all adults and a maximum of two children were eligible for interview. When considering the household response rate, households classed as “responding” were those where at least one eligible person opted-in/consented to interview and was interviewed. The tables show that for the main knock-to-nudge sample, 40.5% of eligible households were classed as responding whilst for in-home households this proportion was 37.6%. All individual interviews were completed at 33.2% of knock-to-nudge and 31.1% of in-home households.

For the child boost opt-in sample, 7.3% of eligible households contacted opted in and all individual interviews were complete at 82.0% of households. In the child boost CHI-screened in-home sample, 80.3% of issued addresses were deemed eligible and all individual interviews were complete at 46.6% of these households.

Table 1.2a shows that across Health Boards, the percentage of combined knock-to-nudge/in-home sample households where at least one eligible person was interviewed ranged from 27.1% (Fife) to 63.2% (Orkney Islands). Fully cooperating households were those where all eligible individuals were interviewed. This varied between 27.2% in Forth Valley to 53.6% in the Orkney Islands. The definition of a fully cooperating household changed in 2012 and is therefore not comparable with fully cooperating figures prior to this.

Table 1.2b shows the household response rate for eligible addresses in the opt-in child boost sample by Health Board. This varied from 2.1% (Scottish Borders) to 13.1% (Forth Valley). Note that the bases for child boost response rates were quite low in a number of areas (for example

48 eligible households in the Borders and 70 in Dumfries and Galloway).

Table 1.2c shows that across Health Boards, the percentage of in-home child boost households where at least one eligible person was interviewed ranged from 27.8% (Dumfries and Galloway) to 63.3% (Highland). Fully cooperating households were those where all eligible children were interviewed. For most Health Boards, this figure matched that for at least one eligible person being interviewed and thus the range varied in the same manner (27.8% in Dumfries and Galloway to 63.3% in Highland).

Table 1.3a shows that across Local Authorities, the percentage of combined main sample households where at least one eligible person was interviewed ranged from 27.1% (Fife) to 63.2% (Orkney Islands). Fully cooperating households varied between 22.0% (Fife) and 53.6% (Orkney Islands).

Table 1.3b shows the household response rate for eligible addresses in the opt-in child boost sample by Local Authority. This varied from 1.7% (Dumfries and Galloway) to 15.8% (Falkirk). Note that the bases for child boost response rates were particularly low in a number of areas (for example 25 eligible households in Clackmannanshire and 43 in Moray).

Table 1.3c shows that across Local Authorities, the percentage of child boost in-home households where at least one eligible child was interviewed ranged from 13.3% (East Ayrshire) to 81.8% (Argyll and Bute). Figures were almost identical for fully cooperating households. Again, the small base sizes should be noted. **Tables 1.1a – 1.3c**

### **1.6.3 Individual response for adults**

Overall, there were 4,394 adult responses (888 from the knock-to-nudge sample and 3506 from in-home) to SHeS 2022.

The adult response rate in 2022 was calculated based on the number of eligible households. This was undertaken by dividing the number of individual adult interviews by the number of eligible adults in productive households. The total estimated number of adults from sampled addresses eligible for interview is referred to as the “set” sample. For 2022, the set sample of adults for the combined knock-to-nudge and in-home sample was 5,011.

Table 1.9 shows that the age distribution of respondents to the main combined sample was generally older than the population as a whole. For men, 53% of core opt-in respondents were aged 55 or older compared with 39% of the male population as a whole. There were similar but smaller differences for women, with 51% of female respondents aged 55 or older compared with 42% of the female population as a whole. **Tables 1.4a and 1.5**

#### 1.6.4 Individual response for children (0-15)

Interviews were undertaken with 1,764 children aged 0 to 15, with 158 interviews taking place as part of the main knock to nudge sample, 557 as part of the main in-home sample, 361 as part of the opt-in child boost sample and 688 as part of the CHI-screened in-home child boost sample.

In order to calculate the response rate for children, the number of eligible children in opted-in or participating households was calculated. Tables 1.4a, 1.4b and 1.4c show that overall response rates for the child boost opt-in sample and the child boost in-home sample were similarly high whereas it was a lower for children in the main sample (99.7% and 99.3% for the child boost opt-in and in-home samples respectively and 90.4% for children in the main sample).

**Tables 1.4a and 1.4c**

### 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 was largely consistent with that of the 2008 to 2011 sweeps of the survey. The procedures for the implementation of the weighting methodology were developed by the Scottish Government working with the Methodology Advisory Service at the Office for National Statistics<sup>10</sup>.

To undertake the calibration weighting the ReGenesees Package for R was used. 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 main sample. There were six steps to calculating the overall adult weights. These were 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 main sample there were 32 strata (one for each local authority).

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

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 and so the information provided by PAF was assumed to be correct. Therefore  $w_2$  is effectively 1 for all households.

### 3) Household selection weights ( $w_3$ )

Similarly to  $w_2$ , within a very small number of dwelling units, fieldworkers usually find multiple households, of which only one is selected for participation. Again, due to data collection via the telephone rather than face-to-face, it is not possible to correct for this, therefore  $w_3$  was effectively taken as 1 for all households.

### 4) Calibrated household weights ( $w_4$ )

The three selection weights were combined ( $w_1 * w_2 * w_3$ ) before the household calibration stage. This combined weight 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. The population totals that were used were the National Records of Scotland's (NRS) mid-2021 estimates for private households.

### 5) Adult non-response weights ( $w_5$ )

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.

The following variables were considered for inclusion in the model:



- Health Board
- Age/sex
- Number of adults in the household
- Employment status of household reference person
- Presence of a smoker in the household
- Marital status
- Tenure
- Urban/rural classification
- Access to a car
- Located within SIMD15 area
- Frequency of eating meals together

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
- Frequency of eating meals together
- Access to a car

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 (int22wt)

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 2021 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 7: 2021 Mid-year population estimates for private households in Scotland by Health Board**

Health Board	Adults	Children	Total
Ayrshire & Arran	304,631	59,771	364,402
Borders	96,182	18,675	114,857
Dumfries & Galloway	124,078	22,808	146,886
Fife	300,187	63,441	363,628
Forth Valley	247,695	51,023	298,718
Grampian	473,320	99,893	573,213
Greater Glasgow & Clyde	959,472	195,943	1,155,415

Highland	265,836	50,244	316,080
Lanarkshire	541,685	117,215	658,900
Lothian	738,118	151,098	889,216
Orkney	18,788	3,508	22,296
Shetland	18,676	4,058	22,734
Tayside	341,617	65,945	407,562
Western Isles	22,241	4,050	26,291
<b>Total</b>	<b>4,452,526</b>	<b>907,672</b>	<b>5,360,198</b>

**Table 8: 2021 Mid-year population estimates for private households in Scotland by SIMD Quintile**

<b>SIMD Quintile</b>	<b>Total population</b>
1 – 20% most deprived data zones	1,040,303
2	1,037,947
3	1,056,098
4	1,132,570
5 – 20% least deprived data zones	1,093,280
<b>Total</b>	<b>5,360,198</b>

**Table 9: 2021 Mid-year population estimates for private households in Scotland by age group**

<b>Age group</b>	<b>Male</b>	<b>Female</b>	<b>Total</b>
0-4	130,676	123,683	254,359
5-9	150,295	142,190	292,485
10-15	183,843	176,986	360,829
16-24	258,071	242,178	500,249
25-34	368,141	373,159	741,300
35-44	335,724	351,250	686,974
45-54	348,741	375,304	724,045
55-64	365,713	392,521	758,234
65-74	282,117	308,749	590,866
75+	192,635	258,222	450,857
<b>Total</b>	<b>2,615,956</b>	<b>2,744,242</b>	<b>5,360,198</b>

### 1.7.3 Biological module weights

A similar process was applied to derive the weights for the biological module. This is outlined below.

#### 1) Address selection weight (bw1)

New address selection weights were calculated using the same process as described for w1.

2) Dwelling unit (w2) and household selection weights (w3)

The dwelling unit and household selection weights from the main adult weight were applied as above.

3) Calibrated household weight (bw4)

The three selection weights were combined ( $bw1*w2*w3$ ) and applied to the survey data before the household calibration was run so that survey data matched the population totals for Health Boards, Scotland-level age/sex breakdowns, and the population within SIMD15 areas.

4) Adjustment for biological module selection (bw5)

33% of the main sample was allocated to the biological module. To incorporate this probability of selection a correction was applied to the calibrated household weight (bw4). The correction was:

$$bw5 = \frac{(\text{Number of PAF addresses in the stratum}) / (\text{Stratum selected addresses for bio mod})}{bw4}$$

5) Application of adult non-response (w5)

For within household non-response, the non-response weight (w5) calculated for all households was also applicable for the biological module.

6) Final calibration for biological module (bio22\_wt)

The household (bw4), biological sample correction (bw5) and adult non-response (w5) weights were combined ( $bw4*bw5*w5$ ) and applied to the survey data.

For the final stage of biological module weighting the weighted totals for the survey data were calibrated to match the NRS 2021 mid-year population estimates for private households for Health Boards, age/sex distribution at Scotland level. However, due to the low sample size for the module a number of the categories had to be collapsed. In terms of Health Boards, all areas except for Grampian, Greater Glasgow and Clyde, Lanarkshire and Lothian were grouped together. For the age groups, the lowest two age groups were combined.

#### **1.7.4 Biological measurements weight**

As the biological measurements were reintroduced gradually partway through the fieldwork year, not all of those taking part in the other parts of the biological module (i.e. the questionnaire elements) were able to provide measurement data. This means the sample providing measurement data and the sample providing other biological module data were potentially different. As such, the main biological module

weight was not deemed sufficient to correct any potential bias in the measurement data. For this reason, a new weight was required for 2022 for those individuals that were selected for the biological module and provided biological measurements. The process for deriving weights for individuals that did provide measurements was similar to that for the main adult weights. This process is outlined below:

1) Address selection weight (bw1)

New address selection weights were calculated using the same process as described for w1.

2) Dwelling unit (w2) and household selection weights (w3)

The dwelling unit and household selection weights from the main adult weight were applied as above.

3) Calibrated household weight (bw4)

As there was no Health Board boost, the calibrated household weights (w4) were applied from above.

4) Adjustment for biological module selection (bw5)

33% of the main sample was allocated to the biological module. To incorporate this probability of selection a correction was applied to the calibrated household weight (bw4). The correction was:

$$bw5 = \frac{(\text{Number of PAF addresses in the stratum}) / (\text{Stratum selected addresses for bio mod})}{bw4}$$

5) Application of adult non-response (w5)

For within household non-response, the non-response weight (w5) calculated for all households was also applicable for the biological module.

6) Non-response weight for biological module interview

Not all adults who responded to the main section of the interview responded to the biological module. Similarly, not all adults selected for the biological module provided biological/physical measurements. Using the information collected for the respondent in the biological module interview the likelihood of providing biological/physical measurements was modelled with logistic regression.

The following variables were considered for inclusion in the model:

- Health Board
- Age/sex
- Number of adults in the household
- Employment status of household reference person
- Presence of a smoker in the household
- Marital status
- Tenure
- Urban/rural classification
- Access to a car
- Located within SIMD15 area
- Frequency of eating meals together
- Self-assessed general health
- Whether done gardening/DIY/building work in the past 4 weeks
- Whether has longstanding illness
- Highest achieved qualification
- Level of physical activity
- Economic activity (including if retired)
- Ever had high blood pressure
- Whether smokes cigarettes or drinks nowadays
- Number of natural teeth
- Whether done any housework in past 4 weeks

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
- Access to a car
- Urban/rural classification
- Whether drinks nowadays
- Economic activity – working or retired

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:

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

#### 7) Final calibration for biological module (biophy22\_wt)

The household (bw4), biological sample correction (bw5) and adult non-response (w5) weights were combined (bw4\*bw5\*w5) and applied to the survey data.

For the final stage of biological module weighting the weighted totals for the survey data were calibrated to match the NRS 2021 mid-year population estimates for private households for Health Boards, age/sex distribution at Scotland level.

### 1.7.5 Non-biological module weights (Version A)

A weight titled “Version A” was calculated for the individual respondents in the main sample that were not selected for the biological module. The following steps were followed to derive the weight:

1) Address selection weight (bw1)

As derived in the first step of the biological module weight.

2) Dwelling unit (w2) and household selection weights (w3)

The dwelling unit and household selection weights from the main adult weight were applied as above.

3) Calibrated household weight (bw4)

As derived for the biological module.

4) Adult non-response weight (w5)

For within household non-response, the non-response weight (w5) calculated for all households was also applicable for the biological module.

5) Final calibration for Version A weight (verA22wt)

The household (bw4) and adult non-response (w5) weights were combined (bw4\*w5) and applied to the survey data. As was the case with the main adult weight and biological module weight, the weighted totals for the survey data were calibrated to match the NRS 2021 mid-year population estimates for private households for Health Boards, age/sex distribution at Scotland level.

### 1.7.6 Overall child weights

An overall child weight was derived for child responses from the main sample and from the child boost combined. Separate logistic regression non-response weights were not required for the child samples as the response rate for children within cooperating households was sufficiently high. The weighting steps are shown below. Steps (1) and (2) followed the same process as described in 1.7.2 above.

1) Address selection weight for main sample and child boost combined (cw1)

2) Dwelling unit (cw2) and household (cw3) selection weights

3) Selection of children within each household (cw4)

A maximum of two children were eligible for interview in each household. To ensure that children in larger households were not under-represented in the final sample the following child selection weight was calculated for households with more than two children to compensate for the probability of selection:

$$cw4 = \frac{\text{Number of children in the household}}{2}$$

For households with two or fewer children  $cw4=1$ .

#### 4) Calibration for child interview weight (cint22wt)

The address selection (cw1), dwelling unit (cw2), household (cw3) and child selection weights (cw4) were combined ( $cw1*cw2*cw3*cw4$ ) and applied to the survey data. The weighted totals for the survey data were calibrated to match the NRS 2021 mid-year population estimates for private households for Health Boards, age/sex distribution at Scotland level.

Weights were also created specifically for within household analysis, comparing children's characteristics with those of their parents. As data were only collected with respect to both children and adults in the core sample, these weights were only created for children at core sample addresses. They were created in a similar fashion to that described for the whole of the overall child weights.

### **1.7.7 Combined weights**

A number of different combinations of annual sweeps have been produced to allow the analysis of combined datasets. Due to disruption to the survey at the onset of the pandemic, the survey data collected in 2020 was published as experimental statistics and was not comparable with the time series<sup>11</sup>. This data has not been included in the survey trends or the combined years' analysis.

<b>Weight name</b>	<b>Purpose of combined weight</b>
int18192122wt	For analysis of 2018, 2019, 2021 and 2022 combined adult data
cint18192122wt	For analysis of 2018, 2019, 2021 and 2022 combined child data
bio18192122wt	For analysis of 2018, 2019, 2021 and 2022 combined depression, anxiety, suicide and self-harm data
biophy18192122wt	For analysis of the bio measurements (blood pressure, hypertension and saliva)
cmint18192122wt	For analysis of 2018, 2019, 2021 and 2022 combined child data core sample only (for within household analysis)
cva18192122wt	For analysis of 2018, 2019, 2021 and 2022 combined version A child module data
vera18192122wt	For analysis of 2018, 2019, 2021 and 2022 combined version A adult module data
int2122wt	For analysis of 2021 and 2022 combined adult data
cint2122wt	For analysis of 2021 and 2022 combined child data
bio2122wt	For analysis of 2021 and 2022 combined depression, anxiety, suicide and self-harm data
cmint2122wt	For analysis of 2021 and 2022 combined child data core sample only (for within household analysis)
int1822wt	For analysis of 2018 and 2022 combined adult data
cint1822wt	For analysis of 2018 and 2022 combined child data
vera1822wt	For analysis of 2018 and 2022 combined version A adult module data
cva1822wt	For analysis of 2018 and 2022 combined version A child module data
hh1822wt	For analysis of 2018 and 2022 combined household level data

In each case, the calculation of the weights followed the same procedure. The pre-calibration weights which had already been calculated for the individual years (which take into account selection weighting and (except for the child weights) non-response weighting) were combined and calibrated to Health Board and age/sex 2021 population totals for private households.

## **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**

A considerable part of the data collected in SHeS 2022 is age specific, with different questions directed to different age groups. 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.

#### **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, 2022 and was interviewed on October 1, 2022 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.

Some of the adult data included in the 2022 report have been age-standardised to allow comparisons between groups after adjusting for the effects of any differences in their age distributions. Further information on age standardisation can be found in chapter 2 of this report.

### **1.8.2 Standard analysis breakdowns**

#### **Scottish Index of Multiple Deprivation (SIMD)**

The analysis of 2022 data was based on the most recent version of the Scottish Index of Multiple Deprivation (SIMD), published in 2020<sup>12</sup>. It is based on 38 indicators in seven individual domains of current income, employment, housing, health, education, skills and training, geographic access to services and crime. SIMD is calculated at data zone level, enabling small pockets of deprivation to be identified. The data zones are ranked from most deprived (1) to least deprived (6,976) on the overall SIMD index. The result is a comprehensive picture of relative area deprivation across Scotland. The index was divided into quintiles for the presentation of analysis within this report. The full index is not available on the archived dataset due to concerns about its potential for identifying individual respondents or households.

### **1.8.3 Design effects and true standard errors**

SHeS 2022 used a partially clustered, stratified multi-stage 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 clustering, 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 SHeS 2022 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 1.10a to 1.18d for selected survey estimates presented in the main report. **Tables 1.10a – 1.18d**

## 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 Further information on the sample designs and the methodology used is available here:  
<https://webarchive.nrscotland.gov.uk/3000/https://www.gov.scot/Topics/Statistics/About/SurveyDesigns201215>
- 3 Further information on the 2011 Scottish Health Survey questionnaire review for the 2012-2015 surveys can be found on the Scottish Government SHeS website:  
<https://webarchive.nrscotland.gov.uk/3000/https://www.gov.scot/Topics/Statistics/Browse/Health/scottish-health-survey/questionnairereviewreport>
- 4 *Scottish Health Survey: content review* (2022). Available at: [Scottish Health Survey: content review - gov.scot \(www.gov.scot\)](https://www.gov.scot/Topics/Statistics/Browse/Health/scottish-health-survey/questionnairereviewreport)
- 5 Questionnaire Content of the Scottish Health Survey (2017): Consultation Analysis Report. Available from <https://consult.gov.scot/population-health/scottish-health-survey/>
- 6 Further information on the 2017 Scottish Health Survey questionnaire review for the 2018-2021 survey can be found on the Scottish Government website:  
<http://www.gov.scot/Resource/0053/00537370.pdf>
- 7 Defined for the purposes of SHeS analysis as pain or discomfort experienced for a period of 3 months or more
- 8 The household reference person (HRP) is defined as the householder (a person in whose name the property is owned or rented) with the highest income. If there is more than one householder and they have equal income, then the household reference person is the eldest.
- 9 Lynn, Peter, Beerten, Roeland, Laiho, Johanna and Martin, Jean 'Recommended Standard Final Outcome Categories and Standard Definitions of Response Rate for Social Surveys', Working Papers of the Institute for Social and Economic Research, paper 2001-23. Colchester: University of Essex. 2001.
- 10 A report on the development of the weighting procedures is available here:  
<https://webarchive.nrscotland.gov.uk/3000/https://www.gov.scot/Topics/Statistics/About/Surveys/WeightingProjectReport>

- <sup>11</sup> *Scottish Health Survey – telephone survey – August/September 2020: main report*. Edinburgh, the Scottish Government. Available from: <https://www.gov.scot/publications/scottish-health-survey-telephone-survey-august-september-2020-main-report/>
- <sup>12</sup> Where time series SIMD data are presented, the appropriate version of the SIMD is used for each year. More details are provided within the main report and at <https://www.gov.scot/publications/?term=SIMD&cat=filter&publicationTypes=statistics&page=1>

## Chapter 2 Methods and Definitions

Victoria Wilson

### 2.1. General survey definitions

#### Age standardisation

Age standardisation has been used in some analysis in order to enable groups to be compared after adjusting for the effects of any differences in their age distributions.

When different sub-groups are compared in respect of a variable on which age has an important influence, any differences in age distributions between these sub-groups are likely to affect the observed differences in the proportions of interest.

Age standardisation was carried out, using the direct standardisation method. The standard population to which the age distribution of sub-groups was adjusted was the mid-2021 population estimates for Scotland. All age standardisation has been undertaken separately within each sex.

The age-standardised proportion  $p'$  was calculated as follows, where  $p_i$  is the age specific proportion in age group  $i$  and  $N_i$  is the standard population size in age group  $i$ .

$$p' = \frac{\sum_i N_i p_i}{\sum_i N_i}$$

Therefore  $p'$  can be viewed as a weighted mean of  $p_i$  using the weights  $N_i$ . Age standardisation was carried out using the age groups: 16-24, 25-34, 35-44, 45-54, 55-64, 65-74 and 75 and over. The variance of the standardised proportion can be estimated by:

$$\text{var}(p') = \frac{\sum_i (N_i^2 p_i q_i / n_i)}{(\sum_i N_i)^2}$$

where  $q_i = 1 - p_i$ .

#### 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.

#### Household Reference Person (HRP)

The HRP is defined as the householder (a person in whose name the property is owned or rented) with the highest income. If there is more than one householder and they have equal income, then the household reference person is the oldest.

## **Mean**

All means in this report are **Arithmetic means** (the sum of the values for cases divided by the number of cases).

## **Median**

The value of a distribution which divides it into two equal parts such that half the cases have values below the median and half the cases have values above the median.

## **NHS Health Board**

The National Health Service (NHS) in Scotland is divided up into 14 geographically based local NHS Boards and a number of National Special Health Boards. Health Boards in this report refers to the 14 local NHS Boards.

## **Percentile**

The value of a distribution which partitions the cases into groups of a specified size. For example, the 20<sup>th</sup> percentile is the value of the distribution where 20 percent of the cases have values below the 20<sup>th</sup> percentile and 80 percent have values above it. The 50<sup>th</sup> percentile is the median.

## **P-value**

A p value is the probability of the observed result occurring due to chance alone. A p value of less than 5% is conventionally taken to indicate a statistically significant result ( $p < 0.05$ ). It should be noted that the p value is dependent on the sample size, so that with large samples differences or associations which are very small may still be statistically significant. Results should therefore be assessed on the magnitude of the differences or associations as well as on the p value itself. The p values given in this report take into account the clustered sampling design of the survey.

## **Quintile**

Quintiles are percentiles which divide a distribution into fifths, i.e., the 20<sup>th</sup>, 40<sup>th</sup>, 60<sup>th</sup> and 80<sup>th</sup> percentiles.

## **Scottish Index of Multiple Deprivation (SIMD)**

The SIMD is the Scottish Government's official measure of area based multiple deprivation. It is based on 37 indicators across 7 individual domains of current income, employment, housing, health, education, skills and training and geographic access to services and telecommunications. SIMD is calculated at data zone level, enabling small pockets of deprivation to be identified. The data zones are ranked from most deprived (1) to least deprived (6505) on the overall SIMD index. The result is a comprehensive picture of relative area deprivation across Scotland.

This report uses the SIMD 2020 for the 2019, 2021 and 2022 data (see [Scottish Index of Multiple Deprivation 2020](#)).

## **Significance testing**

Where differences in relation to a particular outcome between two subgroups, such as men and women, are highlighted in the main report, the differences can be considered statistically significant, unless otherwise stated.

Statistical significance is calculated using logistic regression to provide a **p-value** based on a two-tailed significance test. One-tailed tests are used when the difference can only be in one direction. Two-tailed tests should always be used when the difference can theoretically be in either direction. For example, even though previous research has shown a higher prevalence of hazardous levels of alcohol consumption among men than among women, and we may expect this to be true in the most recent survey, a two-tailed test is used to confirm the difference.

## **Standard deviation**

The standard deviation is a measure of the extent to which the values within a set of data are dispersed from, or close to, the mean value. In a normally distributed set of data 68% of the cases will lie within one standard deviation of the mean, 95% within two standard deviations and 99% will be within 3 standard deviations. For example, for a mean value of 50 with a standard deviation of 5, 95% of values will lie within the range 40-60.

## **Standard error (of the mean)**

The standard error is a variance estimate that measures the amount of uncertainty (as a result of sampling error) associated with a survey statistic. All data presented in this report in the form of means are presented with their associated standard errors (with the exception of the WEMWBS scores which are also presented with their standard deviations). Confidence intervals are calculated from the standard error; therefore, the larger the standard error, the wider the confidence interval will be.

## **Unweighted bases**

The unweighted bases presented in the report tables provide the number of individuals upon which the data in the table is based. This is the number of people that were interviewed as part of SHeS and provided a valid answer to the particular question or set of questions. The unweighted bases show the number of people interviewed in various subgroups including sex, age and Scottish Index of Multiple Deprivation.

## **Weighted bases**

The weighted bases are adjusted versions of the unweighted bases which involves calculating a weight for each individual so that their representation in the sample reflects their representation in the general population of Scotland living in private households. Categories within the table can be combined by using the weighted bases to calculate weighted averages of the relevant categories.

## 2.2. Chapter definitions

### 2.2.1 Chapter 1 – Mental wellbeing

#### **Warwick-Edinburgh Mental Wellbeing Scale (WEMWBS)**

The WEMWBS was developed by researchers at the Universities of Warwick and Edinburgh, with funding provided by NHS Health Scotland, to enable the measurement of mental wellbeing of adults in the UK. It was adapted from a 40 item scale originally developed in New Zealand, the Affectometer 2. The WEMWBS scale comprises 14 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 is 70; the tables present mean scores. The 14 items are 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)<sup>1</sup>.

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 developed<sup>2</sup>.

WEMWBS is used to monitor the National Indicator 'mental wellbeing'<sup>3</sup> for adults.

#### **General Health Questionnaire (GHQ-12)**

GHQ-12<sup>4</sup> is a scale designed to detect possible psychiatric morbidity in the general population. GHQ-12 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.

#### **Revised clinical interview schedule (CIS-R)**

Depression and anxiety

Details on symptoms of depression and anxiety are collected via a standardised instrument, the CIS-R<sup>5</sup>. The CIS-R is a well-established



tool for measuring the prevalence of mental disorders. 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. Given the potentially sensitive nature of these topics, they were included in the nurse interview part of the survey prior to 2012<sup>6</sup>. Since 2012 the questions have been included in the biological module where they form part of the self-completion questionnaires. The change in mode of data collection may have impacted response, and comparisons of 2016/2017 figures and onwards with pre-2012 figures should be interpreted with caution. There is a possibility that any observed changes in prevalence across this period may simply reflect the change in mode rather than any real change in the population.

Questions on depression cover a range of symptoms, including feelings of being sad, miserable, or depressed, and taking less of an interest and getting less enjoyment out of things than usual. Questions on anxiety cover feelings of anxiety, nervousness, and tension, as well as phobias, and the symptoms associated with these.

#### Suicide attempts and self-harm

In addition to being asked about symptoms of depression and anxiety, participants were also asked whether they had ever attempted to take their own life. The question was worded as follows:

*Have you ever made an attempt to take your own life, by taking an overdose of tablets or in some other way?*

Those who said yes were asked if this was in 'the last week, in the last year or at some other time?' Note that this question is likely to underestimate the prevalence of very recent attempts, as people might be less likely to agree to take part in a survey immediately after a traumatic life event such as this. Furthermore, suicide attempts will only be captured in a survey among people who do not succeed at their attempt.

Since 2008, participants have also been asked whether they have ever self-harmed in any way but not with the intention of killing themselves. Those who said that they had self-harmed were also asked if this was 'in the last week, last year or at some other time'. The percentage of adults who have self-harmed in the last year is one of the national mental health indicators for adults<sup>7</sup>.

Since 2012 these questions have been included in the self-completion parts of the biological module. Prior to 2012 they were administered in the nurse interview, and any changes over time need to be interpreted with caution due to the change in mode.

## Loneliness

A question was included in the adult and young adult self-completion questionnaires to measure levels of loneliness experienced in the week prior to being interviewed, with five answer options ranging from 'none or almost none of the time' to 'all or almost all of the time'. This differs from the question used prior to 2021 where the period asked about was two weeks.

## 2.2.2 Chapter 2 – General health, cardiovascular disease and caring

### General health

#### Long-term conditions & limiting long-term conditions

Long-term conditions were defined as a physical or mental health condition or illness lasting or expected to last 12 months or more. The wording of this question changed in 2012 and is now aligned with the harmonised questions for all large Scottish Government surveys. Long-term conditions were coded into categories defined in the International Classification of Diseases (ICD), but it should be noted that the ICD is used mostly to classify conditions according to the cause, whereas SHeS classifies according to the reported symptoms. A long-term condition was defined as limiting if the respondent reported that it limited their activities in any way.

#### Self-assessed general health

Each year, participants who are aged 13 and over are asked to rate their health in general with answer options ranging from 'very good' to 'very bad'. For children under the age of 13 the question is answered by the parent or guardian completing the interview on their behalf.

### Cardiovascular conditions

#### Blood pressure/hypertension

Participants were defined as having self-reported doctor-diagnosed hypertension if they stated during the interview that they had been told by a doctor or nurse that they had high blood pressure.

#### Cardiovascular disease (CVD)

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'. If they responded affirmatively to any of these conditions, participants were asked 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. For the purpose of this report, participants were classified as having a particular condition only if they reported that the diagnosis was confirmed by a doctor.

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

misclassification may have occurred because some participants may not have remembered (or not remembered correctly, or not known about) diagnoses made by their doctor.

#### Any CVD condition

Participants were classified as having 'any CVD' if they reported ever having any of the following conditions confirmed by a doctor: angina, heart attack, stroke, heart murmur, abnormal heart rhythm, or 'other heart trouble'<sup>8</sup>.

#### Diabetes

Participants were classified as having diabetes if they reported a confirmed doctor diagnosis. Women whose diabetes occurred only during pregnancy were excluded from the classification. In 2018, a new question was introduced asking participants to report if they had been told they had Type 1 or Type 2 diabetes. Prior to 2018 no distinction was made between Type 1 and Type 2 diabetes in the interview.

#### 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)

IHD is also known as coronary heart disease. Participants were classified as having IHD if they reported ever having angina, a heart attack or heart failure diagnosed by a doctor.

#### Stroke

Participants were classified as having a stroke if they reported ever having had a stroke confirmed by a doctor.

#### IHD or Stroke

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

### **2.2.3 Chapter 3 – Respiratory**

#### **Asthma and Respiratory Symptoms**

Participants (including parents of children aged 0-12, and children themselves aged 13-15) were asked if a doctor had ever told them they had asthma. This question was asked in the 1998, 2003, 2008 and 2010 surveys, and has been included every year since 2012. No objective measures were used to confirm these reported diagnoses.

Questions on respiratory symptoms were included in the 1995-2003 surveys, and in all even years since 2008. The symptoms covered were: phlegm production, breathlessness and wheezing or whistling in the chest. Breathlessness was classified as grade 2 if it occurred when hurrying on level ground or walking up a slight hill, or grade 3 (the more

severe form) if it occurred when walking with other people of the same age on level ground. The impact of wheezing and whistling symptoms on sleep and people's daily activities was also measured. The Medical Research Council Respiratory Symptom Questionnaire was used to collect some of this information<sup>9</sup>.

### **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.

Each year since 2008, adult participants have been asked if they had ever had COPD, chronic bronchitis or emphysema and, if so, whether a doctor had told them they had one of these conditions. Those who reported doctor-diagnosed COPD were also asked what treatment or advice they had received. No objective measures were used to confirm these reported diagnoses.

### **Long COVID**

Questions asked whether participants had or thought they had COVID-19 and how long their symptoms lasted. Long COVID was defined by experiencing symptoms more than 4 weeks after they first had COVID-19 that were not explained by something else.

It should be noted that due to changes in the question wording, the long-COVID data is not equivalent with that calculated and reported in the 2021 report.

## **2.2.4 Chapter 5 – Chronic Pain**

Chronic pain has been broadly defined as persistent pain that continues for longer than 12 weeks despite medication or treatment and can affect all ages and different parts of the body<sup>10</sup>. The SHeS 2022 survey collected information for the first time for both adults and children on the prevalence and impact on the lives of individuals living with chronic pain in Scotland, as well as access to support.

Within the SHeS 2022 main report, data is presented on the prevalence of chronic pain among both adults and children in Scotland, the types of chronic pain experienced/lived with, whether this limits life/work activities, support, and analysis of the impact on mental wellbeing using the WEMWBS scale among adults.

## **2.2.5 Chapter 6 – Alcohol**

### **UK Chief Medical Officers' Alcohol Guidelines**

The UK CMO 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 all<sup>11</sup>.

### **Questions on alcohol**

Questions about drinking alcohol have been included in SHeS since its inception in 1995. Questions are asked either face-to-face via the interviewer or included in the self-completion questionnaire if they are deemed too sensitive for a face-to-face interview (e.g. if being interviewed with a parent). All those aged 16-17 years are asked about their consumption via the self-completion, as are some of those aged 18-19 years, at the interviewers' discretion. The way in which alcohol consumption is estimated in the survey was changed significantly in 2008. A detailed discussion of those revisions can be found in the chapter on alcohol consumption in the 2008 report<sup>12</sup>.

In 2022, the SHeS questionnaire covered the usual weekly consumption of alcohol.

### **Weekly consumption**

Participants (aged 16 years and over) were asked preliminary questions to determine whether they drank alcohol at all. For those who reported that they drank, these were followed by further questions on how often during the past 12 months they had drunk each of six different types of alcoholic drink:

- normal strength beer, lager, stout, cider, and shandy
- strong beer, lager, stout, and cider
- spirits and liqueurs
- sherry and martini
- wine
- alcoholic soft drinks (alcopops)

From these questions, the average number of days per week the participant had drunk each type of drink was estimated. A follow-up question asked how much of each drink type they had usually drunk on each occasion. These data were converted into units of alcohol and multiplied by the amount they said they usually drank on any one day<sup>13</sup>.

### **Calculating alcohol consumption**

The guidelines on lower risk drinking are expressed in terms of units of alcohol consumed. Detailed information on both the volume of alcohol

drunk in a typical week and 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 (pure alcohol). In this chapter, 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). In addition, to help participants make more accurate judgements they are also 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. The table below 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)<sup>14</sup>. 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.

#### Alcohol unit conversion factors

Type of drink	Volume reported	Unit conversion factor
Normal strength beer, lager, stout, cider, shandy (less than 6% Alcohol By Volume (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

## 2.2.6 Chapter 7 – Smoking

### Questions on smoking behaviour

Questions on smoking have been included in SHeS since 1995. Some small changes were made to the questions in 2008 and 2012. These are outlined in the relevant annual reports<sup>15,16</sup>.

The current questions in the survey focus on:

- current smoking status
- frequency and pattern of current smoking
- the number of cigarettes smoked by current smokers
- exposure to second-hand smoke
- past smoking behaviour, current and ex-smokers
- quit attempts and desire to give up smoking
- medical advice on giving up smoking
- nicotine replacement therapy (NRT) use (including questions on NRT that led to successful cessation)
- Nicotine Vapour Products (NPVs) e.g. e-cigarettes/vapes (including as part of a quit attempt)

Adults aged 20 and over were asked about their smoking behaviour during the telephone interview. For those aged 16 and 17, information was collected in a self-completion questionnaire offering more privacy and reducing the likelihood of concealing behaviour in front of other household members. Those aged 18 and 19 could answer the questions either during the interview or via the self-completion, at the interviewer's discretion.

The self-completion questions were largely similar to those asked in the interview. However, given the age of the participants completing the self-completion questionnaire, questions on past smoking behaviour, desire to give up smoking and medical advice to stop smoking were excluded.

### Smoking status

Smoking status categories reported here are:

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

Information on cigar and pipe use is collected in the survey but as prevalence is low these are not considered in the definition of current smoking.

Dual use of cigarettes and e-cigarettes/vaping is also reported in 2022 using the following categories:

- currently vape and currently smoke cigarettes
- currently vape and used to smoke cigarettes (regularly/occasionally)
- currently vape and never smoked cigarettes
- currently smoke and do not currently vape
- do not currently vape or smoke

### **Nicotine Vapour Products (Electronic/e-cigarettes/vapes)**

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).

SHeS has gathered information on the use of e-cigarettes among the Scottish adult population since 2014, in response to their increased availability and high profile. The questions ask whether participants have ever used an e-cigarette as well as whether they currently use an e-cigarette. The questions about e-cigarettes were amended in 2016 to include the term 'vaping devices'.

### **Exposure to second-hand smoke**

In 2022 exposure to second-hand smoke in adults was measured by asking respondents to self-report where they have been exposed to second-hand smoke. The measurement of cotinine levels from saliva samples, routinely used previously on SHeS but dropped from the 2021 survey and the early part of the 2022 survey - where interviews were conducted by telephone - due to COVID-19 restrictions, were reintroduced in 2022 when the survey returned to in-home data collection.

Exposure to second-hand smoke for children is measured in two ways in the survey:

- whether there is someone who regularly smokes inside the accommodation where the child lives, and
- parents' and older children's (aged 13-15) reports of whether children are exposed to smoke at home.

### **Nicotine Replacement Therapy (NRT)**

The remedial administration of nicotine to the body by means other than tobacco, usually as part of smoking cessation. Common forms of nicotine replacement therapy are nicotine patches and nicotine gum.



## 2.2.7 Chapter 8 – Diet and Obesity

### Adult dietary data

Intake24, an online dietary tool, was introduced as a means of collecting and analysing data on adult dietary intakes for the 2021 survey. This replaced previous methods of obtaining adult dietary data that were used in SHeS and will be repeated every three years. Therefore, no adult dietary data is reported in 2022.

### Fruit and vegetable consumption (children)

Data on fruit and vegetable consumption among children was measured using survey questions, as in previous years. It is recommended that children eat at least five portions of fruit and vegetables per day<sup>17</sup>.

### 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 (m<sup>2</sup>). 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 physique<sup>18</sup>.

In 2022, data on heights and weights was obtained by two methods:

1. Standardised height and weight measurements administered by an interviewer in-home.
2. Participants estimating their height and weight

These self-reported and interviewer-administered measures have been used to calculate estimated BMI. So, while these estimates have been calculated, this data should be used with caution given the contribution of some self-reported data to 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 weight<sup>19</sup>. Adjustments for adults 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.

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) classification<sup>20</sup>:

<b>BMI (kg/m<sup>2</sup>)</b>	<b>Description</b>
Less than 18.5	Underweight
18.5 to less than 25	Normal
25 to less than 30	Overweight, excluding obesity
30 to less than 40	Obesity, excluding morbid obesity
40+	Morbid obesity

The adult BMI data presented in the report and the data tables includes self-reported 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.

<b>BMI (kg/m<sup>2</sup>)</b>	<b>Unadjusted</b>	<b>Adjusted</b>
Less than 18.5	2%	1%
18.5 to less than 25	36%	28%
25 to less than 30	37%	39%
30 to less than 40	22%	28%
40+	3%	4%
Mean	27.4	28.6

The child BMI data included in the report and data tables is based only on those with interviewer administered measurements. Based on their BMI, child participants were classified into the following groups based on the World Health Organisation (WHO) classification<sup>21</sup>.

Although the BMI calculation method is the same, there are no fixed BMI cut-off points defining overweight and obesity in children. Instead, overweight and obesity are defined using several other methods including age and sex specific BMI cut-off points or BMI percentile cut-offs based on reference populations.

Children can be classified into the following groups:

<b>BMI (percentile)</b>	<b>Description</b>
Above 2 <sup>nd</sup> and below 85 <sup>th</sup>	Within healthy range
At or above 2 <sup>nd</sup> , at or above 85 <sup>th</sup>	Outwith healthy range
At or above 85 <sup>th</sup> , below 95 <sup>th</sup>	At risk of overweight
At or above 95 <sup>th</sup>	At risk of obesity

### **Waist Circumference**

Waist circumference is a measure of deposition of abdominal fat. It is measured during the biological module. A raised waist circumference has been defined as more than 102cm in men and more than 88cm in women. In 2022, it was possible to collect accurate information for waist circumference (WC) for a proportion of the version B sample interviews; therefore, some caution due to the reduced sample size for 2022 is advised.

## **2.2.8 Chapter 9 – Physical Activity**

## UK Chief Medical Officers (CMO) Physical Activity Guidelines (2019)

Age group	Guidelines
Early years – children under 5 years	<p><b>Infants (less than 1 year):</b> Physical activity is recommended several times a day (the more activity the better) in a variety of ways including interactive floor-based activity, e.g. crawling.</p> <p>Where infants are not yet mobile, at least 30 minutes of tummy time spread across the day and while awake is recommended along with movements such as reaching and grasping, pushing and pulling themselves over independently, or rolling over; more is better.</p> <p><b>Toddlers (1-2 years):</b> At least 180 minutes (3 hours) of physical activity of any intensity is recommended for toddlers, including active and outdoor play.</p> <p><b>Pre-schoolers (3-4 years):</b> At least 180 minutes (3 hours) of activity is also recommended for pre-school aged children, including a variety of active and outdoor play physical activities spread throughout the day. For this age group, this should include at least 60 minutes of moderate-to-vigorous intensity physical activity.</p>
Children and young people aged 5 to 18	<p>It is recommended that children and young people in this age group engage in moderate-to-vigorous intensity physical activity for an average of at least 60 minutes per day. The activities undertaken include those undertaken in a variety of settings such as school-based physical education, active travel, after school activities, play and sporting activities.</p> <p>Engagement in a range of activities and intensities over the course of a week is recommended in order to develop movement skills, muscular fitness and bone strength.</p> <p>This activity should be accompanied by as minimal an amount of sedentary time as possible, with any long periods of inactivity broken up with some physical activity, even if this is light in nature.</p>
Adults aged 19-64	<p>Daily physical activity is recommended for both physical and mental health benefits - the more the better but any activity is encouraged.</p> <p>This includes activities to develop and strengthen the major muscle groups, which can be achieved through activities such as heavy gardening, carrying heavy shopping, or resistance exercise. It is recommended that muscle strengthening</p>

	<p>activities are done on at least two days a week, but any strengthening activity is better than none.</p> <p>On a weekly basis, adults should undertake:</p> <ul style="list-style-type: none"> <li>• at least 150 minutes (2 1/2 hours) of <i>moderate</i> intensity activity (such as brisk walking or cycling)</li> <li>• or 75 minutes of <i>vigorous</i> intensity activity (such as running)</li> <li>• or even shorter durations of <i>very vigorous</i> intensity activity (such as sprinting or stair climbing);</li> <li>• or a <i>combination of moderate, vigorous and very vigorous</i> intensity activity.</li> </ul> <p>Sedentary time should be minimized as far as possible, breaking this up with at least light physical activity.</p>
Adults aged 65 and over	<p>Daily physical activity is also recommended for older adults for the maintenance of good physical and mental health, wellbeing, and social functioning. Even light activity offers greater health benefits than being sedentary, although the more daily physical activity that is undertaken, the better.</p> <p>Older adults should also undertake activities aimed at improving or maintaining muscle strength, balance and flexibility on at least two days a week, either on their own or combined with moderate aerobic activity. This should be accompanied by 150 minutes (two and a half hours) of moderate intensity aerobic activity, building gradually up to this where activity levels are currently lower.</p> <p>Those who are already regularly active can achieve these benefits through:</p> <ul style="list-style-type: none"> <li>• 75 minutes of vigorous intensity activity</li> <li>• or a combination of moderate and vigorous activity</li> </ul> <p>Weight-bearing activities offer additional benefit in helping to maintain bone health.</p> <p>Where physically able, long periods of being sedentary should be broken up with light activity, or at least with standing.</p>

### Adult physical activity questionnaire

The SHeS questionnaire<sup>22</sup> asks about four main types of physical activity:

- home-based activities (housework, gardening, building work and DIY)
- walking
- sports and exercise

- activity at work

Information is collected on the:

- time spent being active
- intensity of the activities undertaken
- frequency with which activities are performed.

### **Adherence to adult physical activity guidelines**

The activity guidelines advised adults to accumulate 150 minutes of moderate activity or 75 minutes of vigorous activity per week or an equivalent combination of both, in bouts of 10 minutes or more. These guidelines are referred to as the Moderate or Vigorous Physical Activity guidelines (MVPA). To help assess adherence to this guideline, the intensity level of activities mentioned by participants was estimated.

Activities of low intensity, and activities of less than 10 minutes duration, were not included in the assessment. This allowed the calculation of a measure of whether each SHES participant adhered to the guideline, referred to in the text and tables as “adult summary activity levels”, see the table below. A more detailed discussion of this calculation is provided in the 2012 report<sup>23</sup>.

#### Adult summary activity levels<sup>a</sup>

Meets MVPA guidelines	Reported 150 mins/week of moderate physical activity or 75 mins vigorous physical activity, or an equivalent combination of these.
Some activity	Reported 60-149 mins/week of moderate physical activity, or 30-74 mins/week vigorous physical activity, or an equivalent combination of these.
Low activity	Reported 30-59 mins/week of moderate physical activity, or 15-29 mins/week vigorous physical activity or an equivalent combination of these.
Very low activity	Reported less than 30 mins/week of moderate physical activity, or less than 15 mins/week vigorous physical activity, or an equivalent combination of these.

<sup>a</sup> Only bouts of 10 minutes or more were included towards the 150 minutes per week guideline.

To avoid overcomplicating the text, where descriptions are provided of the summary activity levels, they tend to refer only to moderate physical activity, although the calculations were based on moderate or vigorous activity as described above.

#### Muscle strengthening

A second summary measure was calculated for adults, in respect of meeting the guidelines to carry out activities that strengthen muscles on at least 2 days a week to increase bone strength and muscular fitness.

Nine different sports were classed as always muscle strengthening, and other sports or exercises were classed as muscle strengthening if the participant reported that the effort was enough to make the muscles feel some tension, shake or feel warm. If the participant carried out such activities for at least 10 minutes on 2 or more days a week, on average, they were deemed to meet the muscle strengthening guideline. As this only includes muscle strengthening through sporting activity, reported levels may be an underestimate.

### **Child Physical Activity Questionnaire**

The questions on child physical activity are slightly less detailed than those for adults<sup>24</sup>. No information on intensity is collected (with the exception of asking those aged 13-15 about their walking pace). The questions cover:

- sports and exercise
- active play including housework and gardening
- walking

Where appropriate, data are collected and reported for physical activity undertaken at and outside of school.

### **Sedentary time**

Data are collected for adults and children on sedentary time on weekdays and weekends. Sedentary time is calculated from questions on time spent sitting at work, watching TV/another type of screen and/or time spent sitting doing other activities such as eating a meal, reading, napping etc.

## **2.3. A note about bases for men and women in the 2022 tables**

In 2022, a question on participant's sex was included in the survey self-completion questionnaires for the first time in addition to the usual approach of the household reference person providing this information for everyone in the household as part of the main CAPI interview.

Where the respondent completed a self-completion questionnaire, their response to the sex question here took precedence over the CAPI data. However, in the self-completion questionnaire, the sex question included the option of 'prefer not to say'. In addition, respondents could choose not to answer the question. Any such cases where the sex data was missing or 'prefer not to say' had been selected are not included in the breakdowns for men and women in the data tables but are included in the 'All adults' totals. As such, base numbers for all adults are greater than the sum of the men and women base numbers where these are reported separately.

## References and notes

- <sup>1</sup> Kammann, R. and Flett, R. (1983). Sourcebook for measuring well-being with Affectometer 2. Dunedin, New Zealand: Why Not? Foundation. Information on measuring mental wellbeing using WEMWBS is available online from: <https://warwick.ac.uk/fac/sci/med/research/platform/wemwbs> Further information about WEMWBS is available at: [www.healthscotland.com/scotlands-health/population/Measuring-positive-mental-health.aspx](http://www.healthscotland.com/scotlands-health/population/Measuring-positive-mental-health.aspx)
- <sup>2</sup> 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>
- <sup>3</sup> See: <http://nationalperformance.gov.scot/>
- <sup>4</sup> Goldberg, D and Williams, PA (1988). *A User's Guide to the General Health Questionnaire*. Windsor: NFER-Nelson.
- <sup>5</sup> 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.
- <sup>6</sup> 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.
- <sup>7</sup> See: [www.healthscotland.com/scotlands-health/population/mental-health-indicators.aspx](http://www.healthscotland.com/scotlands-health/population/mental-health-indicators.aspx)
- <sup>8</sup> Diabetes and high blood pressure are not included in the definition of 'any CVD condition' as they are risk factors for CVD.
- <sup>9</sup> Prior to 2012 a fuller version of the MRC Respiratory Symptoms Questionnaire was included in the 1995-2003 and 2008 and 2010 surveys, alongside questions about wheezing and whistling in the chest that were added to the survey in 1998 as part of the asthma module. To reduce duplication and participant burden, from 2012 onwards the MRC Questionnaire items on wheezing were cut (the questions on phlegm and breathlessness were retained).

- <sup>10</sup> NHS inform (2023) *Chronic pain* [Online]. Available at: <https://www.nhsinform.scot/illnesses-and-conditions/brain-nerves-and-spinal-cord/chronic-pain>
- <sup>11</sup> See: <https://www.drinkaware.co.uk/alcohol-facts/alcoholic-drinks-units/latest-uk-alcohol-unit-guidance/>
- <sup>12</sup> Reid S (2009). Chapter 3: Alcohol consumption. In: Bromley C, Bradshaw P and Given L. (eds.) *The 2008 Scottish Health Survey – Volume 1: Main Report*. Edinburgh: Scottish Government. 2009. Available at: [www.gov.scot/Publications/2009/09/28102003/31](http://www.gov.scot/Publications/2009/09/28102003/31)
- <sup>13</sup> For participants aged 16 and 17, details on alcohol consumption were collected as part of a special smoking and drinking self-completion questionnaire. Some aged 18 and 19 also completed the self-completion if the interviewer felt it was appropriate. For all other adult participants, the information was collected as part of the face-to-face interview. The method of estimating consumption follows that originally developed for use in the General Household Survey and is also used in the Health Survey for England. For six types of alcoholic drink (normal strength beer/lager/cider/shandy, strong beer/lager/cider, spirits/liqueurs, fortified wines, wine, and alcoholic soft drinks), participants were asked about how often they had drunk each one in the past twelve months, and how much they had usually drunk on any one day. The amount given to the latter question was converted into units of alcohol, with a unit equal to half a pint of normal strength beer/lager/cider/alcoholic soft drink, a single measure of spirits, one glass of wine, or one small glass of fortified wine. A half pint of strong beer/lager/cider was equal to 1.5 units. The number of units was then multiplied by the frequency to give an estimate of weekly consumption of each type of drink. The frequency multipliers were:

Drinking frequency	Multiplying factor
Almost every day	7.0
5 or 6 times a week	5.5
3 or 4 times a week	3.5
Once or twice a week	1.5
Once or twice a month	0.375
One every couple months	0.115
Once or twice a year	0.029

The separate consumption figures for each type of drink were rounded to two decimal places and then added together to give an overall weekly consumption figure.

- <sup>14</sup> See: <https://www.gov.scot/publications/scottish-health-survey-2008/pages/29/>
- <sup>15</sup> Gray L & Leyland AH (2009). Chapter 4: Smoking. In: Bromley, C., Bradshaw, P. and Given, L. (eds.) *The 2008 Scottish Health Survey – Volume 1: Main Report*. Edinburgh: Scottish Government. 2009. [www.gov.scot/Publications/2009/09/28102003/0](http://www.gov.scot/Publications/2009/09/28102003/0)



- 16 Gray L & Leyland AH (2013). Chapter 4: Smoking. In: Rutherford, L., Hinchliffe, S. and Sharp, C. (eds.) *The Scottish Health Survey 2012 – Volume 1: Main Report*. Edinburgh: Scottish Government. Available at: [www.gov.scot/Publications/2013/09/3684](http://www.gov.scot/Publications/2013/09/3684)
- 17 See <https://www.nhs.uk/live-well/eat-well/5-a-day/portion-sizes/#:~:text=Children%20should%20also%20eat%20at,the%20palm%20of%20the%20hand.>
- 18 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.
- 19 See <https://fingertips.phe.org.uk/documents/2.12%20Adult%20excess%20weight%20method%20details%202015-16.docx>
- 20 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/m<sup>2</sup>, in 2003 it was changed to 18.5-25 kg/m<sup>2</sup>. 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/m<sup>2</sup>.

	<b>2003</b>	<b>2008 onwards</b>
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+

- 21 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/m<sup>2</sup>, in 2003 it was changed to 18.5-25 kg/m<sup>2</sup>. 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/m<sup>2</sup>.

	<b>2003</b>	<b>2008 onwards</b>
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+

- 22 The questions used in the survey since 1998 are based on the Allied Dunbar National Fitness Survey, a major study of physical activity among the adult population in England carried out in 1990. For further details see: Health

Education Authority. Allied Dunbar National Fitness Survey. Health Education Authority and Sports Council, London. 1992

- <sup>23</sup> Bromley C. (2013) Chapter 6: Physical Activity. In Rutherford L, Hinchliffe S and Sharp C (eds.) Scottish Health Survey 2012 – Volume 1: Main Report. Edinburgh: Scottish Government. Available at: <https://www.gov.scot/publications/scottish-health-survey-2012-volume-1-main-report/pages/10/>
- <sup>24</sup> The questions on child physical activity included in SHeS since 1998 are based on the 1997 Health Survey for England (HSE) children's physical activity module.



# Appendix A

## **Appendix A      Fieldwork Documents**

1. Child Boost Advance letter – Opt-in
2. Child Boost Confirmation letter – Opt-in
3. Child Boost Reminder letter 1 – Opt-in
4. Child Boost Reminder letter 2 – Opt-in
5. Child Boost Advance letter – In-home
6. Advance letter – ScotCen – Version A
7. Advance letter – ScotCen – Version B
8. Advance letter – ONS – Version A
9. Survey leaflet – ScotCen
10. Survey leaflet – ONS
11. Child information leaflet
12. Adult information leaflet
13. COVID leaflet – Knock to nudge – ScotCen
14. COVID leaflet – In-home – ScotCen
15. Self-completion Cover letter – ScotCen
16. Self-completion Cover letter – ONS
17. Self-completion Reminder letter 1 – ScotCen
18. Self-completion Reminder letter 2 – ScotCen
19. Adult Useful Contacts Leaflet
20. Child Useful Contacts Leaflet
21. Reissue letter – ScotCen
22. Reissue letter – ONS
23. Adult Thank you letter
24. Child (proxy) Thank you letter
25. Core Sample – Showcards
26. Child Boost – Showcards
27. Language translation card

The Resident

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

Code: <Serial>/<CHK>

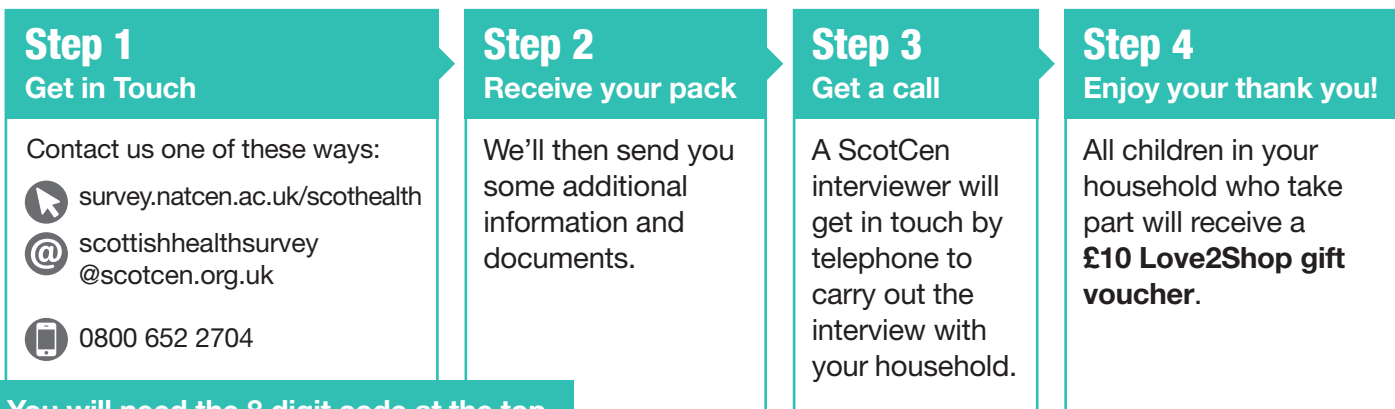
## Help improve health services in <healthboard>

Dear Sir or Madam,

Your household has been chosen to take part in the Scottish Health Survey (Child Interviews), an important annual study used to help improve health services in your area and across Scotland. 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. In previous years 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. We are particularly interested in understanding more about the health of **children and young people aged 0-15** living in Scotland.

We would like to hear from you if you have a child or children aged under 16 living in your household.

### Taking part is easy:

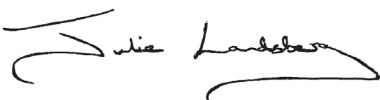


**You will need the 8 digit code at the top of this letter and your contact details**

By taking part, you and your child are helping to provide a better understanding of the health and lifestyles of people in Scotland during this challenging time. It is also important to look to the future, and the information you and your child provide will help plan, and improve, health services beyond the pandemic.

### Further info

Answers to some questions you may have are on the back of this letter, in the enclosed leaflet and at [www.gov.scot/publications/scottish-health-survey-interviewee-faqs](http://www.gov.scot/publications/scottish-health-survey-interviewee-faqs). If you would like to talk to someone about the study, please phone free on **0800 652 2704**.



**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 have the opportunity to take part. As this household has been selected to increase the number of children taking part, we are only able to include your household if there are any children aged 0 to 15 living there. If there are no children living at your address then please disregard this letter. We will also ask you to confirm that there are children in the household.

## Who will we want to speak to?

We can interview up to two children in your household. If you have three or more children, your interviewer will select two of them to take part. Parents or guardians will answer questions on behalf of children aged under 13. Children aged 13-15 can answer the questions themselves but we will need you to answer some questions at the start of the interview. We will also ask for your consent for them to take part. We would like you to be present or within earshot of the interview taking place. You can have the phone on speaker phone so everyone can take part at the same time.

Information for children taking part is in the enclosed survey leaflet, please share this with them in advance.

If you require any assistance to take part in the telephone survey then please contact us by emailing [scottishhealthsurvey@scotcen.org.uk](mailto:scottishhealthsurvey@scotcen.org.uk) or phone us free on **0800 652 2704**.

## What will happen to any information my child and I give?

The information you provide will help the survey team understand more about health conditions and behaviours which will in turn 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:

**[www.gov.scot/publications/scottish-health-survey-interviewee-faqs/](http://www.gov.scot/publications/scottish-health-survey-interviewee-faqs/)**

More information is 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's interviewers are highly trained and regular procedures are in place to monitor the quality of their work.

ScotCen is independent of all government departments and political parties. For more information about ScotCen please visit **[www.scotcen.org.uk](http://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.gov.scot/collections/scottish-health-survey](http://www.gov.scot/collections/scottish-health-survey)** or phone us free on **0800 652 2704**.

Hear more about the real difference the study makes at **[www.scotcen.org.uk/healthvideo](http://www.scotcen.org.uk/healthvideo)**

The Resident

<Add1>

<Add2>

<Add3>

<Add4>

<Postcode>

Code: <Serial>/<CHK>

# Thank you for your interest in the Scottish Health Survey

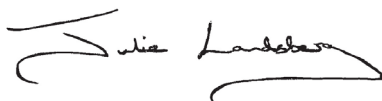
Dear Household,

Thank you for sending your details to us to take part in the Scottish Health Survey. The survey is 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.

Enclosed in this envelope are the Scottish Health Survey 2022 showcards. These showcards are used throughout the interview for you to select some of your answer options to questions. A useful contacts leaflet is also provided with the contact details for organisations that you may find helpful.

Your interviewer will be in contact shortly to arrange your interview.

For further information, please visit [www.gov.scot/collections/scottish-health-survey](http://www.gov.scot/collections/scottish-health-survey) or phone us free on **0800 652 2704**. Hear more about the real difference the study makes at [www.scotcen.org.uk/healthvideo](http://www.scotcen.org.uk/healthvideo)



**Julie Landsberg**  
Survey Manager, Scottish Government

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. We are particularly interested in understanding more about the health of children and young people aged 0-15 living in Scotland. 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 pandemic and beyond** to provide a better understanding of the health and lifestyles of people in Scotland. We would like to hear from you if you have a child or children aged under 16 living in your household.



### It's easy to take part

The simple steps to getting involved are:

#### Step 1 Get in Touch

Contact us one of these ways:

- [survey.natcen.ac.uk/scothealth](https://survey.natcen.ac.uk/scothealth)
- [scottishhealthsurvey@scotcen.org.uk](mailto:scottishhealthsurvey@scotcen.org.uk)
- 0800 652 2704

#### Step 2 Receive your pack

We'll then send you some additional information and documents.

#### Step 3 Get a call

A ScotCen interviewer will get in touch by telephone to carry out the interview with your household.

#### Step 4 Enjoy your thank you!

All children in your household who take part will receive a **£10 Love2Shop gift voucher**.

You will need the 8 digit code at the top of this letter and your contact details



### Help improve health services in your area

Only people selected in your area have been contacted and 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 have the opportunity to take part. As this household has been selected to increase the number of children taking part, we are only able to include your household if there are any children aged 0 to 15 living there. If there are no children living at your address then please disregard this letter.

## Who will we want to speak to?

We can interview up to two children in your household. If you have three or more children, your interviewer will select two of them to take part. Parents or guardians will answer questions on behalf of children aged under 13. Children aged 13-15 can answer the questions themselves but we will need you to answer some questions at the start of the interview. We will also ask for your consent for them to take part. We would like you to be present or within earshot of the interview taking place. You can have the phone on speaker phone so everyone can take part at the same time.

If you require any assistance to take part in the telephone survey then please contact us by emailing [scottishhealthsurvey@scotcen.org.uk](mailto:scottishhealthsurvey@scotcen.org.uk) or phone us free on **0800 652 2704**.

## What will happen to any information my child and I give?

The information you and your child 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 and your child's answers are treated with care and with full respect for their 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 or your child's identity and no attempts will be made to identify you or your child from your answers.

For further information on how the information you and your child provide will be used, please see the privacy information on the Scottish Government's website here: [www.gov.scot/publications/scottish-health-survey-interviewee-faqs](http://www.gov.scot/publications/scottish-health-survey-interviewee-faqs).

## Who is carrying out the survey?

The Scottish Government has asked ScotCen Social Research (ScotCen) to carry out the survey. ScotCen's interviewers are highly trained and regular procedures are in place to monitor the quality of their work.

ScotCen is independent of all government departments and political parties. For more information about ScotCen please visit [www.scotcen.org.uk](http://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?

Visit [www.gov.scot/collections/scottish-health-survey](http://www.gov.scot/collections/scottish-health-survey) or phone us free on **0800 652 2704**.

Hear more about the real difference the study makes at [www.scotcen.org.uk/healthvideo](http://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. If there are children aged under 16 living at your address, we kindly ask that you contact us by going to [survey.natcen.ac.uk/scothealth](http://survey.natcen.ac.uk/scothealth) 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, email and the 8-digit code found in the top right-hand corner of this letter. We will also ask you to confirm that there are children in the household.

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, up to two children 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

We are particularly interested in understanding more about the health of **children and young people aged 0-15** living in Scotland. If you have a child or young person aged under 16 living with you and 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 and your child(ren) provide will help plan, and improve, health services both now, and beyond the **COVID-19 pandemic**.



## It's easy to take part

The simple steps to getting involved are:

Step 1 Get in Touch	Step 2 Receive your pack	Step 3 Get a call	Step 4 Enjoy your thank you!
<p>Contact us one of these ways:</p> <ul style="list-style-type: none"> <li> <a href="http://survey.natcen.ac.uk/scothealth">survey.natcen.ac.uk/scothealth</a></li> <li> <a href="mailto:scottishhealthsurvey@scotcen.org.uk">scottishhealthsurvey@scotcen.org.uk</a></li> <li> 0800 652 2704</li> </ul>	<p>We'll then send you some additional information and documents.</p>	<p>A ScotCen interviewer will get in touch by telephone to carry out the interview with your household.</p>	<p>All children in your household who take part will receive a <b>£10 Love2Shop gift voucher</b>.</p>

**You will need the 8 digit code at the top of this letter and your contact details**



## Thank you

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

**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 have the opportunity to take part. As this household has been selected to increase the number of children taking part, we are only able to include your household if there are any children aged 0 to 15 living there. If there are no children living at your address then please disregard this letter.

## Who will we want to speak to?

We can interview up to two children in your household. If you have three or more children, your interviewer will select two of them to take part. Parents or guardians will answer questions on behalf of children aged under 13. Children aged 13-15 can answer the questions themselves but we will need you to answer some questions at the start of the interview. We will also ask for your consent for them to take part. We would like you to be present or within earshot of the interview taking place. You can have the phone on speaker phone so everyone can take part at the same time.

If you require any assistance to take part in the telephone survey then please contact us by emailing [scottishhealthsurvey@scotcen.org.uk](mailto:scottishhealthsurvey@scotcen.org.uk) or phone us free on **0800 652 2704**.

## What will happen to any information my child and I give?

The information you and your child 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 and your child's answers are treated with care and with full respect for their 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 or your child's identity and no attempts will be made to identify you or your child from your answers.

For further information on how the information you and your child provide will be used, please see the privacy information on the Scottish Government's website here: [www.gov.scot/publications/scottish-health-survey-interviewee-faqs](http://www.gov.scot/publications/scottish-health-survey-interviewee-faqs).

## Who is carrying out the survey?

The Scottish Government has asked ScotCen Social Research (ScotCen) to carry out the survey. ScotCen's interviewers are highly trained and regular procedures are in place to monitor the quality of their work.

ScotCen is independent of all government departments and political parties. For more information about ScotCen please visit [www.scotcen.org.uk](http://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?

Visit [www.gov.scot/collections/scottish-health-survey](http://www.gov.scot/collections/scottish-health-survey) or phone us free on **0800 652 2704**.

Hear more about the real difference the study makes at [www.scotcen.org.uk/healthvideo](http://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. If there are children aged under 16 living at your address, we kindly ask that you contact us by going to [survey.natcen.ac.uk/scothealth](http://survey.natcen.ac.uk/scothealth) 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, email and the 8-digit code found in the top right-hand corner of this letter. We will also ask you to confirm that there are children in the household.

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, up to two children in your household.

<Salut>  
<Add1>  
<Add2>  
<Add3>  
<Add4>  
<Add5>

<IntNameTxt>  
<IntName>  
Ref: <Serial\_Num> <Chklet>

## Your chance to help improve health services in <healthboard>

Dear Sir or Madam,

Your household has been chosen to take part in the Scottish Health Survey (Child Interviews), an important study of the health and lifestyles of people across Scotland.

We are particularly interested in understanding the health of **children and young people aged 0-15**. An interviewer will arrive to do the interview, but if there is no-one aged 0-15 in your household then let them know when they arrive.

By taking part, your answers can help improve health services in your local area. Last year more than 6,000 people took part – now you have an opportunity to join in as well. Many found it to be interesting and we're sure you will too.



### What's next

An interviewer from ScotCen Social Research will call at your address (showing you their photo ID card). If the timing is not suitable for an interview we can arrange one for a different time.



### Thank you

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. To say thank-you for your help, each child that takes part will receive a **£10 Gift Card** that can be used at high street shops like Argos, Boots and Marks & Spencer.



### Further info

Answers to some questions you may have are on the back of this letter. You can also look at the enclosed leaflet or visit [www.gov.scot/collections/scottish-health-survey](http://www.gov.scot/collections/scottish-health-survey). If you would like to talk to someone about the study or don't want to take part, please phone **0800 652 2704**.

**Julie Landsberg**  
Survey Manager, Scottish Government

**No-one aged 15 or under in your household?** Please let us know.

Call 0800 652 2704.

**How did you choose my address?**

We chose your address at random from the Postcode Address File and linked this with the Community Health Index (CHI), a population register, which is used for NHS patients resident in Scotland for health care purposes. This file is held by the Post Office and is available to the public.

**What will happen to any information I give?**

The information you provide will help the survey team understand more about health conditions and behaviours which will in turn 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 the identity of you or your child 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: [www.gov.scot/Topics/Statistics/Browse/Health/scottish-health-survey/faqs](http://www.gov.scot/Topics/Statistics/Browse/Health/scottish-health-survey/faqs).

More information is available in the enclosed survey leaflet.

**Who is carrying out the survey?**

The Scottish Government has asked ScotCen Social Research, in collaboration with the Office for National Statistics (ONS), the Medical Research Council Social and Public Health Sciences Unit (MRC SPHSU) at the University of Glasgow, and academics from the Universities of Aberdeen and Edinburgh, to carry out the survey.

ScotCen, the MRC SPHSU and the Universities of Aberdeen and Edinburgh are independent of all government departments and political parties. ONS is the UK's independent producer of official statistics. For more information about ScotCen Social Research visit [www.scotcen.org.uk](http://www.scotcen.org.uk). For more information about ONS visit [www.ons.gov.uk/surveys](http://www.ons.gov.uk/surveys).

**What is the interview about?**

The interview covers a range of health topics, including general health and lifestyles. If you agree, the interviewer will also take some measurements, such as height and weight.

**Where can I find out more?**

See the enclosed leaflet, visit [www.gov.scot/collections/scottish-health-survey/](http://www.gov.scot/collections/scottish-health-survey/) or phone us free on 0800 652 4569. Hear more about the real difference the study makes at [www.scotcen.org.uk/healthvideo](http://www.scotcen.org.uk/healthvideo)

The survey has been reviewed by an independent Research Ethics Committee to protect your safety, rights, wellbeing and dignity.

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. 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. In previous years 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.



### What's next

An interviewer from ScotCen Social Research will call at your address in the next week or so. They will explain more about the study and arrange a convenient time for you and other members of your household to take part. Your interviewer will show you a photo ID card, so you know who they are. Please see the enclosed leaflet which details how we are keeping you and our interviewers safe from Coronavirus (Covid-19).



### Thank you

As a thank you, everyone who takes part in your household will receive a £10 Love2Shop gift voucher.



### Further info

Answers to some questions you may have are on the back of this letter, in the enclosed leaflet and at [www.gov.scot/collections/scottish-health-survey](http://www.gov.scot/collections/scottish-health-survey). If you would like to talk to someone about the study, please phone free on **0800 652 2704**.

**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 have the opportunity to take part.

## What will happen to any information I give?

The information you provide will help the survey team understand more about health conditions and behaviours which will in turn 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:

**[www.gov.scot/publications/scottish-health-survey-interviewee-faqs/](http://www.gov.scot/publications/scottish-health-survey-interviewee-faqs/)**

More information is 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, in collaboration with the Office for National Statistics (ONS). ScotCen and ONS interviewers are highly trained and regular procedures are in place to monitor the quality of their work.

ScotCen is independent of all government departments and political parties. For more information about ScotCen please visit **[www.scotcen.org.uk](http://www.scotcen.org.uk)**. ONS is the UK's independent producer of official statistics. For more information about ONS visit **[www.ons.gov.uk/surveys](http://www.ons.gov.uk/surveys)**.

## What is the interview about?

The interview covers a range of health topics, including general health, lifestyles and information about yourself. The survey also collects, if you agree, height and weight measurements. If the interview is conducted over the telephone these measurements will not be taken and the interviewer will ask you to report your height and weight if you wish to do so.

## Where can I find out more?

See the enclosed leaflet, visit **[www.gov.scot/collections/scottish-health-survey](http://www.gov.scot/collections/scottish-health-survey)** or phone us free on **0800 652 2704**.

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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. 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. In previous years 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.



### What's next

An interviewer from ScotCen Social Research will call at your address in the next week or so. They will explain more about the study and arrange a convenient time for you and other members of your household to take part. Your interviewer will show you a photo ID card, so you know who they are. Please see the enclosed leaflet which details how we are keeping you and our interviewers safe from Coronavirus (Covid-19).



### Thank you

As a thank you, everyone who takes part in your household will receive a £10 Love2Shop gift voucher.



### Further info

Answers to some questions you may have are on the back of this letter, in the enclosed leaflet and at [www.gov.scot/collections/scottish-health-survey](http://www.gov.scot/collections/scottish-health-survey). If you would like to talk to someone about the study, please phone free on **0800 652 2704**.

**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 have the opportunity to take part.

## What will happen to any information I give?

The information you provide will help the survey team understand more about health conditions and behaviours which will in turn 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:

**[www.gov.scot/publications/scottish-health-survey-interviewee-faqs/](http://www.gov.scot/publications/scottish-health-survey-interviewee-faqs/)**

More information is available in the enclosed survey leaflet.

## Who is carrying out the survey?

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ScotCen is independent of all government departments and political parties. For more information about ScotCen please visit **[www.scotcen.org.uk](http://www.scotcen.org.uk)**. ONS is the UK's independent producer of official statistics. For more information about ONS visit **[www.ons.gov.uk/surveys](http://www.ons.gov.uk/surveys)**.

## What is the interview about?

The interview covers a range of health topics, including general health, lifestyles and information about yourself. The survey also collects, if you agree, height and weight measurements. If the interview is conducted over the telephone these measurements will not be taken and the interviewer will ask you to report your height and weight if you wish to do so.

## Where can I find out more?

See the enclosed leaflet, visit **[www.gov.scot/collections/scottish-health-survey](http://www.gov.scot/collections/scottish-health-survey)** or phone us free on **0800 652 2704**.

Hear more about the real difference the study makes at **[www.scotcen.org.uk/healthvideo](http://www.scotcen.org.uk/healthvideo)**

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. 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. In previous years 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.



### What's next

An interviewer from ONS will call at your address in the next week or so. They will explain more about the study and arrange a convenient time for you and other members of your household to take part. Your interviewer will show you a photo ID card, so you know who they are. Please see the enclosed leaflet which details how we are keeping you and our interviewers safe from Coronavirus (Covid-19).



### Thank you

As a thank you, everyone who takes part in your household will receive a £10 Love2Shop gift voucher.



### Further info

Answers to some questions you may have are on the back of this letter, in the enclosed leaflet and at [www.gov.scot/collections/scottish-health-survey](http://www.gov.scot/collections/scottish-health-survey). If you would like to talk to someone about the study, please phone free on **0800 298 5313**.

**Julie Landsberg**

Survey Manager, Scottish Government

## How did you choose my address?

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## What will happen to any information I give?

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## Who is carrying out the survey?

The Scottish Government has asked ScotCen Social Research (ScotCen) to carry out the survey, in collaboration with the Office for National Statistics (ONS). ScotCen and ONS interviewers are highly trained and regular procedures are in place to monitor the quality of their work.

ScotCen is independent of all government departments and political parties. For more information about ScotCen please visit **[www.scotcen.org.uk](http://www.scotcen.org.uk)**. ONS is the UK's independent producer of official statistics. For more information about ONS visit **[www.ons.gov.uk/surveys](http://www.ons.gov.uk/surveys)**.

## What is the interview about?

The interview covers a range of health topics, including general health, lifestyles and information about yourself. The survey also collects, if you agree, height and weight measurements. If the interview is conducted over the telephone these measurements will not be taken and the interviewer will ask you to report your height and weight if you wish to do so.

## Where can I find out more?

See the enclosed leaflet, visit **[www.gov.scot/collections/scottish-health-survey](http://www.gov.scot/collections/scottish-health-survey)** or phone us free on **0800 298 5313**.

Hear more about the real difference the study makes at **[www.scotcen.org.uk/healthvideo](http://www.scotcen.org.uk/healthvideo)**

# How will you change the picture this year?

The information we collect provides an important picture of the health of the nation and helps the Scottish Government and others to plan more effective health services for the future. We rely on the goodwill of people like you to make the study a success. Please take part and help us to make a difference to the health of people in Scotland. Thank you.

## We need your help with the Scottish Health Survey

An interviewer will call at your address and will be able to explain more about the study. In the meantime, you can find out more at:

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### Who is carrying out the study and why?

The Scottish Government has asked ScotCen Social Research and the Office for National Statistics to carry out the survey. The Scottish Government will use this information to help plan services and to identify inequalities in health.

The survey is used by other organisations, including:

- **Public Health Scotland** have used the survey data to inform their work on monitoring and evaluating the measures taken to tackle problem drinking in Scotland.
- **The British Heart Foundation** have used the findings to help raise awareness of heart disease risk in Scotland.

### Contact

**Telephone:** 0800 652 2704

**Address:** ScotCen Social Research, Scotiabank House, 2nd Floor, 6 South Charlotte Street, Edinburgh, EH2 4AW

ONS, NSHW Field Office, Room 4100W, Office for National Statistics, Segensworth Road, Titchfield, Hampshire, PO15 5RR

**Email:** [scottishhealthsurvey@scotcen.org.uk](mailto:scottishhealthsurvey@scotcen.org.uk)

#### Scottish Health Survey Team

**Address:** Scottish Government, St Andrew's House, Regent Road, Edinburgh, EH1 3DG

**Email:** [scottishhealthsurvey@scotland.gsi.gov.uk](mailto:scottishhealthsurvey@scotland.gsi.gov.uk)

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# The Scottish Health Survey

## A brief introduction

**We interview around 7,000 people each year** as part of the **Scottish Health Survey**. It's an annual study that looks into the changing health and lifestyles of people living in Scotland.

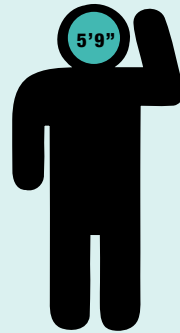
Everything is done with voluntary co-operation and with full respect for your privacy (in accordance with data protection legislation).



Key aspects of the survey include height and weight measurements, plus questions on topics such as physical activity, fruit and vegetable intake, and general health



# In recent years we found out that...



The average man is about 5 foot 9 inches and roughly 13 stone and 8 pounds.



The average woman is about 5 foot 4 inches and weighs around 11 stone and 7 pounds



Around **2 in 3** adults are **overweight**.

Children eat just **under 3 portions** of fruit and veg a **day on average**.



**Men** consume fewer portions of fruit and veg per day, on average, than women



**Two thirds of adults** meet the recommended weekly level of moderate or vigorous physical activity



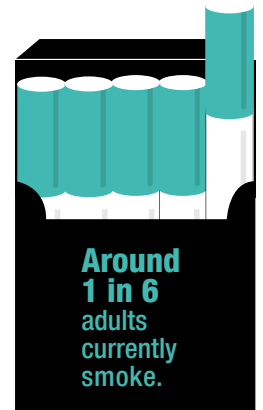
**of men and women** say their health is 'good' or 'very good'



**adults** have some form of cardiovascular disease



**Around 1 in 4** adults drink more than 14 units per week



**Around 1 in 6** adults currently smoke.

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### Contact

**Telephone:** 0800 298 5313

**Address:** ONS, Scottish Health Survey, Field Office, Room 4100W, Office for National Statistics, Segensworth Road, Titchfield, Hampshire, PO15 5RR

ScotCen Social Research, Scotiabank House, 2nd Floor, 6 South Charlotte Street, Edinburgh, EH2 4AW

**Email:** [surveyfeedback@ons.gsi.gov.uk](mailto:surveyfeedback@ons.gsi.gov.uk)

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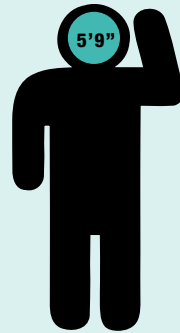
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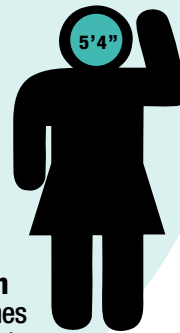
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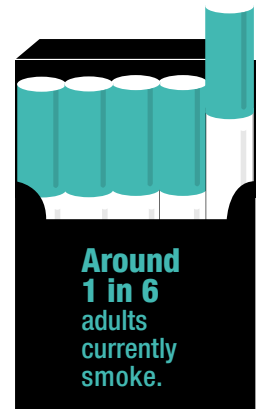
**of men and women** say their health is 'good' or 'very good'



**adults** have some form of cardiovascular disease



Around **1 in 4** adults drink more than 14 units per week



## Your measurements:

---

If you want us to, we will measure how tall you are and what you weigh. You can use the space below to keep a copy of this if you wish. If you do not want this written down, please just say.

Name:

HEIGHT: \_\_\_\_\_ cm  
\_\_\_\_\_ ft/ins

WEIGHT: \_\_\_\_\_ kg  
\_\_\_\_\_ st/lbs



## The Scottish Health Survey 2022

### Information for Children

The Scottish Health Survey is a survey to find out about the health of people in Scotland.

Every year around 2,000 children and 5,000 adults take part in the study.

This leaflet tells you more about the study and why it is being done.





### **Who asks you the questions?**

An interviewer from the Scottish Centre for Social Research or the Office for National Statistics will tell you about the survey and ask you some questions.



### **What are the questions about?**

The questions are about your general health and illness. The interviewer will also ask about things that can affect your health like the kinds of food you eat and what kinds of sports and activities you do.



### **What are the measurements?**

If you agree, the interviewer will also measure your height and weight. If you want, the interviewer will write down your height and weight for you.

If the interview is conducted over the telephone these measurements will not be taken and the interviewer will ask you to report your height and weight if you wish to do so.



### **Do I have to be measured and weighed?**

No, not if you don't want to. The interviewer will ask you if it's okay to measure your height and weight before he or she takes your measurements.



### **What will happen to the answers I give?**

The answers you give will be put together with those from other people and will be reported in a way that no one will know that you have taken part.

Your answers will also be joined up to some information from your health records, that means information about any visits you have to hospital, illnesses and medicines your doctor gives and who your doctor is. This, along with your answers to the survey, will help to provide valuable information on the health of children in Scotland. If you do not want your answers to be joined up in this way please tell the interviewer.

Also, if you and the person that looks after you agree, then your name, where you live and your answers could be given to the Scottish Government or other researchers to contact you about other research about your health.



### **Why has my household been chosen?**

To visit every household in Scotland would take too long and cost too much money. Instead we select a small number of addresses and ask the people at each address to take part in the Scottish Health Survey.

**Do I have to answer the questions?**

No, not if you don't want to. If you only want to answer some of the questions this is okay too. If you are aged 12 or under your mum, dad or the person who looks after you will answer the questions with your help. If you don't want them to answer a question about you this is okay, just tell them not to.

**Will the answers I give be of help?**

Yes, the information you provide could help to make health services better.

**What are my rights**

You have the right to be informed about how the information about you will be used (see 'If I have any other questions?').

**If I have any other questions?**

We hope this leaflet answers the questions you may have. If you have any other questions about the study, please ask the interviewer. You can find out more about how the answers you give are used on the Scottish Government's website at <https://www.gov.scot/publications/scottish-health-survey-interviewee-faqs/>

You can also send us an email with any questions to:

[scottishhealthsurvey@scotcen.org.uk](mailto:scottishhealthsurvey@scotcen.org.uk)

**Thank you for your help with this study.**

## 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 contact one of the individuals listed below.

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

Joanne McLean, Scott Edgar, or Erin Deakin

ScotCen Social Research  
Scotiabank House  
2<sup>nd</sup> Floor  
6 South Charlotte Street  
Edinburgh  
EH2 4AW

Tel: 0800 652 2704

[www.gov.scot/collections/scottish-health-survey](http://www.gov.scot/collections/scottish-health-survey)

For further information and advice on healthy living please see the Healthier Scotland website:

<https://www.nhsinform.scot/healthy-living>

Information about common health conditions is available here:

[www.nhsinform.scot](http://www.nhsinform.scot)

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](mailto:DataProtectionOfficer@gov.scot)

**ScotCen**  
Social Research

 Office for  
National Statistics



## The 2022 Scottish Health Survey

The Scottish Health Survey is an annual survey of around 5,000 adults and 2,000 children. It is carried out for the Scottish Government by ScotCen Social Research, an independent research institute, the Office for National Statistics (ONS), the MRC Social and Public Health Sciences Unit at the University of Glasgow and academics from the Universities of Aberdeen and Edinburgh.

This leaflet tells you more about the survey and why it is being done.

### What is it about?

The information provided by the Scottish Health Survey is used to help develop ways of improving people's health and to plan the services people need at times of ill health. The 2022 survey will update the information collected in previous surveys.

The 2022 survey has questions about your general health, Covid-19 and about behaviour that can affect your health such as physical activity, smoking and drinking. There are also questions about diseases of the heart, lungs and chest. The Scottish Government are particularly interested in having this information because at present the rates of heart disease in Scotland are among the highest in the world.

The survey also collects, if you agree, some physical measurements such as height, weight and blood pressure. If the interview is conducted over the telephone these measurements will not be taken and the interviewer will ask you to report your height and weight if you wish to do so. Some personal details such as age, sex and employment are also included to help interpret this information.

## **Why have we come to your household?**

To visit 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 2022 survey.

## **Who will we want to speak to?**

We would like to interview every adult (aged 16 and over) who lives in your household. If there are any children aged 0-15 we would like to interview two of them. Parents or guardians will answer questions on behalf of children aged under 13.

## **What happens to the information I provide?**

Your answers are treated with care and with full respect for your privacy. The information collected is used for statistical and research purposes only and will be dealt with in accordance with data protection legislation. The Scottish Government, ScotCen and ONS 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 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, some information will be linked to your survey answers from your NHS health records on the following:

- Visits to hospital and length of stay.
- Covid-19 hospital admissions and positive tests.
- Information about diagnosis, treatments and hospital stays for cancer, heart disease, stroke, diabetes and psychiatric episodes.
- If you pass away, the date and cause of death.

This increases the value of the information you provide and is done in such a way that no data which can identify you or any other individual will be released. 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:

[www.gov.scot/publications/scottish-health-survey-interviewee-faqs/](http://www.gov.scot/publications/scottish-health-survey-interviewee-faqs/)

### **What happens if you agree to be contacted about further research?**

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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?**

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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?**

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

### **What measurements are included in the survey?**

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Adults aged 16 and over will be asked to have their height, weight, waist circumference and blood pressure measured, and to provide a saliva sample. The interviewer has been given specialist training to conduct these measurements and to handle the sample. Taking part is voluntary – you can answer the questions in the rest of the survey and choose to miss out the measurements and sample if you prefer. The interviewer will give you a leaflet that explains more about the measurements and sample. Any children aged 2-15 in your household that take part in the survey will be asked to have their height and weight measured. Children will not be asked to take part in any other measurements or to provide samples. If you wish, you may have a record of your measurements.

If the interview is conducted over the telephone these measurements will not be taken and the interviewer will ask you to report your height and weight if you wish to do so.

### **Who has reviewed the study?**

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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 are reviewing the process for linkage of the survey data with information from the NHS health records.

# OUR COVID-19 SAFETY MEASURES

As Scotland's largest independent social research agency, we've worked, for the last 20 years, on behalf of government and charities to find out what people really think about important social issues and how Scotland is run.

As leaders in social research, we know the impact of COVID-19 will shape society for years to come. Knocking on doors to encourage response to surveys is an important method of ensuring everyone's views are represented.

**We want to reassure you that we are working in line with government guidance to minimise the risk of COVID-19 transmission.**



## What measures have the Scottish Centre for Social Research introduced to ensure safe working during the COVID-19 pandemic?

- Due to current restrictions interviewers **will only visit on your doorstep** to invite you to participate. Interviews will be conducted by **telephone**. No-one will enter your home.
- **Social distancing** will be observed by our interviewers. Where possible any doorstep contact will be carried out at a 2-metre social distance and 1-metre as a minimum.
- **Interviewers will wear face masks** for the entire duration of the visit.
- **Interviewers will sanitise their hands** before passing anything to you on the doorstep.
- Interviewers will be required to self-assess their health and will **not be permitted to work** if they have displayed symptoms of COVID-19 in the last 10 days. We advise interviewers to conduct lateral flow tests at least twice a week.

We are organising the survey in this socially-distant way to avoid close contact as per government guidelines. Your details may be passed onto NHS Scotland Test and Protect in the unlikely event that our interviewer tests positive for COVID-19 *and* close contact was made with you on your doorstep.

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## What measures have the Scottish Centre for Social Research introduced to ensure safe working during the COVID-19 pandemic?

- Interviewers will self-assess their health before working and will re-arrange their working days if they are unwell or display symptoms of COVID-19.
- Interviewers will offer to wear a face mask if you wish and will wear one where it is not possible to maintain a distance of at least 1 metre such as during height and weight measurements.
- Interviewers will sanitise their hands and equipment before entering your home and in your home.
- Alternative interview options such as a remote telephone interview may be offered to you if you are unable to be interviewed in your home.
- Our interviewer will carry out a household health screening questionnaire with you before making an appointment and in advance of any in-home visits.
- Some respondents are selected randomly to be asked to provide waist measurement, blood pressure and saliva samples. If you are selected for this then our interviewer will wear a face mask and gloves.
- Could we please ask for your support in ensuring a safe interviewing environment by;
  - Opening doors to reduce the contact our interviewer has with surfaces in your home
  - Choosing a place for the interview to take place that supports social distancing
  - Opening a window or external door to provide ventilation in the room where the interview will take place

We are organising the survey in this way to reduce close contact as much as possible and continue to follow government guidelines.

The Resident

<Add1>

<Add2>

<Add3>

<Add4>

<Postcode>

Code: <Serial>/<CHK>

# Thank you for taking part in the Scottish Health Survey

Dear Household,

Thank you for your participation so far in the Scottish Health Survey. You have helped to provide a better understanding of the health and lifestyles of people in Scotland during this challenging time.

As mentioned during your interview, we would also like everyone to complete and return their self-completion booklet(s). Everyone that agreed to complete a booklet during the interview has been provided with their own booklet with their name on it.

How long it will take to complete will vary depending on which version of the booklet you have received—the booklets for those aged 16+ take between 10 and 15 minutes on average to complete.

For children aged 4–12 years old, we would like the parent or guardian named on the booklet to complete this.

The instructions in the booklet will help you to complete the questionnaire and you won't need to answer every question. The self-completion booklets are an important part of the Scottish Health Survey and add to the answers already given during the interview.

## What is in this envelope?

- Self-completion booklet(s) – there should be enough booklets contained in the pack for everyone who agreed to complete one.
- Blank envelopes have been provided – if there is more than one person in the household completing a booklet we would encourage you to use one of these per questionnaire to help you keep your answers private.
- One pre-paid plastic envelope with a NatCen address label on the front for you to send back the self-completion booklet(s).
- One useful contacts leaflet.

## What do I do next?

1. Fill in the self-completion booklet that has your name on it.
2. Once completed, we would encourage everyone to place their own booklet in a separate blank envelope (if others in your household are also completing booklets).
3. Then place all the blank envelopes together in the pre-paid plastic envelope with the NatCen address on the front.
4. Finally, you need to securely close and post the pre-paid envelope back to us. You can post this at a post box or drop it off at your local Post Office. Please do so as soon as possible after receiving this letter.

For more information please visit **Scottish Health Survey – gov.scot** ([www.gov.scot/collections/scottish-health-survey](http://www.gov.scot/collections/scottish-health-survey)) or phone us free on **0800 652 2704**. Hear more about the real difference the study makes at [www.scotcen.org.uk/healthvideo](http://www.scotcen.org.uk/healthvideo)

Thank you,

## ScotCen Interviewer:

## Phone number:

The Resident

<Add1>

<Add2>

<Add3>

<Add4>

<Postcode>

Code: <Serial>/<CHK>

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Thank you,

## ONS Interviewer:

## Phone number:

The Resident

<Add1>

<Add2>

<Add3>

<Add4>

<Postcode>

Code: <Serial>/<CHK>

# By filling out your self-completion booklet you can help improve health services in Scotland

Dear Household,

We wrote to you recently to thank you for your help so far with the Scottish Health Survey. We also provided information on how to complete and return the self-completion booklet. If you haven't had the chance to do this yet, you still have time to do so.

The self-completion part of the survey is especially important to provide a better understanding of the health, wellbeing and lifestyles of people in Scotland.

## It's easy to take part

### Step 1

Fill out the named self-completion booklet(s) we recently sent out to you - there should be enough booklets for everyone

### Step 2

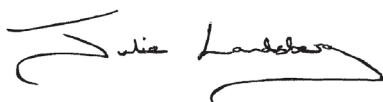
Place the booklet(s) in the plastic envelope with the NatGen address on the front.

### Step 3

Post the plastic envelope with the completed booklet(s) back to us. You can post it at a post box or drop it off at your local Post Office. Please do this as soon as possible after receiving this letter.

For more information please visit **Scottish Health Survey - gov.scot** ([www.gov.scot/collections/scottish-health-survey](http://www.gov.scot/collections/scottish-health-survey)) or phone us free on **0800 652 2704**. Hear more about the real difference the study makes at [www.scotcen.org.uk/healthvideo](http://www.scotcen.org.uk/healthvideo)

If you have recently returned the booklets sent to you please ignore this letter.



**Julie Landsberg**  
Survey Manager, Scottish Government

The Resident

<Add1>

<Add2>

<Add3>

<Add4>

<Postcode>

Code: <Serial>/<CHK>

## Last chance to help improve health services in Scotland by filling out your booklet

Dear Household,

We wrote to you recently to thank you for your help so far with the Scottish Health Survey and to remind you how to complete and return the self-completion booklet – we'd be very grateful if you could do this as soon as possible. If you have recently returned the booklet(s) sent to you please ignore the rest of this letter.

The self-completion booklet is an especially important part of the survey. Completing and returning it will help provide a better understanding of the health and lifestyle of people in Scotland.

### It's easy to take part

#### Step 1

Fill out the named self-completion booklet(s) we recently sent out to you - there should be enough booklets for everyone

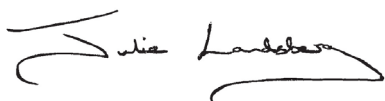
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#### Step 3

Post the plastic envelope with the completed booklet(s) back to us. You can post it at a post box or drop it off at your local Post Office. Please do this as soon as possible after receiving this letter.

For more information please visit **Scottish Health Survey - gov.scot** ([www.gov.scot/collections/scottish-health-survey](http://www.gov.scot/collections/scottish-health-survey)) or phone us free on **0800 652 2704**. Hear more about the real difference the study makes at [www.scotcen.org.uk/healthvideo](http://www.scotcen.org.uk/healthvideo)



**Julie Landsberg**  
Survey Manager, Scottish Government



### **Parentline Scotland: Children 1st**

Provides information and advice to anyone concerned about a child's safety and to anyone caring for a child in Scotland.

Phone: 08000 28 22 33 - free

[www.children1st.org.uk](http://www.children1st.org.uk)

### **Citizens Advice Scotland**

Helps people resolve their legal, money and other problems by providing them with free information and advice.

For local offices see the listings in your local phonebook or on the website.

Phone: 0800 028 1456 free from landline

[www.cas.org.uk](http://www.cas.org.uk)

### **Carers Scotland**

Provides advice, information and support to carers.

Phone: 0808 808 7777

[www.carersuk.org/scotland](http://www.carersuk.org/scotland)

## **The Scottish Health Survey 2022 Useful Contacts**

### **Local contacts:**

A GP (General Practitioner): Your GP will be able to provide help and advice and can provide access to appropriate specialist services and local organisations.

There are also many local organisations providing a range of services including support groups, helplines and information. Details can be obtained from your GP, your local library, or they may be listed in the telephone directory.

The national organisations listed below may also be able to put you in touch with local groups:

### **NHS 24**

Provides help and advice from a qualified nurse on a wide range of health problems and issues.

Phone: 111 - 24 hours a day, 7 days a week

[www.nhs24.scot](http://www.nhs24.scot)

[www.nhsinform.scot](http://www.nhsinform.scot) (phone: 0800 22 44 88) also provides information about health and conditions in Scotland.

For more information about healthy eating or physical exercise please see the Healthier Scotland website:

[www.nhsinform.scot/healthy-living](http://www.nhsinform.scot/healthy-living)

For more information about stopping smoking please see the NHS Scottish stop smoking website: [www.nhsinform.scot/healthy-living/stopping-smoking](http://www.nhsinform.scot/healthy-living/stopping-smoking)





**Alzheimer Scotland**

Provides support for people with dementia and for the people who care for them.

Phone: 0808 808 3000 - free 24 hour helpline

[www.alzscot.org](http://www.alzscot.org)

**Alcoholics Anonymous**

A fellowship of men and women who share their experience, strength and hope with each other that they may solve their common problem and help others recover from alcoholism.

Phone: 0800 9177 650 – free

[www.alcoholics-anonymous.org.uk](http://www.alcoholics-anonymous.org.uk)

**Narcotics Anonymous**

A fellowship of men and women for whom drugs have become a major problem. The only requirement for membership is the desire to stop using drugs.

Phone: 0300 999 1212 (10am – midnight)

[www.ukna.org](http://www.ukna.org)

**Know the Score**

Provides a free, confidential information and advice through the Know the Score Drugs Helpline. Links to local sources of help and support, advice on what to do if you're worried about someone and what to do in an emergency is also available.

Phone: 0800 587 5879 – free

[www.knowthescore.info](http://www.knowthescore.info)

**Scottish Families Affected by Alcohol and Drugs**

Provides a free and confidential helpline for those that are concerned about someone's alcohol or drug use.

Phone: 08080 10 10 11

[www.sfad.org.uk/](http://www.sfad.org.uk/)

**Gamblers Anonymous Scotland**

A fellowship of men and women who share their experience, strength and hope with each other that they may solve their common problem and help others to recover from a gambling problem.

Phone: 0370 050 8881

[www.gascotland.org](http://www.gascotland.org)

**Victim Support line**

Provides help and information to anyone who has been affected by a crime, including domestic violence and sexual assault.

Scottish helpline 0800 160 1985 (8am-8pm Mon-Fri)

[www.victimsupport.scot](http://www.victimsupport.scot)

UK support line 0808 16 89 111 (24 hours)

[www.victimsupport.org.uk](http://www.victimsupport.org.uk)

**Scotland Domestic Abuse and Forced Marriage Helpline**

Information and support service for those affected by domestic abuse and/or forced marriage

Phone: 0800 027 1234 (24 hours)

[www.sdafmh.org.uk](http://www.sdafmh.org.uk)

**Refuge (domestic abuse helpline)**

Provides access to 24-hour emergency refuge accommodation as well as an information service.

Phone: 0808 2000 247 (free 24 hours)

[www.refuge.org.uk](http://www.refuge.org.uk)

**LGBT Helpline Scotland**

Helpline provides information and emotional support to lesbian, gay, bisexual and transgender people - or their friends or family.

Phone: 0300 123 2523 (Tuesday and Wednesday 12–9pm)

[www.lgbthealth.org.uk](http://www.lgbthealth.org.uk)

### **The Samaritans**

The Samaritans provide a confidential service for people in despair and who feel suicidal.

Free (24 hour) phone line: 116 123

[www.samaritans.org](http://www.samaritans.org)

### **Breathing Space Scotland**

Breathing Space is a confidential phonenumber service for any individual who is experiencing low mood or depression or who is unusually worried and in need of someone to talk to.

Phone: 0800 83 85 87 – free (6pm-2am Mon-Thurs; 6pm Friday–6am Monday)

[www.breathingspace.scot](http://www.breathingspace.scot)

### **NHS Living Life**

Free telephone service available to anyone over the age of 16 who is suffering from low mood, mild to moderate depression and/or anxiety.

Phone: 0800 328 9655 (1pm-9pm Mon-Fri)

[www.nhs24.scot/our-services/living-life](http://www.nhs24.scot/our-services/living-life)

### **SANE**

Provides information and support to people who suffer from all forms of mental illness and their friends and families.

Phone: 07984 967 708 (4.30-10.30pm every day)

[www.sane.org.uk](http://www.sane.org.uk)

### **Supportline**

Confidential telephone helpline offering emotional support to any individual on any issue including child abuse, bullying, eating disorders, domestic violence, rape, mental health, depression, anxiety and addictions.

Phone: 01708 765 200

[www.supportline.org.uk](http://www.supportline.org.uk)

**NSPCC** is a major UK charity specialising in child protection and the prevention of cruelty to children. The NSPCC's purpose is to end cruelty to children. Help for adults concerned about a child:

Phone: 0808 800 5000 or email [help@nspcc.org.uk](mailto:help@nspcc.org.uk)

[www.nspcc.org.uk](http://www.nspcc.org.uk)

### **Future Pathways**

In Care Survivor Support, offers help and support to people who were abused or neglected as children while living in care in Scotland. Helps people to access person-centred support including counselling, community activities, psychological trauma support, work and education.

Phone: 0808 164 2005 (Monday to Friday, 9am to 5pm)

Or email [registration@future-pathways.co.uk](mailto:registration@future-pathways.co.uk)

[www.future-pathways.co.uk](http://www.future-pathways.co.uk)

### **NAPAC (The National Association for People Abused in Childhood)**

UK-wide charity supporting adults who were abused in childhood. Find support in your local area or call the support line – calls won't show up on your bill and are free from all landlines and mobiles.

Phone: 0808 801 0331 (10am-9pm Mon-Thurs; 10am-6pm Fri)

[www.napac.org.uk](http://www.napac.org.uk)

### **Relationships Scotland**

Provides relationship counselling, family mediation and child contact centre services and other family support services across all of mainland and island Scotland.

Phone: 0345 119 2020 (9.30am-4pm Mon-Fri)

[www.relationships-scotland.org.uk](http://www.relationships-scotland.org.uk)

### **Cruse Bereavement Care Scotland**

Offers help, including a free counselling service, for bereaved people whatever their age, nationality or beliefs.

Phone: 0808 802 6161

[www.crusescotland.org.uk](http://www.crusescotland.org.uk)

Other helplines in Scotland for people who have experienced abuse can be found on [www.mygov.scot/childhood-abuse](http://www.mygov.scot/childhood-abuse)

## 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	<a href="http://www.nhs24.scot">www.nhs24.scot</a>
NHS Inform (dedicated to Covid-19 at time of issue)	0800 22 44 88	<a href="http://www.nhsinform.scot">www.nhsinform.scot</a>
Every Mind Matters		<a href="http://www.nhs.uk/every-mind-matters">www.nhs.uk/every-mind-matters</a>
Scottish Families Affected by Alcohol and Drugs	08080 10 10 11	<a href="https://www.sfad.org.uk/">https://www.sfad.org.uk/</a>
LGBT Helpline Scotland	0300 123 2523	<a href="http://www.lgbthealth.org.uk">www.lgbthealth.org.uk</a>
The Samaritans	116 123	<a href="http://www.samaritans.org">www.samaritans.org</a>
Breathing Space Scotland	0800 83 85 87	<a href="http://www.breathingspace.scot">www.breathingspace.scot</a>
NHS Living Life	0800 328 9655	<a href="http://www.nhs24.scot/our-services/living-life">www.nhs24.scot/our-services/living-life</a>
SANE		<a href="http://www.sane.org.uk">www.sane.org.uk</a>
Supportline	01708 765 200	<a href="http://www.supportline.org.uk">www.supportline.org.uk</a>
Childline	0800 1111	<a href="http://www.childline.org.uk/">www.childline.org.uk/</a>
NSPCC	0808 800 5000	<a href="http://www.nspcc.org.uk">www.nspcc.org.uk</a>
Beat (eating disorders)	0808 801 0677	<a href="http://www.beateatingdisorders.org.uk">www.beateatingdisorders.org.uk</a>
Future Pathways	0808 164 2005	<a href="http://www.future-pathways.co.uk">www.future-pathways.co.uk</a>
Relationships Scotland	0345 119 2020	<a href="http://www.relationships-scotland.org.uk">www.relationships-scotland.org.uk</a>
Cruse Bereavement Care Scotland	0808 802 6161	<a href="http://www.crusescotland.org.uk">www.crusescotland.org.uk</a>
Parentline Scotland: Children 1 <sup>st</sup>	08000 28 22 33	<a href="http://www.children1st.org.uk">www.children1st.org.uk</a>
Carers Scotland	0808 808 7777	<a href="http://www.carersuk.org/scotland">www.carersuk.org/scotland</a>

The Resident

<Add1>

<Add2>

<Add3>

<Add4>

<Add5>



<Serial>/<CHK>

Dear Sir or Madam,

**We've been trying to contact you because we need your help with the Scottish Health Survey.**

### What is the Scottish Health Survey?

It's an important study that looks at changes in the health and lifestyles of people all over Scotland.

### How we've been trying to reach you.

Your address was selected at random to take part. You may recall our recent letter about taking part in the study. Our interviewer has called at your address on a number of occasions hoping to make an appointment to see you. We've asked them to call once more.

### Why do we need your help?

To ensure the results are accurate, it's important that we speak to people from all over Scotland. By contributing to this important study, your answers could help identify priorities for health provision and plan services more effectively for the future. We can only properly build up a picture of the nation's health if as many selected people as possible take part.

### What does the study involve?

The interview covers a range of health topics, including fruit and vegetable intake, levels of physical activity and your health in general. Your answers are treated with care and with respect for your privacy (in accordance with data protection legislation). In previous years more than 7,000 people took part.

### What happens next?

In the next few days your ScotCen Social Research interviewer will call at your address, and will explain more about the study. All our interviewers carry an identity card with their photograph and interviewer number. If you are busy when they call, they will be happy to call back at a more convenient time.

### Thank you.

We rely on the goodwill and voluntary cooperation of people who are selected to take part. Thank you in advance for helping to make this vital survey a success.

### Need more information?

We have answered some of the questions you might have on the back of this letter. We have also included details on how you can find out more about the study.

**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 have the opportunity to take part.

## What will happen to any information I give?

The information you provide will help the survey team understand more about health conditions and behaviours which will in turn 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:

**[www.gov.scot/publications/scottish-health-survey-interviewee-faqs/](http://www.gov.scot/publications/scottish-health-survey-interviewee-faqs/)**

More information is 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, in collaboration with the Office for National Statistics (ONS). ScotCen and ONS interviewers are highly trained and regular procedures are in place to monitor the quality of their work.

ScotCen is independent of all government departments and political parties. For more information about ScotCen please visit **[www.scotcen.org.uk](http://www.scotcen.org.uk)**. ONS is the UK's independent producer of official statistics. For more information about ONS visit **[www.ons.gov.uk/surveys](http://www.ons.gov.uk/surveys)**.

## What is the interview about?

The interview covers a range of health topics, including general health, lifestyles and information about yourself. The survey also collects, if you agree, height and weight measurements. If the interview is conducted over the telephone these measurements will not be taken and the interviewer will ask you to report your height and weight if you wish to do so.

## Where can I find out more?

See the enclosed leaflet, visit **[www.gov.scot/collections/scottish-health-survey](http://www.gov.scot/collections/scottish-health-survey)** or phone us free on **0800 652 2704**.

Hear more about the real difference the study makes at **[www.scotcen.org.uk/healthvideo](http://www.scotcen.org.uk/healthvideo)**

The Resident

<Add1>

<Add2>

<Add3>

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### What happens next?

In the next few days your ONS interviewer will call at your address, and will explain more about the study. All our interviewers carry an identity card with their photograph and interviewer number. If you are busy when they call, they will be happy to call back at a more convenient time.

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Hear more about the real difference the study makes at **[www.scotcen.org.uk/healthvideo](http://www.scotcen.org.uk/healthvideo)**

<Forename> <Surname>  
<Add1>  
<Add2>  
<Add3>  
<Add4>  
<Postcode>

Code: <Serial>/<CHK>

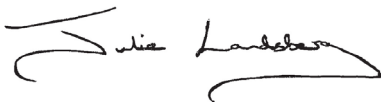
# Thank you for taking part

Dear <Forename>

Many thanks for taking part in the Scottish Health Survey 2022. Your contribution is very important and has helped us gather valuable information about the health and lifestyles of people living in Scotland.

## To say thank you

Please find enclosed a **£10 Love2shop voucher** for your use. It can be used in store and online at a wide range of shops, restaurants or attractions. For more information please visit: <https://love2shop.co.uk/where-to-spend>



**Julie Landsberg**  
Survey Manager, Scottish Government



<Forename> <Surname>  
<Add1>  
<Add2>  
<Add3>  
<Add4>  
<Postcode>

Code: <Serial>/<CHK>

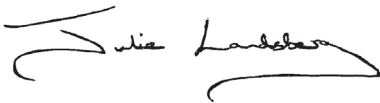
## We would like to thank **<childname>** for taking part

Dear <Forename>

Many thanks to <childname> for taking part in the Scottish Health Survey 2022. Their contribution is very important and has helped us gather valuable information about the health and lifestyles of children living in Scotland.

### To say thank you

Please find enclosed a **£10 Love2shop voucher** for your use. It can be used in store and online at a wide range of shops, restaurants or attractions. For more information please visit: <https://love2shop.co.uk/where-to-spend>



**Julie Landsberg**  
Survey Manager, Scottish Government

# SCOTTISH HEALTH SURVEY 2022

## SHOWCARDS

Thank you for agreeing to take part in the Scottish Health Survey.

During the survey you will need these showcards to help you choose your answers to some of the questions. Please keep them in a safe place and have them ready to use at the time of your interview.

Please note that **not all** of the showcards apply to everyone and there is **nothing you need to prepare in advance**. Your interviewer will tell you which showcards you need to refer to during the interview.

If you require a replacement set of showcards please contact your interviewer as soon as possible in advance of your appointment date.

## CARD A1

### MARITAL STATUS

- 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

## CARD A2

### RELATIONSHIP

- 1 Husband / Wife / Spouse
- 2 Legally recognised civil partner
- 3 Partner / Cohabitee
  
- 4 Natural child
- 5 Adopted child
- 6 Foster child
- 7 Step-child
- 8 Child's spouse / civil partner (in law)
- 9 Natural parent
- 10 Adoptive parent
- 11 Foster parent
- 12 Step-parent / Parent's partner
- 13 Parent-in-law
  
- 14 Natural sibling (i.e. both natural parents the same)
- 15 Half-sibling (i.e. one natural parent the same)
- 16 Step-sibling (i.e. no natural parents the same)
- 17 Adopted sibling
- 18 Foster sibling
- 19 Sibling-in-law
  
- 20 Grandchild
- 21 Grandparent
  
- 22 Other relative
- 23 Other non-relative

## CARD A3

- 1 Buying with mortgage / loan
- 2 Own it outright
- 3 Part rent / part mortgage
- 4 Rent (including rents paid by housing benefit)
- 5 Living here rent free

## CARD A4

- 1 People can smoke anywhere inside this house / flat
- 2 People can only smoke in certain areas or rooms inside this house / flat (include smoking out of the window and at an open back door)
- 3 People can only smoke in outdoor areas (e.g. gardens / balconies of this house / flat)
- 4 People cannot smoke indoors or in outdoor areas of this house / flat

## CARD A5

- 1 Very confident
- 2 Fairly confident
- 3 Not very confident
- 4 Not at all confident

## CARD A6

- 1 Earnings from employment or self-employment (including overtime, tips, bonuses)
- 2 State retirement pension
- 3 Pension from former employer
- 4 Personal pensions
- 5 Pension Credit
- 6 Child Benefit
- 7 Universal Credit
- 8 Job-Seekers Allowance
- 9 Income Support
- 10 Working Tax Credit, Child Tax Credit or any other Tax Credit
- 11 Housing Benefit
- 12 Employment and Support Allowance
- 13 Personal Independence Payments
- 14 Disability Living Allowance
- 15 Attendance Allowance
- 16 Carer's Allowance
- 17 Other state benefits
- 18 Student grants and bursaries (but not loans)
- 19 Interest from savings and investments (eg. stocks and shares)
- 20 Rent from property (after expenses)
- 21 Other kinds of regular income (eg. maintenance or grants)
- 22 No source of income



## CARD A7

### GROSS INCOME FROM ALL SOURCES

(before any deductions for taxes, National Insurance contributions, health insurance payments, superannuation payments etc.)

WEEKLY	or	MONTHLY	or	ANNUAL
Less than £10 ..... 1		Less than £40 ..... 1		Less than £520 ..... 1
£10 less than £30 ..... 2		£40 less than £130 ..... 2		£520 less than £1,600 ..... 2
£30 less than £50 ..... 3		£130 less than £220 ..... 3		£1,600 less £2,600 ..... 3
£50 less than £70 ..... 4		£220 less than £300 ..... 4		£2,600 less than £3,600 ..... 4
£70 less than £100 ..... 5		£300 less than £430 ..... 5		£3,600 less than £5,200 ..... 5
£100 less than £150 ..... 6		£430 less than £650 ..... 6		£5,200 less than £7,800 ..... 6
£150 less than £200 ..... 7		£650 less than £870 ..... 7		£7,800 less than £10,400 ..... 7
£200 less than £250 ..... 8		£870 less than £1,100 ..... 8		£10,400 less than £13,000 ..... 8
£250 less than £300 ..... 9		£1,100 less than £1,300 ..... 9		£13,000 less than £15,600 ..... 9
£300 less than £350 ..... 10		£1,300 less than £1,500 ..... 10		£15,600 less than £18,200 ..... 10
£350 less than £400 ..... 11		£1,500 less than £1,700 ..... 11		£18,200 less than £20,800 ..... 11
£400 less than £450 ..... 12		£1,700 less than £2,000 ..... 12		£20,800 less than £23,400 ..... 12
£450 less than £500 ..... 13		£2,000 less than £2,200 ..... 13		£23,400 less than £26,000 ..... 13
£500 less than £550 ..... 14		£2,200 less than £2,400 ..... 14		£26,000 less than £28,600 ..... 14
£550 less than £600 ..... 15		£2,400 less than £2,600 ..... 15		£28,600 less than £31,200 ..... 15
£600 less than £650 ..... 16		£2,600 less than £2,800 ..... 16		£31,200 less than £33,800 ..... 16
£650 less than £700 ..... 17		£2,800 less than £3,000 ..... 17		£33,800 less than £36,400 ..... 17
£700 less than £800 ..... 18		£3,000 less than £3,500 ..... 18		£36,400 less than £41,600 ..... 18
£800 less than £900 ..... 19		£3,500 less than £3,900 ..... 19		£41,600 less than £46,800 ..... 19
£900 less than £1,000 ..... 20		£3,900 less than £4,300 ..... 20		£46,800 less than £52,000 ..... 20
£1,000 less than £1,150 ..... 21		£4,300 less than £5,000 ..... 21		£52,000 less than £60,000 ..... 21
£1,150 less than £1,350 ..... 22		£5,000 less than £5,800 ..... 22		£60,000 less than £70,000 ..... 22
£1,350 less than £1,500 ..... 23		£5,800 less than £6,500 ..... 23		£70,000 less than £78,000 ..... 23
£1,500 less than £1,750 ..... 24		£6,500 less than £7,500 ..... 24		£78,000 less than £90,000 ..... 24
£1,750 less than £1,900 ..... 25		£7,500 less than £8,300 ..... 25		£90,000 less than £100,000 ..... 25
£1,900 less than £2,100 ..... 26		£8,300 less than £9,200 ..... 26		£100,000 less than £110,000 ..... 26
£2,100 less than £2,300 ..... 27		£9,200 less than £10,000 ..... 27		£110,000 less than £120,000 ..... 27
£2,300 less than £2,500 ..... 28		£10,000 less than £10,800 ..... 28		£120,000 less than £130,000 ..... 28
£2,500 less than £2,700 ..... 29		£10,800 less than £11,700 ..... 29		£130,000 less than £140,000 ..... 29
£2,700 less than £2,900 ..... 30		£11,700 less than £12,500 ..... 30		£140,000 less than £150,000 ..... 30
£2,900 or more ..... 31		£12,500 or more ..... 31		£150,000 or more ..... 31

## CARD A8

- 1 Working as an employee (or temporarily away)
- 2 On a Government sponsored training scheme (or temporarily away)
- 3 Self employed or freelance (or temporarily away)
- 4 Working unpaid for your own family's business (or temporarily away)
- 5 Doing any other kind of paid work
- 6 None of the above

## CARD A9

### HOURS SPENT PROVIDING CARE

- 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

## CARD A10

- 1 Less than one year
- 2 One year but less than 5 years
- 3 5 years but less than 10 years
- 4 10 years but less than 20 years
- 5 20 years or more

## CARD A11

- 1 Been unable to take up employment
- 2 Worked fewer hours
- 3 Reduced responsibility at work
- 4 Flexible employment agreed
- 5 Changed to work at home
- 6 Reduced opportunities for promotion
- 7 Took new job
- 8 Left employment altogether
- 9 Took early retirement
- 10 Other (Please say what)
- 11 Employment not affected/never had a job

## CARD A12

- 1 Short breaks or respite e.g. day time breaks, overnight breaks or emergency respite
- 2 Advice and information
- 3 Practical support (e.g. transport, equipment/adaptations)
- 4 Counselling or emotional support
- 5 Training and learning
- 6 Advocacy services
- 7 Personal assistant/ support worker/ community nurse/ home help
- 8 Help from family, friends or neighbours
- 9 Carer's allowance
- 10 Other (Please say what)
- 11 Receive no help or support

## CARD A13

- 1 Short breaks or respite e.g. day time breaks, overnight breaks or emergency respite
- 2 Advice and information
- 3 Practical things, e.g. putting hand rails in the bathroom, transport to a day centre
- 4 Talking to someone for support, e.g. family member, friend, counsellor
- 5 Having a befriender or a peer mentor
- 6 Advocacy services
- 7 Personal assistant/ support worker/ community nurse/ home help
- 8 Help from family, friends or neighbours
- 9 Help from teachers at school, e.g. talking or extra help with homework
- 10 Social activities and support, e.g. young carers' groups or day trips
- 11 Other (Please say what)
- 12 Receive no help or support

# CARD A14

**Extremely  
dissatisfied**

**Extremely  
satisfied**

**0**

**1**

**2**

**3**

**4**

**5**

**6**

**7**

**8**

**9**

**10**



## CARD B2

- 1 Regular check-up with GP / hospital / clinic
- 2 Taking medication (tablets / inhalers)
- 3 Advice or treatment to stop smoking
- 4 Using oxygen
- 5 Immunisations against flu / pneumococcus
- 6 Exercise or physical activity
- 7 Advice or treatment to lose weight
- 8 Other (Please say what)

## CARD C1

- 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

## CARD C2

- 1 NHS or charity information about managing pain including online resources
- 2 Your GP
- 3 Nurse or other health worker at GP surgery/Health centre
- 4 Physiotherapist
- 5 Chemist or pharmacist
- 6 Specialist pain services at a hospital such as a doctor, nurse or physiotherapist
- 7 Residential pain service where you have stayed away from home
- 8 Psychologist
- 9 Osteopath, chiropractor or acupuncturist
- 10 Homeopath or other alternative medicine professional
- 11 Other – please specify
- 12 None of these

## CARD C3

- 1 Fever
- 2 Weakness/tiredness
- 3 Diarrhoea
- 4 Loss of smell
- 5 Shortness of breath
- 6 Vertigo/dizziness
- 7 Trouble sleeping
- 8 Headache
- 9 Nausea/vomiting
- 10 Loss of appetite
- 11 Sore throat
- 12 Chest pain
- 13 Worry/anxiety
- 14 Memory loss or confusion
- 15 Muscle ache
- 16 Abdominal pain
- 17 Loss of taste
- 18 Cough
- 19 Palpitations
- 20 Low mood/not enjoying anything
- 21 Difficulty concentrating
- 22 Other

## CARD C4

- 1 I was advised by a clinician that I should not be vaccinated
- 2 I need more information about the safety of the vaccines
- 3 I have heard that some people don't feel well after being vaccinated
- 4 I don't think COVID-19 would be a serious illness for me
- 5 I don't think I'm at risk of catching COVID-19
- 6 I'm concerned about how quickly the vaccines have been developed
- 7 I'm concerned about how quickly the vaccines have been approved
- 8 I have a medical history of allergic reactions and am concerned about my reaction to being vaccinated
- 9 I am concerned about having an allergic reaction, even though I do not have a medical history of allergies
- 10 I would worry about the risk of catching COVID-19 at the place where the vaccines are given
- 11 I worry about how I will travel to the place where the vaccines are being given
- 12 I usually choose not to get any vaccines
- 13 I'm unlikely to have time to get vaccinated
- 14 I don't trust vaccines
- 15 Other (please specify)

## CARD E1

### HOUSEWORK

Done during the last 4 weeks -

Hoovering

Dusting

Ironing

General tidying

Washing floors and paintwork

## CARD E2

### HEAVY HOUSEWORK

Done during the last 4 weeks -

Moving heavy furniture

Spring cleaning

Walking with heavy shopping  
(for more than 5 minutes)

Cleaning windows

Scrubbing floors with a scrubbing brush

## **CARD E3**

### **GARDENING, DIY AND BUILDING WORK**

Done during the last 4 weeks -

Hoeing, weeding, pruning

Mowing with a power mower

Planting flowers/seeds

Decorating

Minor household repairs

Car washing and polishing

Car repairs and maintenance



## CARD E4

### HEAVY MANUAL WORK

Done during the last 4 weeks -

Digging, clearing rough ground

Building in stone/bricklaying

Mowing large areas with a hand mower

Felling trees, chopping wood

Mixing/laying concrete

Moving heavy loads

Refitting a kitchen or bathroom

## CARD E5

Done during the last 4 weeks -

- 1 Swimming
- 2 Cycling
- 3 Workout at a gym / Exercise bike / Weight training
- 4 Aerobics / Keep fit / Gymnastics / Dance for Fitness
- 5 Any other type of dancing
- 6 Running / Jogging
- 7 Football / Rugby
- 8 Badminton / Tennis
- 9 Squash
- 10 Exercises (e.g. press-ups, sit-ups)

Please also include teaching, coaching and training/practice sessions

## CARD E6

- 1 Bowls
- 2 Fishing / angling
- 3 Golf
- 4 Hillwalking / rambling
- 5 Snooker / billiards / pool
- 6 Aqua-robics / aquafit / exercise class in water
- 7 Yoga / pilates
- 8 Athletics
- 9 Basketball
- 10 Canoeing / Kayaking
- 11 Climbing
- 12 Cricket
- 13 Curling
- 14 Hockey
- 15 Horse riding
- 16 Ice skating
- 17 Martial arts including Tai Chi
- 18 Netball
- 19 Powerboating / jet skiing
- 20 Rowing
- 21 Sailing / windsurfing
- 22 Shinty
- 23 Skateboarding / inline skating
- 24 Skiing/ snowboarding
- 25 Subaqua
- 26 Surfing / body boarding
- 27 Table tennis
- 28 Tenpin bowling
- 29 Volleyball
- 30 Waterskiing

**0 No – none of these**

## **CARD E7**

- 1 To keep fit (not just to lose weight)
- 2 To lose weight
- 3 To take children
- 4 To socialise
- 5 To train/ take part in a competition
- 6 To improve my performance
- 7 Just enjoy it
- 8 To help with my injury or disability
- 9 Part of my voluntary work
- 10 To walk the dog
- 11 For health reasons / to improve health
- 12 For peace and quiet
- 13 To de-stress, relax and unwind
- 14 To feel closer to nature
- 15 Other (RECORD AT NEXT QUESTION)

## CARD E8

- 1 It costs too much
- 2 No one to do it with
- 3 Never occurred to me
- 4 Not really interested
- 5 Fear of injury/making current injury worse
- 6 I wouldn't enjoy it
- 7 Health isn't good enough
- 8 I might feel uncomfortable or out of place
- 9 Facilities are too far away
- 10 Not enough information on what is available
- 11 It's difficult to find the time
- 12 I already do enough
- 13 Other (RECORD AT NEXT QUESTION)
- 14 No reason

## CARD F1

- 1 Less than 5 minutes
- 2 5 minutes, less than 15 minutes
- 3 15 minutes, less than 30 minutes
- 4 30 minutes, less than 1 hour
- 5 1 hour, less than 1 ½ hours
- 6 1 ½ hours, less than 2 hours
- 7 2 hours, less than 2 ½ hours
- 8 2 ½ hours, less than 3 hours
- 9 3 hours, less than 3 ½ hours
- 10 3 ½ hours, less than 4 hours
- 11 4 hours or more (please say how long)

## CARD F2

### SPORTS AND EXERCISE ACTIVITIES

INCLUDE any sports and exercise activities like:

Playing football, rugby or netball in a team,  
or any other organised team games

Playing tennis, squash or badminton

*include playing in:  
a practice session  
a match  
a club  
out-of-school lesson*

Going swimming or swimming lessons

Gymnastics (include Toddler Gym, Tumble Tots etc)

Dance lessons, ballet lessons, ice skating

Horse riding

Disco dancing

Any other organised sports, team sports or exercise activities

## CARD F3

Other active things like:

Ride a bike

Kick a ball around

Run about (outdoors or indoors)

Play active games

Jump around

Any other things like these



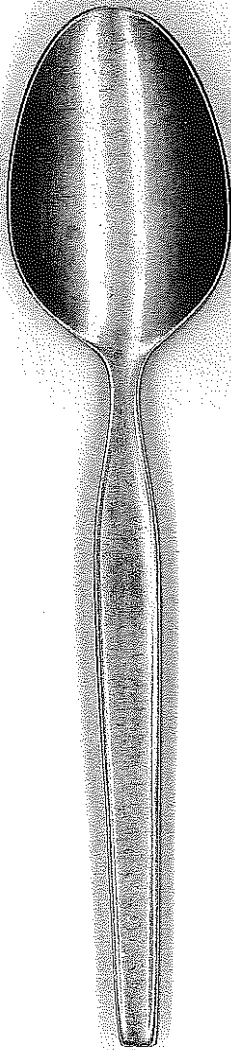
## CARD G1

- 1 6 a day or more
- 2 4 or 5 a day
- 3 2 or 3 a day
- 4 One a day
- 5 Less than one a day

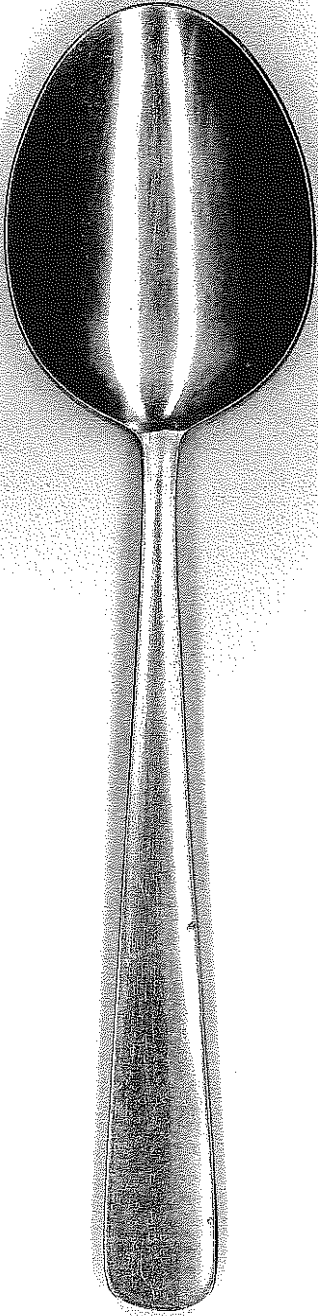
## CARD G2

- 1 6 or more times a day
- 2 4 or 5 times a day
- 3 2 or 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 a month
- 9 Less often or never

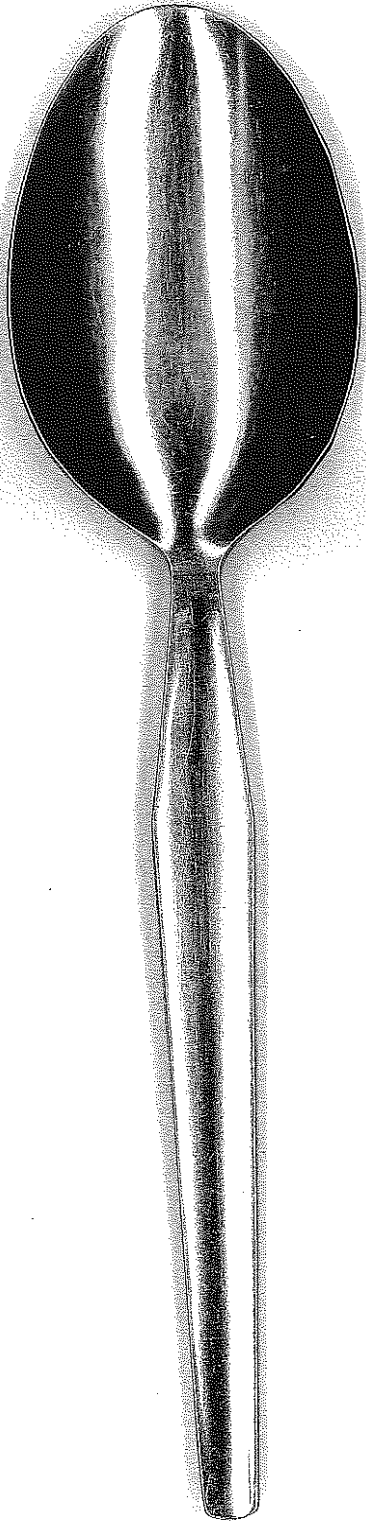
**CARD G3**



**Teaspoon**



**Dessertspoon**



**Tablespoon**

## CARD H1

- 1 Less than a week
- 2 At least a week but less than a month
- 3 1 - 3 months
- 4 4 - 6 months
- 5 Over 6 months

## CARD H2

- 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

### CARD H3

- 1 Every day
- 2 4 - 6 days a week
- 3 2 – 3 days a week
- 4 Once a week
- 5 2 – 3 times in a 4 week period
- 6 Once in a 4 week period
- 7 Less than once in a 4 week period

## CARD H4

- 1 Nicotine gum
- 2 Nicotine patches that you stick on your skin
- 3 Nasal spray/nicotine inhaler
- 4 Lozenge / microtab
- 5 Champix / Varenicline
- 6 Zyban / Bupropion
- 7 Electronic cigarette / vaping device
- 8 Other (Please say what)
- 9 No products used

## CARD H5

- 1 At own home
- 2 At work
- 3 In other people's homes
- 4 In cars, vans etc
- 5 Outside of buildings (e.g. pubs, shops, hospitals)
- 6 In other public places
- 7 No, none of these



## CARD J1

- 1 Almost every day
- 2 Five or six days a week
- 3 Three or four days a week
- 4 Once or twice a week
- 5 Once or twice a month
- 6 Once every couple of months
- 7 Once or twice a year
- 8 Not at all in the last 12 months

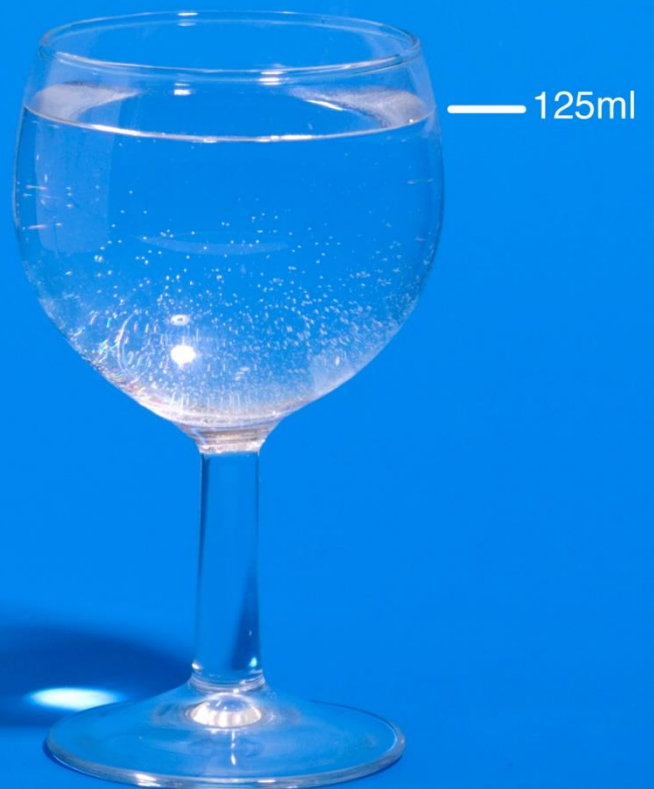


— 250 ml

250ml wine glass



175ml wine glass



125ml wine glass

## CARD J2

- 1 Normal strength beer / lager / cider / shandy
- 2 Strong beer / lager / cider
- 3 Spirits or Liqueurs
- 4 Sherry, Martini or Buckfast
- 5 Wine (including Babycham, champagne and prosecco)
- 6 Alcopops / pre-mixed drinks
- 7 Other alcoholic drinks
- 8 Low alcohol drinks only

## CARD K1

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

## CARD K2

1. Eating food
2. Speaking clearly
3. Smiling, laughing and showing teeth without embarrassment
4. Emotional stability, for example, becoming more easily upset than usual
5. Enjoying the company of other people such as family, friends, or neighbours
6. None of these

## CARD K3

- 1 Yes, often
- 2 Yes, occasionally
- 3 No, never

## CARD P1

- 1 Working as an employee (or temporarily away)
- 2 On a Government sponsored training scheme (or temporarily away)
- 3 Self employed or freelance (or temporarily away)
- 4 Working unpaid for your own family's business (or temporarily away)
- 5 Doing any other kind of paid work
- 6 None of the above



## CARD Q1

- 1 School Leaving Certificate, National Qualification Access Unit
- 2 O Grade, Standard Grade, GCSE, GCE O Level, CSE, National Qualification Access 3 Cluster, Intermediate 1 or 2, National 4 or 5, Senior Certificate or equivalent
- 3 GNVQ/GSVQ Foundation or Intermediate, SVQ Level 1 or 2, SCOTVEC / National Certificate Module, City and Guilds Craft, RSA Diploma or equivalent
- 4 Higher Grade, Advanced Higher, CSYS, A level, AS level, Advanced Senior Certificate or equivalent
- 5 GNVQ/GSVQ Advanced, SVQ Level 3, ONC, OND, SCOTVEC National Diploma, City and Guilds Advanced Craft, RSA Advanced Diploma or equivalent
- 6 HNC, HND, SVQ Level 4, RSA Higher Diploma or equivalent
- 7 First Degree, Higher Degree, SVQ Level 5 or equivalent
- 8 Professional qualifications e.g. teaching, accountancy
- 9 Other school examinations not already mentioned
- 10 Other post-school but pre Higher education examinations not already mentioned
- 11 Other Higher education qualifications not already mentioned
- 12 No qualifications

## CARD Q2

Choose **ONE** section from A to F, then choose **ONE** option which best describes your ethnic group or background.

### **A White**

Scottish

Other British

Irish

Polish

Gypsy/Traveller

Roma

Showman/Showwoman

Other white ethnic group (please say what)

### **B Mixed or multiple ethnic group**

Any mixed or multiple ethnic groups (please say what)

### **C Asian, Scottish Asian or British Asian**

Pakistani, Scottish Pakistani or British Pakistani

Indian, Scottish Indian or British Indian

Bangladeshi, Scottish Bangladeshi or British Bangladeshi

Chinese, Scottish Chinese or British Chinese

Other (please say what)

### **D African**

African, Scottish African or British African (please say what – for example NIGERIAN, SOMALI)

### **E Caribbean or Black**

Caribbean or Black (please say what – for example SCOTTISH CARIBBEAN, BLACK SCOTTISH)

### **F Other ethnic group**

Arab, Scottish Arab or British Arab

Other (please say what – for example SIKH, JEWISH)

## CARD R1

- 1 Nicotine gum
- 2 Nicotine patches that you stick on your skin
- 3 Nasal spray/nicotine inhaler
- 4 Lozenge / microtab
- 5 Champix / Varenicline
- 6 Zyban / Bupropion
- 7 Electronic cigarette / vaping device
- 8 Other (Please say what)
- 9 No products used

# SCOTTISH HEALTH SURVEY 2022

## SHOWCARDS

Thank you for agreeing to take part in the Scottish Health Survey.

During the survey you will need these showcards to help you choose your answers to some of the questions. Please keep them in a safe place and have them ready to use at the time of your interview.

Please note that **not all** of the showcards apply to everyone and there is **nothing you need to prepare in advance**. Your interviewer will tell you which showcards you need to refer to during the interview.

If you require a replacement set of showcards please contact your interviewer as soon as possible in advance of your appointment date.

## CARD A1

### MARITAL STATUS

- 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

## CARD A2

### RELATIONSHIP

- 1 Husband / Wife / Spouse
- 2 Legally recognised civil partner
- 3 Partner / Cohabitee
  
- 4 Natural child
- 5 Adopted child
- 6 Foster child
- 7 Step-child
- 8 Child's spouse / civil partner (in law)
- 9 Natural parent
- 10 Adoptive parent
- 11 Foster parent
- 12 Step-parent / Parent's partner
- 13 Parent-in-law
  
- 14 Natural sibling (i.e. both natural parents the same)
- 15 Half-sibling (i.e. one natural parent the same)
- 16 Step-sibling (i.e. no natural parents the same)
- 17 Adopted sibling
- 18 Foster sibling
- 19 Sibling-in-law
  
- 20 Grandchild
- 21 Grandparent
  
- 22 Other relative
- 23 Other non-relative

## CARD A3

- 1 Buying with mortgage / loan
- 2 Own it outright
- 3 Part rent / part mortgage
- 4 Rent (including rents paid by housing benefit)
- 5 Living here rent free

## CARD A4

- 1 People can smoke anywhere inside this house / flat
- 2 People can only smoke in certain areas or rooms inside this house / flat (include smoking out of the window and at an open back door)
- 3 People can only smoke in outdoor areas (e.g. gardens / balconies) of this house / flat
- 4 People cannot smoke indoors or in outdoor areas of this house / flat



## CARD A6

- 1 Earnings from employment or self-employment (including overtime, tips, bonuses)
- 2 State retirement pension
- 3 Pension from former employer
- 4 Personal pensions
- 5 Pension Credit
- 6 Child Benefit
- 7 Universal Credit
- 8 Job-Seekers Allowance
- 9 Income Support
- 10 Working Tax Credit, Child Tax Credit or any other Tax Credit
- 11 Housing Benefit
- 12 Employment and Support Allowance
- 13 Personal Independence Payments
- 14 Disability Living Allowance
- 15 Attendance Allowance
- 16 Carer's Allowance
- 17 Other state benefits
- 18 Student grants and bursaries (but not loans)
- 19 Interest from savings and investments (eg. stocks and shares)
- 20 Rent from property (after expenses)
- 21 Other kinds of regular income (eg. maintenance or grants)
- 22 No source of income

## CARD A7

### GROSS INCOME FROM ALL SOURCES

(before any deductions for taxes, National Insurance contributions, health insurance payments, superannuation payments etc.)

WEEKLY	or	MONTHLY	or	ANNUAL
Less than £10 ..... 1		Less than £40 ..... 1		Less than £520 ..... 1
£10 less than £30 ..... 2		£40 less than £130 ..... 2		£520 less than £1,600 ..... 2
£30 less than £50 ..... 3		£130 less than £220 ..... 3		£1,600 less £2,600 ..... 3
£50 less than £70 ..... 4		£220 less than £300 ..... 4		£2,600 less than £3,600 ..... 4
£70 less than £100 ..... 5		£300 less than £430 ..... 5		£3,600 less than £5,200 ..... 5
£100 less than £150 ..... 6		£430 less than £650 ..... 6		£5,200 less than £7,800 ..... 6
£150 less than £200 ..... 7		£650 less than £870 ..... 7		£7,800 less than £10,400 ..... 7
£200 less than £250 ..... 8		£870 less than £1,100 ..... 8		£10,400 less than £13,000 ..... 8
£250 less than £300 ..... 9		£1,100 less than £1,300 ..... 9		£13,000 less than £15,600 ..... 9
£300 less than £350 ..... 10		£1,300 less than £1,500 ..... 10		£15,600 less than £18,200 ..... 10
£350 less than £400 ..... 11		£1,500 less than £1,700 ..... 11		£18,200 less than £20,800 ..... 11
£400 less than £450 ..... 12		£1,700 less than £2,000 ..... 12		£20,800 less than £23,400 ..... 12
£450 less than £500 ..... 13		£2,000 less than £2,200 ..... 13		£23,400 less than £26,000 ..... 13
£500 less than £550 ..... 14		£2,200 less than £2,400 ..... 14		£26,000 less than £28,600 ..... 14
£550 less than £600 ..... 15		£2,400 less than £2,600 ..... 15		£28,600 less than £31,200 ..... 15
£600 less than £650 ..... 16		£2,600 less than £2,800 ..... 16		£31,200 less than £33,800 ..... 16
£650 less than £700 ..... 17		£2,800 less than £3,000 ..... 17		£33,800 less than £36,400 ..... 17
£700 less than £800 ..... 18		£3,000 less than £3,500 ..... 18		£36,400 less than £41,600 ..... 18
£800 less than £900 ..... 19		£3,500 less than £3,900 ..... 19		£41,600 less than £46,800 ..... 19
£900 less than £1,000 ..... 20		£3,900 less than £4,300 ..... 20		£46,800 less than £52,000 ..... 20
£1,000 less than £1,150 ..... 21		£4,300 less than £5,000 ..... 21		£52,000 less than £60,000 ..... 21
£1,150 less than £1,350 ..... 22		£5,000 less than £5,800 ..... 22		£60,000 less than £70,000 ..... 22
£1,350 less than £1,500 ..... 23		£5,800 less than £6,500 ..... 23		£70,000 less than £78,000 ..... 23
£1,500 less than £1,750 ..... 24		£6,500 less than £7,500 ..... 24		£78,000 less than £90,000 ..... 24
£1,750 less than £1,900 ..... 25		£7,500 less than £8,300 ..... 25		£90,000 less than £100,000 ..... 25
£1,900 less than £2,100 ..... 26		£8,300 less than £9,200 ..... 26		£100,000 less than £110,000 ..... 26
£2,100 less than £2,300 ..... 27		£9,200 less than £10,000 ..... 27		£110,000 less than £120,000 ..... 27
£2,300 less than £2,500 ..... 28		£10,000 less than £10,800 ..... 28		£120,000 less than £130,000 ..... 28
£2,500 less than £2,700 ..... 29		£10,800 less than £11,700 ..... 29		£130,000 less than £140,000 ..... 29
£2,700 less than £2,900 ..... 30		£11,700 less than £12,500 ..... 30		£140,000 less than £150,000 ..... 30
£2,900 or more ..... 31		£12,500 or more ..... 31		£150,000 or more ..... 31

## CARD A8

- 1 Working as an employee (or temporarily away)
- 2 On a Government sponsored training scheme (or temporarily away)
- 3 Self employed or freelance (or temporarily away)
- 4 Working unpaid for your own family's business (or temporarily away)
- 5 Doing any other kind of paid work
- 6 None of the above

## CARD A9

### HOURS SPENT PROVIDING CARE

- 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

## CARD A10

- 1 Less than one year
- 2 One year but less than 5 years
- 3 5 years but less than 10 years
- 4 10 years but less than 20 years
- 5 20 years or more

## CARD A13

- 1 Short breaks or respite e.g. day time breaks, overnight breaks or emergency respite
- 2 Advice and information
- 3 Practical things, e.g. putting hand rails in the bathroom, transport to a day centre
- 4 Talking to someone for support, e.g. family member, friend, counsellor
- 5 Having a befriender or a peer mentor
- 6 Advocacy services
- 7 Personal assistant/ support worker/ community nurse/ home help
- 8 Help from family, friends or neighbours
- 9 Help from teachers at school, e.g. talking or extra help with homework
- 10 Social activities and support, e.g. young carers' groups or day trips
- 11 Other (Please say what)
- 12 Receive no help or support

## **CARD C1**

- 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

## CARD C2

- 1 NHS or charity information about managing pain including online resources
- 2 Your GP
- 3 Nurse or other health worker at GP surgery/Health centre
- 4 Physiotherapist
- 5 Chemist or pharmacist
- 6 Specialist pain services at a hospital such as a doctor, nurse or physiotherapist
- 7 Residential pain service where you have stayed away from home
- 8 Psychologist
- 9 Osteopath, chiropractor or acupuncturist
- 10 Homeopath or other alternative medicine professional
- 11 Other – please specify
- 12 None of these



## CARD C3

- 1 Fever
- 2 Weakness/tiredness
- 3 Diarrhoea
- 4 Loss of smell
- 5 Shortness of breath
- 6 Vertigo/dizziness
- 7 Trouble sleeping
- 8 Headache
- 9 Nausea/vomiting
- 10 Loss of appetite
- 11 Sore throat
- 12 Chest pain
- 13 Worry/anxiety
- 14 Memory loss or confusion
- 15 Muscle ache
- 16 Abdominal pain
- 17 Loss of taste
- 18 Cough
- 19 Palpitations
- 20 Low mood/not enjoying anything
- 21 Difficulty concentrating
- 22 Other

## CARD C4

- 1 I was advised by a clinician that I should not be vaccinated
- 2 I need more information about the safety of the vaccines
- 3 I have heard that some people don't feel well after being vaccinated
- 4 I don't think COVID-19 would be a serious illness for me
- 5 I don't think I'm at risk of catching COVID-19
- 6 I'm concerned about how quickly the vaccines have been developed
- 7 I'm concerned about how quickly the vaccines have been approved
- 8 I have a medical history of allergic reactions and am concerned about my reaction to being vaccinated
- 9 I am concerned about having an allergic reaction, even though I do not have a medical history of allergies
- 10 I would worry about the risk of catching COVID-19 at the place where the vaccines are given
- 11 I worry about how I will travel to the place where the vaccines are being given
- 12 I usually choose not to get any vaccines
- 13 I'm unlikely to have time to get vaccinated
- 14 I don't trust vaccines
- 15 Other (please specify)

## CARD F1

- 1 Less than 5 minutes
- 2 5 minutes, less than 15 minutes
- 3 15 minutes, less than 30 minutes
- 4 30 minutes, less than 1 hour
- 5 1 hour, less than 1 ½ hours
- 6 1 ½ hours, less than 2 hours
- 7 2 hours, less than 2 ½ hours
- 8 2 ½ hours, less than 3 hours
- 9 3 hours, less than 3 ½ hours
- 10 3 ½ hours, less than 4 hours
- 11 4 hours or more (please say how long)

## CARD F2

### SPORTS AND EXERCISE ACTIVITIES

INCLUDE any sports and exercise activities like:

Playing football, rugby or netball in a team,  
or any other organised team games

Playing tennis, squash or badminton

*include playing in:  
a practice session  
a match  
a club  
out-of-school lesson*

Going swimming or swimming lessons

Gymnastics (include Toddler Gym, Tumble Tots etc)

Dance lessons, ballet lessons, ice skating

Horse riding

Disco dancing

Any other organised sports, team sports or exercise activities

## CARD F3

Other active things like:

Ride a bike

Kick a ball around

Run about (outdoors or indoors)

Play active games

Jump around

Any other things like these

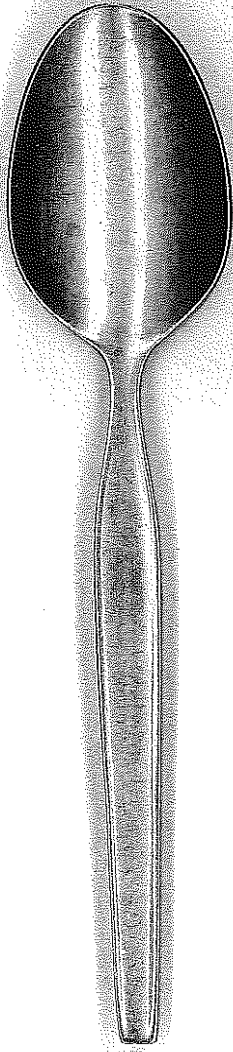
## CARD G1

- 1 6 a day or more
- 2 4 or 5 a day
- 3 2 or 3 a day
- 4 One a day
- 5 Less than one a day

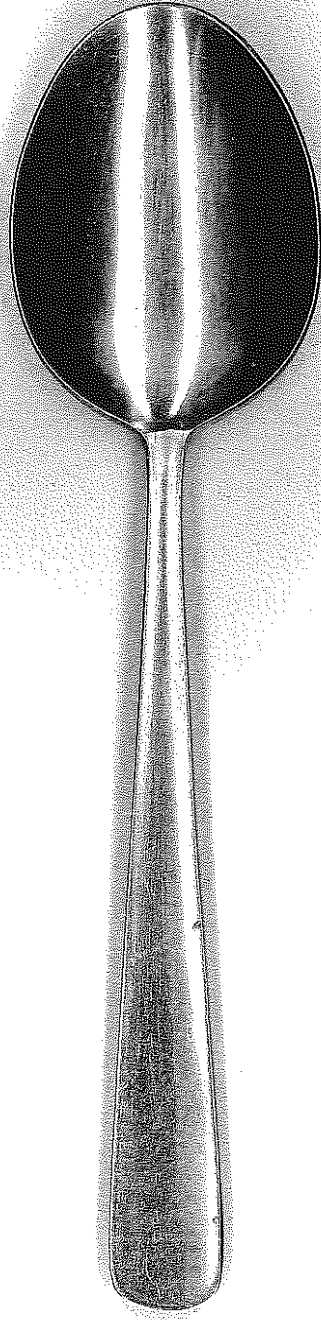
## CARD G2

- 1 6 or more times a day
- 2 4 or 5 times a day
- 3 2 or 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 a month
- 9 Less often or never

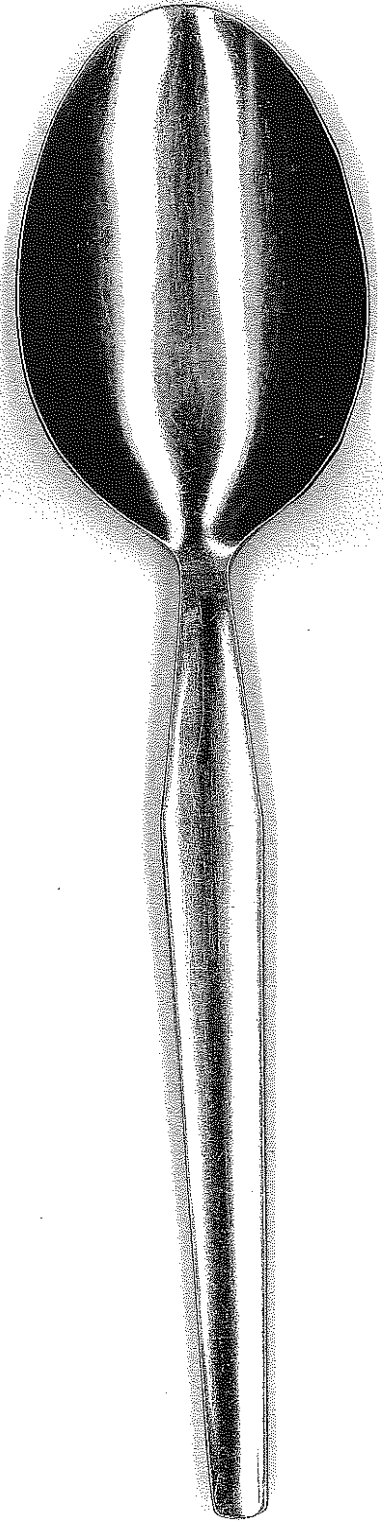
**CARD G3**



**Teaspoon**



**Dessertspoon**



**Tablespoon**



## CARD H5

- 1 At own home
- 2 At work
- 3 In other people's homes
- 4 In cars, vans etc
- 5 Outside of buildings (e.g. pubs, shops, hospitals)
- 6 In other public places
- 7 No, none of these

## CARD Q2

Choose **ONE** section from A to F, then choose **ONE** option which best describes your ethnic group or background.

### **A White**

Scottish

Other British

Irish

Polish

Gypsy/Traveller

Roma

Showman/Showwoman

Other white ethnic group (please say what)

### **B Mixed or multiple ethnic group**

Any mixed or multiple ethnic groups (please say what)

### **C Asian, Scottish Asian or British Asian**

Pakistani, Scottish Pakistani or British Pakistani

Indian, Scottish Indian or British Indian

Bangladeshi, Scottish Bangladeshi or British Bangladeshi

Chinese, Scottish Chinese or British Chinese

Other (please say what)

### **D African**

African, Scottish African or British African (please say what – for example NIGERIAN, SOMALI)

### **E Caribbean or Black**

Caribbean or Black (please say what – for example SCOTTISH CARIBBEAN, BLACK SCOTTISH)

### **F Other ethnic group**

Arab, Scottish Arab or British Arab

Other (please say what – for example SIKH, JEWISH)



# Scottish Health Survey

## British Sign Language

Your household has been selected to take part in the Scottish Health Survey. This important study collects information on behalf of the Scottish Government and the National Health Service about the health and lifestyles of people who live in Scotland. If you would you like us to arrange for a BSL interpreter to help conduct the interview, or to explain more about what is involved, please give the person who has called at your address your telephone number so we can arrange this.

## Gaelic / Gàidhlig

Chaidh an dachaigh agaibhse a thaghadh airson pàirt a ghabhail ann an Suirbhidh Slàinte na h-Alba. Tha an sgrùdadh cudromach seo a' cruinneachadh fiosrachadh airson Riaghaltas na h-Alba agus Seirbheis Nàiseanta na Slàinte mu dheidhinn slàinte agus caitheamh-beatha muinntir na h-Alba. Ma tha sibh ag iarraidh eadar-theangair a chuidicheas leis an agallamh, no a mhìnicheas dè bhios na lùib, comharraich an cànan a tha sibh a' bruidhinn agus thoiribh an àireamh fòn agaibh don neach a thàinig don taigh gus am faigh sinn air sin a chur air dòigh dhuibh.

## Bengali / বাংলা

স্কটিশ হেলথ সার্ভে (Scottish Health Survey) -তে অংশগ্রহণ করার জন্য আপনার পরিবার নির্বাচিত হয়েছে। এই গুরুত্বপূর্ণ অধ্যয়নটি স্কটিশ গভর্নর (Scottish Government) এবং ন্যাশানাল হেলথ সার্ভিস (National Health Service)-এর পক্ষ স্কটল্যান্ড-এ বসবাসকারী ব্যক্তিদের স্বাস্থ্য এবং জীবনধারা সংক্রান্ত বিষয়ে তথ্য সংগ্রহ করে। আপনি যদি চান যে সাক্ষাৎকারে সহায়তার করতে, অথবা কী কী বিষয় অন্তর্ভুক্ত আছে সে সম্পর্কে আরো ব্যাখ্যা করতে আমরা আপনার জন্য একজন দোভাষীর বন্দোবস্ত করি, তাহলে অনুগ্রহ করে আপনি যে ভাষায় কথা বলেন সেটি নির্দেশ করুন এবং যিনি আপনার ঠিকানায় ফোন করবেন সেই ব্যক্তিকে আপনার ফোন নম্বরটি দিন যাতে করে আমরা এটির বন্দোবস্ত করতে পারি।

## Chinese (Cantonese) /中文 (廣東話)

府上已獲選參與《蘇格蘭健康問卷調查》(Scottish Health Survey)。這是一項代表蘇格蘭政府及國民保健服務 (National Health Service) 收集有關居住在蘇格蘭的人士的健康及生活形式的資料的重要研究。如你希望我們為你安排口譯員以協助進行訪問，或更詳細地解釋當中所涉及的过程，請向到訪府上的問卷調查員指出你所說的語言，並提供你的電話號碼，以便我們作出此安排。

## French / Français

Votre foyer a été sélectionné pour participer à l'étude sur la santé en Écosse. Cette importante étude réunit des informations au nom du Gouvernement écossais et du ministère national de la Santé à propos de la santé et du style de vie des habitants de l'Écosse. Si vous aimeriez que nous organisions la présence d'un interprète pour faciliter la conduite de cet entretien ou vous expliquer plus en détail ce qui est impliqué, veuillez indiquer la langue que vous parlez et donner votre numéro de téléphone à la personne qui s'est présentée chez vous pour que nous puissions l'organiser.

## Hindi / हिन्दी

आपके परिवार को स्कॉटिश स्वास्थ्य सर्वेक्षण में हिस्सा लेने के लिए चुना गया है। इस महत्वपूर्ण अध्ययन में स्कॉटलैंड सरकार और राष्ट्रीय स्वास्थ्य सेवा की ओर से स्कॉटलैंड में रहने वाले लोगों के स्वास्थ्य और जीवनशैलियों के संबंध में जानकारी एकत्र की जाती है। साक्षात्कार के आयोजन अथवा इसमें शामिल किसी अन्य जानकारी को स्पष्ट करने के लिए यदि आप दुभाषिण (इंटरप्रेटर) की व्यवस्था चाहते हैं तो आप जो भाषा बोलते हैं उस पर निशान लगाएं तथा आपसे सम्पर्क करने वाले व्यक्ति को अपना टेलीफोन नम्बर दे दें ताकि हम इसका प्रबन्ध कर सकें।

## Polish / Polski

Uprzejmie informujemy, że Pana/i gospodarstwo domowe wybrano do wzięcia udziału w ankiecie na temat zdrowia (Scottish Health Survey). Celem tego ważnego badania jest zebranie informacji na temat zdrowia i trybu życia mieszkańców Szkocji. Sondaż przeprowadzamy w imieniu szkockiego rządu i państwowej służby zdrowia (National Health Service). Jeżeli chciał(a)by Pan/i wziąć udział w ankiecie korzystając z pomocy tłumacza bądź uzyskać bliższe informacje na temat badania, proszę wskazać na karcie swój język ojczysty i podać urzędnikowi numer swojego telefonu, by można było umówić spotkanie, podczas którego obecny będzie tłumacz.

## Punjabi / ਪੰਜਾਬੀ

ਤੁਹਾਡੇ ਘਰਬਾਰ ਨੂੰ ਸਕੌਟਲੈਂਡ ਦੇ ਸੇਹਤ ਸਰਵੇ ਵਿੱਚ ਭਾਗ ਲੈਣ ਲਈ ਚੁਣਿਆ ਗਿਆ ਹੈ। ਇਹ ਮਹੱਤਵਪੂਰਨ ਅਧਿਐਨ ਸਕੌਟਲੈਂਡ ਦੀ ਸਰਕਾਰ ਅਤੇ ਨੈਸ਼ਨਲ ਹੈਲਥ ਸਰਵਿਸ ਦੀ ਤਰਫੋਂ ਸਕੌਟਲੈਂਡ ਵਿੱਚ ਰਹਿ ਰਹੇ ਲੋਕਾਂ ਦੀ ਸੇਹਤ ਅਤੇ ਰਹਿਣੀ ਬਹਿਣੀ ਬਾਰੇ ਜਾਣਕਾਰੀ ਇਕੱਤਰ ਕਰਦੀ ਹੈ। ਇੰਟਰਵਿਓ ਕਰਨ ਵਿੱਚ ਸਹਾਇਤਾ ਲਈ, ਜਾਂ ਜੇ ਕੁੱਝ ਇਸ ਵਿੱਚ ਸ਼ਾਮਲ ਹੋ ਬਾਰੇ ਵਧੇਰੇ ਜਾਣਕਾਰੀ ਦੇਣ ਲਈ, ਜੇ ਤੁਸੀਂ ਚਾਹੁੰਦੇ ਹੋ ਕਿ ਅਸੀਂ ਚੋਭਾਸ਼ੀਏ ਦਾ ਪ੍ਰਬੰਧ ਕਰੀਏ, ਤਾਂ ਕਿਰਪਾ ਕਰਕੇ ਜਿਹੜੀ ਭਾਸ਼ਾ ਤੁਸੀਂ ਬੋਲਦੇ ਹੋ ਉਸ ਵੱਲ ਇਸ਼ਾਰਾ ਕਰੋ ਅਤੇ ਜਿਹੜਾ ਵਿਅਕਤੀ ਤੁਹਾਡੇ ਘਰ ਆਇਆ ਹੈ ਉਸ ਨੂੰ ਆਪਣਾ ਟੈਲੀਫੋਨ ਨੰਬਰ ਦਿਓ ਤਾਂ ਕਿ ਅਸੀਂ ਇਸ ਦਾ ਪ੍ਰਬੰਧ ਕਰ ਸਕੀਏ।

## Turkish / Türkçe

Aileniz İskoç Sağlık Anketi'ne katılmak üzere seçilmiştir. Bu önemli çalışmada, İskoçya Hükümeti ve Ulusal Sağlık Hizmetleri adına, İskoçya'da yaşayan kişilerin sağlık durumları ve yaşam tarzları ile ilgili önemli bilgiler toplanmaktadır. Görüşmelerin yapılabilmesine yardımcı olması veya bu sürece dahil olan diğer noktaları açıklaması için bir tercüman ayarlamamızı istiyorsanız, lütfen konuştuğunuz dili belirtin ve sizi ziyaret eden kişiye telefon numaranızı verin; sizin için gerekli ayarlamaları yapacağız.

## Arabic / العربية

لقد وقع الاختيار عليك وعلى عائلتك للمشاركة في استبيان الصحة الاسكتلندي، وتقوم هذه الدراسة الهامة بجمع المعلومات لصالح الحكومة الاسكتلندية وهيئة الصحة الوطنية (NHS) وتتعلق بصحة ونمط وأسلوب حياة القاطنين في اسكتلندا. إذا كنت ترغب منا أن نرتب حضور مترجم لمساعدتك خلال هذه المقابلة أو لتوضيح المزيد عن أهداف ومغزى الاستبيان فالرجاء الإشارة إلى اللغة التي تتكلمها إلى الشخص الذي جاء لمنزلك لإجراء المقابلة و اكتب له رقم هاتفك لترتيب إجراء هذه المقابلة بحضور مترجم.

## Farsi / فارسی

خانواده شما برای شرکت در نظرسنجی سلامتی و بهداشت اسکاٹلند انتخاب شده است. در این تحقیق بسیار مهم از طرف دولت اسکاٹلند و سرویس ملی بهداشت، اطلاعاتی درباره سلامتی و شیوه های زندگی مردم ساکن اسکاٹلند جمع آوری می شود. اگر مایل هستید برای تان یک مترجم بیاوریم تا در انجام مصاحبه کمک کند، یا اطلاعات بیشتری درباره تحقیق به شما بدهد، لطفاً به نام زبانی که به آن صحبت می کنید اشاره کرده و شماره تلفن خود را به فردی که به آدرس شما مراجعه کرده است بدهید تا ترتیب این کار بدهیم.

## Urdu / اردو

سکاٹش ہیلتھ سروے میں حصہ لینے کے لئے آپ کے گھرانے کا انتخاب کیا گیا ہے۔ یہ ضروری تحقیق سکاٹش گورنمنٹ اور نیشنل ہیلتھ سروے کی جانب سے سکاٹ لینڈ میں رہائش پذیر لوگوں کی صحت اور طرز زندگی کے متعلق معلومات جمع کرتی ہے۔ اگر آپ چاہتے ہیں کہ ہم انٹرویو لینے یا اس میں شامل امور کی مزید وضاحت کرنے میں مدد کے لئے ایک انٹریویٹر (ترجمان) کا انتظام کریں تو براہ مہربانی جو زبان آپ بولتے ہیں اس کی طرف اشارہ کریں اور جو شخص آپ کے گھر تشریف لایا ہے اسے اپنا پتہ اور ٹیلیفون نمبر دے دیں تاکہ ہم اس کا انتظام کرسکیں۔

## AN ACCREDITED OFFICIAL STATISTICS PUBLICATION FOR SCOTLAND

The United Kingdom Statistics Authority has designated the Scottish Health Survey as Accredited Official Statistics in January 2010, in accordance with the Statistics and Registration Service Act 2007 and signifying compliance with the Code of Practice for Official Statistics.



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