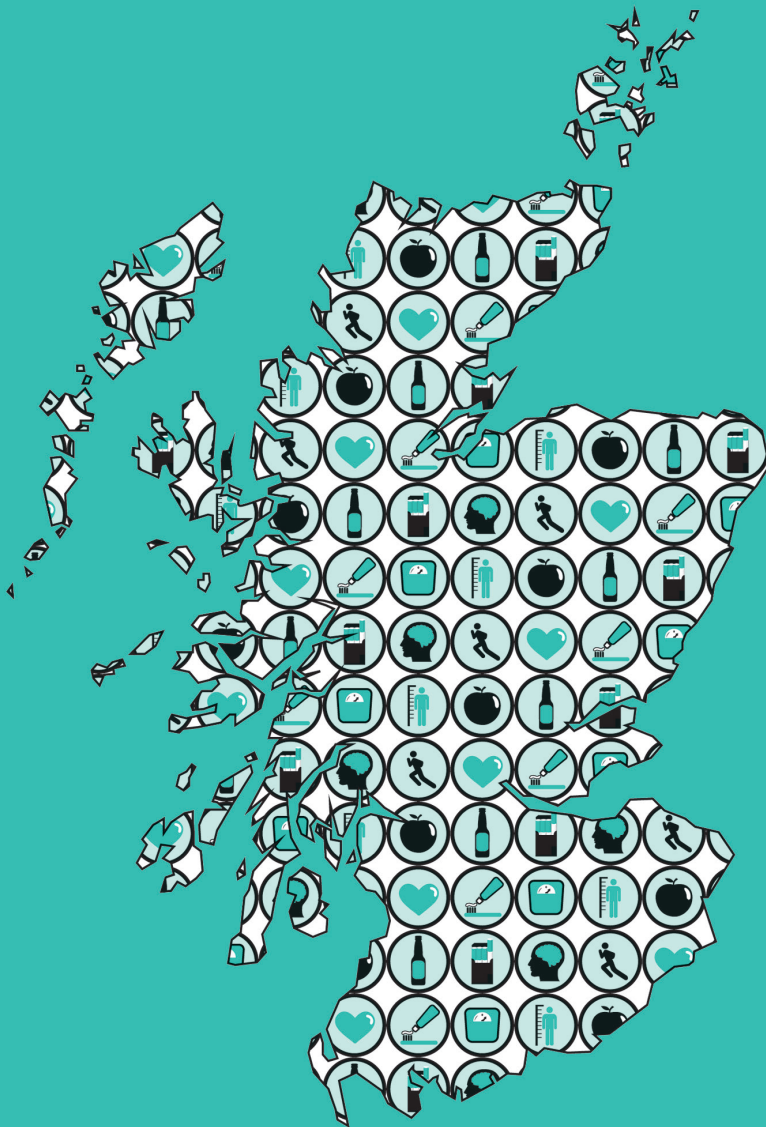




Scottish Government  
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# The Scottish Health Survey

2017 edition | Summary

A National Statistics Publication for Scotland

# SUMMARY

The Scottish Health Survey (SHeS) is commissioned by the Scottish Government Health Directorates to provide reliable information on the health, and factors related to health, of people living in Scotland that cannot be obtained from other sources. The series aims to:

- estimate the occurrence of particular health conditions
- estimate the prevalence of certain risk factors associated with health
- look at differences between regions and between subgroups of the population
- monitor trends in the population's health over time
- make a major contribution to monitoring progress towards health targets

Key findings from the 2017 survey are presented here alongside some trends. Further discussion of the findings and full documentation of the survey's methods and questionnaire can be found in the 2017 annual report available from the Scottish Health Survey website: [www.gov.scot/scottishhealthsurvey](http://www.gov.scot/scottishhealthsurvey). The report is accompanied by an extensive set of web tables for 2017 and updated trends for key measures.

## ABOUT THE SURVEY

### The sample

SHeS has been designed to provide data on the health of adults (aged 16 and over) and children (aged 0-15) living in private households in Scotland annually. In 2017, 3,697 adults and 1,603 children took part in the survey. Representative data for adults in all NHS Health Board for the 2014-2017 period are also available.

**3,697**  
Adults

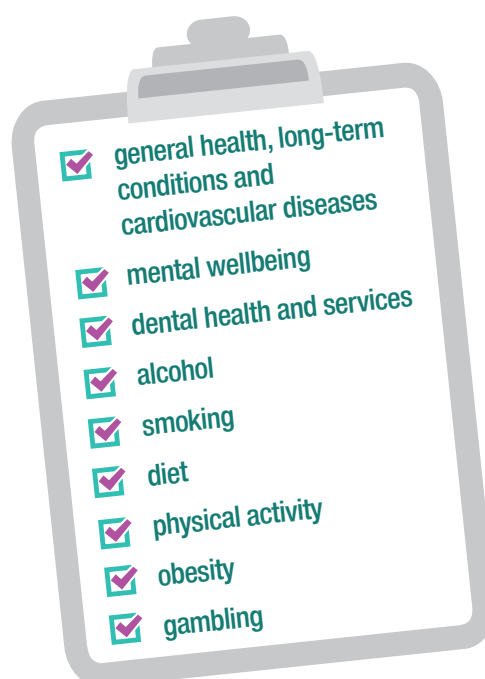


**1,603**  
Children



### The interview

The principal focus of the survey is cardiovascular disease (CVD) and related risk factors. Some questions and topics are asked annually while others vary from year to year. In addition to the questionnaire, height and weight measurements are collected from everyone aged 2 and over. Each year a sub-sample of adults also complete a biological module which includes blood pressure and waist circumference measurements along with urine and saliva sample collection. Participants are also asked for permission to link survey responses to their administrative NHS health records. Key topics included in the 2017 survey were:



# CHAPTER 1 GENERAL HEALTH, LONG-TERM CONDITIONS AND CARDIOVASCULAR DISEASES



**73%** of adults described their health as 'good' or 'very good'

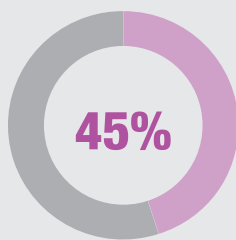


**93%** of girls reported 'good' or 'very good' health, a decrease from 96% in 2016



**94%** of boys reported 'good' or 'very good' health, with little change from previous years

- In 2017, the proportion of adults reporting being in 'good' or 'very good' health decreased with age from 86% of those aged 16-24 to 52% of those aged 75 and over.



of adults have a long term condition.

More men than women had no long-term conditions:

**57%** of men

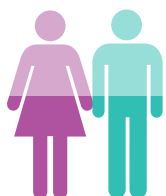
**53%** of women

Prevalence of limiting long-term conditions was highest for those aged 75 and over and lowest for those aged 0-15



**17%** of children aged 0-15 have a long-term condition

- In 2016/2017, 30% of adults had hypertension.



**54%** of adults have attended CPR training

**20%** of adults had either initial training or refresher training in the last 2 years

- Those living in less deprived areas were more likely to have attended CPR training than those in more deprived areas.
- Attendance levels were higher among those living in the three least deprived areas (57-60%) than among those in the 2nd most deprived and most deprived areas (50% and 46% respectively).

Most common types of CPR training for adults:

**42%** compulsory part of work

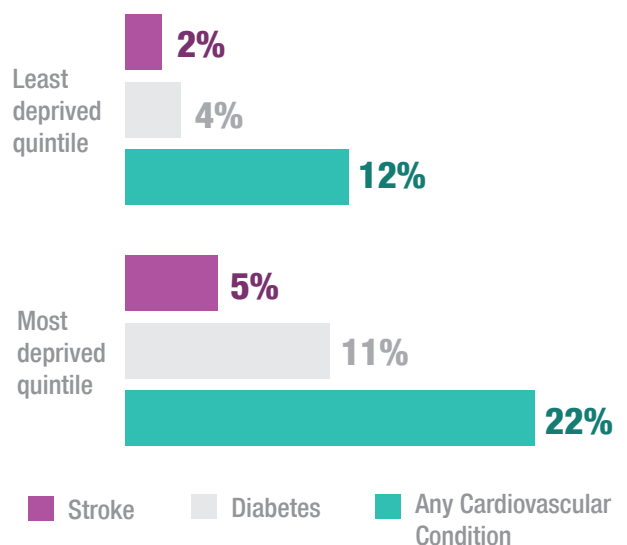


**23%** choosing to do so as part of work



- In 2017, the most common reason for attending CPR training among those aged 16-24 was that it was part of their school/college/university work (43%).

Prevalence of cardiovascular conditions, diabetes, IHD and strokes continued to be higher in more deprived areas



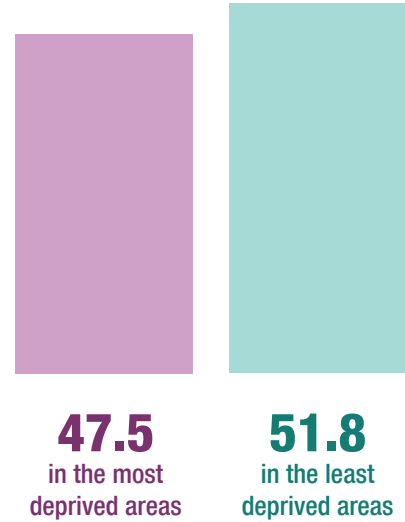
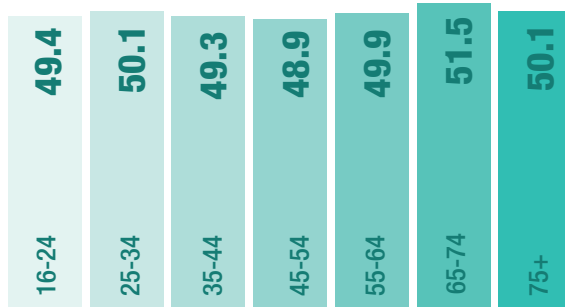
- In 2017 15% of adults had any CVD, 6% had doctor diagnosed diabetes, 19% had any CVD or diabetes, 5% had IHD, 3% had had a stroke and 7% had had a stroke or IHD, with no significant change since 2016.

# CHAPTER 2 MENTAL WELLBEING

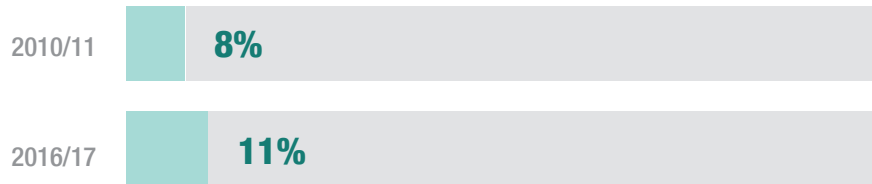
- In 2017, 17% of adults exhibited signs of a possible psychiatric disorder (GHQ-12 score of four or more). Those aged 16-24 were most likely to have a GHQ-12 score of four or more (22%) with those aged 65 and over least likely (12-13%).
- Adults living in the most deprived areas were more likely to have a GHQ-12 score of four or more, indicative of a psychiatric disorder, than those living in the least deprived areas (24% in the most deprived and 12% in the 2nd least deprived and 14% in the least deprived).

Mental wellbeing was significantly lower in the most deprived areas with average, age-standardised WEMWBS scores

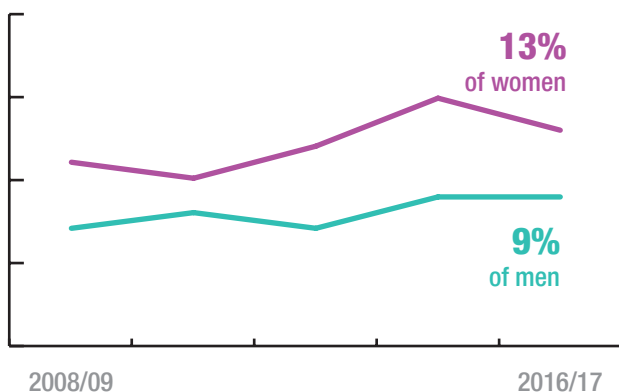
Average levels of wellbeing, as measured by the Warwick-Edinburgh Mental Wellbeing Scale (WEMWBS), were lowest among young adults and those in middle ages



There has been a steady and significant increase in the proportion of adults who have 2+ symptoms of depression

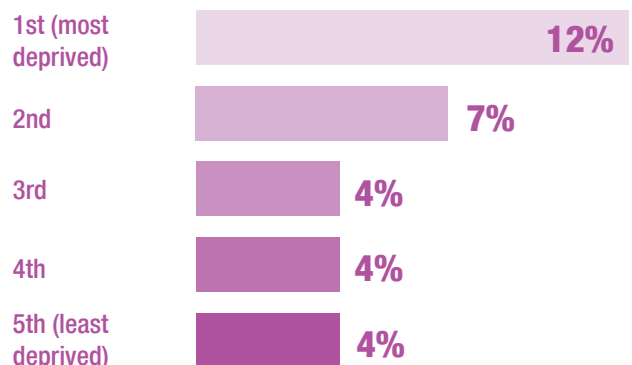


- In 2014-2017, prevalence of two or more depressive symptoms was much higher in the most deprived areas than in the least deprived areas (20% compared to 5%) as was prevalence of two or more symptoms of anxiety (17% compared to 7%).
- The proportion of adults that self-reported to have ever attempted suicide in 2016/2017 (6%) was the same as in 2014/2015 and significantly higher than the proportion reported in 2008/2009 (4%).
- In 2016/2017, over a fifth (21%) of young people aged 16-24 reported that they had ever self-harmed. This was significantly higher than for older people (decreasing to less than 0.5% among those aged 75 and over).



The proportion of adults who have reported 2 or more symptoms of anxiety has increased since 2008/09

The proportion of adults that had attempted suicide differed significantly by area deprivation level



# CHAPTER 2 MENTAL WELLBEING

- In 2015/2017, lower mental wellbeing was associated with adults who had ‘unrealistic time pressures at work’ ‘always’ or ‘often’ compared with those that reported it to happen ‘seldom’ or ‘never’ (49.6 compared with 51.7 WEMWBS mean scores).
- Mental wellbeing was significantly higher for those who agreed that their colleagues provided support than for those who disagreed (51.5 compared to 47.3 mean WEMWBS score).

The percentage of adults who describe their job as very/extremely stressful has remained stable



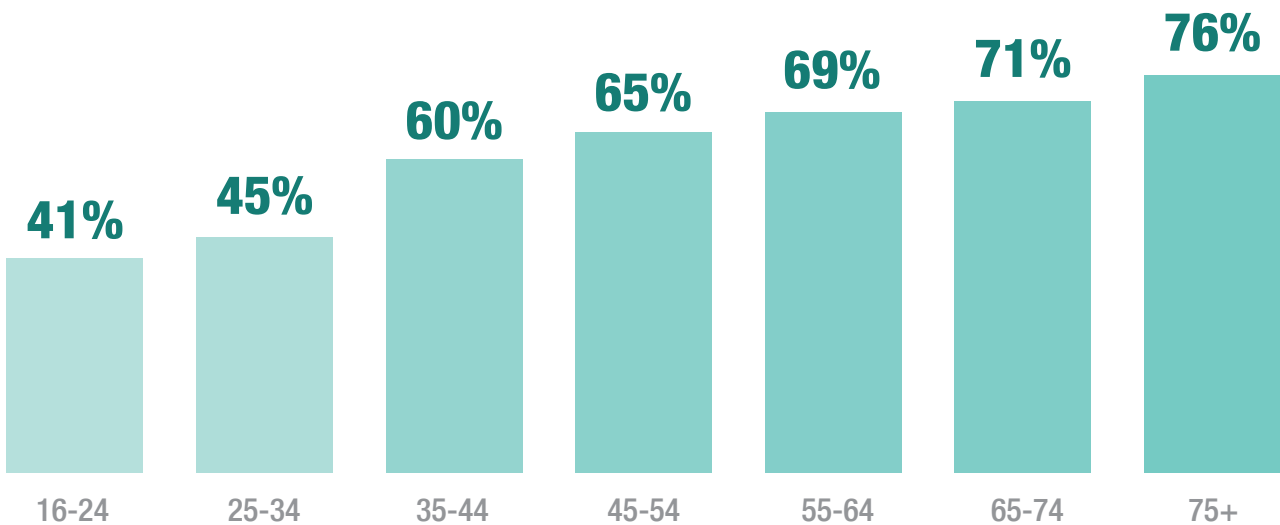
Mental Wellbeing was lowest among those who described their jobs as very/extremely stressful

**49.1**  
Very stressful/  
Extremely stressful

**50.3**  
Moderately  
stressful

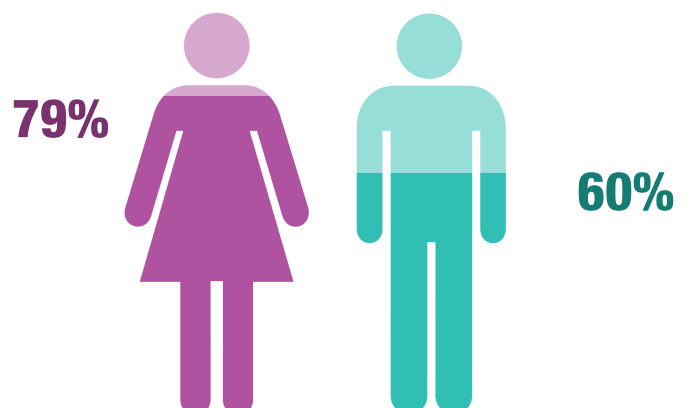
**51.5**  
Not at all stressful/  
Mildly stressful  
(mean WEMWBS score)

Older adults were more likely to believe most people in their local area could be trusted



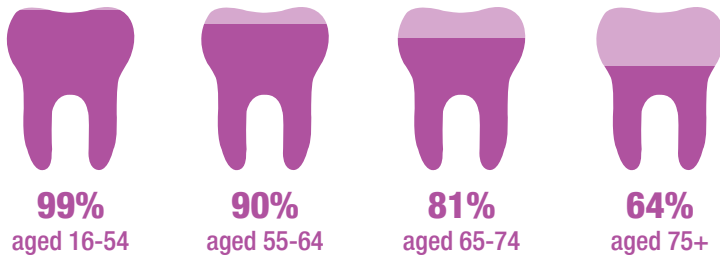
Women were more likely than men to contact friends, relatives or neighbours outside the household almost everyday

- Adults who believed that ‘most people can be trusted’ had a significantly higher WEMWBS mean score than those who believed that you ‘can’t be too careful in dealing with people’ (51.9 compared with 47.6).
- Mean WEMWBS scores increased with the number of people that adults reported they could turn to for support in a crisis (mean WEMWBS score for those who had 15 people or more they could turn to was 52.2, compared with 48.3 for those who reported to have between 1 and 5 people).



# CHAPTER 3 DENTAL HEALTH AND SERVICES

Proportion of adults with at least some natural teeth decreases by age



- Men were more likely than women to have at least some natural teeth (94% compared with 90%). This difference was evident only among those aged 65 and over.

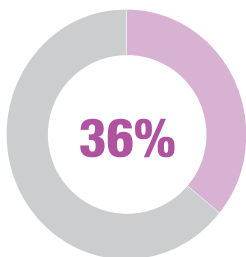
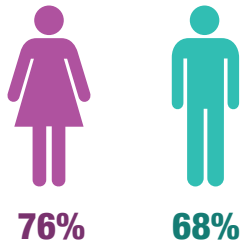
The proportion of adults with 20 or more natural teeth has **increased (by 5-7 percentage points)** in each deprivation quintile between 2008 and 2017

People living in least deprived areas are more likely to have 20+ natural teeth, than those living in the most deprived



**73%** of adults visited a dentist less than a year ago

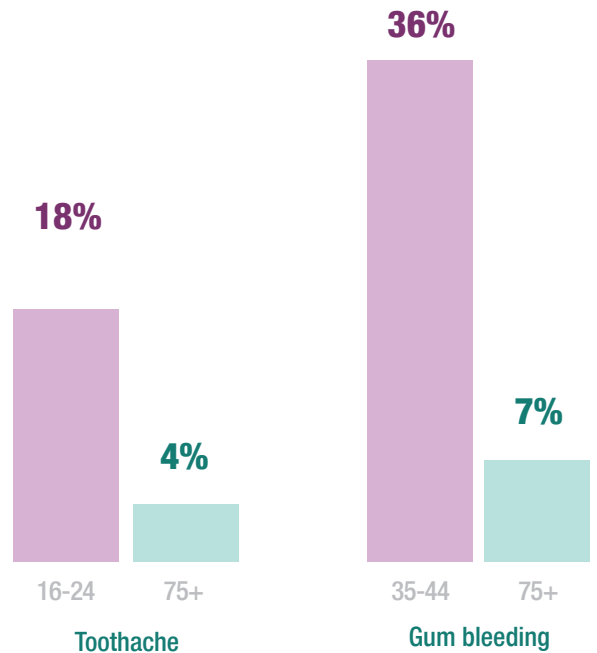
Women were much more likely than men to do so



of adults reported feeling nervous about their dentist visit. This was higher for women (43%) than men (30%)

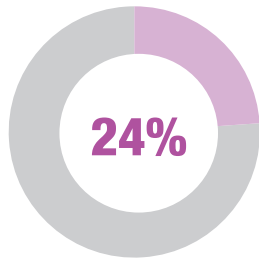
- Over 3/4 of adults (78%) did not experience difficulties when visiting the dentist.
- The most common difficulties were finding an appointment that suited (7%), dental treatment being too expensive (6%) and getting time off work (5%).

Younger age groups were more likely to experience toothache and gum bleeding than older groups



- However, having difficulty chewing either often or occasionally was most common among those aged 55-74 (13% among those aged 55-64 and 14% among those aged 65-74) and least common among the youngest age group (7% among those aged 16-24).

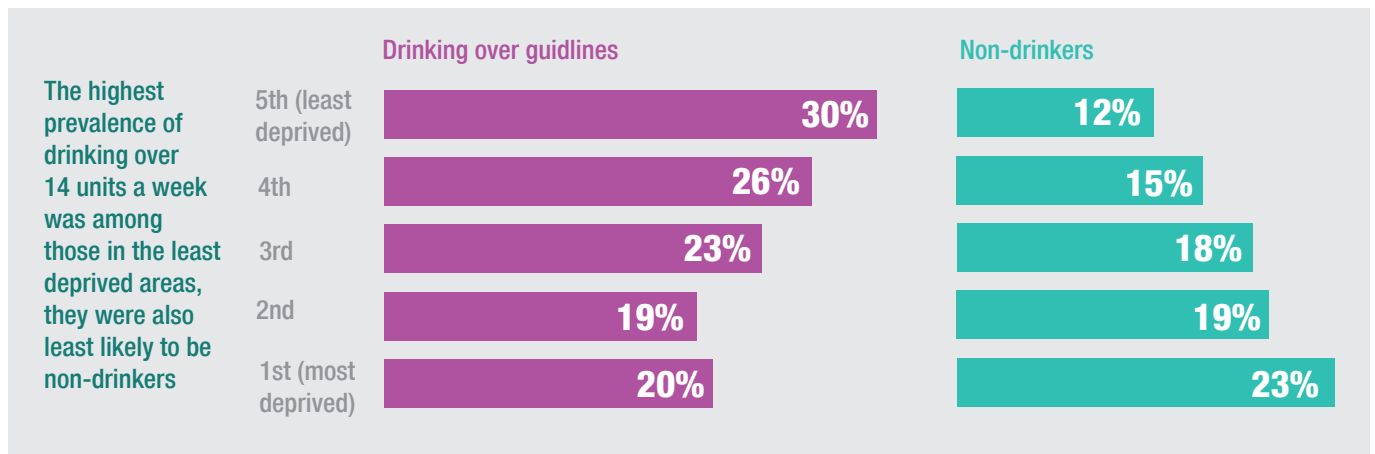
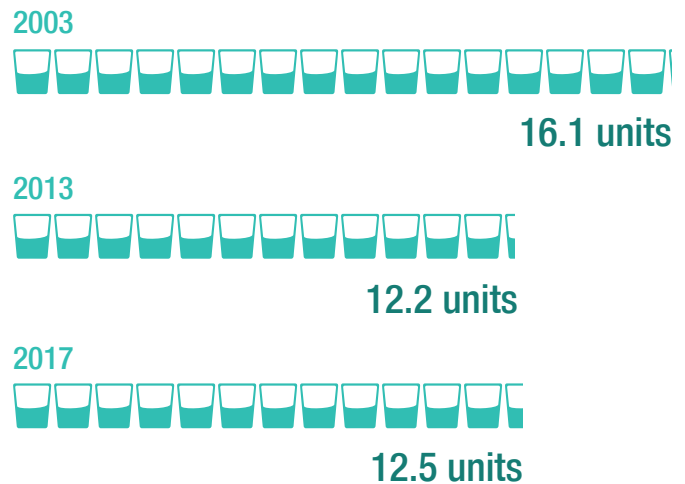
# CHAPTER 4 ALCOHOL



of adults drank at harmful or hazardous levels, down from 34% in 2003

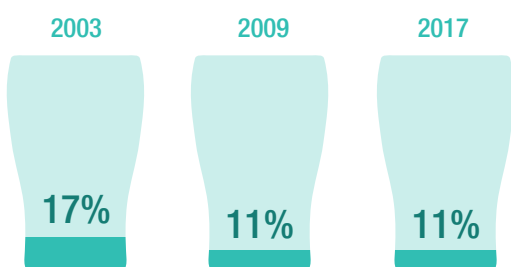
- The proportion of adults saying they did not drink alcohol increased from 11% in 2003 to 17% in 2017, the highest level in the time series.
- Levels of hazardous / harmful drinking in 2017 were higher for men (33%) than for women (16%). The overall average weekly alcohol consumption for male drinkers (16.4 units) remained at around twice that for female drinkers (8.6 units).

The average number of units of alcohol consumed per week by drinkers has decreased since 2003, and has remained at around the current level since 2013



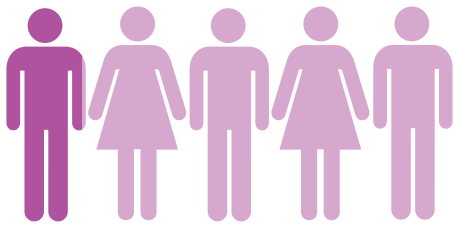
- In 2017, male drinkers drank an average of 8.0 units on their heaviest drinking day and the average was 5.3 units for women; a significant fall for women from 2016 (6.1 units).
- The percentage of men drinking more than four units on their heaviest drinking day declined from 2003 to 2017 (45% to 37%). Similarly, the percentage of women drinking more than three units on their heaviest drinking day declined (37% in 2003 to 29% in 2017).
- The percentage of men drinking more than eight units and women drinking more than six units on their heaviest drinking day also declined (24% in 2003 compared with 17% in 2017), with a significant fall since 2016 (from 20% to 17%).

The proportion of adults who drank on more than 5 days in the last week has remained around the same level since 2009 following a decrease from 2003



- In 2017, male drinkers consumed alcohol on more days per week than female drinkers on average (2.8 days compared with 2.4 days respectively).
- 13% of male drinkers and 9% of female drinkers drank alcohol on more than five days in the past week.
- Levels of hazardous, harmful or possibly dependent drinking behaviour as defined by AUDIT scores had fluctuated between 22% and 26% among men and between 10% and 13% among women since 2012.

# CHAPTER 5 SMOKING



**18%** of adults smoked in 2017, down from 21% in 2016 and 28% in 2003

- Smoking prevalence was highest among adults aged 25-34 (24%) and lowest among those aged 75 and over (6%) in 2017.



**16%** of women reported they currently smoke, down from 28% in 2003

Women smoked on average...

**11.4**

cigarettes per day in 2017 down from 14.7 in 2003



**20%** of men reported they currently smoke, down from 29% in 2003

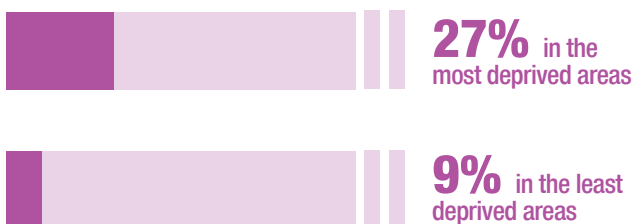
Men smoked on average...

**13.2**

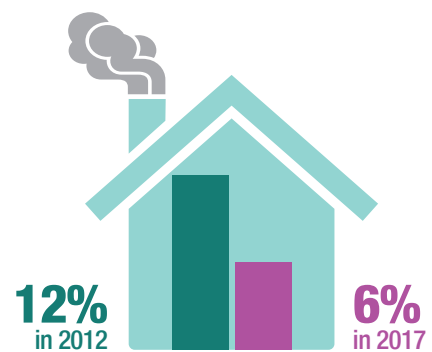
cigarettes per day in 2017 down from 15.9 in 2003

- The percentage of adults who had never smoked regularly or at all increased from 50% in 2003 to 56% in 2017; the figure for ex-regular smoking increased from 22% to 26%.
- Younger adult smokers (aged 16-44) smoked fewer cigarettes per day on average (between 9.6 and 11.4 cigarettes) than those aged 45 and over (between 13.8 and 14.3 cigarettes).

## Prevalence of smoking varied by area deprivation level

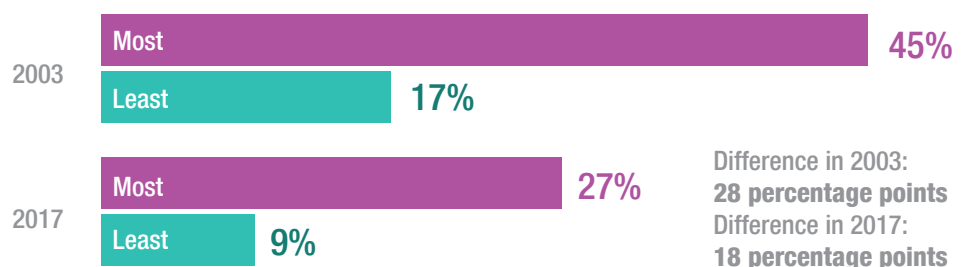


There has been a significant decrease in the proportion of children who are exposed to second-hand smoke in their own home



- There was a clear deprivation gradient in the numbers of cigarettes smoked (13.4 in the most deprived areas compared to 8.6 in the least deprived areas).

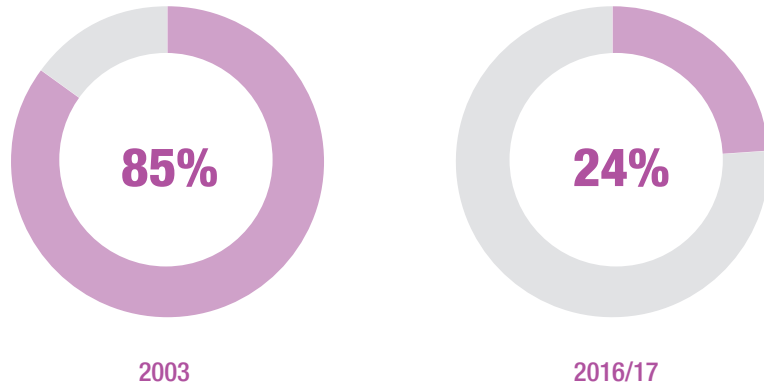
The gap between smoking prevalence in different areas of deprivation has narrowed but rates remain around 3 times higher in the most deprived areas





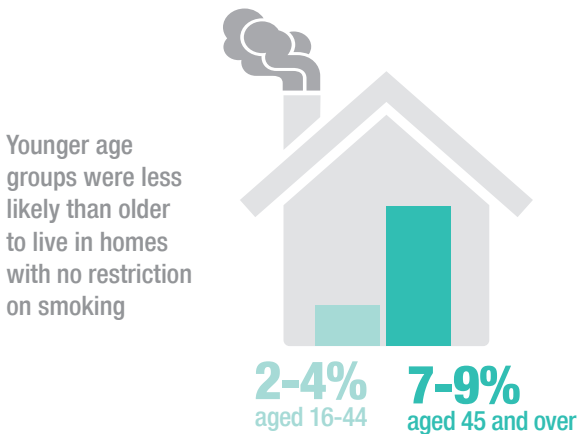
# CHAPTER 5 SMOKING

The proportion of non-smoking adults exposed to second-hand smoke (based on detectable salivary cotinine), has fallen:

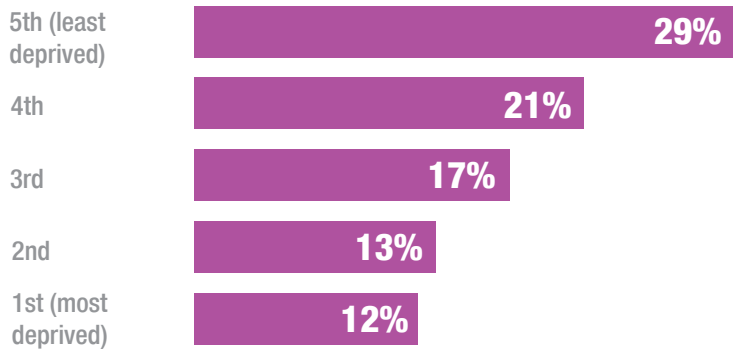


- Current cigarette smoking prevalence corrected for cotinine levels was 31% for men and 22% for women in 2016/2017.
- 50% of adult non-smokers living in the most deprived areas had detectable salivary cotinine (suggesting exposure to second hand smoke), compared with 13% of those living in the least deprived areas.

- In 2017, 48% of cotinine-validated, self-reported non-smoking adults said they were not exposed to smoke in any of the places they were asked about (at their own / other’s home, at work, in cars / vans, outside buildings, or in public places).

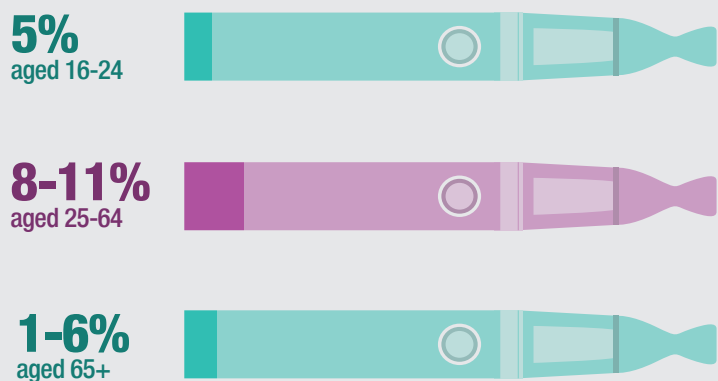


Those in the least deprived areas were most likely to live in homes where people cannot smoke indoors or outdoors



In 2017, levels of e-cigarette usage was highest in the middle age groups

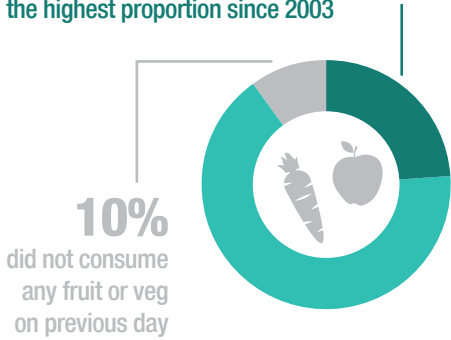
- In 2017, current e-cigarettes use among adults was 7%, the same level as in 2015 and 2016 and a significant increase from 5% since 2014.
- The proportion of adults that had ever used e-cigarettes increased from 15% in 2014 to 19% in 2017.



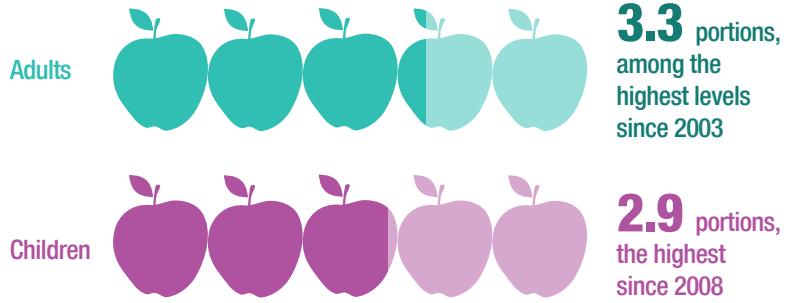
# CHAPTER 6 DIET

## 24% of adults

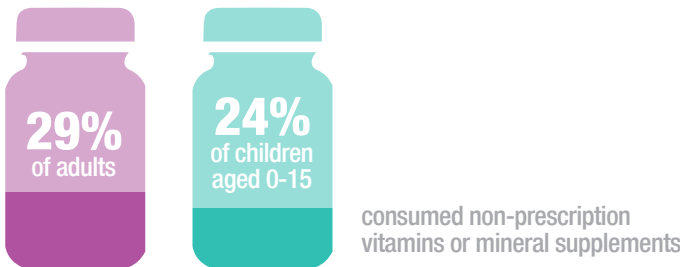
met the 5-a-day recommendation, the highest proportion since 2003



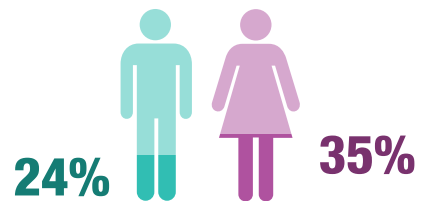
Both adults and children have increased the number of portions of fruit and vegetables they eat a day



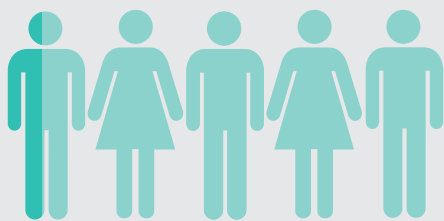
- In 2017, as in previous years, mean fruit and vegetable consumption per day was higher among women (3.5 portions) than men (3.2 portions).



Women were more likely than men to take vitamins or mineral supplements



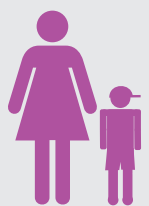
- One in five adults (19%) and children (20%) consumed a supplement containing vitamin D.
- Supplements containing folic acid were consumed by 7% of women (aged 16-49) in 2017.
- Around one in four people (24-25%) living in the two most deprived quintile areas reported current consumption of any form of supplement compared with around one in three (30-34%) of those living in the three least deprived quintile areas.



8%

of adults experienced food insecurity in 2017 (as defined by being worried during the past 12 months that they would run out of food due to lack of money or resources)

The household types most likely to have worried during the previous 12 months that they would run out of food due to a lack of money or resources were:



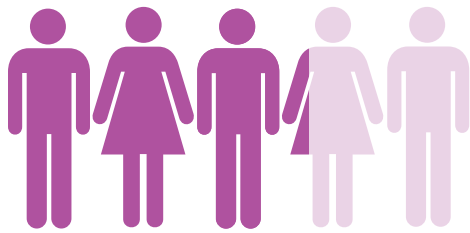
Single parents  
21%



Adults aged 16-64 living alone  
20%

- Worrying about running out of food was more common among those living in the most deprived areas (18% compared with 3% living in the least deprived areas).
- Households with one or two adults, at least one of whom is aged 65 or over, with no children were the least likely to report worrying about running out of food (1-2%).

# CHAPTER 7 PHYSICAL ACTIVITY

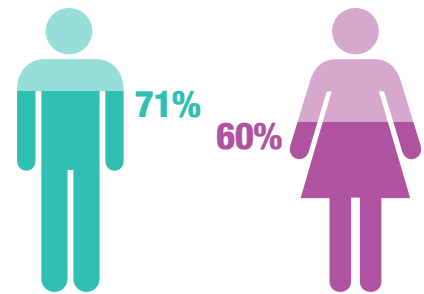


## Two thirds of adults

(65%) met the guidelines for Moderate or Vigorous Physical Activity (MVPA) in 2017, a slight increase since 2012 (62%)

- Adherence to the guidelines tended to decline with age, from just over three-quarters of those aged 16-44 (76-78%) to just over a quarter of those aged 75 and above (28%).
- Older adults were more likely than younger to have very low levels of activity (equivalent to less than half an hour a week of moderate exercise); half of all adults aged 75 and above (50%) compared to one in nine of those aged 16-44 (10-12%) had very low levels of activity.

Men continued to be more likely than women to meet the MVPA guidelines

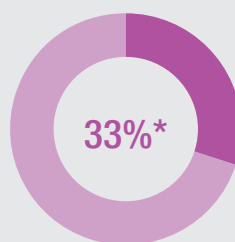
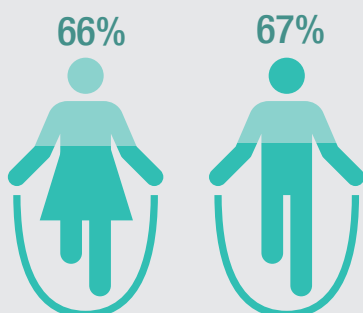


- Adherence to the MVPA guidelines was more common among adults in less deprived areas, declining from 72% in the least deprived quintile to 56% in the most deprived quintile.
- Men spent around one and a half times as long as women doing any form of moderate to vigorous physical activity each week, an average of 15.1 hours for men compared to 9.9 hours for women.

Physical activity levels for children aged 5-15 did not vary significantly by deprivation, but participation in sport for children aged 2-15 in the previous week did



67% of children aged 2-15 had participated in sport in the last week, with similar rates for boys and girls

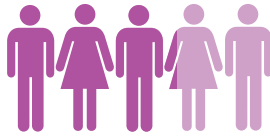


of children aged 5-15 met the guideline of at least 60 minutes physical activity on each day of the previous week (\*this is a new measure of physical activity)

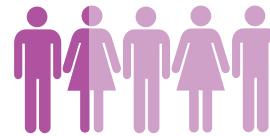
- The proportion of children meeting the physical activity guidelines declined with age, from 45% of those aged 5-7 to 38% of those aged 8-10 to 28% of those aged 11-12 to 18% of those aged 13-15.
- Participation in sport was lowest for teenage girls (45% of those aged 13-15) and for pre-school boys (48% of those aged 2-4).

# CHAPTER 8 OBESITY

In 2017

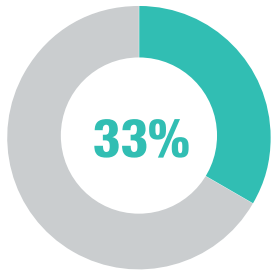


**two thirds**  
(65%) of adults were overweight, including



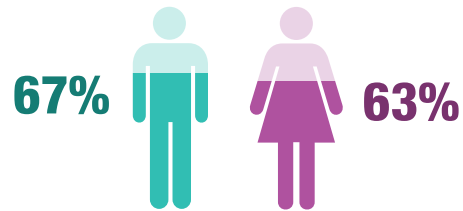
**29%**  
who were obese

- Around two thirds (65%) of adults were overweight or obese (BMI of 25 kg/m<sup>2</sup> or greater). This has remained stable since 2008 (fluctuating between 64% and 65%).
- Levels of obesity, including morbid obesity (BMI of 30 kg/m<sup>2</sup> or greater), among all adults remained at 29%, unchanged since 2015. This is significantly higher than in 2003 (24%).

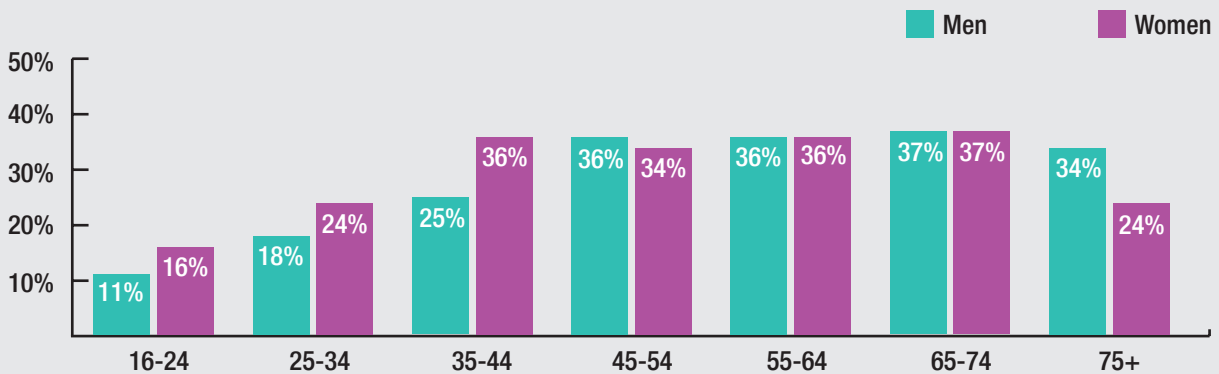


33% of adults were a healthy weight (a BMI of between 18.5 and 25)

A greater proportion of men were overweight or obese than women

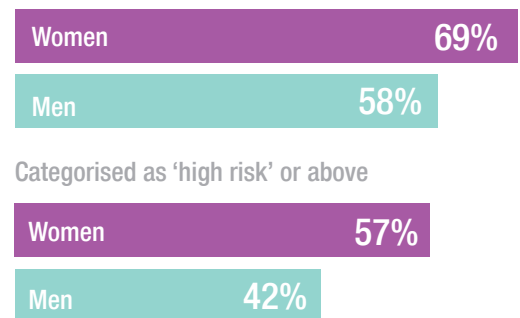


Levels of obesity tended to increase with age

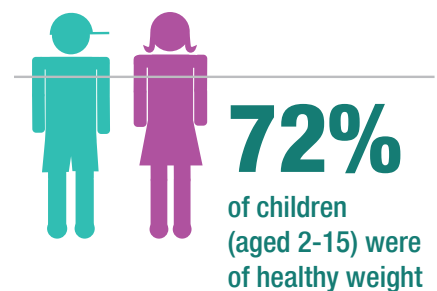


- In 2016/2017, the proportion of men and women with a raised waist circumference (men: larger than 102 cm, women: larger than 88cm) had increased since 2003. For women the increase was more profound, from 39% in 2003 to 54% in 2016/2017 (an increase of 16 percentage points), whereas for men the increase was from 28% in 2003 to 38% in 2016/2017 (an increase of 10 percentage points).
- Health risk based on BMI and waist circumference increased with age for both men and women.

Increased health risk based on BMI and waist circumference



- Prevalence of children at risk of obesity in 2017 was 13%, with levels showing a steady decline since 2014 (16-17% between 2003 and 2014), this is largely due to the decline in prevalence among boys from 20% in 2012 to 12% in 2017.
- In 2017, the proportion of children of a healthy weight decreased with age; with children aged 2-6 being the most likely to fall within the healthy weight range (78%), compared with 66% of children aged 12-15.

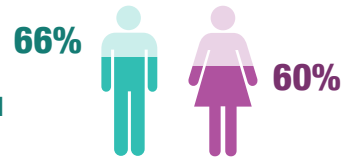


# CHAPTER 9 GAMBLING

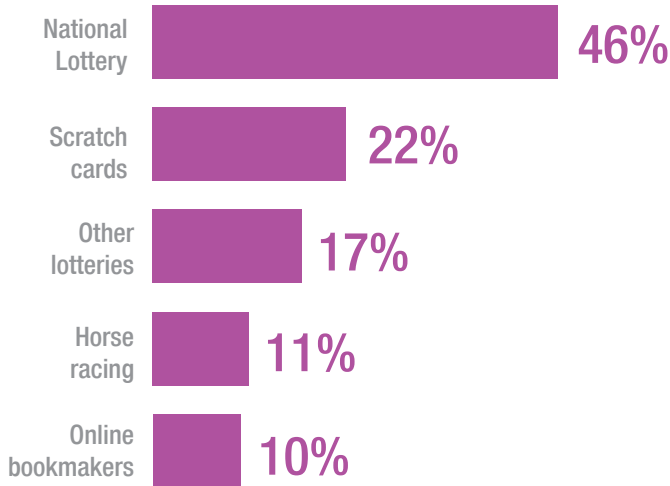


**6 in 10**  
(63%) adults had gambled in last 12 months

Men were more likely to have gambled than women



## Most popular gambling activities



- In 2017 adults took part in an average of 1.5 gambling activities in the past year.
- Excluding the National Lottery completely, 12% of all adults had participated in online gambling, with men more likely than women to do so (18% of men, 6% of women).
- Men took part in a wider range of activities than women; of the 19 different gambling activities 7 were undertaken by more than 10% of men whereas only 3 different gambling activities were undertaken by over 10% of women.
- Overall, more than 1 in 10 (12%) adults participated in four or more gambling activities in the last year with men more likely to do so (17% of men compared with 7% of women).

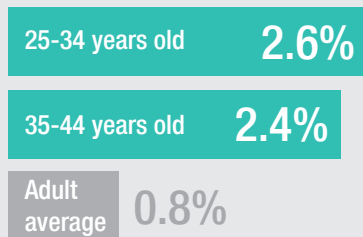
- The youngest and oldest age groups had the lowest gambling participation rates (51% of those aged 16-24 and 44% of those aged 75 and over) with participation highest among those aged 45-54 (73%). This pattern was largely influenced by national lottery only gambling – once this is excluded gambling activity was at its highest for those aged 25-34 (58%), gradually decreasing to 25% among those aged 75 and over.
- Adult gambling activity participation decreased from 70% in 2012 to 63% in 2017; largely driven by a decrease in National Lottery participation from 58% in 2012 to 46% in 2017.



0.8% of adults were problem gamblers

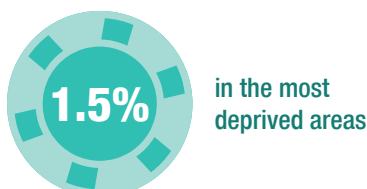
1.4% of men, and 0.2% of women

Problem gambling was particularly high among younger men



- Prevalence of problem gambling was lowest among men aged 65-74 (0.2%). For women aged 16-24 and 45 and over there were no cases of problem gamblers among survey participants.

- Adults with a GHQ-12 score of 4 or more (indicative of a possible psychiatric disorder) were more likely to be classed as a problem gambler according to the DSM-IV scale than those with a GHQ-12 score of 0 (1.7% for those with a score of 4 or more compared to 0.3 for those with a score of 0). This association was particularly evident for men – 3.4% of men with a GHQ-12 score of 4 or more were identified as problem gamblers compared with 0.6% for those with a score of 0.





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Any enquiries regarding this publication should be sent to us at  
The Scottish Government  
St Andrew's House  
Edinburgh  
EH1 3DG

ISBN: 978-1-78781-215-4 (web only)

Published by The Scottish Government, September 2018

Produced for The Scottish Government by APS Group Scotland, 21 Tennant Street, Edinburgh EH6 5NA  
PPDAS451086 (09/18)