

Series 10 - Health Education Population Survey (Scotland)

Description: NHS Health Scotland is committed to measuring the effectiveness of its activities and commissions research to provide reliable evaluation evidence and to inform the development of programmes. As part of this research programme, NHS Health Scotland commissioned BMRB to conduct the second Health Education Population Survey every March and September until September 2005 (ten waves in total).

#10:101 – Health Education Population Survey (Scotland) 1996-99

Universe: Adults aged 16-74 in Scotland (mainland only).

Sample size: 903 (wave 1); 907 (wave 2); 893 (wave 3); 902 (wave 4); 901 (wave 5); 893 (wave 6); 880 (wave 7).

Methods: Face-to-face interview.

Sample: One-stage cluster sample drawn from the Postcode Address File; weighting used: multiple occupancy indicator, by household size, demographic.

Fieldwork: March-May 1991 (wave 1); October-December 1996 (wave 2); March-May 1997 (wave 3); October-December 1997 (wave 4); March-May 1998 (wave 5); October-December 1998 (wave 6); March-May 1999 (wave 7).

Geography: Communities (Scotland); Health Boards; Postcode Sector.

Access: SN 4949.

Alcohol consumption

Consumption: beverage-specific volume and frequency (12mth frequency measure, 7 day beverage-specific volume).

Single occasion: binge-drinking (Number of times respondent drank a certain number of units in the past month).

Other drinking

- Status (Lifetime, 7day)
- Self-perceived drinking (Which

description of the amount people drink fits respondent best)

- Trying to cut down (Whether in the past year respondent has tried to cut down the amount of alcohol they drink, even for a short time, to improve their health; whether respondent was able to maintain this lifestyle change; main difficulty in cutting down how much they drink; whether respondent would like to make this lifestyle change; whether respondent is thinking of making this change in the next 6mths (if respondent said they would like to make the change))

Other alcohol variables

- Knowledge of alcohol and health (whether heard of measuring alcohol in units, how many units in a normal strength beer or lager, knows the ways in which the recommended limits have recently changed, number of units thinks is the current recommended weekly limit for men and women (separately), whether respondent knows what the old limit was)
- Cause of harm - health ((i) alcohol as amongst the three things that could have the most effect upon their own health in the long term and (separately) to keep blood pressure down; (ii) stopping/limiting drinking's importance in reducing the risk of heart disease; (iii) whether illegal drugs do less harm to

your health than drinking or smoking)

Health status and behaviour:

- Mental health (High)
- Self-reported health (High)
- Smoking (High)
- Drugs (High)
- Diet (High)
- Fitness (High, including knowledge and attitudes on physical activity sections)
- Sexual behaviour (Medium)
- Sexual health (High)

Other variables

- Socialising (Low)
- Leisure (Low)
- Caring (Low)
- Personality (High)
- Political opinions (High)

Demographics

- Material quality of life (Medium)
- Income (Medium)
- Household type/composition (High)
- Finances/taxes/benefits (Low)
- Employment (High)
- Education (Medium)

#10:102 – Health Education Population Survey (Scotland) 2001

Universe: Adults aged 16-74 in Scotland (mainland only).

Sample size: 858 (wave 1); 899 (wave 2).

Methods: Face-to-face interview.

Sample: One-stage cluster sample drawn from the Postcode Address File; weighting used: multiple occupancy indicator, by household size, demographic.

Fieldwork: 5th March to 3rd June 2001 (wave 1); 3rd September to 18th November 2001 (wave 2).

Geography: Communities (Scotland); Health Boards; Postcode Sector.

Access: SN 4950.

Alcohol consumption

Consumption: beverage-specific volume and frequency (12mth frequency measure, 7 day beverage-specific volume).

Single occasion: binge-drinking (Number of times respondent drank a certain number of units in the past month).

Other drinking

- Status (Lifetime, 7day)
- Self-perceived drinking (Which

description of the amount people drink fits respondent best)

- Trying to cut down (Whether in the past year respondent has tried to cut down the amount of alcohol they drink, even for a short time, to improve their health; whether respondent was able to maintain this lifestyle change; whether respondent would like to make this lifestyle change; whether respondent is thinking of making this change in the next 6mths (if respondent said they would like to make the change))

Other alcohol variables

- Knowledge of alcohol and health (whether heard of measuring alcohol in units, knowledge of current recommended weekly and daily (separately) limits for alcohol consumption for men/women)
- Cause of harm - health ((i) alcohol as amongst the three things that could have the most effect upon their own health in the long term and (separately) to keep blood pressure down; (ii) stopping/limiting drinking's importance in reducing the risk of heart disease; (iii) whether illegal drugs do less harm to your health than drinking or smoking)

Health status and behaviour:

- Mental health (High)
- Self-reported health (High)
- Smoking (High)
- Drugs (High)
- Diet (High)
- Fitness (High, including knowledge and attitudes on physical activity sections)
- Sexual behaviour (Medium)
- Sexual health (High)

Other variables

- Socialising (Low)
- Leisure (Low)
- Caring (Low)
- Personality (High)
- Political opinions (Low)

Demographics

- Material quality of life (Medium)
- Income (Medium)
- Household type/composition (High)
- Finances/taxes/benefits (Low)
- Employment (High)
- Education (Medium)

#10:103 – Health Education Population Survey (Scotland) 2002

Universe: Adults aged 16-74 in Scotland (mainland only).

Sample size: 893 (wave 3); 849 (wave 4).

Methods: Face-to-face interview.

Sample: One-stage cluster sample drawn from the Postcode Address File; weighting used: multiple occupancy indicator, by household size, demographic.

Fieldwork: 3rd March to 20th June 2002 (wave 3); 2nd September to 6th November 2002 (wave 4).

Geography: Health Boards; Postcode Sector.

Access: SN 4951.

Alcohol consumption

Consumption: beverage-specific volume and frequency (12mth frequency measure, 7 day beverage-specific volume).

Single occasion: binge-drinking (Number of times respondent drank a certain number of units in the past month).

Other drinking

- Status (Lifetime, 7day)
- Self-perceived drinking (Which

description of the amount people drink fits respondent best)

- Trying to cut down (Whether in the past year respondent has tried to cut down the amount of alcohol they drink, even for a short time, to improve their health; whether respondent was able to maintain this lifestyle change; whether respondent would like to make this lifestyle change; whether respondent is thinking of making this change in the next 6mths (if respondent said they would like to make the change))

Other alcohol variables

- Knowledge of alcohol and health (whether heard of measuring alcohol in units, knowledge of current recommended weekly and daily (separately) limits for alcohol consumption for men/women)
- Cause of harm - health ((i) alcohol as amongst the three things that could have the most effect upon their own health in the long term and (separately) to keep blood pressure down; (ii) stopping/limiting drinking's importance in reducing the risk of heart disease; (iii) whether illegal drugs do less harm to your health than drinking or smoking)

Health status and behaviour:

- Mental health (High)
- Self-reported health (High)
- Smoking (High)
- Drugs (High)
- Diet (High)
- Fitness (High, including knowledge and attitudes on physical activity sections)
- Sexual behaviour (Medium)
- Sexual health (High)

Other variables

- Socialising (Low)
- Leisure (Low)
- Caring (Medium)
- Personality (High)
- Political opinions (High)

Demographics

- Material quality of life (Medium)
- Income (Medium)
- Household type/composition (High)
- Finances/taxes/benefits (Low)
- Employment (High)
- Education (Medium)

#10:104 – Health Education Population Survey (Scotland) 2003

Universe: Adults aged 16-74 in Scotland (mainland only).

Sample size: 868 (wave 5); 852 (wave 6).

Methods: Face-to-face interview.

Sample: One-stage cluster sample drawn from the Postcode Address File; weighting used: multiple occupancy indicator, by household size, demographic.

Fieldwork: 3rd March to 1st December 2003 (wave 5); 1st September to 1st December 2003 (wave 6).

Geography: Health Boards; Postcode Sector.

Access: SN 4952.

Alcohol consumption

Consumption: beverage-specific volume and frequency (12mth frequency measure, 7 day beverage-specific volume).

Single occasion: binge-drinking (Number of times respondent drank a certain number of units in the past month).

Other drinking

- Status (Lifetime, 7day)
- Self-perceived drinking (Which

description of the amount people drink fits respondent best)

- Trying to cut down (Whether in the past year respondent has tried to cut down the amount of alcohol they drink, even for a short time, to improve their health; whether respondent was able to maintain this lifestyle change; whether respondent would like to make this lifestyle change; whether respondent is thinking of making this change in the next 6mths (if respondent said they would like to make the change))

Other alcohol variables

- Knowledge of alcohol and health (whether heard of measuring alcohol in units, knowledge of current recommended weekly and daily (separately) limits for alcohol consumption for men/women)
- Cause of harm - health ((i) alcohol as amongst the three things that could have the most effect upon their own health in the long term and (separately) to keep blood pressure down; (ii) stopping/limiting drinking's importance in reducing the risk of heart disease; (iii) whether illegal drugs do less harm to your health than drinking or smoking)

Health status and behaviour:

- Mental health (High)
- Self-reported health (High)
- Smoking (High)
- Drugs (High)
- Diet (High)
- Fitness (High, including knowledge and attitudes on physical activity sections)
- Sexual behaviour (Medium)
- Sexual health (High)

Other variables

- Leisure (Low)
- Personality (Medium)
- Political opinions (Low)

Demographics

- Material quality of life (Medium)
- Income (Medium)
- Household type/composition (High)
- Finances/taxes/benefits (Low)
- Employment (High)
- Education (Medium)

#10:105 – Health Education Population Survey (Scotland) 2004

Universe: Adults aged 16-74 in Scotland (mainland only).

Sample size: 899 (wave 7); 885 (wave 8).

Methods: Face-to-face interview.

Sample: One-stage cluster sample drawn from the Postcode Address File; weighting used.

Fieldwork: 2nd March to 6th June 2004 (wave 7); 1st September to 7th December 2004 (wave 8).

Geography: Health Boards; Postcode Sector.

Access: SN 5202.

Alcohol consumption

Consumption: beverage-specific volume and frequency (12mth frequency measure, 7 day beverage-specific volume).

Single occasion: binge-drinking (Number of times respondent drank a certain number of units in the past month).

Other drinking

- Status (Lifetime, 7day)
- Self-perceived drinking (Which description of the amount people drink fits respondent best)
- Trying to cut down (Whether in the past year respondent has tried to cut

down the amount of alcohol they drink, even for a short time, to improve their health; whether respondent was able to maintain this lifestyle change; whether respondent would like to make this lifestyle change; whether respondent is thinking of making this change in the next 6mths (if respondent said they would like to make the change))

Other alcohol variables

- Knowledge of alcohol and health (whether heard of measuring alcohol in units, knowledge of current recommended weekly and daily (separately) limits for alcohol consumption for men/women)
- Cause of harm - health ((i) alcohol as amongst the three things that could have the most effect upon their own health in the long term; (ii) stopping/limiting drinking's importance in reducing the risk of heart disease; (iii) whether illegal drugs do less harm to your health than drinking or smoking)
- Drink driving (Whether respondent strongly disapproves of driving under the influence of alcohol; whether respondent strongly disapproves of driving under the influence of alcohol the most (from a list of options))
- Alcohol - misc (Whether respondent works in a pub or club)

Health status and behaviour:

- Mental health (High)
- Self-reported health (High)
- Smoking (High, including attitudes)
- Drugs (High)
- Diet (High)
- Fitness (High, including knowledge and attitudes on physical activity sections)
- Sexual behaviour (Medium)
- Sexual health (High)

Other variables

- Leisure (Low)
- Personality (Medium)
- Political opinions (Low)

Demographics

- Material quality of life (Medium)
- Income (Medium)
- Household type/composition (High)
- Finances/taxes/benefits (Low)
- Employment (High)
- Education (Medium)

#10:106 – Health Education Population Survey (Scotland) 2005

Universe: Adults aged 16-74 in Scotland (mainland only).

Sample size: 907 (wave 9); 915 (wave 10).

Methods: Face-to-face interview.

Sample: One-stage cluster sample drawn from the Postcode Address File; weighting used.

Fieldwork: March to June 2005 (wave 9); September to December 2005 (wave 10).

Geography: Health Boards; Postcode Sector.

Access: SN 5470.

Alcohol consumption

Consumption: beverage-specific volume and frequency (12mth frequency measure, 7 day beverage-specific volume).

Single occasion: binge-drinking (Number of times respondent drank a certain number of units in the past month).

Other drinking

- Status (Lifetime, 7day)
- Self-perceived drinking (Which description of the amount people drink fits respondent best)
- Trying to cut down (Whether in the past year respondent has tried to cut

down the amount of alcohol they drink, even for a short time, to improve their health; whether respondent was able to maintain this lifestyle change; whether respondent would like to make this lifestyle change; whether respondent is thinking of making this change in the next 6mths (if respondent said they would like to make the change))

Other alcohol variables

- Knowledge of alcohol and health (whether heard of measuring alcohol in units, knowledge of current recommended weekly and daily (separately) limits for alcohol consumption for men/women)
- Cause of harm - health (whether some illegal drugs do less harm to your health than drinking or smoking)
- Alcohol - misc (Whether respondent works in a pub or club, factors that are important to respondent when deciding where to go to drink)

Health status and behaviour:

- Mental health (Medium)
- Self-reported health (High)
- Smoking (High, including attitudes)
- Drugs (Medium)
- Diet (High)
- Fitness (High, including knowledge

and attitudes on physical activity sections)

- Sexual behaviour (Medium)
- Sexual health (High)

Other variables

- Leisure (Low)
- Caring (Low)
- Personality (Medium)
- Political opinions (Low)

- Use of services (Low)

Demographics

- Material quality of life (Medium)
- Income (Medium)
- Household type/composition (High)
- Finances/taxes/benefits (Low)
- Employment (High)
- Education (Medium)