

Lothian Public Health Survey 2023

This document provides a record of the questions asked in the survey in an easily readable format with the specifications for the web-mode of the survey.

A separate version of the questionnaire formatted for paper self-completion is used for that mode, but contains the same questions.

Questions are in the format:

- {ASK ALL}** ← routing on first line, curly brackets around the condition {ASK ALL} or {IF PdWrk = 2} followed by text description
- PdWrk** ← variable name on next line. Additional instructions: [FLIP SCALE] or [RANDOMISE] or [GRID] etc. see spec for examples
- “Did you do any paid work in the seven days ending Sunday...” ← question text/categories over remaining line, blank lines are ok
1. Yes ← all categories must be prefixed with a numeric and a full stop.
 1. Then 2. Then 3. Etc.
2. No

Contents

1.1	INTRODUCTION.....	4
	Intro0	4
	Intro1	5
2.1	ABOUT YOU.....	5
	Move	5
	NewAdd.....	5
	NewLA	5
	ScreenOut1	5
	Age	6
	ScreenOut2	6
	Sex.....	7
	Trans.....	7
	TransStat	7
	Ethn	8
	EthnW	8
	EthnM.....	8
	EthnAs	8
	EthnAf	8
	EthnCB.....	8
	EthnO	8
3.1	EXERCISE, DIET AND SMOKING	9
	Active	9
	Diet.....	9
	FoodIns.....	9
	Alc12M	9
	AlcDay	10

AlcBnge	10
Smoke.....	10
SmkSupp	11
SmkBarrs	11
4.1 WELL-BEING	12
LfeSat	12
WellB.....	12
WellB_Opt.....	12
WellB_Use.....	12
WellB_Relx	13
WellB_Prbs.....	13
Wlbb_Clear	13
WellB_Close	13
WellB_Mind	13
Lonely.....	14
SocSupp.....	14
5.1 YOUR HEALTH	15
Hlth.....	15
Hlth_Mob	15
Hlth_Self.....	15
Hlth_Usual.....	15
Hlth_Pain.....	16
Hlth_Depr.....	16
HlthScaleIntro	16
HlthScale	16
HlthCond	17
6.1 ACCESSING HEALTH SERVICES	18
HlthServ.....	18
Scrn	18
Scrn_Cerv	18
Scrn_Bwl.....	18
Scrn_Brst	19
Scrn_Diab	19
Scrn_AAA.....	19
Scrn_Preg	19
Scrn_NewB.....	19
ScrnBarrs	20
7.1 WHERE YOU LIVE.....	21
HouseQ.....	21
Comm.....	21
Crime.....	21
8.1 YOUR TIME	22
Caring	22
Employ	22
Unpaid.....	23
9.1 WORK AND EMPLOYMENT	24

NumJobs.....	24
JobSec	24
ZeroHrs.....	24
JobSat.....	25
WrkStress	25
10.1 CORONAVIRUS	26
HadCov	26
LongCov.....	26
Vaxed	26
NoVax.....	27
11.1 WATER FLUORIDATION.....	27
WaterFl.....	27
12.1 FINAL QUESTIONS ABOUT YOU.....	28
HHComp.....	28
Tenure.....	28
Quals	29
HghtUnit.....	29
HghtMet.....	29
HghtImp	30
WghtUnit.....	30
WghtMet.....	30
WghtImp	30
Income	30
FuelPov.....	31
13.1 PERMISSION TO RECONTACT	32
Recon	32
ReconDet.....	32
Name.....	32
ReconEm	32
ReconTel.....	33
FinalC.....	33

1.1 INTRODUCTION

{ASK ALL}

Intro0

Please enter your unique access code (it is the eight-character/digit code starting with 'DR' from the 'How to take part' section your letter) in the box below and click 'NEXT'.

If you are experiencing any problems logging in or other technical problems, then please get in touch using our contact details below:

Email: LPHS@scotcen.org.uk

Freephone: 0800 652 0601

More information, including a link to the privacy notice, is also available on the project website:

<https://natcen.ac.uk/s/lothian-public-health-survey-2023>

Click 'NEXT' to continue.

NOTE: IF THE RESPONDENT PRESSES THE 'STOP' BUTTON DURING THE INTERVIEW THEN THEY GET THE FOLLOWING TEXT:

You have stopped the survey by pressing the 'Stop' button. The answers to the questions have been saved.

We would be very grateful if you could finish the survey when you have time.

To do this now, please click this link, re-enter your access code and it will take you back to where you stopped.

To do this later please go to the survey home page (survey.natcen.ac.uk/LPHS), re-enter your access code and it will resume the survey where you stopped.

If you are having any problems with the survey, please contact us and we can help:

Email: LPHS@scotcen.org.uk

Freephone: 0800 652 0601

{ASK ALL}

Intro1

Thank you for taking the time to complete this survey. Your answers will help the NHS to improve the services we provide for people living in Lothian.

The survey should take 10-15 minutes to complete.

Your answers will be treated as strictly confidential. If you do not want to answer a question, you can move on to the next question.

Please tick the box below to indicate that you have read the information provided to you about the survey and are happy to proceed. Further information about the survey can be found at:

<https://services.nhsllothian.scot/LothianPublicHealthSurvey>

1. Continue

2.1 ABOUT YOU

{ASK ALL}

Move

Firstly, can we just check, is the address we sent the survey invitation letter to is your current address?

1. Yes, I am living at the address the letter was sent to
2. No, I have moved
3. Prefer not to answer

{IF Move = 2} (ASK IF MOVED)

NewAdd

Can we please take your new postcode? This is just so we can use it to analyse the survey data by different types of area.

1. ENTER POSTCODE
2. Don't know
3. Prefer not to answer

{IF NewAdd = 2, 3 or not EH or TD13 postcode} (ASK IF DON'T KNOW OR REFUSED NEW POSTCODE, or if postcode is not in the Lothians)

NewLA

Can you tell us which Local Authority you are now living in?

1. Edinburgh
2. East Lothian
3. Midlothian
4. West Lothian
5. Elsewhere
6. Don't know
7. Prefer not to answer

{IF NewLA = 5, 6 or 7} (ASK IF NOT LIVING IN EDINBURGH OR THE LOTHIAN)

ScreenOut1

Thank you for your time. The survey is only for those living in Edinburgh and the Lothians so we can plan for the future. **{End}**

{ASK ALL}

Age

Firstly, we would like to ask you a few questions about you to help us understand how health and wellbeing varies across different groups of people living in the Lothians.

What was your age last birthday?

(IF 97+ CODE AS 97.)

1. 0..123
2. Don't know
3. Prefer not to answer

{IF Age = 2 or 3} (ASK IF DON'T KNOW OR REFUSED AGE IN YEARS)

Ageband

Knowing your age would really help us understand how health is related to age.

Which of the following age groups best applies?

- 1 Under 16
- 2 16-24
- 3 25-34
- 4 35-44
- 5 45-54
- 5 55-64
- 6 65-74
- 7 75 or over
- 8 Don't know
- 9 Prefer not to answer

{IF Age<16 or AgeBand=1} (ASK IF UNDER 16 YEAR OLD)

AgeChk

You said that you are {#Age} years old. Can I just check is this correct?

1. Yes
2. No, I entered my age incorrectly

[IF AgeChk = 2, ask Age again]

{IF AgeChk = 1} (ASK IF UNDER 16 YEARS OLD)

ScreenOut2

Unfortunately, only those aged 16 or above are able to take part. Thank you for your time. **{End}**

{ASK ALL}

Sex

What is your sex?

(Select one option only)

HELP: How do I answer this question? If you are transgender the answer you give can be different from what is on your birth certificate. You do not need a Gender Recognition Certificate (GRC). If you are non-binary or you are not sure how to answer, you could use the sex registered on your official documents, such as your passport. A voluntary question about trans status or history will follow. You can respond as non-binary at that question.

1. Female
2. Male
3. Don't know
4. Prefer not to answer

{ASK ALL}

Trans

Do you consider yourself to be trans, or have a trans history?

Trans is a term used to describe people whose gender is not the same as the sex they were registered at birth.

(Select one option only)

HELP: How do I answer this question? If your gender is the same as the sex you were registered at birth and you do not consider yourself to be trans or have a trans history, tick 'No'. If you consider yourself to be trans or have a trans history, tick 'Yes' and you can write in the term you use to describe your trans status. **Why is this question asked?** *As there is little data on the size and location of the trans population in the Lothian area, your answer to this question allows NHS Lothian to plan and design services. It is also used for equality monitoring.*

1. No
2. Yes
3. Don't know
4. Prefer not to answer

{IF Trans = 2} (ASK IF TRANS OR TRANS HISTORY)

TransStat

Please describe your trans status:

1. Non-binary
2. Trans man
3. Trans woman
4. Other (please write in) _____
5. Don't know
6. Prefer not to answer

{ASK ALL}

Ethn

What is your ethnic group?

1. White
2. Mixed or multiple ethnic groups
3. Asian, Scottish Asian or British Asian
4. African, Scottish African or British African
5. Caribbean or Black
6. Other ethnic group
7. Don't know
8. Prefer not to answer

{IF ethn=1}

EthnW

1. Scottish
2. Other British
3. Irish
4. Polish
5. Gypsy/Traveller
6. Roma
7. Showman / Showwoman
8. Other white ethnic group (please write in) _____

{IF ethn=2}

EthnM

1. Any mixed or multiple ethnic groups (please write in) _____

{IF ethn=3}

EthnAs

1. Pakistani, Scottish Pakistani or British Pakistani
2. Indian, Scottish Indian or British Indian
3. Bangladeshi, Scottish Bangladeshi or British Bangladeshi
4. Chinese, Scottish Chinese or British Chinese
5. Other (please write in) _____

{IF ethn=4}

EthnAf

1. Please write in (for example, Nigerian, Somali) _____

{IF ethn=5}

EthnCB

1. Please write in _____

{IF ethn=6}

EthnO

1. Arab, Scottish Arab or British Arab
2. Other (please write in (for example, Sikh, Jewish) _____

3.1 EXERCISE, DIET AND SMOKING

{ASK ALL}

Active

Now thinking about your health and lifestyle ...

In the past 7 days, how much time did you spend doing physical activity which was enough to raise your breathing rate? For example, brisk walking, cycling, housework, gardening, playing sports, doing an exercise class, etc.

1. Not at all in the last 7 days
2. Less than half an hour
3. Between half an hour and 1 hour
4. Over 1 hour up to 1 ½ hours
5. Over 1 ½ hours up to 2 hours
6. Over 2 hours up to 2 ½ hours
7. More than 2 ½ hours
8. Don't know
9. Prefer not to answer

{ASK ALL}

Diet

How many portions of fruit or vegetables do you eat in a typical day (fresh, frozen, canned or dried)? Examples of a portion size are: 1 cereal bowl of salad; or 3 tablespoons of vegetables; or 1 medium sized apple; or 2 plums.

1. None
2. 1 portion
3. 2 portions
4. 3 portions
5. 4 portions
6. 5 portions or more
7. Don't know
8. Prefer not to answer

{ASK ALL}

FoodIns

During the last 12 months, was there a time when you were worried you would run out of food because of a lack of money or resources?

1. Yes
2. No
3. Don't know
4. Prefer not to answer

{ASK ALL}

Alc12M

In the last 12 months, how often have you had a drink containing alcohol?

1. Never
2. Monthly
3. Two to four times a month
4. Two to three times a week
5. Four or more times a week
6. Don't know
7. Prefer not to answer

{IF Alc12M > 1} (ASK IF DRANK ALCOHOL IN THE LAST 12 MONTHS)

AlcDay

How many standard drinks containing alcohol do you have on a typical day when you are drinking?

(A standard drink is half a pint of beer, a single measure of spirits or a small glass of wine.)

1. One or two
2. Three or four
3. Five or six
4. Seven, eight, or nine
5. Ten or more
6. Don't know
7. Prefer not to answer

{IF Alc12M > 1} (ASK IF DRANK ALCOHOL IN THE LAST 12 MONTHS)

AlcBnge

Thinking about your drinking in the last 12 months, how often do you have six or more drinks on one occasion?

1. Never
2. Less than monthly
3. Monthly
4. Weekly
5. Daily or almost daily
6. Don't know
7. Prefer not to answer

{ASK ALL}

Smoke

Do you smoke or vape nowadays?

(Select all that apply)

1. Yes: cigarettes or roll-ups (not including e-cigarettes)
2. Yes: cigars
3. Yes: a pipe
4. Yes: Heat-not-burn cigarette (e.g. IQOS with HEETS, heatsticks)
5. Yes: an e-cigarette or vaping device
6. No **[EXCLUSIVE]**
7. Don't know **[EXCLUSIVE]**
8. Prefer not to answer **[EXCLUSIVE]**

{IF Smoke = 1-5} (ASK IF SMOKES OR VAPES)

SmkSupp

During the past 12 months, have you used any of the following to help you stop smoking?

(Select all that apply).

1. Nicotine replacement products (e.g. gum, patches, mouth or nasal spray, inhalator, lozenges, microtabs)
2. Medication (e.g. Champix, Varenicline, Zyban, Bupropion)
3. e-cigarettes or vaping devices
4. Support over the phone
5. Support via online chat
6. An in-person support group
7. 1 to 1 in-person support (e.g. from a GP or pharmacy)
8. Self-help (e.g. a mobile phone app, book, podcast etc.)
9. Alternative medicine (e.g. acupuncture, hypnotherapy)
10. Other *(please write in)* _____
11. None of the above **[EXCLUSIVE]**
12. Don't know **[EXCLUSIVE]**
13. Prefer not to answer **[EXCLUSIVE]**

{IF Smoke = 1-5} (ASK IF SMOKES OR VAPES)

SmkBarrs

Have any of the following prevented you from accessing support to help you stop smoking?

(Select all that apply).

1. I do not know who to ask for support
2. I feel uncomfortable or embarrassed
3. I have tried in the past and found it didn't work for me
4. It is difficult to find the time/I am too busy
5. It is difficult for me to access support because of mobility or accessibility issues
6. In-person support is not at a convenient place or time
7. I don't know what free services are available/I am concerned about the cost
8. I do not want to stop smoking
9. Other *(please write in)* _____
10. Don't know **[EXCLUSIVE]**
11. Prefer not to answer **[EXCLUSIVE]**

4.1 WELL-BEING

{ASK ALL}

LfeSat

Now we'd like to ask some questions about your wellbeing and how you have been feeling.

Overall, how satisfied are you with your life nowadays?

1. 0 - not at all
2. 1
3. 2
4. 3
5. 4
6. 5
7. 6
8. 7
9. 8
10. 9
11. 10 – completely
12. Don't know
13. Prefer not to answer

{ASK ALL}

WellB

Below are some statements about feelings and thoughts. Please select the option that best describes your experience of each over the last 2 weeks.

WellB_Opt

1. I've been feeling optimistic about the future

1. None of the time
2. Rarely
3. Some of the time
4. Often
5. All of the time
6. Don't know
7. Prefer not to answer

WellB_Use

2. I've been feeling useful

1. None of the time
2. Rarely
3. Some of the time
4. Often
5. All of the time
6. Don't know
7. Prefer not to answer

WellB_Relx

3. I've been feeling relaxed

1. None of the time
2. Rarely
3. Some of the time
4. Often
5. All of the time
6. Don't know
7. Prefer not to answer

WellB_Prbs

4. I've been dealing with problems well

1. None of the time
2. Rarely
3. Some of the time
4. Often
5. All of the time
6. Don't know
7. Prefer not to answer

Wlbb_Clear

5. I've been thinking clearly

1. None of the time
2. Rarely
3. Some of the time
4. Often
5. All of the time
6. Don't know
7. Prefer not to answer

WellB_Close

6. I've been feeling close to other people

1. None of the time
2. Rarely
3. Some of the time
4. Often
5. All of the time
6. Don't know
7. Prefer not to answer

WellB_Mind

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

1. None of the time
2. Rarely
3. Some of the time
4. Often
5. All of the time
6. Don't know
7. Prefer not to answer

{ASK ALL}

Lonely

How much of the time during the past week have you felt lonely?

1. None or almost none of the time
2. Some of the time
3. Most of the time
4. All or almost all of the time
5. Don't know
6. Prefer not to answer

{ASK ALL}

SocSupp

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

1. 0
2. 1-2
3. 3-5
4. 6-9
5. 10+
6. Don't know
7. Prefer not to answer

5.1 YOUR HEALTH

{ASK ALL}

Hlth

Now thinking about your physical and mental health ...

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

1. Very good
2. Good
3. Fair
4. Bad
5. Very bad
6. Don't know
7. Prefer not to answer

{ASK ALL}

Hlth_Mob

Please select the ONE that best describes your health TODAY.

MOBILITY

1. I have no problems in walking about
2. I have slight problems in walking about
3. I have moderate problems in walking about
4. I have severe problems in walking about
5. I am unable to walk about

{ASK ALL}

Hlth_Self

Please select the ONE that best describes your health TODAY.

SELF-CARE

1. I have no problems washing or dressing myself
2. I have slight problems washing or dressing myself
3. I have moderate problems washing or dressing myself
4. I have severe problems washing or dressing myself
5. I am unable to wash or dress myself

{ASK ALL}

Hlth_Usual

Please select the ONE that best describes your health TODAY.

USUAL ACTIVITIES (*e.g. work, study, housework, family or leisure activities*)

1. I have no problems doing my usual activities
2. I have slight problems doing my usual activities
3. I have moderate problems doing my usual activities
4. I have severe problems doing my usual activities
5. I am unable to do my usual activities

{ASK ALL}

Hlth_Pain

Please select the ONE that best describes your health TODAY.

PAIN / DISCOMFORT

1. I have no pain or discomfort
2. I have slight pain or discomfort
3. I have moderate pain or discomfort
4. I have severe pain or discomfort
5. I have extreme pain or discomfort

{ASK ALL}

Hlth_Depr

Please select the ONE that best describes your health TODAY.

ANXIETY / DEPRESSION

1. I am not anxious or depressed
2. I am slightly anxious or depressed
3. I am moderately anxious or depressed
4. I am severely anxious or depressed
5. I am extremely anxious or depressed

{ASK ALL}

HlthScaleIntro

Please be aware that the next question may take a few moments to load.

{ASK ALL}

HlthScale

We would like to know how good or bad your health is TODAY.

You will see a scale numbered from 0 and 100.

100 means the best health you can imagine.

0 means the worst health you can imagine.

Please indicate on the scale how your health is TODAY.

NUMERIC: 0..100

{ASK ALL}

HlthCond

Do you have any of the following, which have lasted or are expected to last, at least 12 months?

(Select all that apply).

1. Deafness or partial hearing loss
2. Blindness or partial sight loss
3. Full or partial loss of voice or difficulty speaking (a condition that requires you to use equipment to speak)
4. Learning disability (a condition that you have had since childhood that affects the way you learn, understand information and communicate)
5. Learning difficulty (a specific learning condition that affects the way you learn and process information)
6. Developmental disorder (a condition that you have had since childhood which affects motor, cognitive, social and emotional skills, and speech and language)
7. Physical disability (a condition that substantially limits one or more basic physical activities such as walking, climbing stairs, lifting or carrying)
8. Mental health condition (a condition that affects your emotional, physical and mental wellbeing)
9. Long-term illness, disease or condition (a condition, not listed above, that you may have for life, which may be managed with treatment or medication)
10. Other condition (please write in) _____
11. None of the above **[EXCLUSIVE]**
12. Don't know **[EXCLUSIVE]**
13. Prefer not to answer **[EXCLUSIVE]**

6.1 ACCESSING HEALTH SERVICES

{ASK ALL}

HlthServ

We would now like to ask you about your access to and experiences of health services in the Lothians.

During the past 12 months have you used any of the following for advice or treatment for your own health? Please include phone, online or video appointments.

(Select all that apply).

1. Dentist
2. Pharmacy (not including for a vaccination)
3. Contacted/used NHS Inform or NHS 24 (111)
4. General Practice doctor appointment (not including for a vaccination)
5. An appointment with a nurse based at a General Practice
6. Home visit from a doctor, nurse, or midwife
7. An optician/optometrist appointment
8. A physiotherapy appointment
9. Hospital appointment, not including an overnight stay
10. Hospital appointment including an overnight stay
11. Accident and emergency or ambulance
12. An appointment/session with a mental health professional
13. None of the above **[EXCLUSIVE]**
14. Don't know **[EXCLUSIVE]**
15. Prefer not to answer **[EXCLUSIVE]**

{ASK ALL}

Scrn

Depending on your age, sex, and medical history, you may have been invited to participate in screening run by the NHS. Have you been invited to take part in any of the following?

{IF NOT Sex = 2 and Trans = 1, ask all}

Scrn_Cerv

Cervical screening, in the last 5 years

1. Invited and took part
2. Invited and intend to take part
3. Invited but did not take part
4. Not invited
5. Don't know/Prefer not to answer
6. Not applicable

{ASK ALL}

Scrn_Bwl

Bowel screening, in the last 5 years

1. Invited and took part
2. Invited and intend to take part
3. Invited but did not take part
4. Not invited
5. Don't know/Prefer not to answer

{IF NOT Sex = 2 and Trans = 1, ask all}

Scrn_Brst

Breast screening, in the last 5 years

1. Invited and took part
2. Invited and intend to take part
3. Invited but did not take part
4. Not invited
5. NOT APPLICABLE
6. Don't know/Prefer not to answer

{ASK ALL}

Scrn_Diab

Diabetic eye screening, in the last 5 years

1. Invited and took part
2. Invited and intend to take part
3. Invited but did not take part
4. Not invited
5. Don't know/Prefer not to answer

{ASK ALL}

Scrn_AAA

Abdominal aortic aneurysm (AAA) screening, in the last 5 years

1. Invited and took part
2. Invited and intend to take part
3. Invited but did not take part
4. Not invited
5. Don't know/Prefer not to answer

{IF NOT Sex = 2 and Trans = 1, ask all}

Scrn_Preg

Pregnancy screening (blood tests and ultrasound scans) in the last 5 years

1. Invited and took part
2. Invited and intend to take part
3. Invited but did not take part
4. Not invited
5. NOT APPLICABLE
6. Don't know/Prefer not to answer

{ASK ALL}

Scrn_NewB

If you are/were the parent or carer of a new-born baby in the last 5 years, did they have a new-born hearing test and/or bloodspot/heel-prick test?

1. Invited and took part
2. Invited and took part
3. Invited but did not take part
4. Not invited
5. NOT APPLICABLE
6. Don't know/Prefer not to answer

{ASK ALL}

ScrnBarrs

Please tell us what, if anything, has prevented you from participating in any of these screening programmes?

If you nothing has prevented from attending, please select the first answer.

(Select all that apply).

1. I HAVEN'T BEEN PREVENTED FROM ATTENDING **[EXCLUSIVE]**
2. It is too difficult to book an appointment
3. It is difficult to get an appointment at a convenient time
4. My appointment was cancelled
5. I have caring responsibilities that prevented me from attending
6. It is difficult to get time off work to attend/I am too busy
7. It is difficult for me to arrange transport/find parking nearby
8. The appointment location was too difficult to get to
9. It is difficult for me to participate because of mobility or accessibility issues
10. I feel uncomfortable or embarrassed about taking part
11. I am worried about what the doctor might find
12. I am worried about being examined by someone of the opposite sex
13. I am concerned about catching coronavirus (COVID-19)
14. My partner or other family member discouraged me
15. I don't see the need for screening
16. Other *(please write in)* _____
17. Don't know **[EXCLUSIVE]**
16. Prefer not to answer **[EXCLUSIVE]**

7.1 WHERE YOU LIVE

{ASK ALL}

HouseQ

We would now like to ask some questions about where you live.

Overall, how do you rate the general condition of the accommodation you live in?

1. Very good
2. Fairly good
3. Average/alright
4. Fairly poor
5. Very poor
6. Don't know
7. Prefer not to answer

{ASK ALL}

Comm

Thinking about the neighbourhood you live in, how would you rate it as a place to live?

1. Very good
2. Fairly good
3. Fairly poor
4. Very poor
5. Don't know
6. Prefer not to answer

{ASK ALL}

Crime

How safe would you feel walking alone in your neighbourhood after dark?

1. Very safe
2. Fairly safe
3. A bit unsafe
4. Very unsafe
5. Don't know
6. Prefer not to answer

8.1 YOUR TIME

{ASK ALL}

Caring

Now thinking about work and other commitments you may have ...

Do you look after, or give any help or support to family members, friends, neighbours or others because of long-term physical / mental ill-health / disability or problems related to old age?

Do not count anything you do as part of your paid employment

1. No
2. Yes, up to 4 hours a week
3. Yes, 5 to 19 hours a week
4. Yes, 20 to 34 hours a week
5. Yes, 35 to 49 hours a week
6. Yes, 50 or more hours a week
7. Don't know
8. Prefer not to answer

{ASK ALL}

Employ

In the last 7 days, have you done any of the following, even if only for one hour?

(select all that apply):

Note: if you are away from work ill, on maternity leave or on holiday leave this counts as temporarily away. If you are temporarily laid off but still have an employment contract, this also counts as temporarily away. If you have been laid off and no longer have an employment contract then select 'None of the above'.

1. Working as a full-time employee (30 hours or more per week) (or temporarily away)
2. Working as a part time employee (fewer than 30 hours per week) (or temporarily away)
3. On a Government sponsored training scheme (or temporarily away)
4. Self-employed or freelance (or temporarily away)
5. Working unpaid for own or family's business (or temporarily away)
6. Doing any other kind of paid work (or temporarily away)
7. None of the above **(EXCLUSIVE)**
8. Don't know **(EXCLUSIVE)**
9. Prefer not to answer **(EXCLUSIVE)**

{IF Employ = 7} (ASK IF DOING NONE OF LISTED THINGS AT Employ)

Unpaid

If you were not in paid employment in the last 4 weeks, what was the main reason?

1. Waiting for the results of an application for a job/being assessed by a training agent
2. Unemployed and looking for work
3. Student or school pupil
4. Looking after family/home
5. Unpaid carer
6. Long-term sick or disabled
7. Believe no jobs are available
8. Unemployed and not looking for work
9. Do not need or want employment
10. Retired from paid work
11. Any other reason
12. Don't know
13. Prefer not to answer

9.1 WORK AND EMPLOYMENT

This section is asked of respondents who, in the last 7 days (Employ) have been:

- Working as an employee (full or part-time) (codes 1 or 2 at Employ)
- Self-employed (code 4 at Employ)
- Doing any other kind of paid work (code 6 at Employ)

{IF Employ = 1, 2, 4 or 6} (ASK IF IN PAID WORK OR SELF-EMPLOYED)

NumJobs

How many paid jobs did you have in the week ending last Sunday?

OPEN-NUMERIC

1. 1
2. 2
3. 3
4. 4
5. 5 or more
6. Don't know
7. Prefer not to answer

{IF Employ = 1 or 2} (ASK IF IN PAID EMPLOYMENT)

JobSec

Leaving aside your own personal intentions and circumstances, is your main job...?

By 'main' we mean the job you consider to be your main job if you have more than one and/or the one you spend the most time working in.

1. Permanent
2. Temporary (e.g. casual or seasonal work, a fixed-term contract, employed through an employment agency)
3. Don't know
4. Prefer not to answer

{IF Employ = 1, 2, 4 or 6} (ASK IF IN PAID EMPLOYMENT, SELF-EMPLOYED OR DOING OTHER PAID WORK)

ZeroHrs

Are you employed on a zero hours contract in your main job? (i.e., one where you are not guaranteed any work or a minimum number of hours)

1. Yes
2. No
3. Don't know
4. Prefer not to answer

{IF Employ= 1, 2, 4 or 6} (ASK IF IN PAID EMPLOYMENT, SELF-EMPLOYED OR DOING OTHER PAID WORK)

JobSat

Overall, how satisfied are you with your main job?

1. Very dissatisfied
2. Dissatisfied
3. Not sure
4. Satisfied
5. Very satisfied
6. Don't know
7. Prefer not to answer

{IF Employ= 1, 2, 4 or 6} (ASK IF IN PAID EMPLOYMENT, SELF-EMPLOYED OR DOING OTHER PAID WORK)

WrkStress

In general, how do you find your main job?

1. Not at all stressful
2. Mildly stressful
3. Moderately stressful
4. Very stressful
5. Extremely stressful
6. Don't know
7. Prefer not to answer

10.1 CORONAVIRUS

{ASK ALL}

HadCov

We would now like to ask some health questions related to coronavirus or COVID-19.

Have you had coronavirus (COVID-19)?

If you have tested positive for coronavirus (COVID-19) on more than one occasion, please answer based on your most recent experience.

1. Yes, tested positive and recovered
2. Yes, tested positive and still unwell
3. Suspected, but have never tested positive
4. No, not as far as I am aware
5. Don't know
6. Prefer not to answer

{IF HadCov = 1 – 3} (ASK IF HAD OR SUSPECTED COVID)

LongCov

Have you ever experienced coronavirus (COVID-19) symptoms for more than 4 weeks, which are not explained by something else? e.g. cough, shortness of breath, extreme tiredness, changes to sense of taste or smell, muscle and joint pain, low mood, 'brain fog', loss of concentration or memory.

1. Yes, for 4 to 12 weeks (one to three months)
2. Yes, for more than 12 weeks (three months)
3. No
4. Don't know
5. Prefer not to answer

{ASK ALL}

Vaxed

Have you received at least one coronavirus (COVID-19) vaccination?

1. Yes
2. No, but I am planning to have the vaccine
3. No, I do not want the vaccine
4. No, I have not been offered the vaccine
5. Don't know
6. Prefer not to answer

{IF Vaxed = 3} (ASK IF DO NOT WANT VACCINE)

NoVax

What is the reason you do not want the vaccine?

(select all that apply)

1. I am worried about side effects of the vaccine
2. I don't trust vaccines
3. I believe I am unlikely to become seriously unwell with the virus
4. I believe the impact of the coronavirus is being greatly exaggerated
5. I don't think it would be effective at stopping me catching the coronavirus
6. I have a condition which would make it unsafe for me
7. Other (please write in)
8. Don't know **[Exclusive]**
9. Prefer not to answer **[Exclusive]**

11.1 WATER FLUORIDATION

{ASK ALL}

WaterFl

There is strong recent evidence and support from UK Chief Medical Officers that adding fluoride to water supplies will help reduce tooth decay. This question is only intended to explore your attitude towards this. The issue would be subject to formal public consultation before any future decisions were taken.

Do you agree or disagree with the following statement?

I am open to the possibility of water fluoridation in my local area.

1. Agree
2. Neither agree nor disagree
3. Disagree
4. Don't know what water fluoridation is
5. Prefer not to answer

12.1 FINAL QUESTIONS ABOUT YOU

{ASK ALL}

HHComp

Finally, some more questions about you that will help us to understand the health and wellbeing of different people living in the Lothians.

Thinking about the address you live at all or most of the time, how many people (including yourself) live there as their main home?

1. ___ adults (aged 18 years or over)
2. ___ children aged 14-17 years
3. ___ children aged 0-13 years
4. Don't know
5. Prefer not to answer

{ASK ALL}

Tenure

In which of these ways does your household occupy the house/flat you live in?

1. Buying with mortgage/loan
2. Own it outright
3. Part rent/part mortgage
4. Rent from a private landlord or letting agency
5. Rent from the Council
6. Rent from a Housing Association / Housing co-operative or charitable trust (including Scottish Homes)
7. Living here rent free
8. Other
9. Don't know
10. Prefer not to answer

{ASK ALL}

Quals

Which of these qualifications do you have?

Tick *all* that apply.

1. O Grade, Standard Grade, National 3, 4, or 5, Intermediate 1 or 2, GCSE, CSE or equivalent
2. Higher, Advanced Higher, SCE Higher Grade, CSYS, A Level, AS Level or equivalent
3. Apprenticeship (trade or equivalent)
4. Apprenticeship (Foundation or equivalent)
5. Apprenticeship (Modern or equivalent)
6. Apprenticeship (Graduate or equivalent)
7. GSVQ Foundation or Intermediate, SVQ level 1 or 2, SCOTVEC Module, City and Guilds Craft or equivalent
8. GSVQ Advanced, SVQ level 3, ONC, OND, SCOTVEC National Diploma, City and Guilds Advanced Craft or equivalent
9. HNC, HND, SVQ level 4 or equivalent
10. Other school qualifications not already mentioned (including foreign qualifications)
11. Other post-school but pre-Higher Education qualifications not already mentioned (including foreign qualifications)
12. Degree, postgraduate qualifications, Masters, PhD, SVQ level 5 or equivalent
13. Professional qualifications (for example, teaching, nursing, accountancy)
14. Other Higher Education qualifications not already mentioned (including foreign qualifications)
15. No qualifications
16. Don't know
17. Prefer not to answer

{ASK ALL}

HghtUnit

We would like to know how tall you are. Would you prefer to tell us your height in metres and centimetres or feet and inches?

1. Metres and centimetres
2. Feet and inches
3. I don't know my height
4. I'd prefer not to give my height

{IF HghtUnit=1} (METRIC)

HghtMet

What is your height without shoes?

Please enter a number in each box. If you are unsure, please give your best estimate.

1. ___ m ___ cm

{IF HghtUnit=2} (IMPERIAL)

HghtImp

What is your height without shoes?

Please enter a number in each box. If you are unsure, please give your best estimate.

1. ___ ft ___ in

{ASK ALL}

WghtUnit

We would like to know how much you weigh. Would you prefer to tell us your weight in kilograms or stones and pounds?

1. Kilograms
2. Stones and pounds
3. I don't know my weight
4. I'd prefer not to give my weight

{IF WghtUnit=1} (METRIC)

WghtMet

How much do you weigh? If you are unsure, please give your best estimate.

18. ___ kg

{IF WghtUnit=2} (IMPERIAL)

WghtImp

How much do you weigh? Please enter a number in each box. If you are unsure, please give your best estimate.

1. ___ st ___ lbs

{ASK ALL}

Income

What is your household's total income from all sources over the last 12 months (before tax)? Please include earnings, benefits or tax credits, pension and any other income.

1. Less than £5,200
2. £5,200 to £10,399
3. £10,400 to £15,599
4. £15,600 to £20,799
5. £20,800 to £25,999
6. £26,000 to £36,399
7. £36,400 to £51,999
8. £52,000 to £77,999
9. £78,000 to £103,999
10. £104,000 or more
11. Don't know
12. Prefer not to answer

{ASK ALL}

FuelPov

During the last 12 months, was there a time when you felt unable to heat your home or cook food, because of a lack of money or resources?

1. Yes
2. No
3. Don't know
4. Prefer not to answer

13.1 PERMISSION TO RECONTACT

{ASK ALL}

Recon

Researchers working for or on behalf of NHS Lothian may wish to speak to some people in more detail to get a fuller picture of the health and wellbeing of people living in the Lothians.

If you agree to be recontacted, you will be given more details about the specific research being undertaken at the time you are contacted and you will be free to change your mind at that time if you wish to.

If you agree to be recontacted, your contact details will be held for up to five years before being securely destroyed. Your details will be stored securely by the research team at NHS Lothian and only shared with approved researchers working on their behalf for the purposes of this research. Your contact details will be stored securely, separate from the results of the survey and only shared with the organisation undertaking the research for the purposes of inviting you to take part.

Are you happy to be contacted for this follow up research?

1. Yes
2. No

{IF Recon = 1} (ASK IF WILLING TO BE RECONTACTED)

ReconDet

It is important that we have the correct details for you.

Is your name correct on the letter we sent you?

1. Yes
2. No

{IF ReconDet = 2}

Name

Can you please provide us with your name?

1. Title _____
2. First name _____
3. Surname _____

{IF Recon = 1} (ASK IF WILLING TO BE RECONTACTED)

ReconEm

What is your email address so we can contact you directly about the follow up research if we need to?

Note that your email address will only be used to contact you as part of this research.

Please enter your email below:

OPEN FREETEXT

{IF ReconHow = 1 or 3} (ASK IF WILLING TO BE RECONTACTED BY TELEPHONE)

ReconTel

What is the best phone number to contact you on? Your phone number will only be used to contact you as part of this research.

OPEN 2

{ASK ALL}

FinalC

Thank you for taking the time to complete our survey. We value the information you have provided.

Please now close this browser window.

[DOC ENDS]