

Shetland Population Health Survey

2021

Welcome, you have been selected to take part in the 2021 Shetland Population Health Survey, developed by NHS Shetland's Public Health Improvement Team.

This survey has been developed to help us better understand some of the needs of people living in Shetland. You may be aware of, or might have taken part in the Scottish Health Survey before, this is similar but just for Shetland.

We have chosen questions that we think will be useful to have the answers to and will make sure that organisations who plan and deliver services have access to the results so they can use them when making plans for the future.

The survey is divided up into 2 main sections:

1 - Demographics : questions about you, where you live and how you use transport and your economic activity.

2 - Health and wellbeing: questions on both your physical and mental health, which includes habits around alcohol, substances and tobacco use.

The survey should take between 15-30 minutes to complete.

All information is recorded anonymously and treated sensitively and confidentially. We aim to undertake similar surveys in the future to ensure services continue to meet the needs of the Shetland population.

Thank you for your participation. Your time and effort will help us make improvements to services in Shetland.

The survey adheres to the NHS Shetland Board Privacy Notice, further information can be found at NHS Shetland: Privacy Notice (<https://www.shb.scot.nhs.uk/board/privacy.asp> (<https://www.shb.scot.nhs.uk/board/privacy.asp>))

Please ignore the automated 'Powered by Microsoft Forms' privacy statement as it is not relevant to this survey and refer to the NHS Shetland Privacy statement above.

* Required

Demographics



This section will ask questions on your age, gender, ethnicity, sexual orientation, household type and tenure, transport use, economic activity and education.

1

Please enter your unique reference number, this can be found at the top of your letter.

A reminder that this number will help us to make sure we have enough responses from people living in different areas across Shetland and in all age groups. The number will not be stored in the same place as any names or addresses, meaning that the answers you give will not be linked back to you.

*

2

What age are you today?

Please use the box below to write your age in years.

3

How would you describe your gender identity? *

- Woman/Girl
- Man/Boy
- In another way
- Prefer not to say

4

If you have selected 'in another way', please tell us what other words you use to describe your gender below.

What is your ethnic group? *

- Scottish
- Other British
- Irish
- Gypsy / Traveller
- Polish
- Roma
- Showman / Showwoman
- Other white ethnic group
- Pakistani
- Scottish Pakistani
- British Pakistani
- Indian
- Scottish Indian
- British Indian
- Bangladeshi
- Scottish Bangladeshi
- British Bangladeshi
- Chinese
- Scottish Chinese
- British Chinese
- Arab
- Scottish Arab
- British Arab
- Black Scottish

- Black British
- Scottish Caribbean
- British Caribbean
- Mixed or multiple ethnic groups

Other

6

For mixed or multiple ethnic groups please use the box below to describe your ethnicity

7

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

- heterosexual / straight
- gay / lesbian / homosexual
- bisexual
- Prefer not to say

Other

What type of accommodation do you live in? *

- A whole house that is detached
- A whole house that is semi-detached
- A whole house that is terraced (including end-terrace)
- A flat, maisonette, or apartment that is in a tenement or purpose-built block of flats (including 4-in-a-block)
- A flat, maisonette, or apartment that is part of a converted or shared house (including bed-sits)
- A flat, maisonette, or apartment that is in a commercial building (for example in an office, hotel or over a shop)
- A caravan or other mobile or temporary structure

Does your household own or rent your accommodation? *

- Owns with a mortgage or loan Go to question 11
 - Own it outright Go to question 11
 - Owns with shared equity (for example, LIFT, Help-to-Buy) Go to question 11
 - Rents (with or without housing benefit)
 - Part own and part rent (shared ownership)
 - Living here rent free Go to question 11
 - Go to question 11
- Other

10

Please select the option which best describes your rental circumstances. *

- Private rental
- Social housing rental (Shetland Islands Council)
- Social housing rental (Hjatland Housing Association)
- Other

11

Does your household include any children? *

- Yes
- No

12

Please select how many children are included in your household in each age bracket *

	0	1	2	3	4	5	6+
5 years and under	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6 to 11 years	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
12 to 15 years	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
16 to 18 years	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Is there anything about your current home which limits your day to day activities?
Please select all that apply. *

- Can't get up/downstairs inside house
- Can't leave house because of stairs to house
- Restricted movement/can't get around the house due to design/layout
- Doors too narrow
- Rooms too small
- Bath/shower difficult to access/use
- Toilet difficult to access/use
- Electric lights/sockets are difficult to reach/use
- Heating controls are difficult to reach/use
- Can't open windows
- Difficulty answering/opening door
- Kitchen cupboards/shelves are difficult to reach/use
- Can't get into/use garden
- None
-

Other

Does anyone in your household have or need any of the following equipment adaptations or support?

Please select all that apply. *

	Have	Need, but do not have	Do not need
Wheelchair	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Mobility equipment e.g. frame, scooter	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Assisted bathing equipment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Assisted furniture or equipment to help get in/out of bed	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Telecare equipment, this is equipment where an emergency alarm service and response team can be contacted from e.g. community alarm, movement sensors, fall detectors	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Telehealth equipment e.g. medicine dispensers, blood glucose or oxygen monitors	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Care or support from social services, health or caring organisations	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Do you or anyone else in your household have an unmet need for any of the following special forms of housing? *

- Accommodation suitable for a wheelchair
- Accommodation without stairs/level access housing
- Specialist housing for older people
- Specialist supported housing
- Residential care/ nursing home
- None of the above
-
- Other

Please rate each statement as 'not a problem', 'is a bit of a problem', 'is a serious problem' or not applicable (N/A) for you in your current household. *

	Not a problem	A bit of a problem	Serious problem	N/A
Rent or mortgage costs are not affordable	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Heating costs are not affordable	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Difficulty maintaining your home or carrying out repairs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Difficulty managing your home including cleaning, gardening etc.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Experiencing problems with neighbours	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
You/ your household feel isolated and lonely at home	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Home is not close enough to local amenities such as shops, health centre, public transport	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
There is no accessible car parking near home	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

17

In total, how many cars or vans are owned, or are available for use, by members of your household?

Please include any company cars or vans that are available for private use. *

0

1

2

3

4

Don't know

Other

18

Thinking about your car(s) and/or van(s), how much was spent on fuel in total, to the nearest pound, in the past month?

Excluding any paid for by an employer.

19

Thinking about heating your home, how much was spent on fuel in total, to the nearest pound, in the past month?

20

How do you travel to work and / or school / college? Please select all that apply *

- Car
 - Car share
 - Ferry
 - Bus
 - Walk
 - Cycle
 - Not applicable
 -
- Other

21

How do you usually travel for leisure activities? Such as going to the cinema.
Please select all that apply *

- Car
 - Car share
 - Ferry
 - Bus
 - Walk
 - Cycle
 -
- Other

22

Are you interested in increasing your use of 'active travel' options such as walking, cycling or using public transport? *

Yes

No

23

What are the main barriers to increasing your use of active travel options in Shetland? *

24

Do you own a bicycle? *

Yes

No

No but I have access to one

25

Have you cycled at all in the last year? *

Yes

No

26

In the last week were you doing any of the following, even if only for one hour?
Please select all that apply. *

Working as an employee (or temporarily away including away from work ill, on maternity leave, on holiday leave and temporarily laid off but contract still in place)

On a Government sponsored training scheme (or temporarily away).

Self-employed or freelance (or temporarily away).

Working unpaid for your own family's business (or temporarily away)

Doing any other kind of paid work

None of the above

27

What is your usual take-home pay or income, that is after all deductions for tax, National Insurance, and any other dues such as to a Union? Include any pension and benefits. *

28

How long a period does this income cover? *

- A day
- A week
- A fortnight
- 4 weeks
- A calendar month
- Annual

Other

29

How many hours a week do you usually work for that pay? Include any paid overtime and exclude meal breaks. *

Which of the following qualifications do you have?
Please select all that apply *

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

Health and Wellbeing



This section will ask questions on your general physical health and mental health and wellbeing.

The physical health section will include questions on disabilities, long-term conditions, pain, physical activity, diet and eating behaviour, oral health, food security, smoking habits, alcohol consumption and substance use.

The mental health and wellbeing section includes questions on self-harm, loneliness, social isolation and sleep.

You may experience some serious thoughts or feelings while answering certain questions, such as on self-harm. If you do it is important you talk to someone, such as your doctor. Some information on national support services are also provided in your invitation letter pack.

31

How would you describe your general health? Would you say it was... *

- Very good
- Good
- Fair
- Bad
- Very bad

32

Before March 2020 and the pandemic how would you have described your general health? *

- Very good
- Good
- Fair
- Bad
- Very bad

33

Do you live with chronic or persistent pain?
That is pain which has continued beyond 3 months. *

- Yes
- No [Go to question 38](#)
- Don't know
- Prefer not to answer [Go to question 38](#)

34

Do you feel you have enough support and information to manage your chronic or persistent pain? *

- Strongly agree
- Agree
- Disagree
- Strongly disagree

35

Do you take regular medication to manage your chronic/persistent pain? *

- Yes
- No
- Not sure

36

Do you do anything else to help manage your pain? If so please use the box below to detail what you do. *

37

What is the one thing [anything] you would like to see offered to help you manage and live with your chronic pain? *

38

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

- Yes
- No Go to question 40
- Don't know Go to question 40
- Prefer not to answer Go to question 40

39

Does your condition or illness reduce your ability to carry out day to day activities? *

- Yes, a lot
- Yes, a little
- Not at all

Do you have any of the following, which have lasted, or are expected to last, at least 12 months? Tick all that apply. *

- Deafness or partial hearing loss
 - Blindness or partial sight loss
 - Full or partial loss of voice or difficulty speaking (a condition that requires you to use equipment)
 - Learning disability (a condition that you have had since childhood that affects the way you learn, understand information and communicate)
 - Learning difficulty (a specific learning condition that affects the way you learn and process information)
 - Developmental disorder (a condition that you have had since childhood which affects motor, cognitive, social and emotional skills, and speech and language)
 - Mental health condition (a condition that affects your emotional, physical and mental wellbeing)
 - Physical disability (a condition that substantially limits one or more basic physical activities such as walking, climbing stairs, lifting or carrying)
 - Long-term illness, disease, or condition (a condition, not listed above, that you may have had for life, which may be managed with treatment or medication)
 - No condition
 -
- Other

How many days in the past week have you been physically active for a total of 30 minutes or more?

Physical activity may include walking or cycling for recreation, or to get to and from places, doing gardening, exercise or sport.

The 30 minutes can be made up of more than one bout of moderate activity, for example 3 x 10 minute journeys.

Vigorous activity counts as double, for example 15 minutes of running is equal to 30 minutes of walking.

If the past week was not typical, use a previous week where the amount of moderate exercise was usual.

The 'talk test' is a good way of measuring intensity. For example, if walking at a moderate intensity you should be able to carry on a conversation, taking a few extra breaths between sentences, but not be able to sing.

If you are unable to sing, or needing to take breaths between words, this likely to be vigorous physical activity. Every minute of vigorous activity equals 2 minutes of moderate activity.

*

- 0
- 1
- 2
- 3
- 4
- 5
- 6
- 7

42

Have you been physically active for at least two and a half hours (150 minutes) over the course of the past week?

For example this can be:

- 30 minutes moderate physical activity, walking, on most days of the week
- A two and a half hour walk or cycle at the weekend
- A combination of activities equalling 150 minutes.

Vigorous activity (such as running) counts for double therefore 75 minutes over the week would equal the same as 150 minutes of moderate activity.

Yes

No

43

Are you interested in being more physically active? *

Yes

No

44

When you are at home, work, school or college, are you mainly sitting down, standing up or walking about?

Sitting down

Standing up

Walking about

Equal time spent doing 2 or more of these

Not applicable

45

Please select all of the following activities which you have undertaken in the last 4 weeks.

- Swimming
 - Cycling
 - Running / jogging
 - Workout at a gym / using exercise bike / weight training
 - Aerobics / gymnastics / dance for fitness / keep fit class
 - Hockey / football / rugby / netball
 - Badminton / tennis / squash
 - Any other type of dancing, for example traditional Shetland
 - Walking
 - Body weight exercises (for example, sit ups, press-ups, squats)
 - None
 -
- Other

46

Have you had a fall in the last 12 months?

A fall is defined as an event which results in a person coming to rest inadvertently on the ground, or floor, or other lower level.

*

- Yes
- No

47

Where did the fall take place? *

At home inside

At home outside

At work

Other

48

Did you require medical attention or admittance to hospital? *

Yes

No

How many portions of fruit and vegetables do you eat a day?

A portion is 80g or any of these:

- 1 apple, banana, pear, orange or other similar-size fruit,
- 3 heaped tablespoons of vegetables, a dessert bowl of salad,
- 30g of dried fruit (3 dried apricots or prunes, 1 heaped tablespoon of sultanas)
- 150ml glass of fruit juice or smoothie (counts as a maximum of one portion a day).

*

- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8 or more

50

Do you have cakes, biscuits, pastries or sweets 3 or more times per week? *

- Yes
- No

51

Do you have meat pies, sausages, burgers or ready meals 3 or more times per week? *

Yes

No

52

How many portions of oily fish, for example salmon, mackerel, trout, fresh tuna, do you have each week?

One portion is equal to 140g /5oz or one large fillet.

*

0

1-2

3-4

5-6

7-8

Other

53

Do you choose wholemeal breads or cereals? *

Yes

No

Sometimes

54

Do you have 2-3 dairy portions per day?

For example:

- 150ml milk or yoghurt or fortified non dairy alternative
- Small matchbox sized piece of cheese or fortified non dairy alternative

*

Yes

No

55

Do you consume more than 2 or 3 sugary snacks/drinks (including fizzy drinks that are diet/ sugar free versions) per day? *

Yes

No

56

Do you usually attend a dental clinic for a check-up at least once a year? *

Yes

No

57

What are the main reasons or barriers to attending? *

58

How often do you brush your teeth a day? *

59

Which of the following options best describes how you feel about visiting the dentist? *

- I don't feel nervous at all
- I feel a bit nervous
- I feel very nervous

60

Do you grow and eat your own produce? *

- Yes
- No
- No, but would like to

61

What are the main reasons and /or barriers to growing your own?

62

On average how many meals a week include home grown produce?

Several different factors influence our choice of food.

For every person, there will be a different set of factors that is important. In the next 2 questions, we are interested in finding out what factors influence your choice of food.

Please rate the following statements to how important they are to you.

It is important to me that the food I eat on a typical day... *

	Not important at all	A little important	Moderately important	Very important
...is low in calories	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
...tastes good	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
...contains natural ingredients	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
...is familiar to me	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
...is high in fibre and roughage	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
...cheers me up	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
...smells nice	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
...can be cooked very simply	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
...helps me cope with stress	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
...helps me control my weight	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
...has a pleasant texture	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
...is packaged in an environmentally friendly way	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Please rate the following statements to how important they are to you.

'It is important to me that the food I eat on a typical day... *

	Not Important at all	A little Important	Moderately Important	Very Important
...contains lots of vitamins and minerals	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
...contains no artificial ingredients	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
...keeps me awake and alert	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
...looks nice	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
...is high in protein	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
...takes no time to prepare	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
...is good for my skin/teeth/hair/nails etc	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
...makes me feel good	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
...has the country of origin clearly marked	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
...is what I usually eat	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
...can be bought in shops close to where I live or work	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
...is not expensive	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
...is good value for money	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

65

At present, are you taking any vitamins, fish oils, iron supplements, calcium, other minerals, or anything else to supplement your diet or improve your health, other than those prescribed by your doctor? *

Yes

No

66

Are you currently taking vitamin D supplements, including as part of a multi-vitamin supplement? *

Yes

No

67

Have you ever experienced food insecurity, that is, not knowing where your next meal is coming from, or involuntarily eating less than you need, on a regular basis, for a period of time lasting more than a month? *

Yes

No

68

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 other resources? *

Yes

No

69

During the last 12 months, was there a time where you ate less than you thought you should because of a lack of money or other resources? *

Yes

No

70

During the last 12 months, was there a time where your household ran out of food because of a lack of money or other resources? *

Yes

No

71

During the last 12 months, was there a time where you were unable to eat healthy and nutritious food because of a lack of money or other resources? *

Yes

No

72

During the last 12 months, was there a time where you were hungry but did not eat because of a lack of money or other resources? *

Yes

No

73

Have you accessed a local food bank in the last year? *

Yes

No

74

Do you feel comfortable with the size and/or shape of your body? *

Yes

No

Sometimes

75

Does the way you feel about your body affect your mental health? *

Yes

No

Sometimes

Below are some statements about feelings and thoughts.

Please select the answer that best describes your experiences of each over the last **2 weeks**.

*Warwick Edinburgh Mental Wellbeing Scale (WEMWBS) **

	None of the time	Rarely	Some of the time	Often	All of the time
I've been feeling optimistic about the future	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I've been feeling useful	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I've been feeling relaxed	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I've been feeling interested in other people	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I've had energy to spare	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I've been dealing with problems well	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I've been thinking clearly	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I've been feeling good about myself	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I've been feeling close to other people	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I've been feeling confident	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I've been able to make up my own mind about things	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I've been interested in new things	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

None of the
time

Rarely

Some of the
time

Often

All of the time

I've been feeling
cheerful

77

Have you ever deliberately harmed yourself in any way?

The sorts or thoughts and feelings raised are very serious. It is important you talk to someone, such as your doctor. Some information on national support services are also provided in the information leaflet included with your invitation letter.

*

Yes

No

[Go to question 79](#)

78

When was the last time you deliberately harmed yourself? *

In the last week

In the last year

Some other time

79

Do you feel if you were alone and needed help that you could rely on one of your friends/relatives in your community to help you? *

Yes

No

80

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

- Most days
- Once or twice a week
- Once or twice a month
- Less often than once a month
- Never

81

Thinking about the last week have you felt lonely? *

- Yes
- No

82

How often do you feel lonely? *

- Often
- Sometimes
- Rarely
- Never

What is your current smoking status? *

- Current smoker
- Never smoked [Go to question 91](#)
- Live with a smoker [Go to question 91](#)
- Ex-smoker [Go to question 91](#)
- E-cigarette / Vape user
- Ex e-cigarette / vape user [Go to question 91](#)

What do you smoke?
Please tick all that apply.

- Cigarettes
- Cigars
- Roll-ups
- E-cigarettes / Vape
- Cannabis
-
- Other

85

How many do you typically smoke in a day?

For roll-ups / cannabis users please state how many grams you smoke in a day.

For e-cigarette / vape users please state how many milligrams you use per day.

86

Would you like to reduce or stop smoking/vaping?

- Yes
- No
- Yes, but not at the moment

87

Have you tried to stop in the past? *

- Yes
- No

88

How many times have you tried to stop? *

What would you say is your biggest barrier to quitting smoking / vaping? *

Which would help you the most to stop/reduce smoking?
Please tick all that apply.

- 1 to 1 support with a trained adviser
- Group sessions with a trained adviser
- Peer support from someone who has quit before
- Buddying up with someone who is also trying to quit
- Medication (Nicotine Replacement Therapies, Varenicline)
- App-based support
- Drop-in clinics (with a trained adviser)
- Facebook group

Other

How often have you had 6 or more units on a single occasion in the last year? *



- Never [Go to question 94](#)
- Less than monthly
- Monthly
- Weekly
- Daily / almost daily

How often in the last year have you not been able to remember what happened when drinking the night before? *

- Never
- Less than monthly
- Monthly
- Weekly
- Daily / almost daily

93

How often in the last year have you failed to do what was expected of you because of drinking? *

- Never
- Less than monthly
- Monthly
- Weekly
- Daily / almost daily

94

Has anyone ever been concerned about your drinking or advised you to cut down? *

- No
- Yes, but not in the past year
- Yes, in the past year

95

Did your drinking habits change during the period of lockdown or since March 2020? *

- Yes, it increased
- Yes, it decreased
- No, it stayed the same
- Don't know

Which of the following drugs have you used in the past year? Please select all that apply.

Please answer them honestly, the answers you give are completely confidential. Please do not include drugs you have been given on prescription.

*

- Amphetamine (speed, sulph, whizz, uppers, brain, fast, base)
- Cocaine (Coke, Charlie)
- Cannabis (marijuana, pot, grass, hash, skunk, ganja, dope, spliff, joints, weed, oil, resin, pollen, shatter)
- Crack (rock, sand, stone, pebbles, freebase, wash)
- Ecstasy ('e', 'x', eccies, 'xtc', mdma, party smarties, sweeties, pills)
- Heroin (smack, skag, 'h', morphine, brown, junk, gear, kit)
- LSD (acid, tabs, trips, strawberries)
- Magic mushrooms (mushies, psilocybin, shrooms, liberty caps)
- Methadone / physeptone without prescription (phy, meth, linctus, juice, turtle, green)
- Anabolic steroids without prescription (steroids, roids)
- Poppers (amyl nitrite, liquid gold, tnt)
- Methamphetamine (crystal meth, ice, glass, tina, yabba, crystal)
- Ketamine (k, special k, ket, horsey)
- Glues, solvents, gas or aerosols (to sniff or inhale)
- Mephedrone (m-cat, 4mmc, 'meow', 'bubbles', drone, meph, miaow miaow)
- Tranquilisers: benzodiazepines without prescription (temazepam, diazepam, phenazepam, etizolam, diclazepam, valium, blues, yellows, benzos, jellies)
- Synthetic cannabis (k2, spice, black mamba, incense, fake weed, Yucatan, fore, genie)
- Prescription only painkillers that were not prescribed for you (morphine, codeine, co-codamol, oxycontin, tramadol, gabapentin, pregabalin)
- GHB/GBL (g, gina, liquid e, liquid x)
- Nitrous Oxide (Laughing gas, Whippets, NOS)

Novel Psychoactive Substances (legal highs, Designer drugs, NPS)

None [Go to question 99](#)

Other

97

How often have you used these drugs? *

Monthly or less

Weekly

Daily or almost daily

Please answer the following questions relating to drug use: *

	Yes	No
Have you used drugs other than those required for medical reasons?	<input type="radio"/>	<input type="radio"/>
Have you used more than one drug at a time?	<input type="radio"/>	<input type="radio"/>
Are you unable to stop using drugs when you want to?	<input type="radio"/>	<input type="radio"/>
Have you ever had blackouts or flashbacks as a result of drug use?	<input type="radio"/>	<input type="radio"/>
Do you ever feel bad or guilty about your drug use?	<input type="radio"/>	<input type="radio"/>
Have you neglected your family because of your use of drugs?	<input type="radio"/>	<input type="radio"/>
Have you engaged in illegal activities in order to obtain drugs?	<input type="radio"/>	<input type="radio"/>
Have you ever experienced withdrawal symptoms (felt sick) when you stopped taking drugs?	<input type="radio"/>	<input type="radio"/>
Have you had medical problems as a result of your drug use for example memory loss, hepatitis, convulsions, bleeding?	<input type="radio"/>	<input type="radio"/>

On average, how many hours sleep do you get in a 24 hour period? *

Thank you for taking the time to complete the Population Health Survey for Shetland.

All information given is recorded anonymously and treated sensitively and confidentially. A report publishing the findings will be shared for public and service providers in 2022.

For further information including support services please refer to the information leaflet provided with your invitation letter.

Thank you for your participation.

The survey adheres to the NHS Shetland Board Privacy Notice, further information can be found at NHS Shetland: Privacy Notice (<https://www.shb.scot.nhs.uk/board/privacy.asp>)

Please ignore the automated 'Powered by Microsoft Forms' privacy statement as it not relevant to this survey and refer to the NHS Shetland Privacy statement above.