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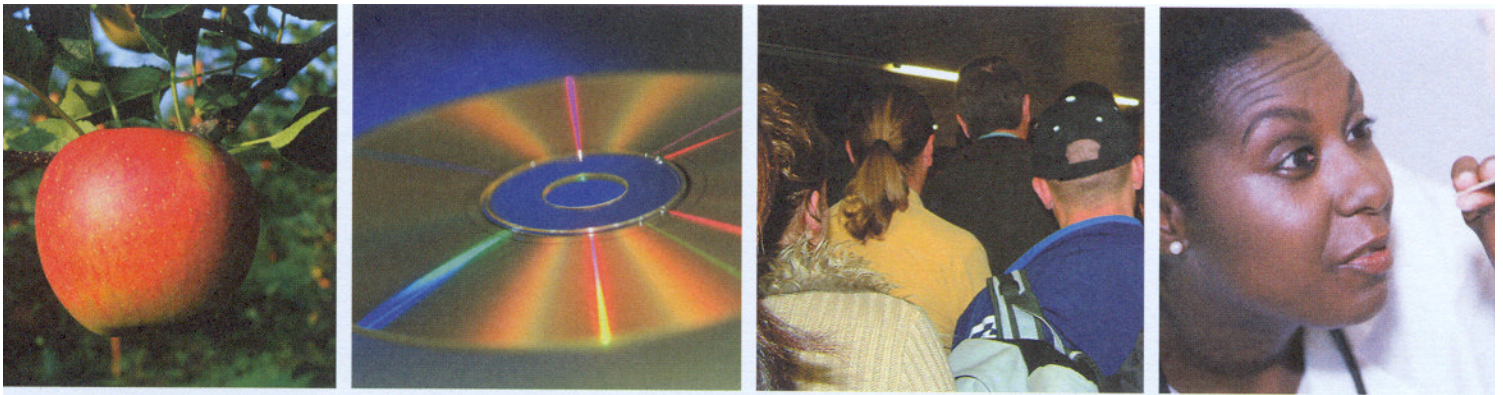
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Kent 2005 Survey of Health and Lifestyle: Geographical Report



Commissioned by: Kent County Council

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Kent 2005 Survey of Health and Lifestyle: Geographical Report

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**Commissioned by:
Richard Spoerry, Kent County Council**

Centre for Health Services Studies (CHSS)

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SUMMARY

5800 adults responded to the Kent 2005 survey of health and lifestyle. This report provides the overall results, showing how a wide range of aspects of people's lives varied by their age, their gender, and the area where they lived.

Three additional reports cover the topics of physical activity and obesity in greater detail. There is also a separate report about people who acted as carers to their family, friends or neighbours.

Results in this report have been standardised to the Kent population, by adjusting for variations in response across age, sex and local authority, thereby enabling Kent-wide comparisons to be made. There are sections describing the responses to questions on demography, health, lifestyle, social cohesion, and physical activity among the working population, highlighting statistically significant differences from the Kent average when the responses are broken down by:

- age and sex,
- level of deprivation (using the 20% nationally most deprived, 60% intermediate and 20% least deprived areas based on the Index of Multiple Deprivation 2004),
- local authority,
- PCT.

The body of the report covers the main findings, and detailed results are given in tables (see Appendix.C).

The survey is planned to be repeated in 2008.

Headline results

Up to the age of 65, half the survey respondents rated their health as excellent or very good. The proportion with excellent health decreased for older people and for those living in the most deprived areas. Over a third said they had a long-term illness or condition that troubled them over time, and slightly fewer suffered from asthma, bronchitis, diabetes, heart disease or Parkinson's disease. Only around one in five said their health limited them in moderate physical activities and one in eight said their health had got worse over the last year. Just under one third had symptoms of depression and around one in six had symptoms of anxiety. In general, health deteriorated with age, and men rated their health as better than women.

Obesity levels were highest for the 50-64 age-group, and for people living in the most deprived areas. The majority thought they ate a healthy diet and approaching half said they ate the recommended 5-a-day portions of fruit and vegetables. Nevertheless, many people felt they were not the right weight and many were trying to keep their weight down.

Over a half considered themselves to be physically active, and a quarter said they met the recommended target for exercise (undertaking 30 minutes or more moderate physical activity on 5 or more days per week). Lack of leisure time was the main

reason not to take more exercise, although lack of incentive and lack of money were also significant barriers.

Nearly one in five smoke. Smoking was most prevalent among younger people, and in areas of greatest deprivation. Over one third of smokers had seriously tried to give up in the last year, by no means all were aware of smoking cessation services in their area and only one in ten smokers had used local services.

Daily drinking was much more common among men and increased in most affluent areas. Quite small numbers of people drank above the recommended weekly limits of alcohol, although one in five in the most deprived areas regularly drank six or more units of alcohol in a single session.

The great majority enjoyed the area where they lived, and this increased with age. Over two thirds trusted many or most of the other people in their neighbourhood, and a similar number said they could ask someone for help if they were ill and needed help at home. One in six were informal carers giving unpaid care to a family member, friend or neighbour.

People aged 50-64

A few significant results were noted for people aged 50-64. They were the age-group most likely to be obese, although women in this age-group were most likely to eat 5 portions of fruit and vegetables each day, and both sexes maintained high levels of physical activity. There were more carers in this age-group, with 23% of men and 30% of women providing unpaid care required by family, friends or neighbours due to long-term physical or mental problems or problems of old age.

Physical activity among the working population

Working people were quite similar in the proportion who undertook the recommended levels of physical activity, however, younger working adults were a little less likely to meet the target compared to others their age, and those who were still working beyond 65 were much more likely to meet the activity target than their non-working contemporaries. Over half of those working said their jobs provided them with daily exercise, and one in five said they would exercise more if there were more easily available facilities. Only small proportions went to work on foot or by bicycle, or used workplace programmes for exercise.

Health and lifestyle by level of deprivation

The 20% nationally most deprived super-output areas (SOAs) that fall in Kent were characterised by poor levels of health and lifestyle on most indicators in this report, for example they had high levels of deteriorating health, chronic illness, obesity, risk of depression and anxiety. Also there were fewer eating healthily and twice as many smoked compared to the 20% least deprived areas. There was only a very small number of indicators that showed people living in the most deprived SOAs having similar results to those in the intermediate or least deprived areas. These exceptions were that quite similar proportions used wheelchairs or buggies, were trying to keep their weight down, met the physical activity target, there were more smokers who had

tried to give up, were aware of and had used cessation services (but not significant), similar proportions drank alcohol every day, similar proportions of people had regular contact with neighbours, could ask for help when they were ill and were carers. The only significant result to go in favour of the most deprived areas was that more considered public transport to be good. The results using the nationally most and least deprived 20% SOAs were similar to comparing the locally most and least deprived SOAs (using Kent & Medway as the baseline).

Findings at local authority level

The report highlights where individual local authorities differed from the Kent average, and these are summarised as follows:

Ashford stood out on very few indicators. Compared to Kent as a whole, it had the least with excellent health, and the lowest proportion who considered themselves to be physically active. Fewer people said that public transport was good.

Canterbury residents enjoyed living in the area and considered public transport to be good. There were fewer home-owners, and people had less contact with their neighbours. High numbers were undertaking the recommended level of physical activity or were close to meeting the target. Fewer smokers here had used smoking cessation services.

Dartford had the lowest numbers with long-term limiting illness, fewest with specific chronic diseases and least saying that their health was deteriorating over time. Fewer said they ate healthily, fewer met the 5-a-day target, and fewest said they were trying to keep their weight down. However Dartford residents were most likely to keep within the recommended weekly alcohol intake. Respondents did not particularly like the area where they lived and levels of trust and contact with neighbours were lowest here.

Dover residents enjoyed living in the area and had most frequent contact with neighbours. Fewer people had any educational qualifications and here there were least in professional and managerial occupations. There were most obese people and more people who lacked the incentive to take more exercise. Access to healthy food was poorest, and fewer people than the Kent average ate 5 portions of fruit and vegetables a day. There was better awareness of and the highest uptake of smoking cessation services.

Gravesham had the highest proportion in mixed race and ethnic minority groups, most people in low-skilled jobs, fewer in professional and managerial occupations, and least people enjoyed living there. Fewest people said they ate healthily, fewest met the 5-a-day target, and most said it was difficult to eat healthily as they did not enjoy healthy foods. Gravesham had one of the highest proportions of daily smokers and had most who were regular heavy drinkers.

Maidstone respondents had a lower than average risk of depression and there were few regular smokers. More people said they had insufficient time to eat healthily because of their job, and more were trying to keep their weight down. Fewest were

meeting the physical activity target although lack of incentive to take more exercise was less of a barrier here.

Sevenoaks had a number of signs of greater affluence (people enjoyed living there, there were highest levels of trust in neighbours, most car owners, poorest ratings of public transport, fewer without qualifications, most in professional and managerial occupations, and most drinking alcohol every day). This area had the most with excellent health, fewer with depression, and the lowest number with chronic illness. Most met the 5-a-day target, although more said they had insufficient time to eat healthily because of their job, and most were trying to keep their weight down.

Shepway had fewer people with excellent health, most with symptoms of anxiety, and one of the lowest proportions who said they were physically active. It had the highest percentage of smokers who had seriously tried to give up in the last year. Public transport was good, there was greater contact with neighbours and the highest proportion of informal carers.

Swale residents found the local transport less good, there were more without any educational qualifications, and they had highest levels of chronic illness. Compared to the Kent average, least were physically active and more found lack of incentive a significant barrier.

Thanet stood out on many indicators. There were most respondents living alone, least home-owners, poorest access to a car or van, although most thought public transport was good. There were most with no qualifications, fewer in professional and managerial occupations, lowest levels of trust, and the lowest numbers who could ask for help from neighbours. There were most with poor health, most with limiting long-standing illness, whose health was deteriorating, whose health limited them from undertaking moderate exercise, and most at risk of depression. There were low levels eating healthily, low numbers meeting the 5-a-day target for portions of fruit and vegetables, and most people lacking the incentive to take more exercise. There were most smokers, especially daily smokers, but with good awareness of local stop smoking services and uptake of these compared to the Kent average.

Tonbridge and Malling stood out on only a few indicators. There were fewer people in low-skilled jobs, and more trust in neighbours. More thought they ate a healthy diet, smoking was least prevalent and they were the most bothered by smoke in public places.

Tunbridge Wells had various signs of affluence including least with no qualifications, fewest in low-skilled occupations, and most in professional and managerial jobs. More said their health was excellent, fewer had chronic illness, least were limited in carrying out day-to-day activities by their health, least were obese, least were at risk of depression and least had anxiety symptoms. Compared to the Kent average, most ate healthily, more met the 5-a-day target, and most were happy with their weight. Most people considered themselves physically active, it had one of the highest proportions meeting the recommended levels for exercise, and the lowest lacking the incentive to exercise more. It had the lowest number of smokers using cessation services and it also had the lowest proportion of carers.

Comparison between PCTs

Comparisons were also made at PCT level. East and West Kent PCT areas sometimes differed from Kent as a whole, although comparison at this level can obscure some of the interesting distinctions that have been identified at local authority level. Comparison between PCTs also leads to quite small differences (of around 3%) being identified as statistically significant, simply because of the larger sample sizes.

Compared to the whole of the county, East Kent PCT area had more people living alone, more with no qualifications and more people felt that local transport was good. In East Kent, there were fewer people with excellent health, more with long-term limiting illness, more with specific chronic illnesses, more whose health limited them in day-to-day physical activities, and more at risk of depression. In East Kent fewer said they ate healthily, and fewer claimed to be physically active. Awareness and uptake of smoking cessation services was better in East Kent. There were more informal carers in East Kent providing 20 hours or more of caring per week.

INTRODUCTION TO THE REPORT

The Kent 2005 survey was designed to set a baseline for the Kent PSA Target, to demonstrate the change in physical activity over the next three years and the effect on obesity in the county.

This report provides results for all sections of the survey covering the demography of responders, measures of health, lifestyle (diet, physical activity, smoking and alcohol), social cohesion (including caring) and workplace activity. It describes how health and lifestyle varied with age and gender, between areas of comparative deprivation and affluence, and makes comparisons between local authorities, PCTs and the whole of Kent.

Separate reports cover the topics of physical activity, obesity and carers in greater detail. To date the topic reports are:

- First report of Physical Activity and Obesity from the Kent 2005 Survey of Health and Lifestyle, Palmer A, Jenkins L, Hastie C, November 2006.
- Second Report from the Kent 2005 Survey of Health and Lifestyle: Obesity and Physical Activity, Palmer A, Jenkins L, Hastie C, April 2007.
- Short Report, Kent 2005 Survey of Health and Lifestyle: Moderate Physical Activity and Obesity by Local Authority, Palmer A, Jenkins L, Hastie C, April 2007.

METHOD

A postal survey of 22861 people across Kent was carried out (2% of the resident population aged 16 and over). The sampling frame was the GP registration list from the Kent Primary Care Agency. Names, addresses, date of birth and NHS number for patients aged 16 and over registered with the Kent Primary Care Agency were downloaded and a one in fifty sample obtained electronically using SPSS statistical analysis package.

The people in the derived sample were sent a postal questionnaire in October 2005 together with an information sheet and a freepost envelope for returning the questionnaire. Non-responders at four weeks were sent a reminder postcard. Further contact was made with non-responders after six weeks when they were sent another questionnaire (after Christmas), and again after a further eight weeks when they were sent another reminder post card. People were asked if they were willing to take part in the next survey (planned for 2008). More details of the methods are given in Appendix A.

The questionnaire was also available for completion on-line or in downloadable form on the CHSS computer through a website set up for the purpose and accessible through links on Kent County Council, local authority and NHS websites.

The questionnaire was designed to be relatively easy to answer assuming basic reading ability of English. It asked about health, diet and weight, physical activity, transport and commuting, smoking, alcohol consumption, the neighbourhood where

people lived, informal caring and socio-demographic details. It had a particular focus on physical activity and caring. The questionnaire appears in Appendix B.

Questions were those used in earlier Kent surveys (Apple-a-day, HealthQuest SouthEast and Kent & Medway 2001) or from other trusted sources and research. For example, the questions about health included the widely used SF-36 items, and also CIS-R for anxiety and depression. Social Capital questions were included in the section on neighbourhood, the National Statistics Socio-economic classification (NS-SEC) was used for occupational class, and the Census questions were used for ethnicity.

Responses were entered into an SPSS database, which was used for data checking, cleaning, creating derived variables and analysis. Results have been standardised to the Kent population to enable comparisons to be made. Details of how the weights were calculated are given in Appendix A.

RESULTS

This report provides a commentary of headline results across the whole survey in sections on demography, general health, lifestyles and behaviour, social cohesion and caring, and workplace activity. The responses to key questions have been analysed in several ways: by age and gender, for the national 20% most and 20% least deprived geographical areas using the 2004 Index of Multiple Deprivation (IMD 2004), for individual local authorities, and for East and West Kent PCTs. Results throughout have been standardised to the Kent population. 95% confidence intervals were calculated to test whether proportions were statistically significantly different from the comparator proportion, ie whether individual age/sex groups, deprivation levels, local authorities or PCTs differed from Kent as a whole. Statistically significant results are given in the text, backed up by all the detailed figures in Appendix C.

Local authorities should note that figures weighted to their own area (rather than to the Kent population) would be slightly different. These can be supplied, but a preliminary examination found that results weighted to individual local authority were similar to those weighted to the Kent population.

It should also be noted that the weighting has been applied consistently in the report, even when reporting age/sex results. This was done because the age-groups used are quite wide (16-34, 35-49, 50-64 and 65+) and response rates within these bands varied up to two-fold. It was also necessary to apply a weighting when estimating the results for men and women. Without the weighting, the needs of low responding sectors of the population such as men and young adults, are understated.

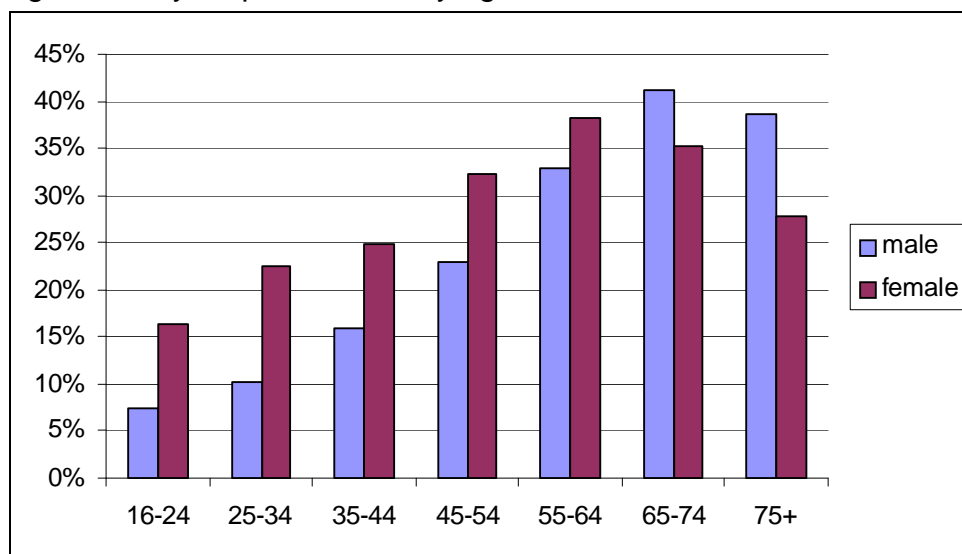
5800 completed returns were received and included in the analysis. A small number of online responses (46) is included. The breakdown of the response is shown below (Table 1). Taking out those who had died, moved away and to whom the survey was not delivered, the response rate was 26.7%.

Table 1 Response to mail out

	Number	%
Died	53	0.2
Incapable, too ill, too old	143	0.6
Moved away	50	0.2
No response	14943	65.4
Royal Mail returns	1065	4.7
Refusal, blank returns	807	3.5
Completed	5800	25.4
Total	22861	100.0

When compared to ONS estimates of the population of Kent, response rates were overall low, 22.4% for men and 28.2% for women, but with the types of variations between age and gender that are quite usual for postal self-complete surveys (Fig 1). Response from younger people (aged 16-44) and men was poorer, making the response rates for young men especially low. Best responses were from older people aged 55 and above. Rates for the oldest band (75+) were not consistently high as can be seen from the lower rates among women aged 75+ in Dartford, Gravesham, Thanet and Shepway. The number of respondents and response rates by age and sex is shown for each local authority in appendix A.

Fig 1 Survey response rates by age and sex



Because of the variation in response, weights or multiplying factors were calculated, that would weight the responses to the expected distribution across age (in 10-year age-bands), sex and local authority and enable Kent-wide comparisons. The weights are shown in Appendix A.

1 DEMOGRAPHY

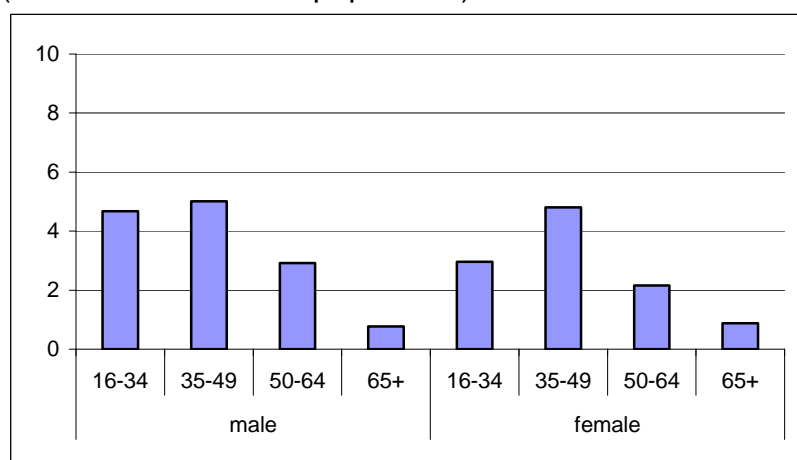
- Ethnicity
- Living alone
- Home ownership and access to car
- Education, employment and occupation

The survey asked about personal circumstances, such as ethnic origin, the make-up of the household, whether any household members received state benefits, whether people owned their home, whether they had access to a car, what qualifications they had, their employment status and occupational details. To see the precise wording of the questions asked, go to questions 83-99c in Appendix B, and for the full results see Appendix C.

Ethnic origin (Q86)

Results have been standardised using weighting factors to remove the effect of differing response rates by age, sex and local authority, but it was not possible to adjust for ethnicity. 3.2% of respondents to the survey were in mixed race and minority ethnic groups, and with increasing age there were increasing proportions in the white group (Fig 2). This indicates a poorer overall response from people belonging to mixed race and minority ethnic groups, especially among older people.

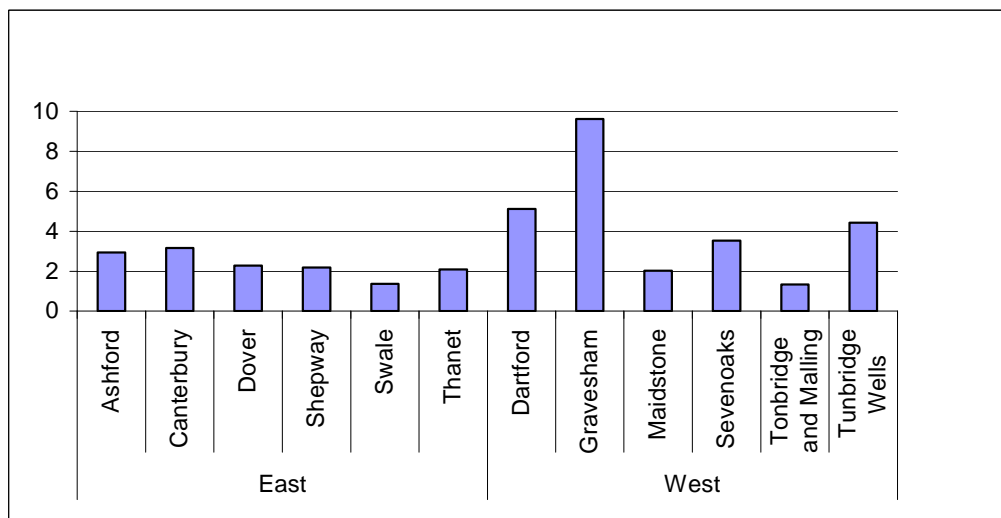
Fig 2 Percentage in mixed race or minority ethnic groups by age and sex (standardised to Kent population)



There was no difference in the proportion in minority ethnic groups across levels of deprivation, using the national 20% most deprived and 20% least deprived super-output areas (SOAs).

The proportion of respondents from minority ethnic groups showed some variation across the county, with a high of 9.6% in Gravesham (Fig 3).

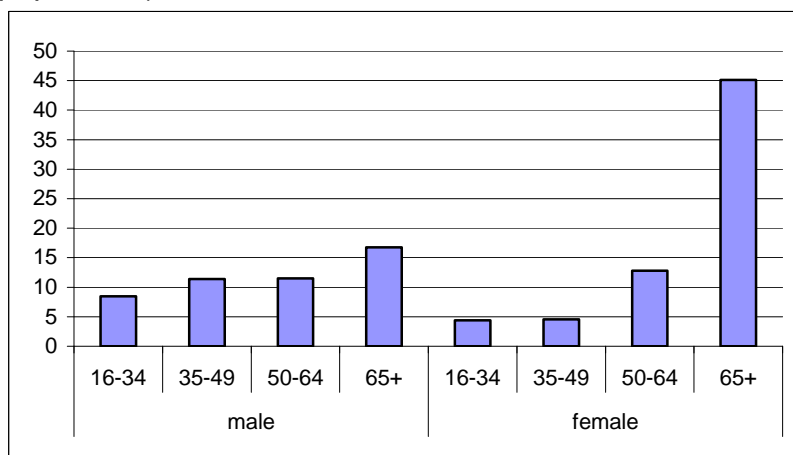
Fig 3 Percentage in mixed race or minority ethnic groups by LA (standardised to Kent population)



Living alone (Q87)

Overall 13.9% of respondents lived alone. Approaching half (45.1%) the women aged 65+ lived alone, and the survey showed that living alone was more common for younger men (16-44) compared to women in this age bracket (Fig 4).

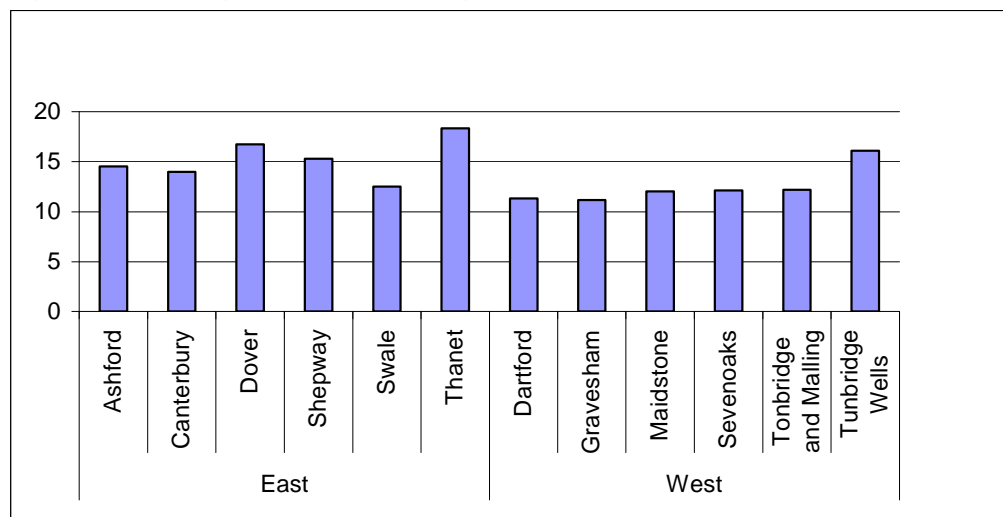
Fig 4 Percentage of people living alone by age and sex (standardised to Kent population)



More people living in the national 20% most deprived areas lived alone (22.6% compared to 12.2% in the least deprived quintile).

There were more living alone in East Kent, and among all local authorities Thanet was statistically significantly higher (18.3%). Quite a few lived alone in Tunbridge Wells compared to the rest of West Kent (Fig 5)

Fig 5 Percentage of people living alone by LA (standardised to Kent population)



Home ownership (Q91)

The majority of respondents were owner occupiers (69.3%), with lowest levels among the youngest age-group and the national 20% most deprived areas. Across the county levels were lower in Thanet (62.3%) and Canterbury (64.7%).

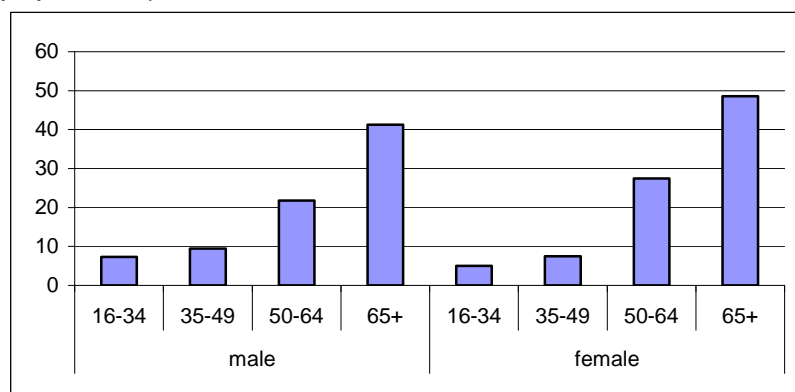
Car or van available to household (Q94)

The great majority of people in the survey (87.4%) lived in households with access to a car or van, although this dropped considerably for women aged 65+ and the most deprived group. People in Sevenoaks had best access and in Thanet worst access to a car or van (91.2% compared to 80.5%).

No educational qualifications (Q96)

People were asked if they had O-levels/GCE/CSE or a variety of other qualifications. A large number of older people said they had no qualifications, which could be an under-estimate if they did not equate their qualifications with the responses offered. See Fig 6 and the wording in Q96 in Appendix B.

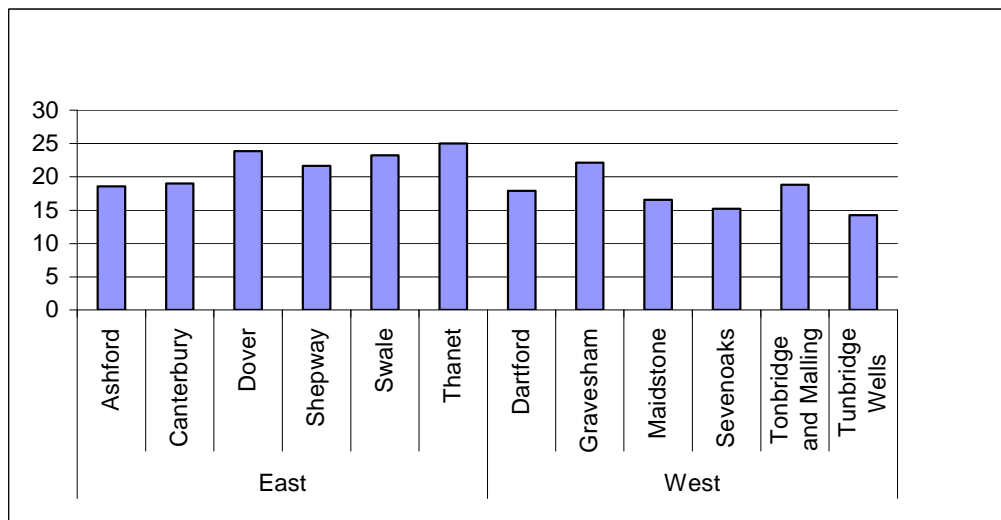
Fig 6 Percentage with no qualifications by age and sex (standardised to Kent population)



People from the most deprived areas were more likely to have no qualifications (30.4% compared to the least deprived 13.9%).

There was some variation in the overall percentage (19.7%) across the county, with a poorer educational outcome in East Kent (seen in Thanet, Dover and Swale) compared to West Kent where Tunbridge Wells and Sevenoaks came out best (Fig 7).

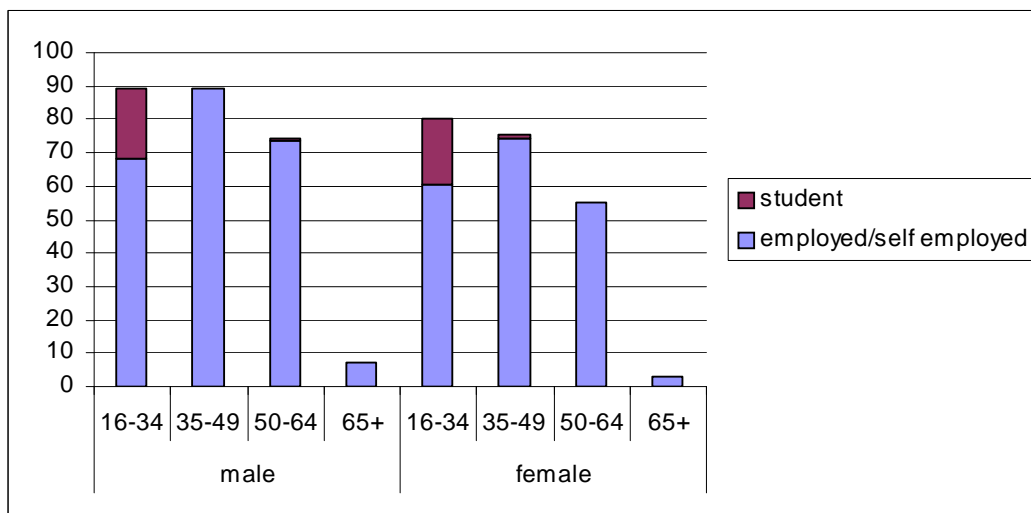
Fig 7 Percentage with no qualifications by LA (standardised to Kent population)



Employment status (Q96) and occupation (Q98a-99c)

Over half (56%) of the survey respondents were employed/self-employed, and this ranged from 47.9% in Thanet to 64.1% in Dartford. Nearly 90% of men under 50 and three quarters aged 50-64 were employed or students. The rates for women were lower, especially for those aged 50-64 where 55.3% of women (compared to 74.2% of men) were employed or students (Fig 8).

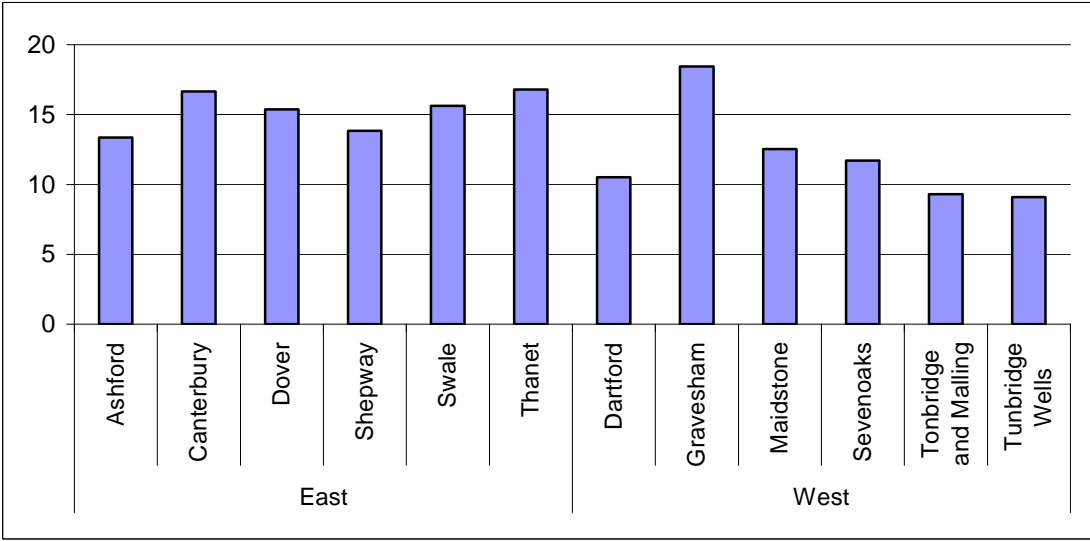
Fig 8 Percentage employed or students by age and sex (standardised to Kent population)



The survey included standard questions on occupation to classify respondents using NS-SEC. Younger people, and to a lesser extent women, were most likely to be in routine and semi-routine occupations. It was also more common in the most deprived areas.

The overall proportion of people working in routine and semi-routine occupations in Kent was 13.8%. There was considerable variation among local authorities in West Kent, ranging from most in low-skilled occupations in Gravesham (18.4%) to fewest in Tunbridge Wells (9.1%) and Tonbridge and Malling (9.3%) (Fig 9).

Fig 9 Percentage of people in routine and semi-routine occupations by LA (standardised to Kent population)



At the other end of the NS-SEC scale, there were 43.8% of respondents in managerial and professional occupations, ranging from low numbers in Dover (36.3%), Gravesham (36.7%) and Thanet (37.1%) to higher numbers in Sevenoaks and Tunbridge Wells (both 53.1%).

See also the results section on workplace activity, which describes physical activity levels of working people.

2 GENERAL HEALTH

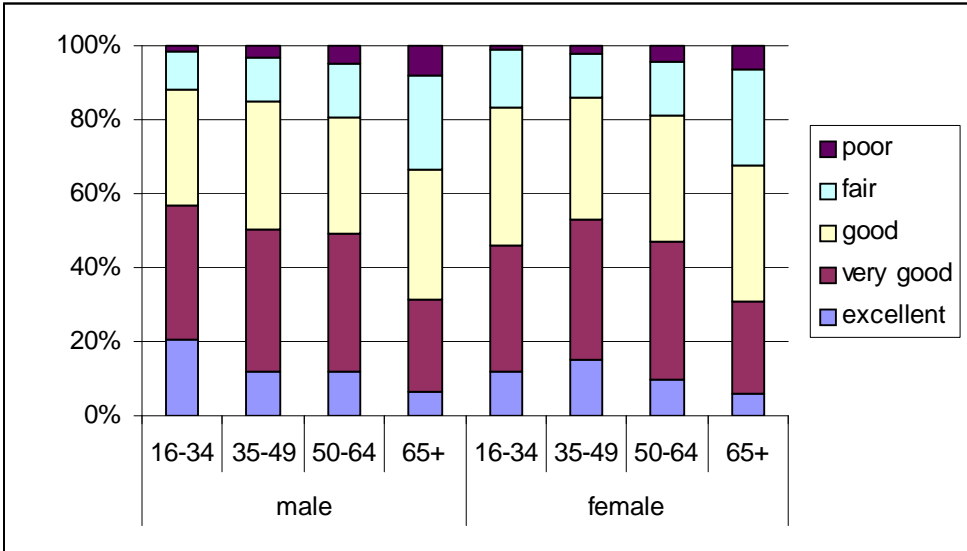
- Self perceived health
- Longstanding illness and limitations due to health
- Mental health
- Chronic diseases
- Obesity

The Kent survey asked a broad range of questions about people’s health, including an overall assessment of health, how it had changed over time, the extent to which physical or emotional health limited daily activities, symptoms of anxiety and depression, and presence of long-term health problems. The precise wording of the questionnaire can be seen in questions 1-27 in Appendix B, and the full results are in Appendix C. The survey also identified people who were overweight and obese from the height and weight information they gave (Q34-35 in Appendix B). Only the headline findings with regard to obesity are given here, as obesity has been covered in detail in earlier reports.

General health (Q1)

Half (49.8%) of those under 65 rated their health highly (excellent or very good), and 15.8% said it was poor or fair. Perceptions of general health generally deteriorate with age, and this was particularly noticeable among the oldest group, where excellent or very good health dropped to less than a third (30.2%), and the proportion with fair or poor health rose to nearly one third (32.1%). An exception to the general trend was seen for younger women (aged under 35), where fewer said their health was very good/excellent, making them quite similar to women aged 50-64. Apart from this difference in the youngest age-group, the differences between men’s and women’s general health were small (Fig 10).

Fig 10 General health by age and sex (standardised to Kent population)

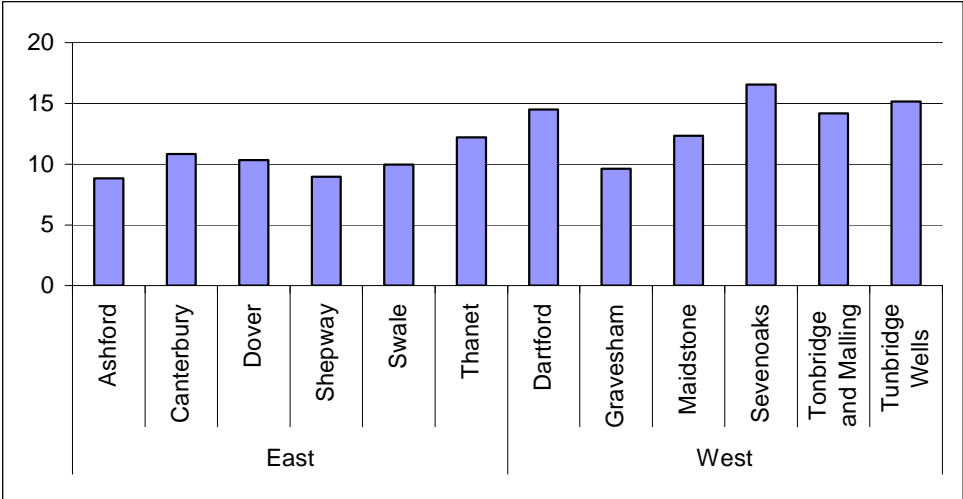


The best and worst health ratings were examined to see how much variation there was in general health across areas of deprivation and between local authorities. Self-reported health was worst for survey respondents living in the national 20% most deprived areas, with only 5.7% in excellent health and 7.8% rating their health as

poor. In the least deprived quintile there were 14.3% respondents in excellent health and 2.3% in poor health.

Perceived excellent health (Fig 11) was most prevalent in Sevenoaks (16.6%) and Tunbridge Wells (15.8%), and least prevalent in Ashford (8.8%) and Shepway (9.0%). Although more people in West Kent reported excellent health (13.8% compared to 10.3% in East Kent) the PCT areas did not differ significantly from the Kent average.

Fig 11 Percentage with excellent health by LA (standardised to Kent population)



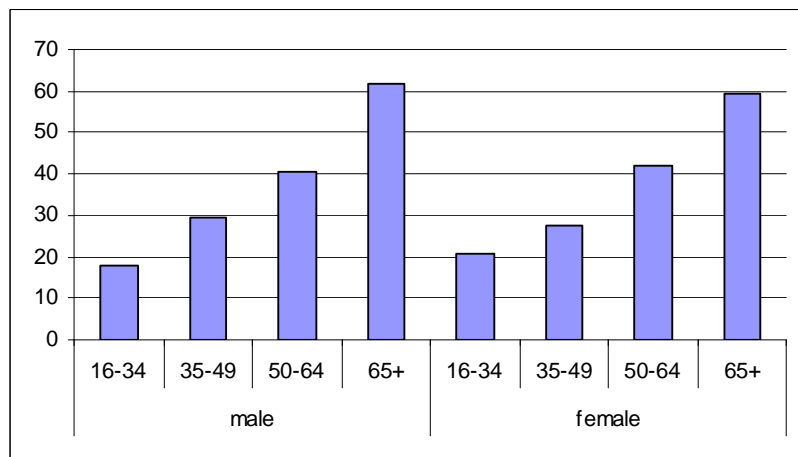
The percentages reporting poor health were small (overall 3.7%) and there was less variation between local authorities, although the percentage reporting poor health rose to 7.6% in Thanet.

Long-standing illness or disability (Q2)

The questionnaire asked about ‘any long-standing illness, disability or infirmity that has troubled you over a period of time, or that is likely to affect you over a period of time’. It also asked how severely the problem limited everyday activities.

There was quite a steep positive gradient of reporting such disabilities with increasing age, which was slightly steeper for men (Fig 12). For the 50-64 year old group, 41.3% said they had a long-term problem that affected them, and even for those under 35 one in five (19.3%) were affected. 69.7% of men and 64.3% of women over 75 reported long-term limiting problems.

Fig 12 Percentage with long-term illness by age and sex (standardised to Kent population)

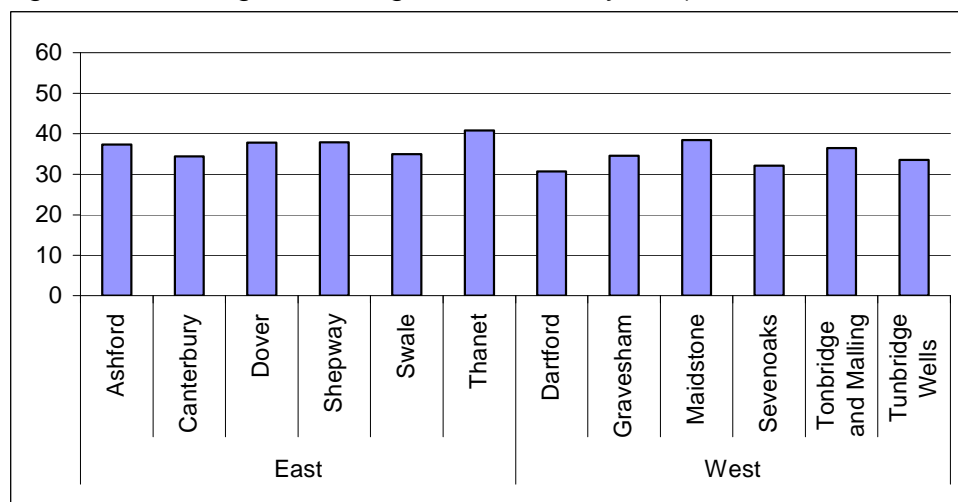


A minority (less than a quarter) of the people with long-term problems reported that the effect of the illness or disability on everyday activities was severe, and this did not increase greatly with age. Wheelchairs or electric buggies were used by small proportions of people with long-standing illness, and mainly the older ones. Wheelchairs were used more by women with long-term disabilities (9.6% aged 65+ compared to only 3.4% of men with disabilities in this age-group). Electric buggies were used by around 5.0% of men and 6.1% of women aged 65+ with long-term illness.

There was a difference by deprivation (IMD 2004), with nearly a half (45.8%) of those in the 20% most deprived areas having a long-term limiting condition, compared to 35.9% in intermediate and 34.1% in the 20% least deprived areas.

At local authority level (Fig 13) statistically significantly more people in Thanet had a limiting long-standing condition (40.8%), and the lowest numbers were in Dartford (30.7%). There was a small East/West difference favouring the west of the county.

Fig 13 Percentage with long-term illness by LA (standardised to Kent population)

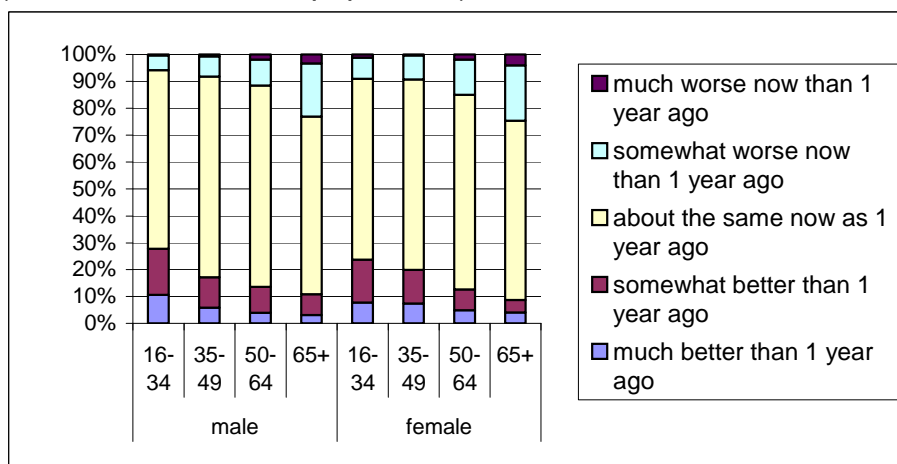


Change in health (Q3)

People were asked how they would rate their health in general compared to a year ago, was it 'much better', 'somewhat better', 'about the same', 'somewhat worse', or 'much worse'. Overall nearly 70% said their health had not changed, 17% said it had got better and 13% said it had got worse.

The proportions getting better and getting worse varied with age. Nearly one in four people aged 65 and over said their health was worse than one year ago. There was less variation between men and women, although more women aged 50-64 said their health had got worse, and men under 35 were more positive about improvements in their health compared to women of the same age (Fig 14).

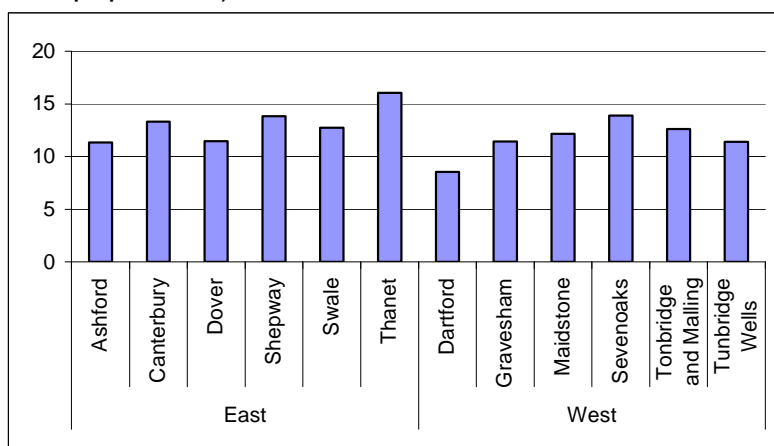
Fig 14 How health has changed compared to a year ago by age and sex (standardised to Kent population)



Looking at the proportion who said their health had deteriorated, there were more people with worsening health (18.2%) in the most deprived areas, compared to 10.1% in the least deprived communities.

Across the county (Fig 15) the highest figure of 16.0% was in Thanet, and the lowest in Dartford (8.5%), both of which were significantly different from the Kent average.

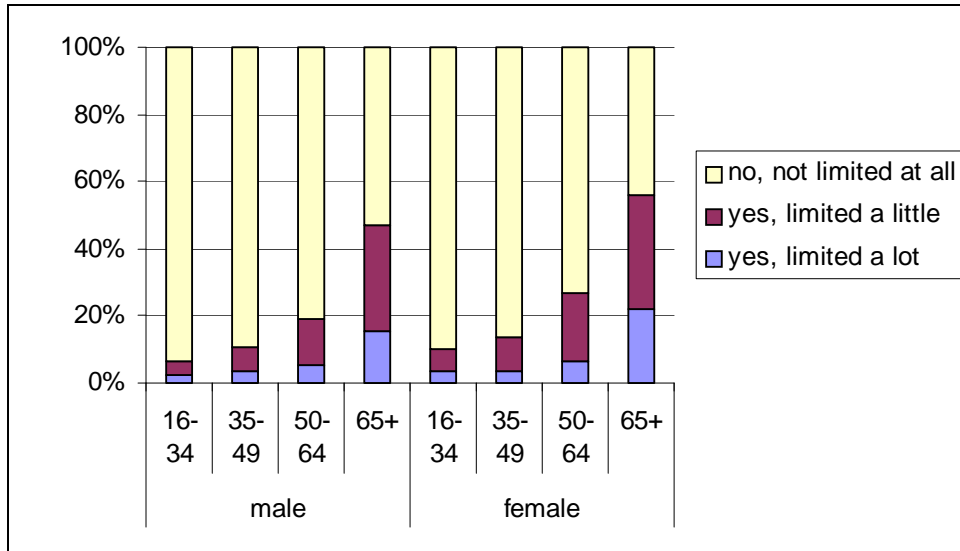
Fig 15 Percentage with worse health compared to a year ago by LA (standardised to Kent population)



Limited in moderate physical activities (Q4b)

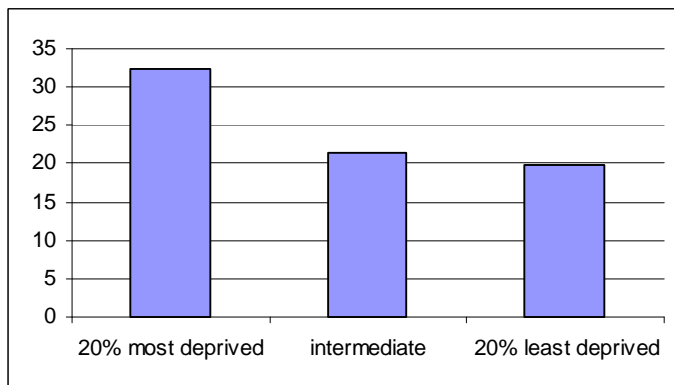
People were asked if their health limited them at all in the kind of activities they might do in a typical day. Examples of moderate activities were pushing a vacuum cleaner or playing golf. The overall picture was that few younger people were limited in carrying out moderate activities, but this rose to around 20% of people aged 50-64, around half aged 65+, and was higher for women of all ages (Fig 16, and see Appendix C for actual figures).

Fig 16 Extent health limits moderate activities by age and sex (standardised to Kent population)



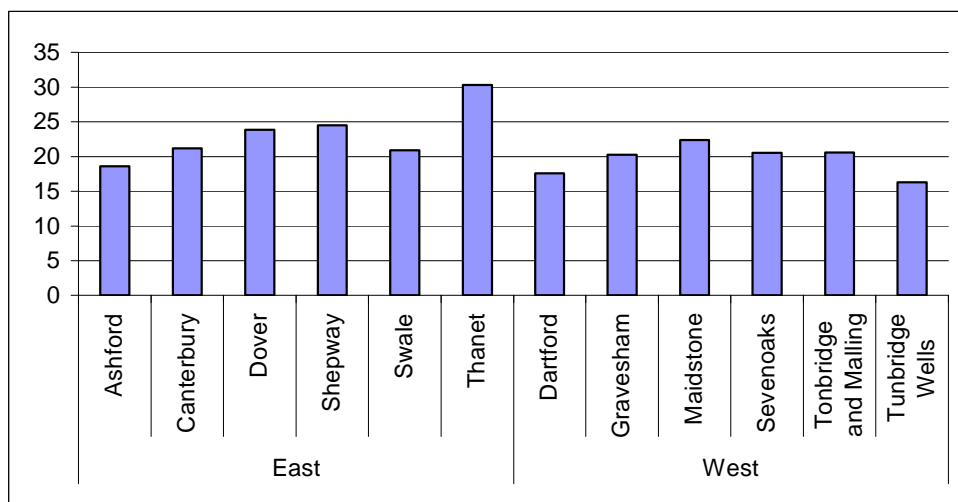
The proportion whose health limited their taking moderate activity rose to 32.4% in the national 20% most deprived areas (compared to 19.9% in the least deprived quintile), which may prove a barrier to efforts to increase physical activity (Fig 17).

Fig 17 Percentage whose health limits moderate activities by area of deprivation (standardised to Kent population)



Across the county Thanet had as many as 30.3% limited in carrying out moderate day-to-day activities, compared to 16.3% in Tunbridge Wells (Fig 18). The number of people in East Kent who were limited was a few percentage points above that for West Kent.

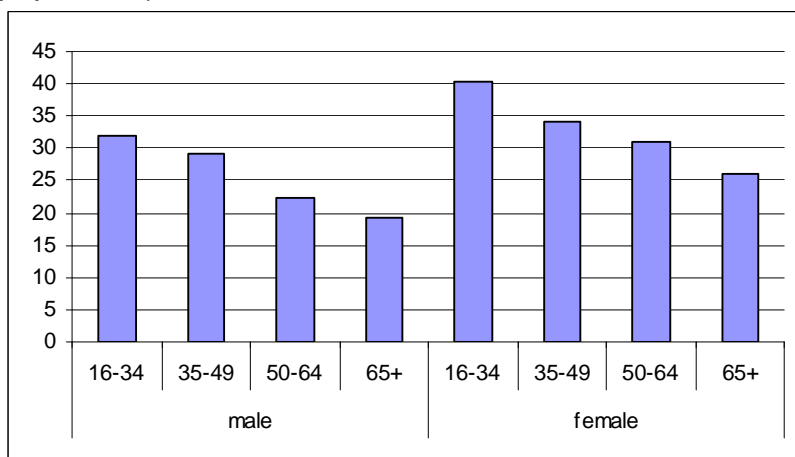
Fig 18 Percentage whose health limits moderate activities by LA (standardised to Kent population)



At risk of major depression (Q13-15)

Three questions (Q13-15) from the SF-36 health questions were used to identify people at risk of major depression. Overall, the survey found 30% were at risk of suffering from depression. Women were at greater risk (33.2% compared to 26.4% for men), and this difference was seen across all age-groups. Risk of depression fell with age (Fig 19).

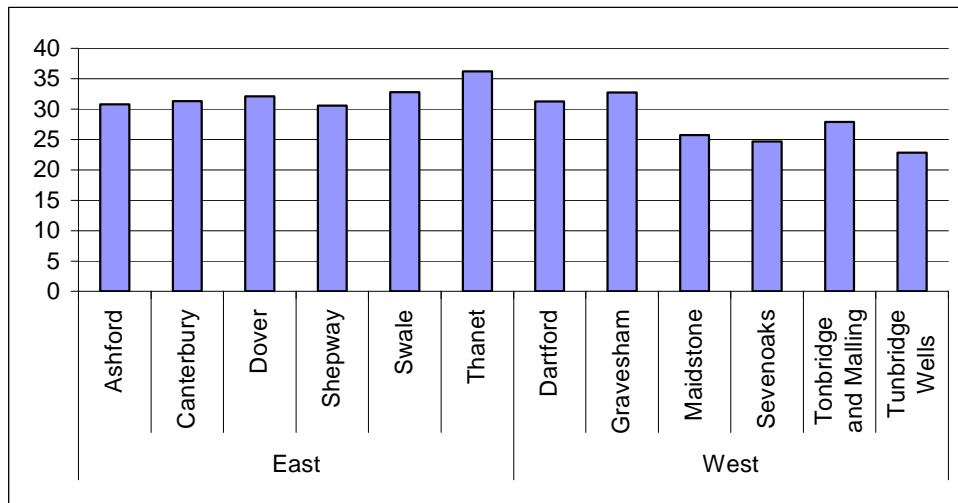
Fig 19 Percentage at risk of major depression by age and sex (standardised to Kent population)



Risk of depression fell quite sharply and was significantly different across areas of deprivation, from 39.0% in the 20% most deprived SOAs to 23.5% in the 20% least deprived SOAs.

Risk of depression was lowest in Maidstone, Sevenoaks and Tunbridge Wells (all were less than 26%), and highest in Thanet (36.2%). (Fig 20) There was also a marked difference between 27.2% in the West and 32.4% in the East.

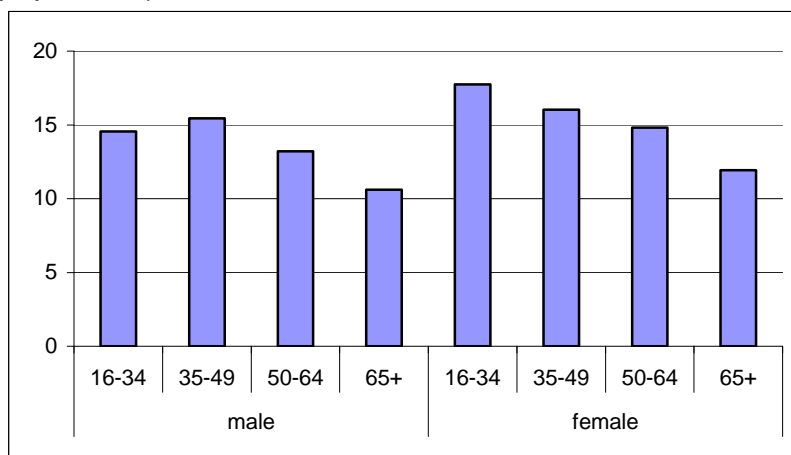
Fig 20 Percentage at risk of major depression by LA (standardised to Kent population)



Severe anxiety (Q19-22)

A score of two or more on the revised Clinical Interview Schedule (CIS-R) indicated that as many as 14.5% in the survey had symptoms of severe anxiety, and highest levels were seen among young women. As age increases anxiety symptoms reduce but not sharply, and compared to depression, the gender difference was quite small. (Fig 21).

Fig 21 Percentage with severe anxiety by age and sex (standardised to Kent population)



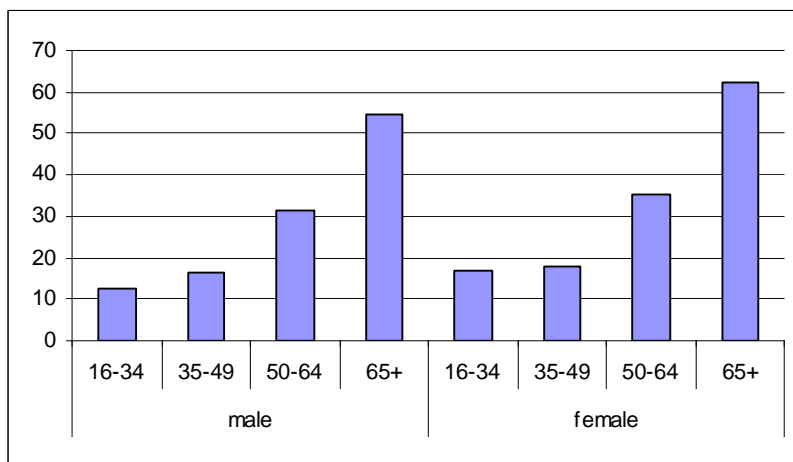
Anxiety levels rose with deprivation levels, from 11.2% in the least deprived to 19.9% in the most deprived quintile.

The range for local authorities went from 11.2% in Tunbridge Wells to 18.7% in Shepway with severe anxiety symptoms, but only Shepway was statistically significant from the Kent average.

Chronic conditions (Q23)

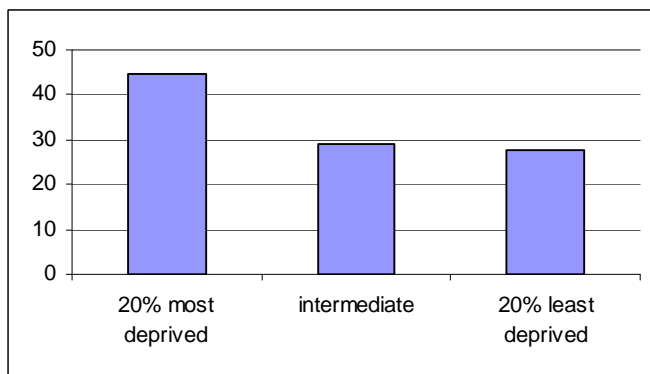
The survey asked about asthma, bronchitis, arthritis, diabetes, heart disease and Parkinson's disease. There was a steady rise in chronic conditions with increasing age, and well over half people who were age 65 and over reported having at least one of the listed conditions. The similarity in health of women under 35 compared to age 35-49 was again noticeable, suggesting that either the youngest group is a cause for concern or that the next age-band is healthier than expected. For men, the youngest age group is the most healthy. (Fig 22) Breaking down the oldest group further showed that 62.9% of men and 69.3% of women over 75 reported long-term limiting problems.

Fig 22 Percentage with one or more chronic illnesses by age and sex (standardised to Kent population)



Similarly to the findings on long-term illness and health limiting physical activities, the proportion with chronic conditions also increased with increasing levels of deprivation (Fig 23).

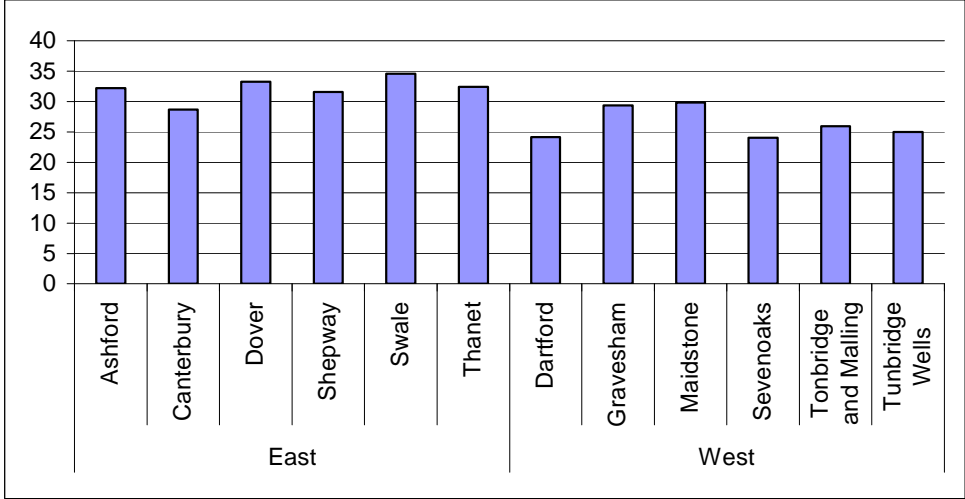
Fig 23 Percentage with one or more chronic illnesses by area of deprivation (standardised to Kent population)



Quite large and statistically significant differences were seen between local authorities in Kent (i.e. when the 95% confidence limits around the value for a local authority did not include the Kent average), and these favoured the west of the county. Between 24% and 25% in Dartford, Sevenoaks and Tunbridge Wells had

one or more of the chronic conditions the survey asked about, whereas in Swale it was 34.6% and above. (Fig 24)

Fig 24 Percentage with one or more chronic illnesses by LA (standardised to Kent population)

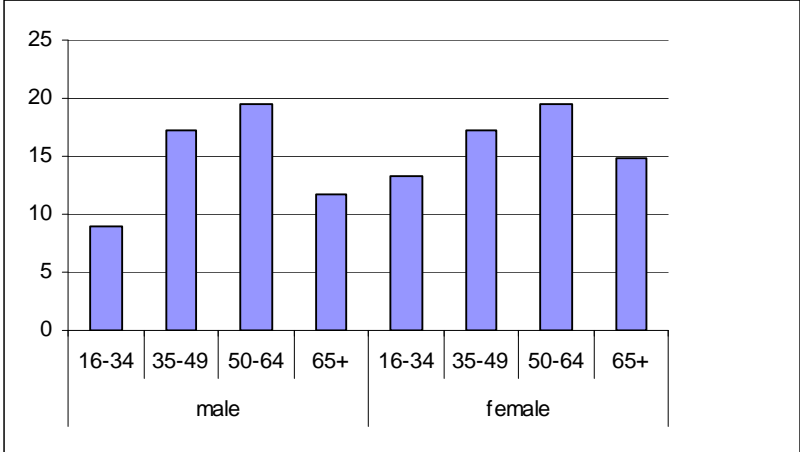


Obesity (Body Mass Index derived from Q34-35)

Obesity is defined as a Body Mass Index (BMI) of 30 or more, where BMI is the ratio of weight divided by height squared. Overweight is defined by BMI between 25 and 30, and underweight by BMI less than 18.5.

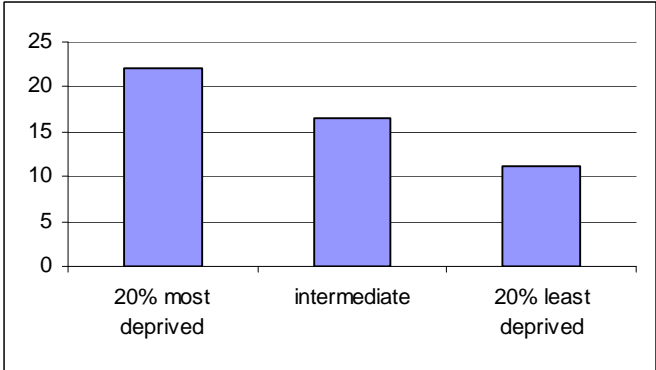
The survey found 8.5% were underweight, 39.9% were normal, 31.9% were overweight, and 15.3% were obese. Just looking at those with BMI of 30 or more there were more obese women than men, and for both sexes there were most in the 50-64 age-group. Compared to men, obesity is more of a problem for women in the youngest and oldest age-groups. The pattern for obesity is for it to initially increase with age, but to reduce for the oldest age group (Fig 25).

Fig 25 Percentage obese by age and sex (standardised to Kent population)



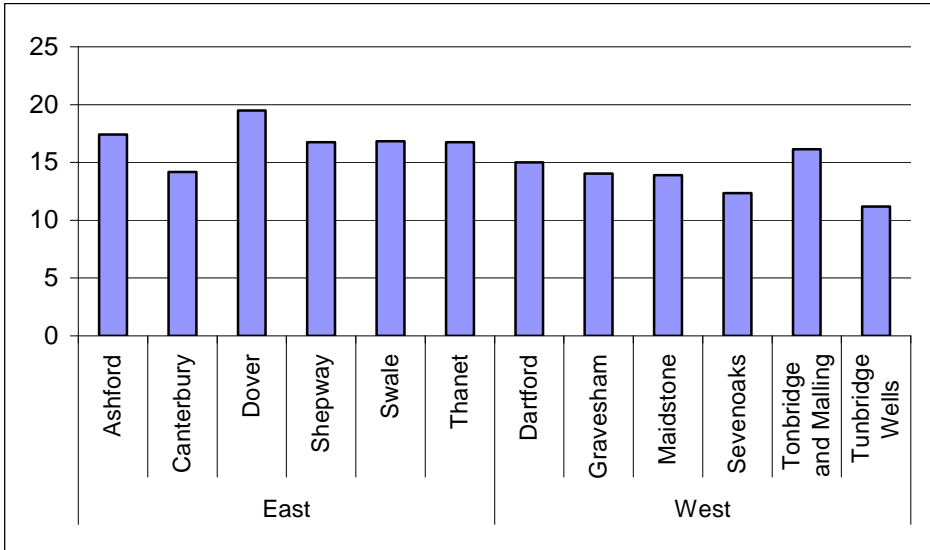
Obesity levels doubled, from 11.2% to 22.0%, between the areas of least and most deprivation (Fig 26).

Fig 26 Percentage obese by area of deprivation (standardised to Kent population)



Most local authorities were within two or three percentage points of the Kent average for obesity, apart from a high of 19.5% obese in Dover and a low of 11.2% in Tunbridge Wells (Fig 27).

Fig 27 Percentage obese by LA (standardised to Kent population)



As well as asking for height and weight to calculate BMI, the survey asked how people would describe their weight (Q37). 12.6% said they were very overweight and variations in this perception corresponded quite closely to the obesity figures across Kent shown above.

3 LIFESTYLES AND BEHAVIOUR

- Diet
- Physical activity
- Smoking
- Drinking alcohol

Lifestyle and health related behaviour was covered by questions on smoking, drinking, diet, and physical activity. The questions also asked about people's attitudes to these behaviours, and their desire to change them. Appendix B shows how questions on lifestyle (Q28a-48 and Q55-65b) were worded in the questionnaire, and Appendix C has the detailed results. Physical activity was the main topic in the Kent 2005 survey, and more detailed results can be found in earlier reports, however, there is a separate section in this report describing physical activity in the workplace.

Eating a healthy diet (Q30)

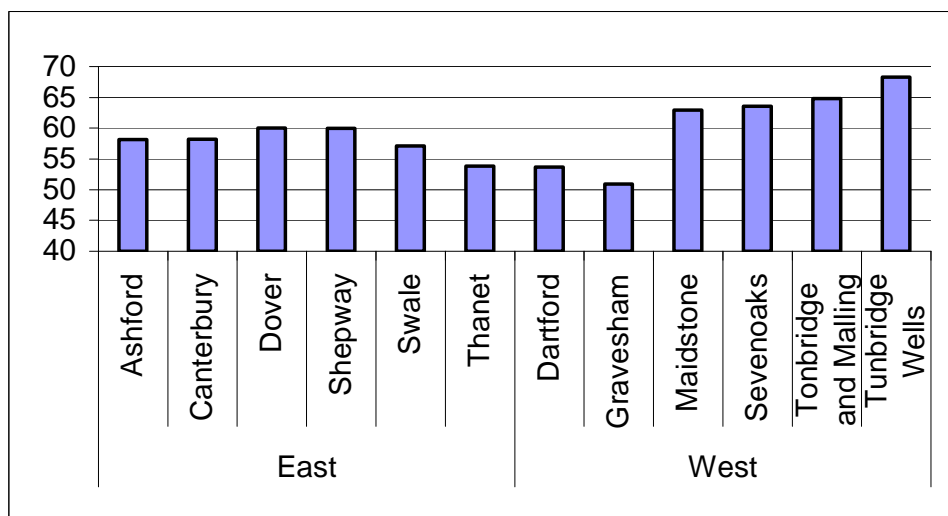
The survey said that a healthy diet is one that is low in fat, low to moderate in salt, contains whole grains and five or more servings of fruits and vegetables per day. It then asked people what kind of diet they were eating. Quite a high proportion (59%) said they were eating a healthy diet, but that left 41% who were not, and only two-thirds of the 59% met the 5 a day criterion. There was an association with this measure and obesity, as only 11.7% of those who said they ate healthily were obese compared to 20.6% of those who did not eat healthily.

Women were a little more likely to report they were eating well, and for both sexes the proportion rose from under half of the youngest to nearly three quarters of the oldest eating a healthy diet.

People living in the national 20% most deprived areas were significantly less likely to say they were eating healthily; 66.0% in the most deprived quintile compared to 45.8% in the least deprived said they ate a healthy diet.

Across Kent, there was quite a variation between local authorities (Fig 28). The highest proportions who said they were eating healthily were Tunbridge Wells (68.3%) and Tonbridge and Malling (64.8%), and, and the lowest (between 51-54%) were Gravesham, Dartford and Thanet along the north coast. There is also a difference between West and East Kent PCT areas, but taken by themselves the East/West figures hide the situation in Dartford and Gravesham.

Fig 28 Percentage who say they eat healthily by LA (standardised to Kent population)



Barriers to eating a healthy diet (Q31)

Those who said they were not eating a healthy diet were asked what kind of things prevented this. They were presented with a list of possible barriers and asked whether they agreed or disagreed these made it difficult for them to eat healthily. The results showed that many of the possible barriers were not widely experienced, for example 76.8% did not feel that access to healthy foods was a barrier (Table 2). The most influential barriers were that people did not feel motivated (59.3%), and that they lacked time to prepare or eat healthy foods because of their job (45.0%). The next most important factors were a lack of skills to plan/shop for/prepare healthy food (31.4%), not enjoying healthy food (37.0%), and finding healthy food too expensive (33.4%).

Table 2 What makes eating a healthy diet difficult (% responses standardised to Kent population)

	Somewhat		
	Agree	agree	Disagree
I am not motivated to eat a healthy diet	17.79	41.54	30.42
I do not have the time to prepare or eat healthy foods because of job	16.76	28.27	35.63
I do not have the skills to plan, shop for, prepare or cook healthy foods	12.07	19.28	56.45
I do not enjoy eating healthy foods	11.26	25.72	52.32
I am not able to buy healthy foods because they are expensive	9.76	23.67	55.13
I do not have enough information about a healthy diet	7.45	18.49	57.07
I do not have the support of my partner to eat a healthy diet	4.65	9.87	55.65
I do not have the support of my friends to eat a healthy diet	3.72	8.66	58.95
I do not have access to healthy foods	2.92	7.00	76.80
I do not have the support of my children to eat a healthy diet	2.66	4.76	45.16

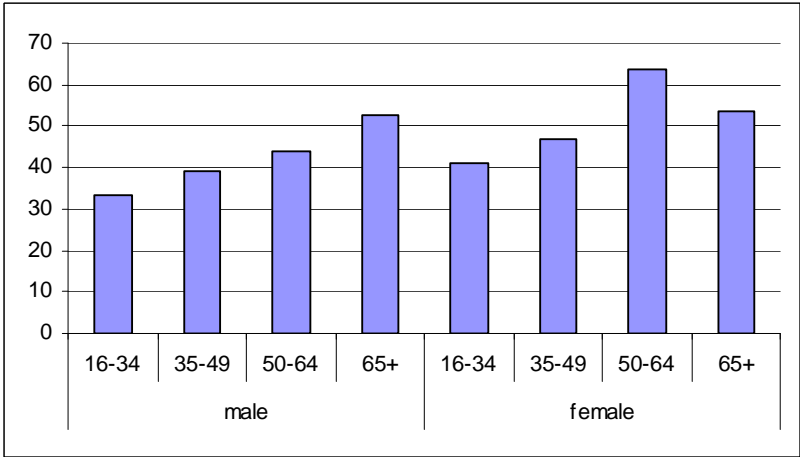
Looking across the local authorities in Kent, small numbers at this level meant it was not possible to detect differences with any confidence. However, the following points across Kent were noted:

- there was little variation in the most influential barrier of motivation (and this lack of variation was also seen across levels of deprivation),
- more people in Sevenoaks (54.2%) and Maidstone (53.2%) said they had insufficient time because of their job,
- Gravesham had the highest proportions in Kent saying they did not enjoy healthy food (44.4%) and felt they lacked the necessary skills(35.8%),
- more people in Dover (18.9%) agreed that access to healthy food made it difficult to eat a healthy diet.

5-a-day portions of fruit and vegetables (Q33)

Nearly half said they were meeting the 5-a-day target for eating fruit and vegetables. Women were better than men in meeting the target, and this difference was particularly visible for women aged 50-64 (Fig 29).

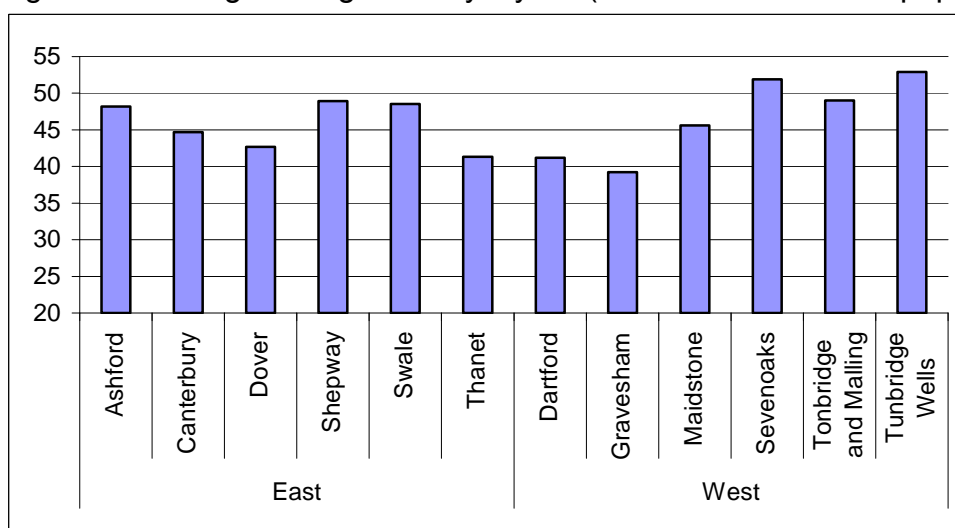
Fig 29 Percentage eating ‘5-a-day’ by age and sex (standardised to Kent population)



The proportion of people eating 5-a-day was related to deprivation, and rose from 36.3% in the most deprived areas to 51.1% in the least deprived.

In local authorities the highest proportions were in Sevenoaks and Tunbridge Wells where over half were meeting the 5-a-day target, and lowest values were found in Gravesham, Dartford, Thanet and Dover (between 39.2% and 42.7%). (Fig 30) Due to sample sizes the rates in Dartford and Dover were not statistically different from Kent as a whole.

Fig 30 Percentage eating '5-a-day' by LA (standardised to Kent population)



Perception of weight (Q37) and trying to keep weight down (Q38)

Many people were unhappy with their weight and said they were trying to keep it down. For example, 64.2% of women and nearly as many men (57.8%) felt that they were not the right weight. Similar gender differences persisted for the even larger numbers trying to keep their weight down (75.8% of women and 63.9% of men). For both of these questions the results indicated that women had greater problems with their weight and that it persisted across age-groups. In particular women aged 65+ were least happy with their weight and young men were least likely to be trying to keep their weight down.

There was little difference in these measures across levels of deprivation.

Among local authorities, people in Tunbridge Wells were the most content with their weight, and people in Dartford were least likely to be trying to keep their weight down. People in Maidstone and Sevenoaks were most likely to be trying to keep their weight down. There seemed to be little association between the areas with most obesity (Dover) or most people unhappy with their weight (Thanet and Ashford) and the areas where people are most likely to be watching what they eat (Maidstone and Sevenoaks).

Only 57.5% of the people who were obese considered themselves to be very overweight and many (36.4%) described themselves as a little overweight. Three-quarters (74.6%) of those who were obese were trying to keep their weight down.

Physically active (Q41)

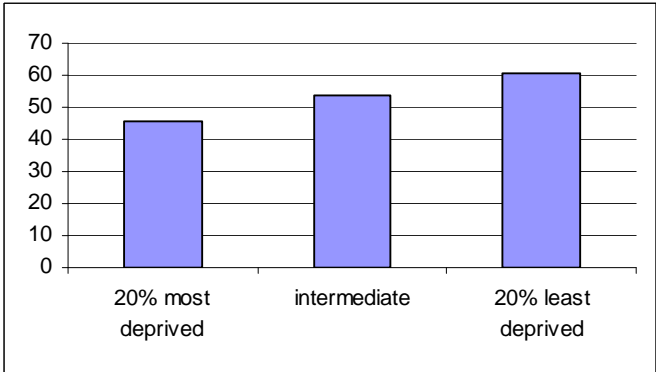
The survey asked about levels of physical activity, and which of the following statements best described their current level of physical activity:

- I am currently physically active and have been so for some time
- I am currently physically active, but have only recently begun
- I am physically active once in a while, but not regularly
- I was physically active in the past but not now
- I am not physically active, but have been thinking of becoming so
- I am not physically active
- Don't know / not sure

Over half the respondents (55.2%) said they were currently active, 19.6% said they were active once in a while, and 19.6% were not physically active at the time of the survey. More men (60.3%) than women (50.6%) said that they were physically active. Variations across age were not as great as might be expected, and most active women were to be found in the 50-64 age bracket.

There was some variation across levels of deprivation as only 45.5% in the most deprived areas said they were physically active, compared to 60.5% in the least deprived areas (Fig 31).

Fig 31 Percentage physically active by area of deprivation (standardised to Kent population)



More people in West Kent (57.4%) compared to East Kent (53.3%) were physically active at the time of the survey, and this was borne out in differences between some of the local authorities. Tunbridge Wells (65.3%) had most active people, and Ashford (50.3%) and Swale (50.6%) had the least.

The survey covered many aspects of and types of physical activity and more detailed results on these have appeared in earlier reports (detailed in the Introduction). In keeping with the rest of this report, some key issues are described here, and differences across the county are highlighted.

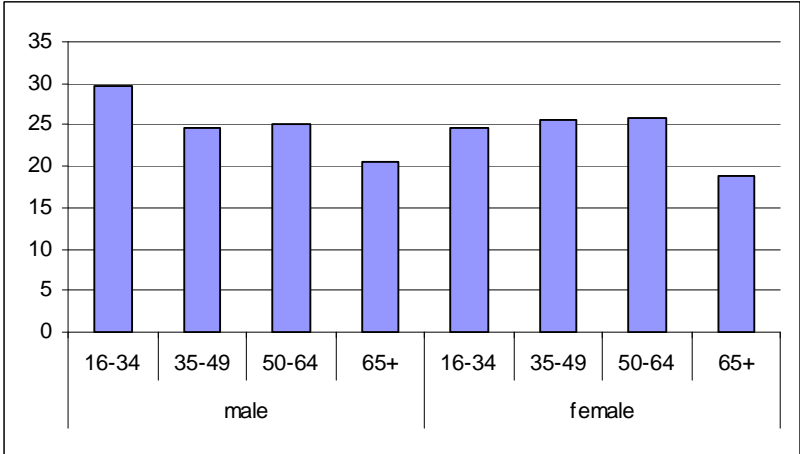
Meet physical activity target (Q45a -45b)

The target for physical activity was to undertake at least moderate physical activity, for 30 minutes or more on five or more days per week. Moderate activity was defined as things that cause some increase in breathing or heart rate and a feeling of

increased warmth. The survey asked on how many days this level was undertaken, and also asked on how many days 60 minutes or more of moderate activity was undertaken.

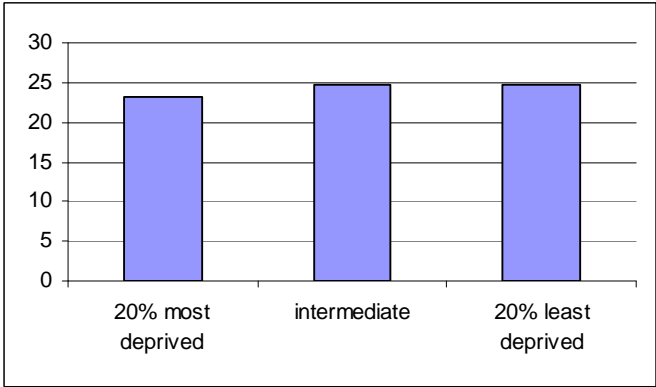
According to this survey, a quarter of the population of Kent (24.6%) was meeting the target, with surprisingly little difference between men and women (apart from the higher 29.6% of young men meeting the target). There were also quite small variations across age bands as levels of physical activity were maintained up to age 50-64 years old (Fig 32).

Fig 32 Percentage meeting physical activity target by age and sex (standardised to Kent population)



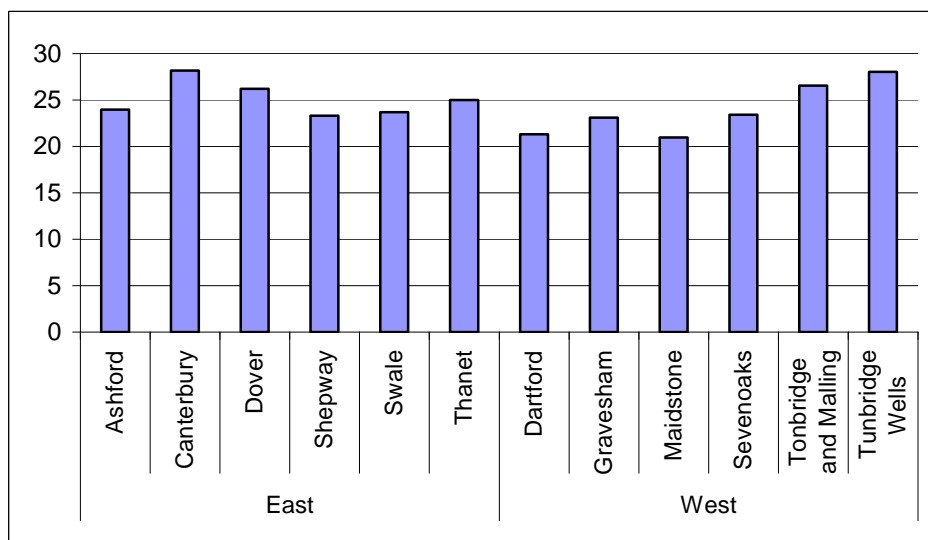
The proportions meeting the target were maintained (between 23.2% and 24.6%) across differing levels of deprivation (Fig 33).

Fig 33 Percentage meeting physical activity target by area of deprivation (standardised to Kent population)



The local authorities with most reaching the target were Canterbury (28.2%) and Tunbridge Wells (28.0%), but neither were statistically significant from Kent as a whole. Maidstone (21.0%) had the least (Fig 34).

Fig 34 Percentage meeting physical activity target by LA (standardised to Kent population)



43.8% were undertaking the required amounts of activity on three or more days per week. This indicates that another 20% were quite close to meeting the target and would do if they increased the frequency of their activity from three or four days to five or more per week. Differences across Kent for exercising 3 or more times per week ranged across a narrow band from 41.0% in Swale to 46.0% in Canterbury.

As already mentioned, some people were exercising for longer periods of time than the target requires, and did not answer the question about taking 30 minutes or more exercise. If answers to the 60 minutes or more question are combined with those who said they were exercising for 30 or more minutes our estimate of the proportion reaching the target would be a few percentage points higher. Combining the two questions gave a figure of 29.2% with similar variations across deprivation levels and local authorities to those in the figure above.

Barriers to taking more physical activity (Q47)

The survey asked about factors which might prevent anyone from taking more exercise; lack of leisure time was cited by nearly half (46%), and lack of incentive and lack of money by around a quarter (Table 3).

Table 3 Reasons preventing people from taking more exercise (% responses weighted to Kent population)

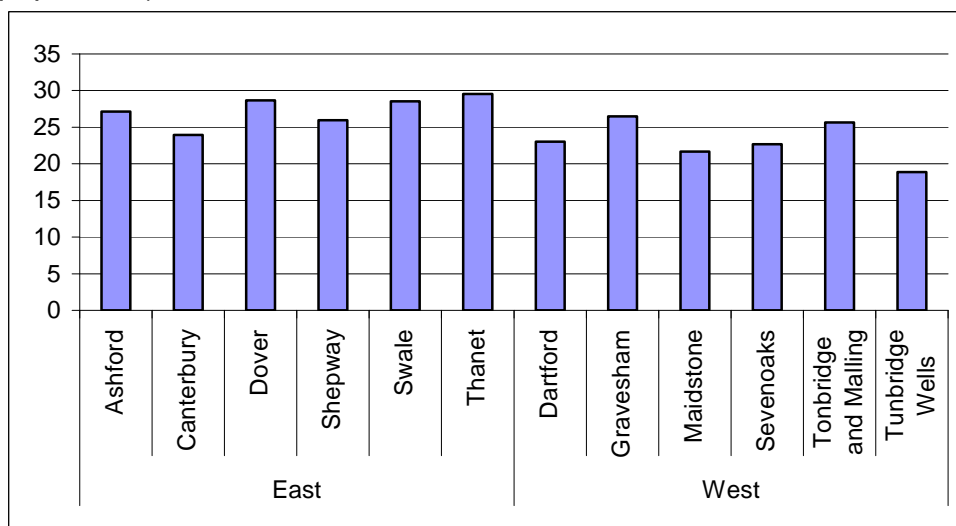
	Yes
Lack of leisure time	46.08
Lack of incentive	25.17
Lack of money	24.87
Illness or disability	16.50
Other reason	15.23
Lack of interesting or relevant activities	14.10
Lack of easily available facilities at work	13.39
Lack of easily available facilities in the community	11.40
Lack of transport	7.98

Those who were physically inactive had the same ranking of the barriers to taking more exercise, but more cited lack of incentive (34.3%) and illness or disability (28.5%).

More people in the most deprived areas based on the national IMD quintile said they lacked the incentive to take more exercise (28.9% compared to 23.2% in the least deprived quintile), but this was not a statistically significant difference.

Lack of incentive was more of a barrier to East Kent respondents, for example in Swale, Dover and Thanet (between 28.5% and 29.5%, but only statistically significant in Thanet), and less of a barrier in Tunbridge Wells (18.8%) and Maidstone (21.7%). (Fig 35)

Fig 35 Percentage who lack incentive to exercise more by LA (standardised to Kent population)

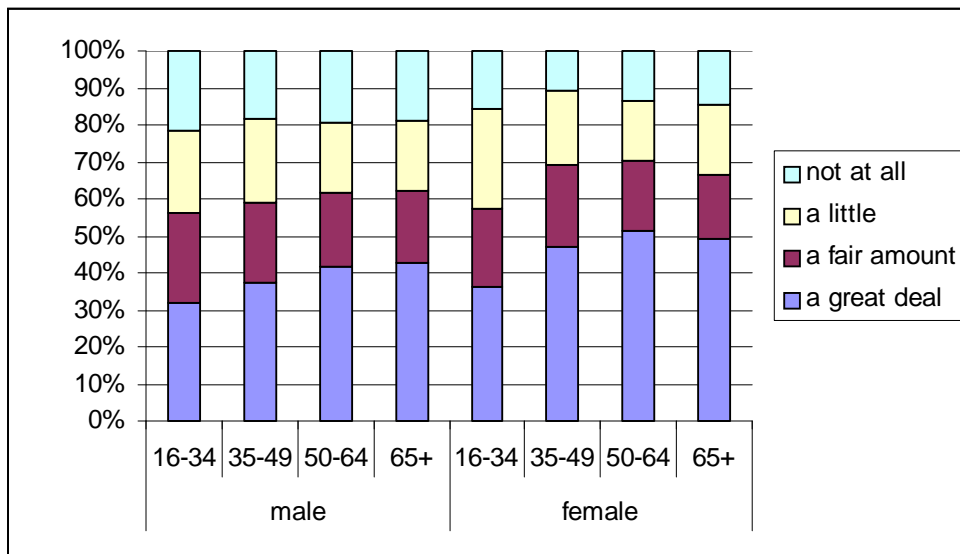


In this question, state of health prevented some people (16.5%) from taking more exercise. This compares with results in the previous section on health, where 21.6% were limited in doing moderate day-to-day activities (Q4b), and health was a limiting factor for 44% in undertaking vigorous activities such as running, lifting heavy objects or strenuous sports (Q4a).

Bothered by tobacco smoke in public places (Q55)

A question asked how bothered people were by tobacco smoke inside public places, with the response options being a great deal, a fair amount, a little, or not at all. Only one in six (16.5%) said it did not bother them at all, and the majority (62.2%) said they were bothered at least a fair amount (Fig 36).

Fig 36 Bothered by tobacco smoke in public places by age and sex (standardised to Kent population)



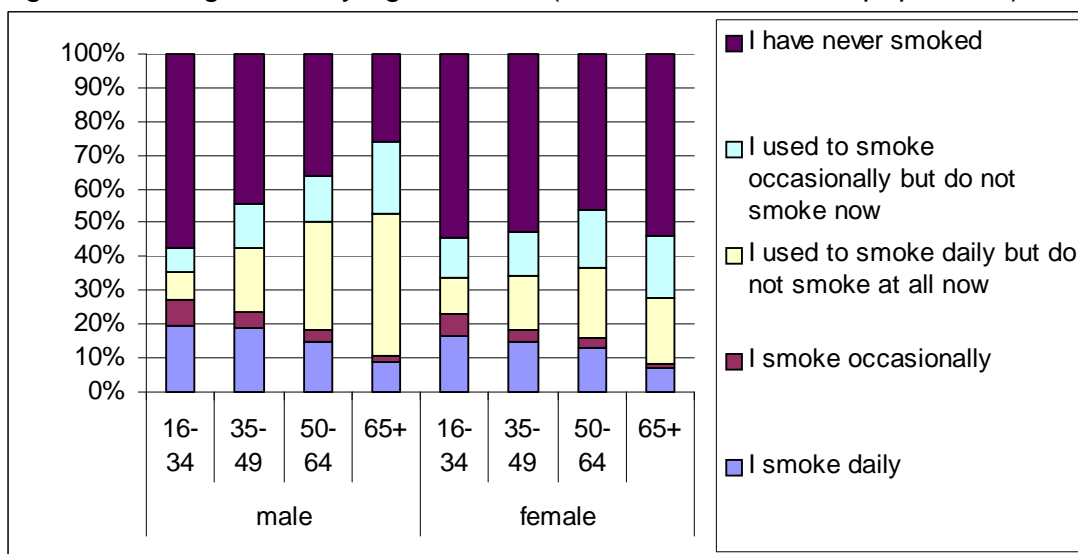
There was little difference between local authorities, apart from Tonbridge and Malling with the highest number (67.7%) bothered a fair amount or more.

Whether people were bothered by tobacco smoke in public places depended heavily on whether they were current or past smokers. Only 14% of smokers, compared to over half (53.6%) of ex-smokers and over three quarters (78.0%) of people who had never smoked said they were bothered a fair amount or a great deal.

Smoking (Q57)

The survey asked if people were current smokers, past smokers or had never smoked. Results highlighted how much smoking had changed among men, with the large percentages of older men who used to smoke but had given up (Fig 37).

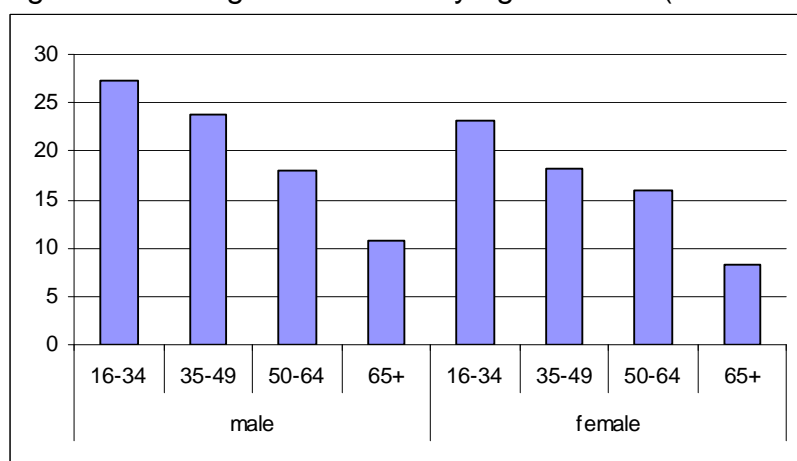
Fig 37 Smoking status by age and sex (standardised to Kent population)



Smokers

Smokers were defined as those who smoked daily or occasionally. Across Kent 18.5% were smokers, a percentage which was slightly greater for men and which declined significantly with age. More men smoked than women (20.9% compared to 16.7%), and smoking among the youngest age-group was two to three times that of the oldest group (Fig 38).

Fig 38 Percentage of smokers by age and sex (standardised to Kent population)



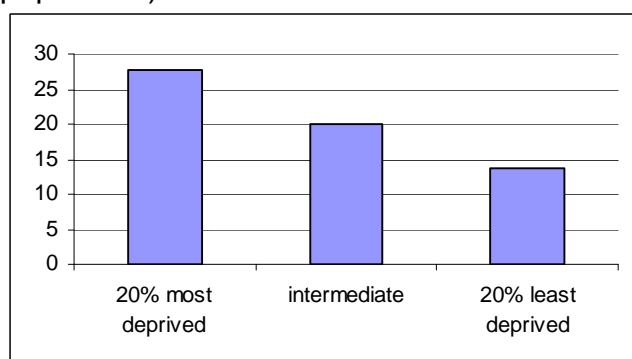
These figures continue a downward trend in Kent for both men and women (Table 4).

Table 4 Trend in smoking for men and women in 1992-2005

	HealthQuest 1992	Kent & Medway 2001	Kent 2005
Males	32%	25%	21%
Females	25%	20%	17%

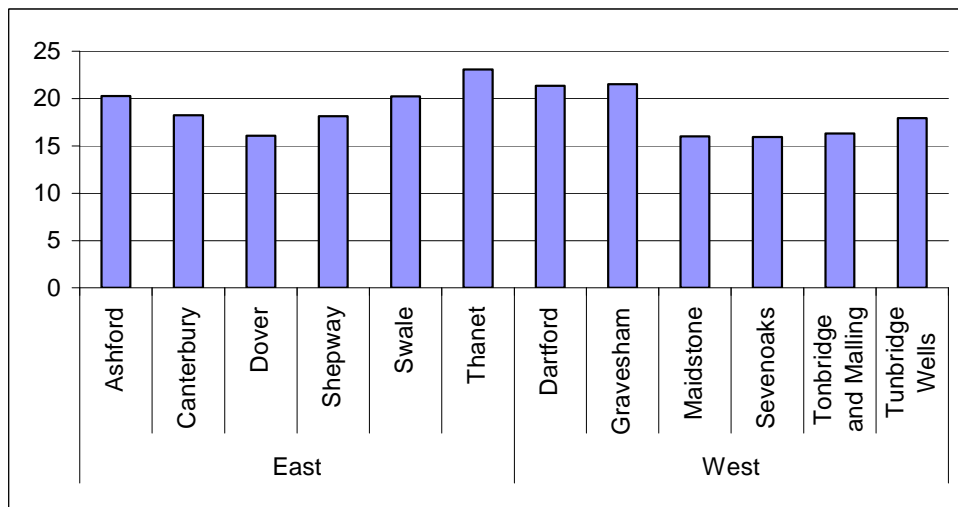
Smoking varied with level of deprivation, and was twice as likely in the most deprived areas (27.7% were smokers compared to 13.6% in the least deprived quintile, Fig 39).

Fig 39 Percentage of smokers by area of deprivation (standardised to Kent population)



Smoking varied little across Kent, with only Thanet standing out above the Kent average (23.1% compared to 18.7%, Fig 40).

Fig 40 Percentage of smokers by LA (standardised to Kent population)

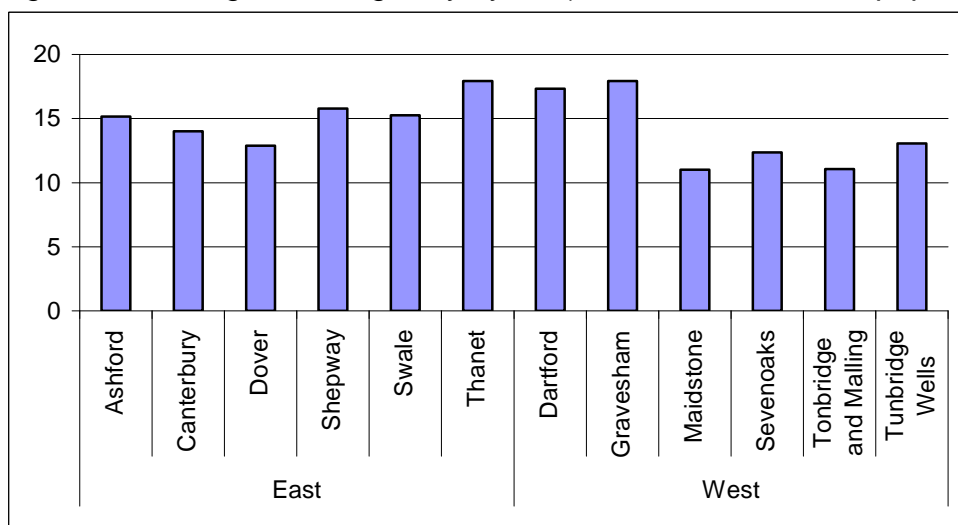


Smoking daily

Some smokers smoke daily and others only occasionally. Removing occasional smokers, we found 14.4% smoked every day, with the same pattern across age and sex as already seen for all smokers.

However, just looking at daily smokers exposed more variation between areas of deprivation and between local authorities in Kent. Smoking every day ranged from 27.7% in the most deprived areas down to 13.6% in the least deprived. Daily smoking was most prevalent in Gravesham and Thanet (both 17.9%), and least prevalent in Maidstone (11.0%) and Tonbridge and Malling (11.1%) (Fig 41).

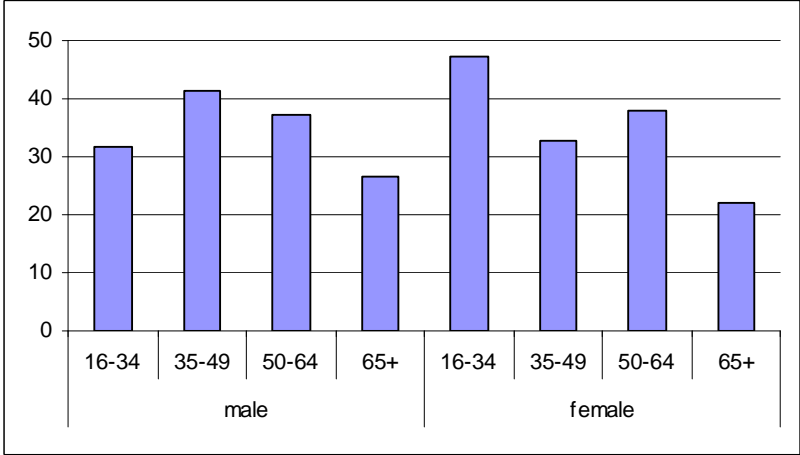
Fig 41 Percentage smoking daily by LA (standardised to Kent population)



Tried to quit smoking (Q59)

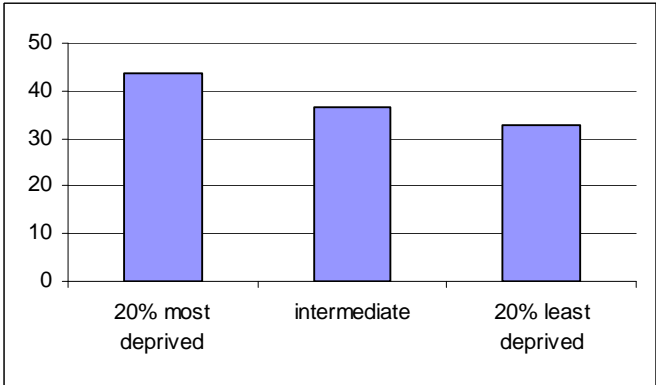
Over a third (36.4%) of all smokers had seriously tried to give up in the last year. Older smokers were least likely to have tried to quit and young women smokers were most likely to have attempted it (Fig 42).

Fig 42 Percentage of all smokers who seriously tried to give up in the last 12 months by age and sex (standardised to Kent population)



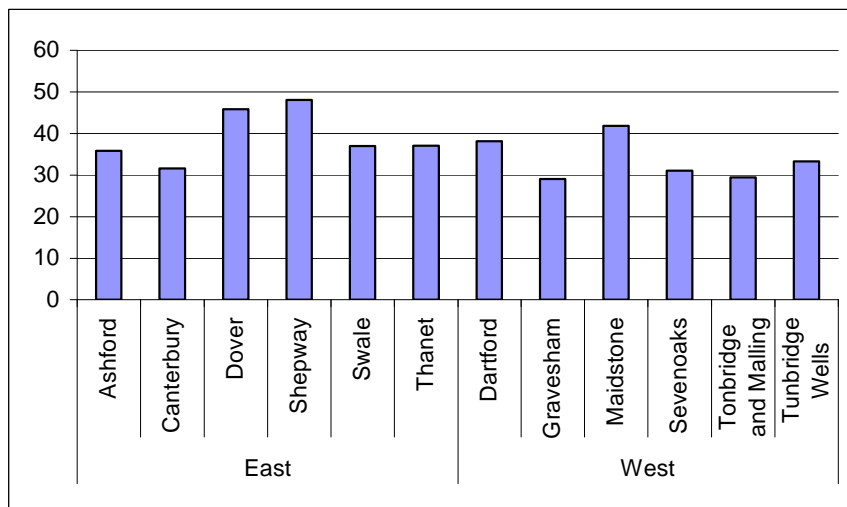
More of the smokers in areas of greatest deprivation had tried to give up (43.8% compared to 32.9%, Fig 43).

Fig 43 Percentage of all smokers who seriously tried to give up in the last 12 months by area of deprivation (standardised to Kent population)



Across the county Shepway had the highest number of smokers trying to give up (48.1% in the last year compared to the Kent average of 36.4%). Numbers of smokers were quite small at LA level making the Shepway result the only difference that was statistically significant (Fig 44).

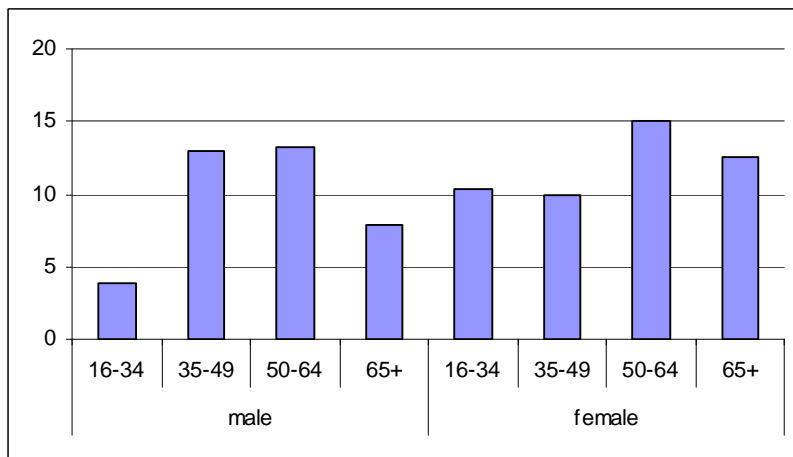
Fig 44 Percentage of all smokers who seriously tried to give up in the last 12 months by LA (standardised to Kent population)



Awareness of and users of smoking cessation services (Q61a-b)

The survey asked who was aware of local stop smoking services and if so whether they had tried to use them. 61.8% of smokers were aware of smoking cessation services, but few smokers had tried to use them (10.4% of smokers), with young men making least use of such services (Fig 45)

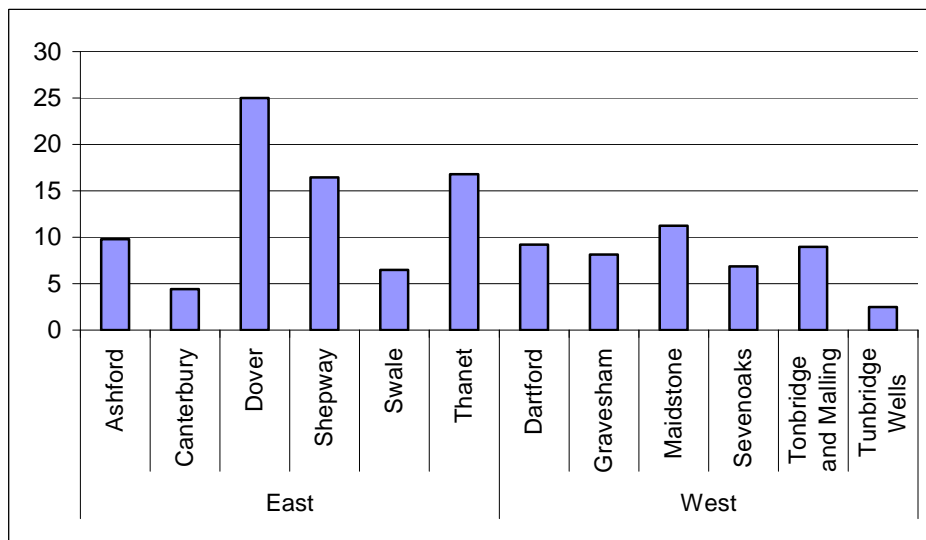
Fig 45 Percentage of all smokers who had tried to use smoking cessation services by age and sex (standardised to Kent population)



Across levels of deprivation, there was little difference between smokers' awareness of cessation services, but more smokers had tried to use services in the most deprived areas (13.4% in most deprived compared 7.1% in the least deprived areas, falling just short of the 95% significance level).

There were big differences across the county, with greater awareness of cessation services in Thanet (75.8%) and Dover (73.6%). Uptake of services varied from very low in Tunbridge Wells (2.5%) and Canterbury (4.4%) to higher levels in Dover (25.0%) and Thanet (16.8%). (Fig 46) Overall awareness and uptake of services was higher in East Kent compared to West Kent.

Fig 46 Percentage of all smokers who had tried to use smoking cessation services by LA (standardised to Kent population)

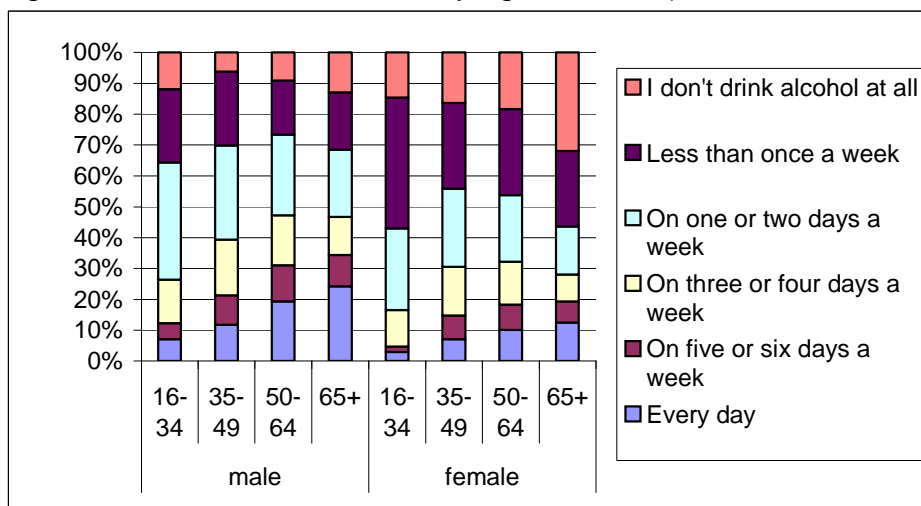


Drink alcohol every day (Q62)

A number of questions were asked about the frequency of drinking alcohol and the quantity drunk on different days of the week or at a single session. Eleven percent of respondents drank alcohol every day, and a further 47% drank on one to six days per week. 26.2% drank less often and 14.9% did not drink at all.

Men drank alcohol more frequently than women, with approximately twice as many men drinking every day (14.5% of men compared to 7.8% of women, see Fig 47). Daily or frequent alcohol consumption was more predominant among older people, as seen from the proportion drinking alcohol on five or more days a week increasing with age (from 12.1% of the youngest to 34.1% of the oldest men and from 4.8% of the youngest to 18.8% of the oldest women). There was however a large proportion of older women who did not drink at all (31.0% of women aged 65 and above). The majority of women under 35 were infrequent drinkers, with 56.8% drinking alcohol less than once a week.

Fig 47 How often drink alcohol by age and sex (standardised to Kent population)



Daily drinking was more common in areas of least deprivation. There was not a lot of variation across local authorities, apart from Sevenoaks having the highest proportion of daily drinkers (14.8%).

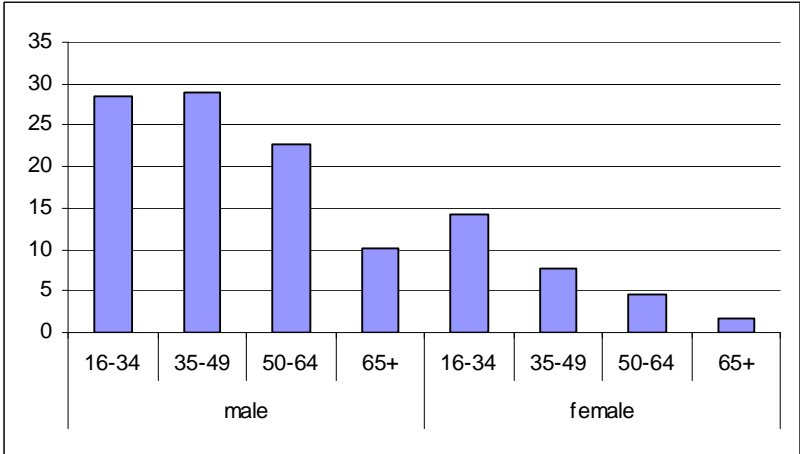
Drink above sensible limits (Q63, Q65a)

Units of alcohol were described, so that responders knew, for example, that a half a pint of beer or a glass of wine counted as one unit of alcohol. The number of units of alcohol drunk per week was calculated from replies to questions about the average number of units drunk on weekdays and at weekends. The Department of Health has defined 21 units for men and 14 units for women as a sensible limit in a week, and on a particular day recommended 3-4 units for men and 2-3 units for women.

Small percentages of men (10.5%) and women (6.2%) were drinking above the weekly limit. Women in the oldest age-group were least likely to drink above the sensible limit. There was not a lot of variation across levels of deprivation, or across Kent, apart from the low percentage in Dartford (4.4%) exceeding the weekly recommended units.

At the time of the survey binge drinking was defined as 6 units or more on a single occasion, and the survey asked how frequently this occurred. Binge drinking has since been defined as more than double the recommended daily amount for men and women, i.e. 8 and 6 units respectively. The survey could only tell us about those who drank six or more units. This occurred weekly or more often for 15.1% (Fig 48). This behaviour was mainly seen among men (except aged 65+), although it should be noted that the figures over-estimate the number exceeding the current definition of binge drinking for men which is 8 or more units. Heavy drinking among young women (14.2%) is high and twice the average for women (7.3%).

Fig 48 Percentage drinking 6 or more units on one occasion every week by age and sex (standardised to Kent population)



While daily drinking is associated with more affluent populations, heavy drinking during a single session every week is more common in areas of greatest deprivation, with 21.3% drinking in this way in the most deprived quintile compared to 13.2% in the least deprived quintile. Looking across local authorities, there was only one significant difference from the county average and this was for Gravesham (18.4%).

4 SOCIAL COHESION AND CARING

- Neighbourhood and local transport
- Community trust, contact and support
- Caring for others

The survey contained a section about the neighbourhood where people lived, the local transport and about informal carers. It included some questions on Social Capital to discover more about the bonds between people living in the same neighbourhood. (See questions 49a-54, and 66-82b in the questionnaire in Appendix B, and the detailed figures in Appendix C.)

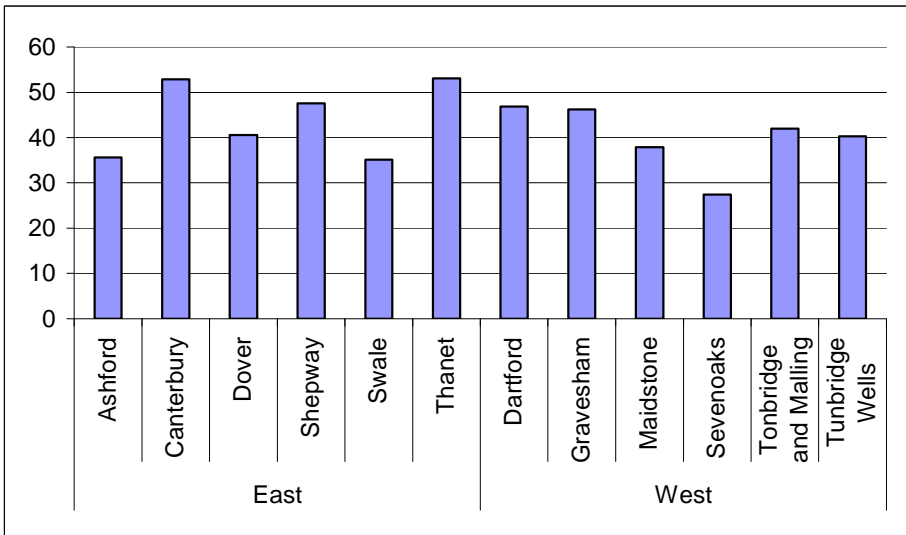
Good local transport (Q50)

Fewer than half (42.2%) thought there was good local transport for where they wanted to get to, and this was lowest for people aged 50-64 (described as good by only 33.6% of men and 37.1% of women in this age band). There was a relationship between people in households without access to a car or van being more likely to say that public transport was good (56.0%), and the more cars people had the less satisfied they were with public transport. Satisfaction was lower for people who described where they lived as rural (33.2%) compared to urban areas where 48.7% said local transport was good.

There were differences by area of deprivation, with local transport being rated better in the most deprived areas (54.2% compared to 37.7% in the least deprived quintile nationally).

There were even larger differences in satisfaction with local transport across the county. It was regarded as good by more people in Thanet, Canterbury and Shepway (between 47.6% and 53.1%), and fewer people in Sevenoaks, Ashford, Swale and Maidstone (between 27.4% and 35.2%). (Fig 49) Overall more people in East Kent said local transport was good compared to West Kent (44.6% compared to 39.6%).

Fig 49 Percentage saying local transport is good by LA (standardised to Kent population)

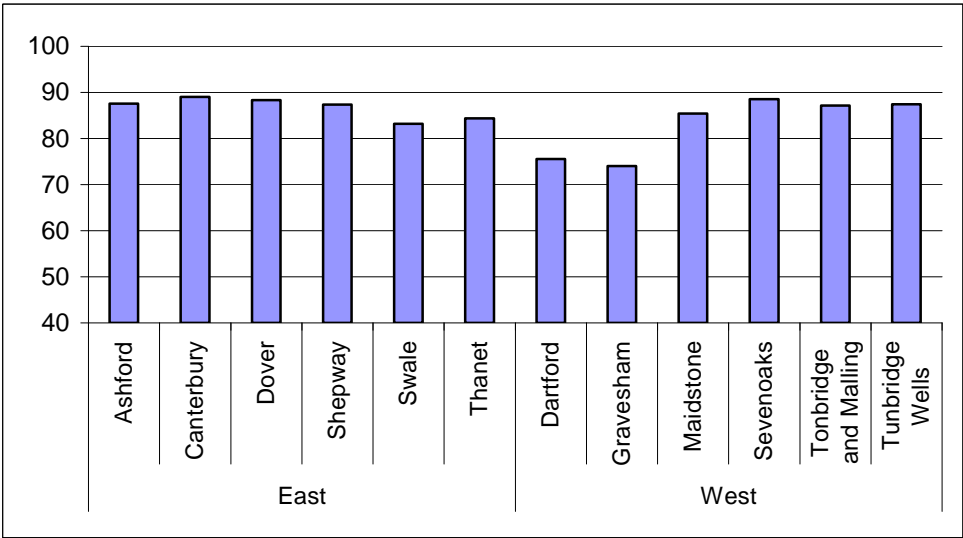


These results can be compared to the number of respondent in households with access to a car or van, which ranged from 80.5% in Thanet to 91.2% in Sevenoaks.

Enjoy living in the neighbourhood (Q67)

The great majority of residents (85.2%) enjoyed living in their area, ranging from 78% of the youngest group to 90% of the oldest, and with little variation between men and women. Satisfaction was lowest (67.9%) in areas of most deprivation, and quite low in Gravesham (74.0%) and Dartford (75.6%). People in Canterbury, Sevenoaks and Dover most enjoyed the area where they lived (Fig 50).

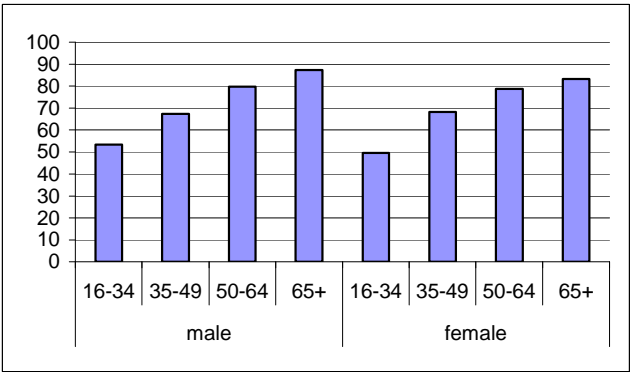
Fig 50 Percentage enjoying living in the area by LA (standardised to Kent population)



Trust people in the neighbourhood (Q70)

The survey asked about trusting people in the neighbourhood, with possible answers being ‘most’, ‘many’, ‘a few’ and ‘none’ of the people. On average there were high levels of trusting most or many (69.8%), although this varied considerably with age and area. The percentage that trusted most or many in the neighbourhood increased steeply with age (Fig 51).

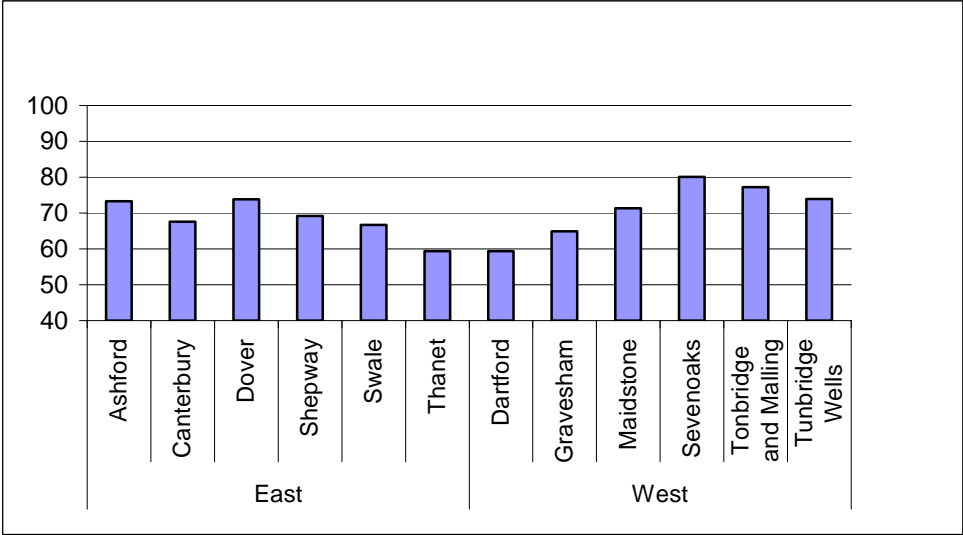
Fig 51 Percentage who trust most/many people in neighbourhood by age and sex (standardised to Kent population)



There was a wide range of trust across levels of deprivation, dropping to 47.0% in the most deprived areas.

Lowest levels of trust were found in Dartford, Thanet (59.4%), and were quite low in Gravesham. Highest levels of trust were found in Sevenoaks (80.1%) and Tonbridge and Malling (77.2%) (Fig 52).

Fig 52 Percentage who trust most/ many people in neighbourhood by LA (standardised to Kent population)

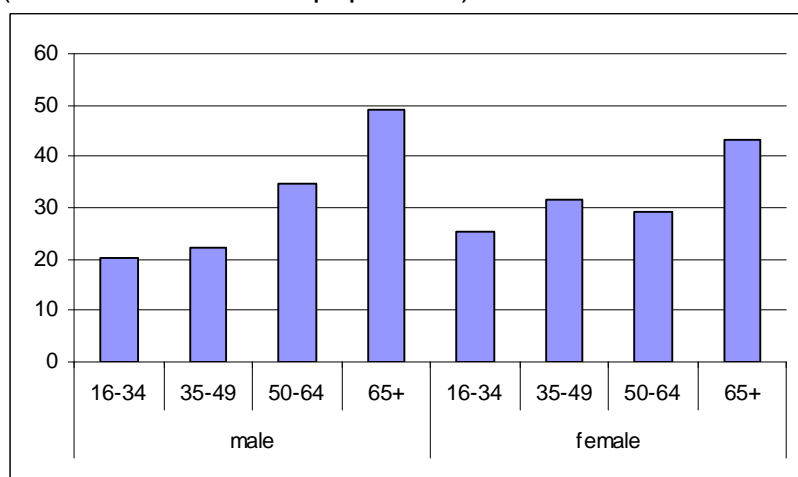


There was a strong association between people enjoying the area where they lived and trusting others, with only 33.2% of those who did not enjoy where they lived trusting people in the neighbourhood.

See or speak to neighbours on most days (Q71)

We asked how often people spoke to their neighbours with response options being, ‘every day’, ‘5 or 6 days per week’, ‘3 or 4 days per week’, ‘once or twice a week’, ‘once or twice a month’, ‘once every couple of months’, ‘once or twice a year’, ‘not at all in the last 12 months’. The percentage who see or speak to their neighbours on most days (at least 5 days per week) was quite low overall (31.1%) and was much higher among older people than younger age-groups (Fig 53). Young men were the least likely to have this level of contact with their neighbours, and men age 65+ were the most likely.

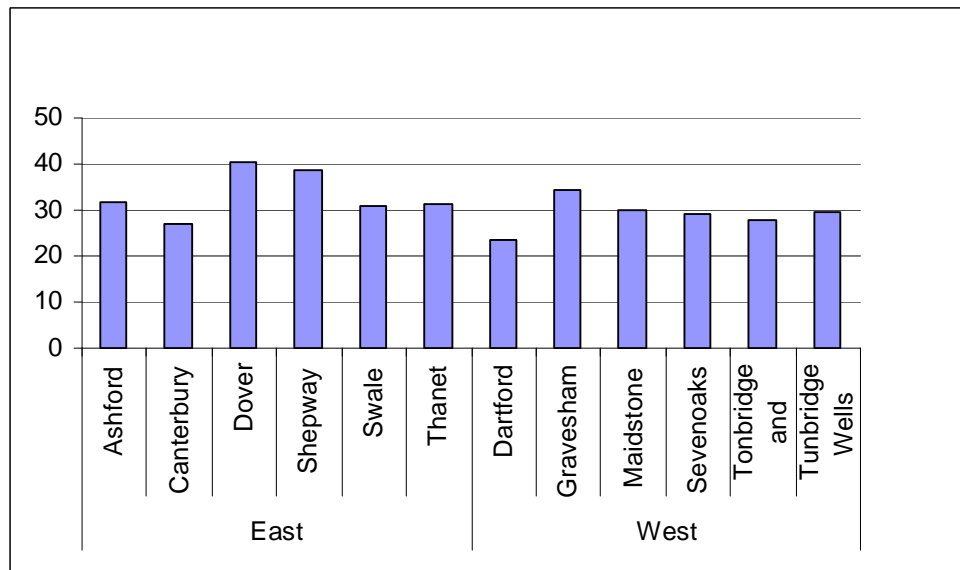
Fig 53 Percentage who see or speak to neighbours on most days by age and sex (standardised to Kent population)



Not a lot of difference was seen by deprivation level, although slightly more people in the most deprived areas saw or spoke to their neighbours frequently.

Again there were differences across local authorities in this measure of social cohesion, with Dover (40.6%) and Shepway (38.6%) coming out on top and Dartford (23.6%) and Canterbury (26.7%) at the bottom (Fig 54).

Fig 54 Percentage who see or speak to neighbours on most days by LA (standardised to Kent population)

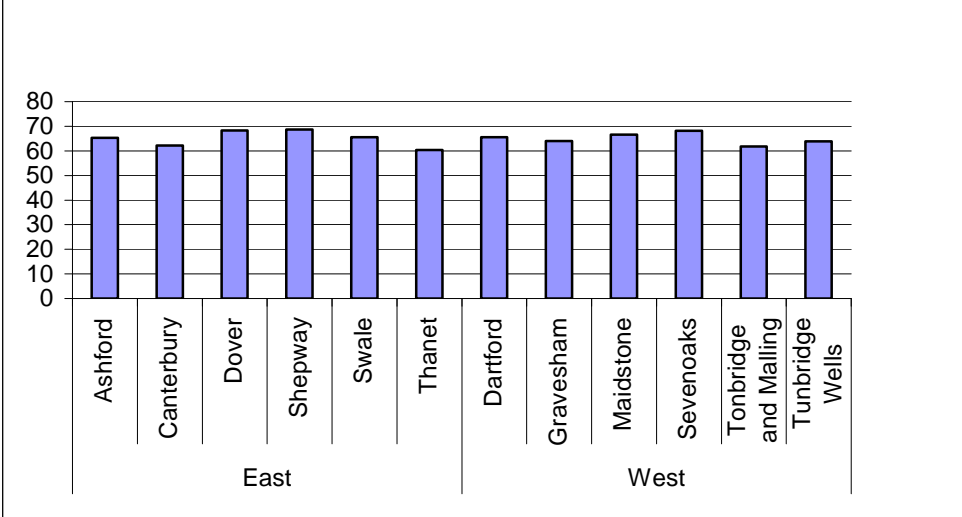


Can ask anyone for help at home (Q72)

The survey asked if people were ill in bed and needed help at home (with cooking, cleaning or making a cup of tea), whether they could ask anyone for help. Nearly two thirds (64.9%) said they could do this. Responses were fairly similar for all age-groups, although more young women and more older men felt able to ask for help.

There was no significant difference in this measure by deprivation level, and local authority differences were quite small, with only Thanet (60.3%) being statistically below the average (Fig 55).

Fig 55 Percentage who can ask for help by LA (standardised to Kent population)



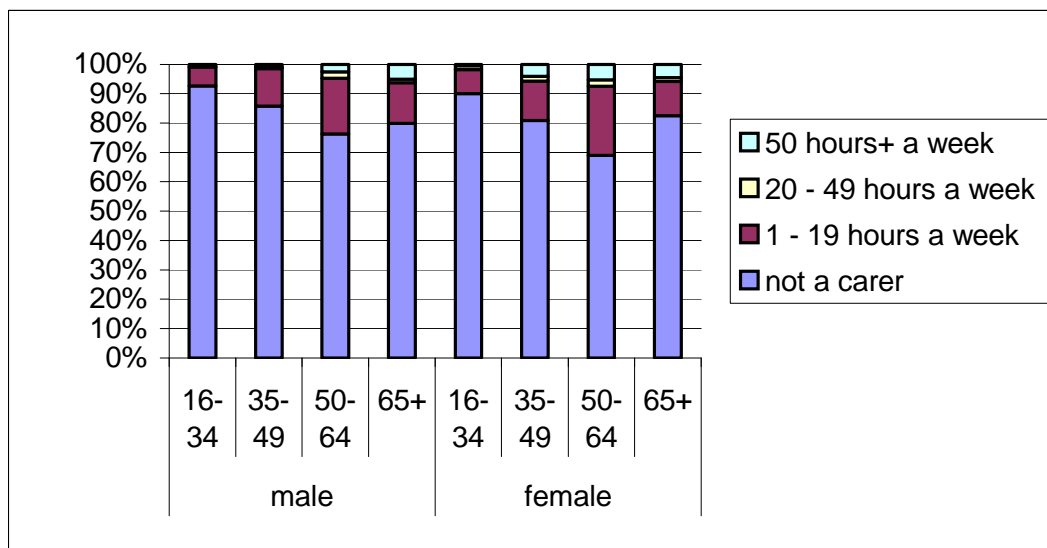
Caring for others (Q73)

Headline results are given here, as more detail can be found in a separate report on carers. Caring was defined as giving unpaid help or support to family members, friends, neighbours or others because of long-term physical or mental ill-health or disability, or problems of old age.

The term ‘carer’ encompasses a wide range of activities. A typical carer in this survey provided less than 20 hours per week of low level care (doing shopping, helping in the home, keeping company, etc) for one person who was most likely to be a parent or mother/father in law living in another household. However patterns of caring were quite varied, and substantial numbers (45.2%) of those in the survey who were carers gave unpaid care for more hours or provided more personal care, such as washing, feeding, and help with getting up and down stairs.

About one in six (16.9%) were carers. Caring was least common among young people and most common among men and women aged 50-64 (Fig 56).

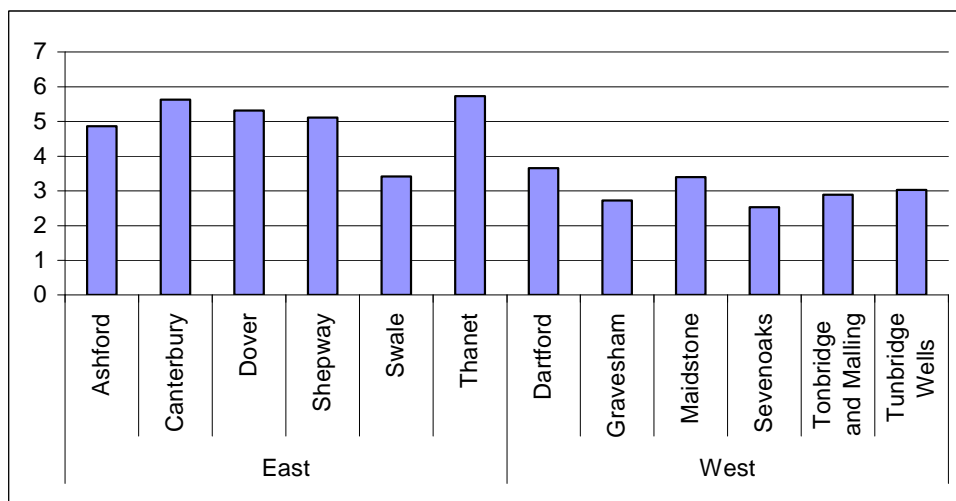
Fig 56 Carers and hours of caring by age and sex (standardised to Kent population)



Caring for upwards of one hour a week was very evenly spread across levels of deprivation (ranging from 16.7% to 17.0%). Across local authorities, it ranged from 14.0% in Tunbridge Wells to 20.9% in Shepway, with only Shepway differing significantly from the Kent average of 16.9%.

Some people spent considerable amounts of time acting as informal carers. Looking at those providing 20 or more hours of informal care a week, there were more people doing this in East Kent (5.0%) compared to West Kent (3.0%), but none of the local authorities were significantly different from the Kent average for this higher level of caring (Fig 57)

Fig 57 Percentage caring for 20+ hours per week by LA (standardised to Kent population)



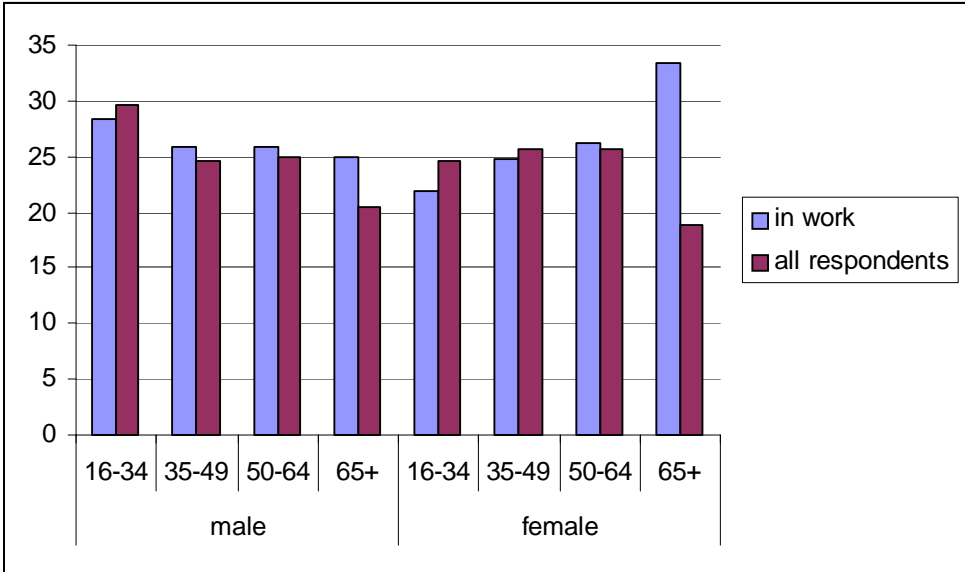
WORKPLACE ACTIVITY

- Travel to work
- Physical activity at work

This section focuses on physical activity relating to people’s work. Some were physically active in their jobs (Q43ab, Q43ad), in getting to work by foot or on a bicycle (Q51a), or taking part in workplace sport or activity programmes (Q44aa). Others said there was a lack of easily available facilities when they were at work (Q47d), and reported long journey times to and from work (Q53), thereby reducing the time available for exercise. Appendix B shows how the questions were posed and Appendix C has the detailed results.

Employment status and occupation have been described in the earlier section on Demography, and showed 56% (3128 respondents) were employed or self-employed, giving the figures broken down by age and sex. A quarter of those in work (25.6%) undertook the recommended level of moderate physical activity on 5 or more days per week, which was no different from the average for all respondents (24.6%). Apart from those aged 65 and above, where those in work were fitter than the average for that age, there was little difference by age and gender (Fig 58). Nearly half of those working (46.0%) said they were taking moderate exercise on three or more days a week, which was also quite similar to all respondents (43.8%)

Fig 58 Percentage meeting physical activity target by age, sex and employment status (standardised to Kent population)



Few respondents (11.1%) got exercise from their journey to work, as 9.4% walked to work and 1.8% went by bicycle. On average journey times on foot and by bicycle were 18-19 minutes and rarely exceeded half an hour (Table 5).

Table 5 Mode of travel and average journey time to work (standardised to Kent population)

Mode of travel	% of those working	Average journey time (mins)
No answer	0.5	15
Work mainly at or from home	5.3	11
Train	8.2	83
Bus, minibus or coach	3.0	49
Motorcycle, scooter or moped	0.5	33
Driving a car or van	61.4	32
Passenger in a car or van	3.8	30
Bicycle	1.8	18
On foot	9.4	19
Other	0.2	69
Multiple answer	5.9	40
Total	100.0	35

Some were physically active in the type of work they did. Manual labour and activity such as walking around at work were included in the questions about frequency of taking moderate activity. (Moderate activity was defined as things that cause some increase in breathing or heart rate and a feeling of increased warmth undertaken for at least 30 minutes at a time.) Among the working population, the survey showed that over half (52.3%) were taking moderate exercise on five or more days a week in the form of manual labour or by being in jobs that involved some activity (Table 6).

Table 6 Frequency of specific moderate activity of 30 minutes or more at a time for those in work (standardised to Kent population)

Manual labour (Q43ab)	Workplace activity, i.e. walking around, not sitting or standing (Q43ad)						Total
	No answer	Not at all	Less than once a week	1-2 days a week	3-4 days a week	5+ days a week	
No answer	1.6%	0.4%	0.3%	0.3%	1.1%	3.0%	6.6%
Not at all	0.7%	8.4%	2.9%	4.4%	5.0%	13.0%	34.5%
Less than once a week	0.2%	2.5%	2.7%	1.8%	3.0%	7.3%	17.5%
1-2 days a week	0.5%	1.6%	1.2%	2.4%	2.9%	6.5%	15.1%
3-4 days a week	0.3%	0.4%	0.1%	0.4%	2.6%	3.1%	6.9%
5+ days a week	0.5%	0.3%	0.2%	0.2%	0.8%	17.3%	19.4%
Total	3.8%	13.4%	7.4%	9.6%	15.5%	50.3%	100.0%

The above figures did not match the 25.6% of those in work who said they were meeting the moderate physical activity target of five or more days a week. It seems that the large proportions who carried out daily workplace activity or manual labour either over-rated their levels of workplace activity (quite likely as manual jobs include postman, security guard, cleaner, waiter/waitress, etc and carrying out these jobs may not increase breathing and heart rate), or they did not consider their workplace activity when assessing their weekly exercise.

A few took part in workplace programmes such as aerobics or team games, with 9.9% being involved, and 3.0% doing these on three or more days a week. Just over one in five (21.2%) said the lack of easily available facilities at work acted as a barrier to taking more exercise, although this was said by exactly the same proportion of those meeting the physical activity target as those who did not. Nearly one in five

had long journeys to work (over an hour for 19.1%), which would reduce the time available to exercise, and this would especially be so for the 13.0% who were commuters with journeys averaging 1 hour 23 minutes each way.

CONCLUDING REMARKS

The Kent 2005 survey has provided information on the main areas of health and lifestyle and progress in Kent towards targets. All results were standardised to the Kent population to enable Kent-wide comparisons.

Results were weighted by age, sex and local authority to adjust for differences in response across these variables. Other factors are likely to be influential in non-response, and results could not be adjusted for all these characteristics. For example, comparisons with the Kent and national populations showed that response rates from mixed race and minority ethnic groups and from those living in the most deprived areas were comparatively low. The problem of non-response generally suggests that absolute figures are subject to some response bias, but the survey's strength is in identifying relative differences between local authorities, PCTs, areas of deprivation and changes over time.

It found that age, gender and deprivation level are significant factors in relation to health and lifestyle. There are also some significant differences between local authorities. Differences at local authority level are likely to be of greater value than comparisons between East and West Kent PCTs, as comparison between two large PCT areas can mask heterogeneity within them, and simply due to the larger numbers quite small differences (of around 3%) are statistically significant. Due to the smaller numbers at local authority level, differences must be at least 4-5% to be considered statistically significant.

The 2005 survey results will be used as a benchmark. It will be repeated in future years, sending to the same people and tracking changes in health and lifestyle over time.

APPENDIX A SAMPLING, RESPONSES AND WEIGHTING

Sampling

To get a random sample of Kent adults, we used the general practice register held by the Kent Primary Care Agency. Ethical approval was obtained from West Kent Research Ethics Committee, and a 2% sample was taken in each local authority of those aged 16 and over, giving 22,861 names and addresses, plus their age, gender and the general practice where registered. The register of general practice patients is considered the best sampling frame to use for the general public, although it is known to have some inaccuracies; it excludes people who live in Kent, but are not registered with a GP in Kent (estimated at less than 5%), and inflates the population due to the delay in de-registration of patients who move. The questionnaire was mailed out in October 2005 with a personally addressed letter explaining the purpose of the survey and asking people to take part. After a few weeks reminders were sent to people who had not replied. Up to three reminders were sent and the fieldwork took five months.

Response

The responses were compared to the population data supplied by ONS (2005 mid-year population estimates based on 2001 Census). Table A1 shows the number of responses, and table A2 response rates, which increased to 27% when the number of non-delivered questionnaires was taken into account.

Table A1 Number of responses by LA, age and sex

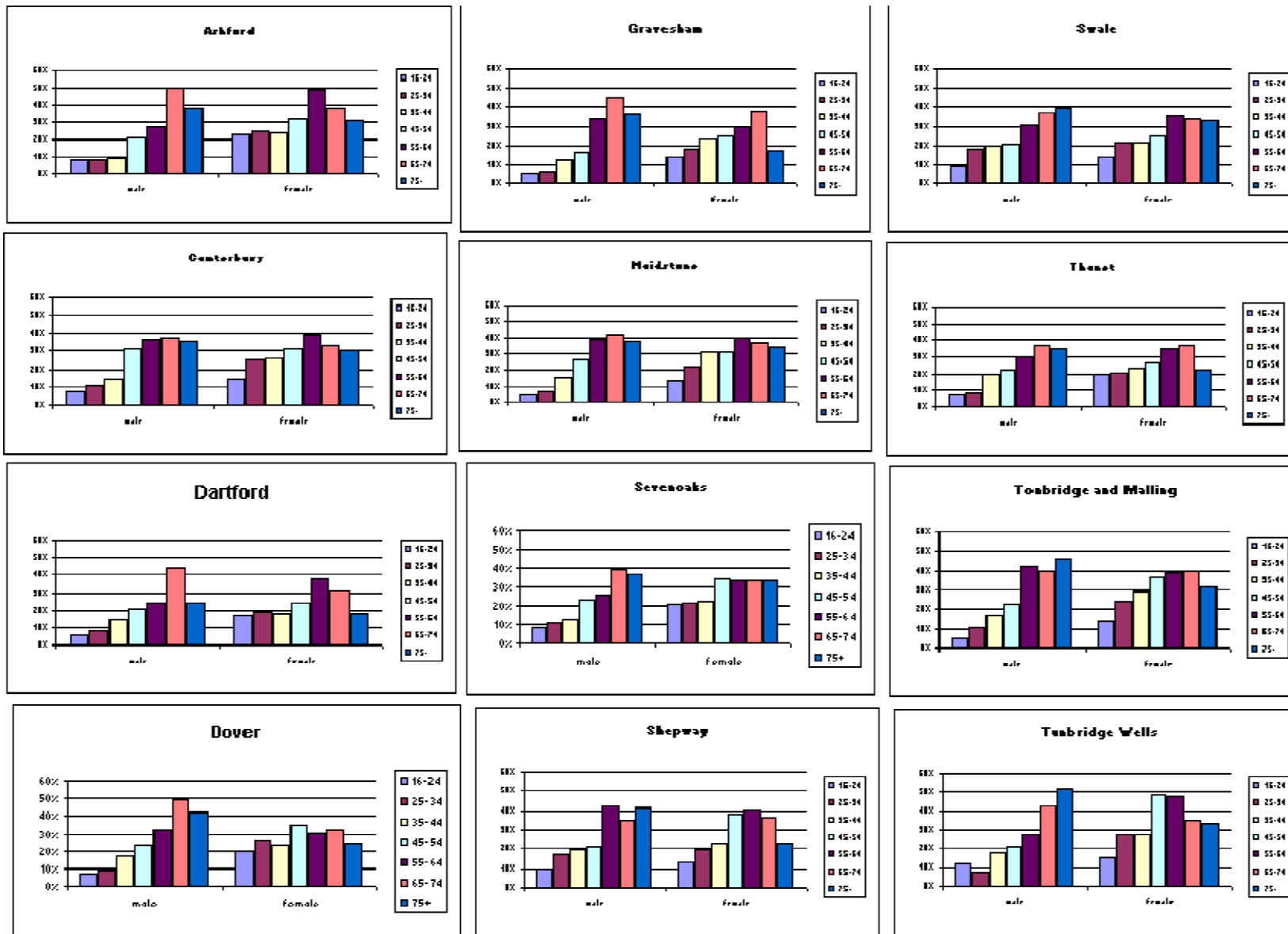
LA	Sex	16-24	25-34	35-44	45-54	55-64	65-74	75+	TOTAL
Ashford	male	9	10	16	30	37	45	25	172
	female	25	32	42	46	69	36	31	281
Canterbury	male	17	19	27	51	60	45	36	255
	female	33	42	50	54	71	44	53	347
Dartford	male	5	10	21	23	23	29	11	122
	female	16	23	26	26	36	23	13	163
Dover	male	8	9	25	33	45	49	32	201
	female	20	29	37	51	45	35	30	247
Gravesham	male	5	6	18	21	38	36	19	143
	female	15	21	36	30	36	32	15	185
Maidstone	male	7	12	33	50	73	50	31	256
	female	20	40	69	61	75	47	44	356
Sevenoaks	male	9	12	21	36	38	38	27	181
	female	21	26	41	54	50	36	38	266
Shepway	male	10	17	27	26	56	34	31	201
	female	13	21	33	50	57	38	28	240
Swale	male	13	26	38	34	50	39	27	227
	female	18	32	42	42	59	37	36	266
Thanet	male	10	10	33	34	49	44	37	217
	female	26	28	41	43	61	51	40	290
Tonbridge and Malling	male	6	13	31	34	58	37	28	207
	female	15	32	56	54	56	40	30	283
Tonbridge Wells	male	12	10	29	29	35	35	32	182
	female	14	36	48	69	63	33	36	299
KENT	male	111	154	319	401	562	481	336	2364
	female	236	362	521	580	678	452	394	3223
	persons	347	516	840	981	1240	933	730	5587

Table A2 Response rates by LA, age and sex

LA	Sex	16-24	25-34	35-44	45-54	55-64	65-74	75+	TOTAL
Ashford	male	8.30%	8.19%	9.25%	21.25%	27.20%	50.02%	37.76%	20.55%
	female	22.69%	24.45%	23.48%	31.90%	48.93%	38.00%	30.86%	31.21%
Canterbury	male	7.57%	11.69%	15.01%	31.22%	36.33%	37.00%	35.99%	22.82%
	female	14.65%	25.04%	26.47%	30.89%	39.28%	32.67%	30.81%	27.89%
Dartford	male	5.35%	8.34%	14.71%	20.94%	24.56%	44.06%	23.95%	18.17%
	female	16.99%	18.62%	17.74%	23.87%	37.85%	31.40%	18.10%	22.85%
Dover	male	7.06%	9.03%	17.23%	23.69%	31.93%	49.54%	42.51%	24.74%
	female	19.38%	25.56%	23.34%	34.98%	30.84%	31.85%	23.98%	27.39%
Gravesham	male	4.68%	5.50%	12.31%	16.75%	34.03%	45.23%	35.80%	19.54%
	female	14.33%	17.86%	24.16%	25.08%	29.94%	37.62%	17.49%	23.66%
Maidstone	male	4.48%	6.72%	15.01%	26.30%	39.10%	42.07%	37.41%	22.59%
	female	13.86%	22.23%	30.93%	31.34%	39.87%	36.58%	33.44%	29.91%
Sevenoaks	male	8.49%	10.61%	12.79%	23.67%	25.98%	39.26%	36.57%	21.24%
	female	20.95%	21.76%	22.83%	34.43%	33.20%	33.15%	32.92%	28.58%
Shepway	male	9.88%	16.79%	19.65%	21.19%	42.07%	34.79%	41.42%	26.16%
	female	13.07%	19.73%	22.87%	37.87%	40.83%	36.15%	22.52%	28.19%
Swale	male	9.14%	17.87%	19.40%	20.77%	30.79%	37.17%	39.23%	23.08%
	female	13.61%	21.05%	21.36%	25.88%	35.50%	33.88%	32.69%	25.86%
Thanet	male	7.63%	8.42%	19.91%	22.12%	30.01%	36.88%	34.32%	22.61%
	female	19.95%	20.38%	23.05%	26.17%	34.84%	36.51%	22.48%	26.30%
Tonbridge and Malling	male	5.21%	10.52%	17.27%	22.74%	42.06%	39.70%	46.33%	24.09%
	female	14.04%	24.17%	29.40%	36.22%	39.11%	39.39%	31.94%	30.84%
Tunbridge Wells	male	11.97%	7.53%	17.66%	21.12%	27.17%	42.11%	51.30%	22.50%
	female	14.79%	27.17%	27.77%	48.25%	47.84%	35.09%	33.05%	34.07%
KENT	male	7.40%	10.09%	15.84%	22.94%	32.94%	41.12%	38.56%	22.44%
	female	16.32%	22.44%	24.73%	32.30%	38.14%	35.19%	27.80%	28.17%
	persons	11.78%	16.43%	20.39%	27.68%	35.60%	38.02%	31.89%	25.42%

Figure A1 shows response rates by LA, age and sex graphically.

Fig A1 Response rates by local authority, age and sex



Response rates were low compared to previous surveys of the same population and with similar questionnaires (Kent & Medway survey 2001 had a response rate of 51%, and Healthquest SouthEast in 1992 was 57%). We do not know why people did not respond, but there are several possible reasons. There has been a trend of falling response rates over time, which might account for a loss of a few percent. This survey was nearly twice as long, which is likely to have an impact on people's willingness to spend the necessary time to complete it. There were longer sections and more detailed questions on physical activity and informal carers which might have deterred some people. A few people were annoyed that their name and address had been made available without their knowledge. A mention in the covering letter of the possibility of linking survey responses with other medical records may also have affected willingness to respond. This survey also differed in that people were asked if they could be contacted again for the next survey in 2008.

Response was examined by deprivation level. The postcode of each respondent was used to map their home address to a super output area (SOA), the geographical area used in the Index of Multiple Deprivation 2004 score (IMD 2004). The distribution of responses across levels of IMD shows that the survey achieved only 13.79% in the Kent & Medway most deprived quintile of SOAs (compared to the 20% expected) and slightly more than expected from the intermediate and least deprived parts of the county (Table A3).

Table A3 Responses by levels of Index of Multiple Deprivation 2004

	IMD 2004 - Local worst/best 20% (Kent and Medway)			Total
	20% most deprived	Intermediate	20% least deprived	
16-34	46	174	44	264
35-49	78	322	124	524
50-64	94	481	183	758
Males 65+	103	502	213	818
All males	321	1479	564	2364
16-34	115	361	125	601
35-49	100	496	201	797
50-64	123	634	226	983
Females 65+	112	513	221	846
All females	450	2004	773	3227
Total	771	3483	1337	5591
Percentage	13.79%	62.30%	23.91%	100.00%

Weighting

Response bias can be corrected to some extent. Individual responses have been weighted to make Kent-wide comparisons between Local Authorities (LAs), i.e. the responses are weighted to make them have the same age/sex profile as the Kent population. The Kent-wide weights were calculated to adjust for differences between the age and sex profile of parts of Kent, and more importantly to remove the effect of differing response rates which is quite usual for some sectors of the population (Table A4). [A second set of weights, correcting only for the non-response bias within each LA area, was calculated but these have not been used in this report.]

Table A4 Weights by LA, age and sex used to standardise to Kent population

LA	Sex	16-24	25-34	35-44	45-54	55-64	65-74	75+	TOTAL
Ashford	male	3.1	3.1	2.7	1.2	0.9	0.5	0.7	1.2
	female	1.1	1.0	1.1	0.8	0.5	0.7	0.8	0.8
Canterbury	male	3.4	2.2	1.7	0.8	0.7	0.7	0.7	1.1
	female	1.7	1.0	1.0	0.8	0.6	0.8	0.8	0.9
Dartford	male	4.8	3.0	1.7	1.2	1.0	0.6	1.1	1.4
	female	1.5	1.4	1.4	1.1	0.7	0.8	1.4	1.1
Dover	male	3.6	2.8	1.5	1.1	0.8	0.5	0.6	1.0
	female	1.3	1.0	1.1	0.7	0.8	0.8	1.1	0.9
Gravesham	male	5.4	4.6	2.1	1.5	0.7	0.6	0.7	1.3
	female	1.8	1.4	1.1	1.0	0.8	0.7	1.5	1.1
Maidstone	male	5.7	3.8	1.7	1.0	0.7	0.6	0.7	1.1
	female	1.8	1.1	0.8	0.8	0.6	0.7	0.8	0.8
Sevenoaks	male	3.0	2.4	2.0	1.1	1.0	0.6	0.7	1.2
	female	1.2	1.2	1.1	0.7	0.8	0.8	0.8	0.9
Shepway	male	2.6	1.5	1.3	1.2	0.6	0.7	0.6	1.0
	female	1.9	1.3	1.1	0.7	0.6	0.7	1.1	0.9
Swale	male	2.8	1.4	1.3	1.2	0.8	0.7	0.6	1.1
	female	1.9	1.2	1.2	1.0	0.7	0.8	0.8	1.0
Thanet	male	3.3	3.0	1.3	1.1	0.8	0.7	0.7	1.1
	female	1.3	1.2	1.1	1.0	0.7	0.7	1.1	1.0
Tonbridge and Malling	male	4.9	2.4	1.5	1.1	0.6	0.6	0.5	1.1
	female	1.8	1.1	0.9	0.7	0.7	0.6	0.8	0.8
Tunbridge Wells	male	2.1	3.4	1.4	1.2	0.9	0.6	0.5	1.1
	female	1.7	0.9	0.9	0.5	0.5	0.7	0.8	0.7
TOTAL		2.2	1.5	1.2	0.9	0.7	0.7	0.8	1.0

Applying the age sex and local authority weighting slightly improved the distribution of responses by deprivation – to show nearly 15% of the weighted sample coming from the most deprived areas, when 20% would be expected if their was no response bias (Table A5). This table shows the extent to which the weighted survey results given in this report under-represented people living in the areas of greatest deprivation.

Table A5 Weighted responses by levels of Index of Multiple Deprivation 2004

	IMD 2004 - Local worst/best 20% (Kent and Medway)			Total
	20% most deprived	Intermediate	20% least deprived	
16-34	127	514	125	766
35-49	110	454	174	738
50-64	81	410	160	651
Males 65+	67	320	132	519
All males	385	1698	591	2674
16-34	152	468	158	778
35-49	99	474	176	749
50-64	91	448	156	695
Females 65+	97	420	168	685
All females	439	1810	658	2907
Total	824	3508	1249	5581
Percentage	14.76%	62.86%	22.38%	100.00%

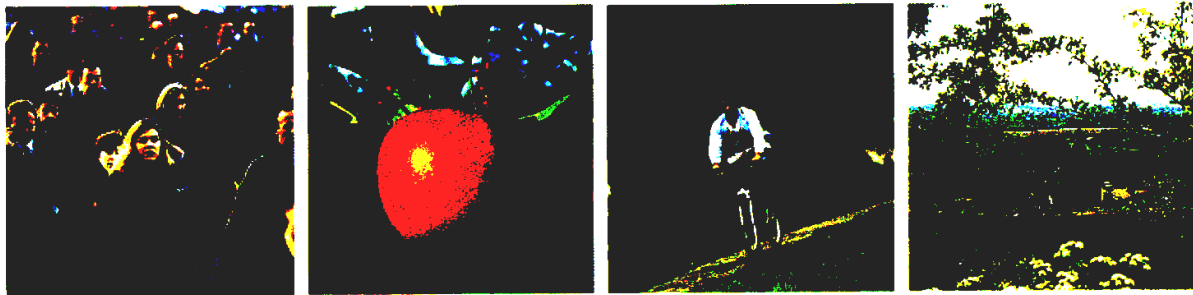
APPENDIX B QUESTIONNAIRE

Question	Topic
Q1	General health question from SF-36
Q2a, 2b, 2c	Long-term limiting illness
Q2d, 2e	Wheelchair or buggy user
Q3, 4a-12d	Physical, emotional and social health questions from SF-36
Q13-15	Depression Screener from SF-36
Q16-22	CSI measure of depression and anxiety (not full version)
Q23	Chronic illnesses
Q24-27	Effects of chronic illness, balance and falls
Q28a-40c	Diet and weight
Q41-48	Physical activity
Q49a-54	Transport
Q55-61c	Smoking
Q62-65b	Use of alcohol
Q66-72	Neighbourhood (Social Capital)
Q73-82b	Caring for others
Q83-99c	Sociodemographics
Q100	Comments



Kent 2005: A Survey of Health and Lifestyle

A chance to express your views about your health,
how you feel and how well you are able to do your usual activities



Please complete each question, ticking the most appropriate box(es). The answers you give are **confidential**; they will only be seen by the researcher at the University of Kent who will be entering coded and un-named data into a computer for analysis.

Health and Social Survey Unit
Centre for Health Services Studies
University of Kent

Summer 2005

The survey is also available for completion on www.kentsurvey.com



KENT HEALTH AND LIFESTYLE SURVEY 2005: INFORMATION

Kent County Council and the University of Kent are working together to measure health and health behaviour and to research the needs of local people. The work will assist Kent County Council to plan and develop local services. In particular this survey will help address the needs of local people in preventing obesity in partnership with local Health Services and District Councils.

This is the second big survey across Kent in 4 years, so it will enable us to measure any change in health and to identify key areas of special need; for example we have included questions for people who spend a lot of their time caring for a loved one. We are also interested in following up with some more detailed work.

The Centre for Health Services Studies at the University of Kent is collecting information from one in fifty people in the community through the enclosed survey. The survey provides information about the environment, the community and the way we lead our lives all affect our health and well being, and the information collected will enable decisions about planning. The results will be used to develop strategies for improving health and lifestyle, improving our communities and understanding the changing needs for our services.

The questionnaire is being sent to a randomly selected sample from the register of patients on GP lists. One in fifty adults aged 16 and over, 22000 people in all. The sampling method will mean that the information we collect will be representative of all adults who live in Kent. It is a comprehensive questionnaire, and we appreciate that it may take up to an hour to complete, please do allow adequate time to complete and feel free to take a break when you are completing it. **COMPLETION IS VOLUNTARY.** If we have not received a reply, you will be sent a reminder, and if necessary a further copy of the questionnaire.

Please return your questionnaire to the University of Kent in the pre-paid envelope enclosed with your questionnaire. Researchers at the University will be carrying out the analysis of the responses. Please be assured of confidentiality. Only aggregate numerical data would be published; we would like to use some quotations from the comments sections in the questionnaire, these would be completely anonymised. It will not be possible to trace any responses back to individuals, so you can be assured that your contribution will be COMPLETELY CONFIDENTIAL. People will not be identifiable by the researchers and names will not be used in the research. The information collected will be kept for the purposes of research in the future.

This important study will lay the foundation for future work following individuals' health over time. Unless you choose to tick the opt out question on the last page, your name and address will be kept securely for future reference; we hope to invite you to complete a similar survey in three years time. We may also contact you from time to time to provide further health-related information, and also your GP or hospital record may be used to link your health data to the results of the survey, thus enabling connections to be made about what affects people's health. Please be assured of confidentiality and also that only aggregate data would be published so you would not at any stage be identifiable in the research results. Your personal details would not at any time be disclosed to a third party.

The results of the 2005 Kent Survey will be published in a report, and this will be available for you to see. It will also be presented locally so local people can come and hear what we have discovered and discuss the results. We shall provide a summary for anyone who wants a copy and the general results will be publicly available.

Please note that completing the questionnaire will not get you help with a problem, information about your personal health will not be passed on and you should still discuss any medical matters with your own General Practitioner. If you require any kind of help in reading or understanding the questions, and would like to discuss this with someone, please ring or email us. The survey will also be available for downloading on www.kentsurvey.com.

Dr. Ann Palmer: Centre for Health Services Studies,
University of Kent
Telephone: 01227 823940 E-mail: chssenquiries@kent.ac.uk

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QUESTIONS ABOUT YOUR HEALTH

Case ID

Q1 In general, would you say your health is:

- excellent fair
very good poor
good

Q2a Do you have any long standing illness, disability or infirmity that has troubled you over a period of time, or that is likely to affect you over a period of time?

- yes
no

Q2b If yes, what is the matter with you? *If no, go to Q3*

Q2c To what extent has this illness, disability or infirmity limited your every day activity?

- very severely just a little
fairly severely no, not at all
moderately

Q2d Do you use a wheelchair?

- yes
no

Q2e Do you use an electric buggy?

- yes
no

Q3 **Compared to one year ago**, how would you rate your health in general **now**?

- much better than 1 year ago
somewhat better than 1 year ago
about the same now as 1 year ago
somewhat worse now than 1 year ago
much worse now than 1 year ago



Q4 The following questions are about activities you might do during a typical day. Does **your health limit you** in these activities? If so, how much?
(Please tick one box on each line)

	yes, limited a lot	yes, I imited a little	no, not limited at all
a) Vigorous activities , such as running, lifting heavy objects, participating in strenuous sports	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) Moderate activities , such as moving a table, pushing a vacuum cleaner, bowling or playing golf	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) Lifting or carrying groceries	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d) Climbing several flights of stairs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e) Climbing one flight of stairs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f) Bending, kneeling or stooping	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g) Walking more than a mile	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h) Walking half a mile	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i) Walking one hundred yards	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j) Bathing or dressing yourself	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Q5 During the **past 4 weeks**, have you had any of the following problems with your work or other regular daily activities **as a result of your physical health**?
(Please tick one box on each line)

	yes	no
a) Cut down on the amount of time you spent on work or other activities	<input type="checkbox"/>	<input type="checkbox"/>
b) Accomplished less than you would like	<input type="checkbox"/>	<input type="checkbox"/>
c) Were limited in the kind of work or other activities	<input type="checkbox"/>	<input type="checkbox"/>
d) Had difficulty performing the work or other activities (for example, it took extra effort)	<input type="checkbox"/>	<input type="checkbox"/>

Q6 During the **past 4 weeks**, have you had any of the following problems with your work or other regular daily activities **as a result of any emotional problems** (such as feeling depressed or anxious)?
(Please tick one box on each line)

	yes	no
a) Cut down on the amount of time you spent on work or other activities	<input type="checkbox"/>	<input type="checkbox"/>
b) Accomplished less than you would like	<input type="checkbox"/>	<input type="checkbox"/>
c) Didn't do work or other activities as carefully as usual	<input type="checkbox"/>	<input type="checkbox"/>

Q7 During the **past 4 weeks**, to what extent has your physical health or emotional problems interfered with your normal social activities with family, friends, neighbours or groups?

Not at all Moderately Extremely
Slightly Quite a bit



Q8 How much **bodily** pain have you had during the **past 4 weeks**?

- none moderate
 very mild severe
 mild very severe

Q9 During the **past 4 weeks** how much did **pain** interfere with your normal work (including both work outside the home and housework)?

- not at all quite a bit
 a little bit a lot
 moderately

Q10 During the **past 4 weeks**, how much of the time has your **physical health or emotional problems** interfered with your social activities (like visiting with friends, relatives etc)?

- all of the time a little of the time
 most of the time none of the time
 some of the time

Q11 These questions are about how you feel and how things have been with you **during the past 4 weeks**.

(For each question please indicate the one answer that comes closest to the way you have been feeling).

How much time during the past 4 weeks :	All of the time	Most of the time	A good bit of the time	Some of the time	A little of the time	None of the time
a) Did you feel full of life?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) Have you been a very nervous person?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) Have you felt so down in the dumps that nothing could cheer you up?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d) Have you felt calm and peaceful?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e) Did you have a lot of energy?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f) Have you felt downhearted and low?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g) Did you feel worn out?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h) Have you been a happy person?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i) Did you feel tired?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



Q12 How **TRUE** or **FALSE** is each of the following statements for you?
 (Please tick one box on each line)

	Definitely true	Mostly true	Not sure	Mostly false	Definitely false
a) I seem to get ill a little more easily than other people	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) I am as healthy as anybody I know	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) I expect my health to get worse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d) My health is excellent	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Q13 In the **past year**, have you had **2 weeks or more** during which you felt sad, unhappy or depressed, or when you lost all interest or pleasure in things that you usually cared about or enjoyed?

yes no

Q14 Have you felt depressed or sad **much of the time in the past year**?

yes no

Q15 Have you had **2 years or more** in your life when you felt depressed or sad most days?

yes no

Q16 On how many of the **past seven days** have you felt sad, miserable or depressed or unable to enjoy or take an interest in things?

4 or more days 1 day
 2-3 days none *if none please go to Q19*

Q17 Have you felt sad, miserable or depressed or unable to enjoy or take interest in things as much as you usually do for **3 hours in total in any day** in the past week?

yes no

Q18 In the past week when you felt sad, miserable or depressed or unable to enjoy or take an interest in things as much as you usually do, **did you ever become happier when something happened or when you were in company?**

yes, at least once no

Q19 On how many of the **past seven days** have you felt **generally anxious, nervous or tense?**

4 or more days 1 day
 2-3 days none *If none please go to Q23*

Q20 In the past week, has your **anxiety, nervousness, tension** been

very unpleasant a little unpleasant not unpleasant



Q21 Which of these symptoms did you have when you felt anxious, nervous or tense?
(you may tick more than one)

- | | | | |
|--|--------------------------|--------------------------------------|--------------------------|
| a) Heart racing or pounding | <input type="checkbox"/> | e) Hands sweating or shaking | <input type="checkbox"/> |
| b) Feeling dizzy | <input type="checkbox"/> | f) Difficulty in getting your breath | <input type="checkbox"/> |
| c) Butterflies in your stomach | <input type="checkbox"/> | g) Dry mouth | <input type="checkbox"/> |
| d) Nausea or feeling as though you wanted to be sick | <input type="checkbox"/> | | |

Q22 Have you felt anxious, nervous or tense for more than 3 hours in total on any one of the past seven days?

yes no

Q23 Do you have any of the following health problems or diseases?
(You may tick more than one)

- | | | | |
|---------------|--------------------------|---------------------|--------------------------|
| Asthma | <input type="checkbox"/> | Bronchitis | <input type="checkbox"/> |
| Arthritis | <input type="checkbox"/> | Diabetes | <input type="checkbox"/> |
| Heart disease | <input type="checkbox"/> | Parkinson's disease | <input type="checkbox"/> |

Q24 Have you had a stroke that has left you with any weakness of the arms and legs? yes no

Q25 Do you have any problems with your balance? yes no

Q26 Can you rise from a chair of knee height without using your arms? yes no

Q27 Have you fallen in the past six months? yes no

By falling we mean any time that you have 'unintentionally come to rest on the ground or floor whether or not you are injured'. We do not mean you 'unintentionally came to rest on your chair or bed'.

SOME QUESTIONS ABOUT DIET AND WEIGHT

Q28a How many pieces of fruit do you eat in a typical day?

0 1 2 3 4 5 or more

Q28b If 5 or more - how many?

1 piece of fruit = an apple or a handful of grapes or a medium glass of orange juice etc. (Do not count cordials, fruit drinks and squashes)

Q29a How many portions of vegetables do you eat in a typical day?

0 1 2 3 4 5 or more

Q29b If 5 or more - how many?

1 portion of vegetables = 80gms (about 3ozs) or 3 heaped teaspoons of vegetables or a cereal bowl of mixed salad. (Do not count potato, pasta or rice, or vegetable soups)



Q30. A healthy diet is one that is low in fat, low to moderate in salt, contains whole grains and five or more servings of fruits and vegetables per day. Which of the following best describes your thoughts or efforts towards eating a healthy diet?

- I am eating a healthy diet **Go to Q33**
- I eat a healthy diet once in a while, but not regularly
- I was eating a healthy diet in the past, but do not now
- I am thinking about trying to eat a healthy diet
- I am not thinking about trying to eat a healthy diet
- Don't know / Not sure

Q31 What makes eating a healthy diet difficult?
(Please tick one box on each line)

	Agree	Somewhat agree	Disagree	Not applicable
a) I do not have enough information about a healthy diet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) I am not motivated to eat a healthy diet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) I do not enjoy eating healthy foods	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d) I do not have the skills to plan, shop for, prepare or cook healthy foods	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e) I do not have access to healthy foods	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f) I am not able to buy healthy foods because they are expensive	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g) I do not have the support of my partner to eat a healthy diet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h) I do not have the support of my children to eat a healthy diet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i) I do not have the support of my friends to eat a healthy diet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j) I do not have the time to prepare or eat healthy foods because of job	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Q32. What is the **one** thing that makes it hardest for you to eat a healthy diet?

Q33 How many pieces / portions of **fruit** and / or **vegetables** do you eat in a typical day?

--	--

1 piece of fruit = an apple or a handful of grapes or a medium glass of orange etc.
1 portion of vegetables = 80gms (about 3ozs) or 3 heaped teaspoons of vegetables or a cereal bowl of mixed salad. (Do not count potato, pasta or rice, or vegetable soups)



Q34 What is your height (without shoes)? feet inches
 or metres centimetres

Q35 What is your weight (lightly dressed)? stones pounds
 or kilograms grams

Q36 What is your waist measurement? inches
 or centimetres

Q37 Which of the following best describes you?

I am underweight I am very overweight
 I am about the right weight I am not sure about my weight
 I am a little overweight

Q38 Which of the following best describes your current approach to weight management?

I am trying to keep my weight down I am very overweight
 I am trying to keep my weight up I am not sure about my weight

Q39 If you have a weight problem, which do you think would help most?
 (you may tick more than one)

a) GP one to one	<input type="checkbox"/>	h) Fun runs	<input type="checkbox"/>
b) Practice nurse one to one	<input type="checkbox"/>	i) Internet advice	<input type="checkbox"/>
c) Personal trainer	<input type="checkbox"/>	j) Dietary advice	<input type="checkbox"/>
d) Practice group sessions	<input type="checkbox"/>	k) Weight monitoring	<input type="checkbox"/>
e) Dietician group sessions	<input type="checkbox"/>	l) Weight Watchers or similar club	<input type="checkbox"/>
f) Group exercise sessions	<input type="checkbox"/>	m) Meeting others with the same problem	<input type="checkbox"/>
g) Going to the gym	<input type="checkbox"/>	n) Other	<input type="checkbox"/>

If ticked other, please make suggestions



Q40a Have you already received advice on managing your weight? yes no *if no go to Q41*

Q40b If yes, can you tell us about it please

Q40c Do you think it was successful? yes no

SOME QUESTIONS ABOUT PHYSICAL ACTIVITY

Q41 Which of the following statements BEST describes your **current level of physical activity**?

- I am currently physically active and have been so for some time
- I am currently physically active, but have only recently begun
- I am physically active once in a while, but not regularly
- I was physically active in the past but not now
- I am not physically active, but have been thinking about becoming so
- I am not physically active
- Don't know / not sure

Q42a Have you received advice on physical activity?

yes no

Q42b If yes can you tell us about it please

Q42c Where would you go for advice on exercise?
(you may tick more than one)

- | | | | |
|-----------------------------------|--------------------------|--|--------------------------|
| a) Leisure centre or similar club | <input type="checkbox"/> | f) Physiotherapist or other health professional group sessions | <input type="checkbox"/> |
| b) Personal trainer | <input type="checkbox"/> | g) Internet advice | <input type="checkbox"/> |
| c) GP one to one | <input type="checkbox"/> | h) Magazines | <input type="checkbox"/> |
| d) GP Practice nurse one to one | <input type="checkbox"/> | i) Other | <input type="checkbox"/> |
| e) GP Practice group sessions | <input type="checkbox"/> | | |

If you ticked other please make suggestions



Q43a How many days per week do you do **moderate activities** for **AT LEAST 30 MINUTES at a time**, i.e. things that cause some increase in breathing or heart rate and a feeling of increased warmth (there is a section for vigorous activities over the page) (please tick one box on each line)

	Not at all	Less than one day a week	One day a week	Two days a week	Three days a week	Four days a week	Five days or more
a) Housework	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) Manual labour	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) Walking (e.g. walking to work, shops, the dog)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d) Workplace activity (i.e. walking around, not sitting or standing)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e) Cycling (e.g. cycling to work, shops, exercise bike)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f) Horse riding	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g) Light gardening (e.g. pruning, mowing lawn, raking leaves)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h) Exercise class	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i) Playing with children (e.g. in garden or park)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j) Dancing (social)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k) Washing and waxing a car	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
l) Pushing self in wheelchair	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
m) Wheeling self in wheelchair	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
n) Cricket	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
o) Water aerobics	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
p) Swimming	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
q) Skating	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
r) Stretching	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
s) Yoga	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
t) Tai-chi	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
u) Other moderate activities which cause some increase in breathing or heart rate and a feeling of increased warmth	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Q43b If you undertake other moderate activities which cause **some increase in breathing or heart rate and a feeling of increased warmth**, please describe:



Q44a How many days per week do you undertake vigorous sport or recreational activities for **AT LEAST 30 MINUTES AT A TIME** which **make you breathless and make you sweat?**

	Not at all	Less than one day a week	One day a week	Two days a week	Three days a week	Four days a week	Five days or more
a) Workplace programmes (e.g. aerobics, team games)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) Talent development (training / coaching)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) Running / jogging (6 miles per hour)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d) Net / Basketball (shooting baskets)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e) Playing football	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f) Playing tennis or other racquet sport	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g) Wheelchair sports	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h) Skipping rope	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i) Aerobics	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j) Weight lifting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k) Workout at the gym	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
l) Climbing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
m) Heavy gardening (e.g. digging)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
n) Other vigorous activities which make you breathless and make you sweat	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Q44b If you undertake other moderate vigorous activities which make you breathless and make you sweat, please describe



Q45 On how many days a week would you say, on average, you undertake **AT LEAST moderate physical activity?**
(please tick one box on each line)

	Not at all	Less than once a week	One day a week	Two days a week	Three days a week	Four days a week	Five days or more
a) For thirty minutes at a time	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) For one hour or longer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Q46a Do you wear a pedometer? yes no

Q46b If yes, how many paces do you clock up in an average day?

--	--	--	--	--	--

Q47 Which of the following reasons **prevent you** from taking more exercises?
(You may tick more than one)

- a) Lack of leisure time (i.e. no spare time evenings and weekends)
- b) Lack of money
- c) Lack of transport
- d) Lack of easily available facilities at work
- e) Lack of easily available facilities in the community
- f) Lack of interesting or relevant activities
- g) Illness or disability
- h) Lack of incentive
- i) Other reasons

If ticked other reasons, please describe them

Q48 What is the **one** thing that makes it difficult for you to be physically active?

SOME QUESTIONS ABOUT TRANSPORT

Q49a What is your **main form** of transport?

- | | | | |
|-------------------------------------|--------------------------|----------------|--------------------------|
| Car/motorcycle/moped | <input type="checkbox"/> | Walking | <input type="checkbox"/> |
| Public transport (buses and trains) | <input type="checkbox"/> | I never go out | <input type="checkbox"/> |
| Cycling | <input type="checkbox"/> | Other | <input type="checkbox"/> |

If ticked other please specify



Q50 Would you say that there is good **local transport** for where you want to get to?

yes no don't know

Q51a How do you usually travel to work? (please tick the box for the longest part, by distance of your usual journey to work)

Work mainly at or from home	<input type="checkbox"/>	Passenger in a car or van	<input type="checkbox"/>
Train	<input type="checkbox"/>	Bicycle	<input type="checkbox"/>
Bus, minibus or coach	<input type="checkbox"/>	On foot	<input type="checkbox"/>
Motorcycle, scooter or moped	<input type="checkbox"/>	Other	<input type="checkbox"/>
Driving a car or van	<input type="checkbox"/>		

If ticked other, please specify

Q52a Do you work in London (a commuter) yes no

Q52b If no, have you been a commuter in the past? yes no

Q52c If yes to Q52b, why did you stop being a commuter?

Q53 On average how long does it hours minutes
take you to get to work?

Q54 Would you be happy to be involved in further research into the health of people travelling to work? yes no

NEXT SOME QUESTIONS ABOUT SMOKING (cigarettes, cigars, pipe and other tobacco products)

Q55 How much are you bothered by tobacco smoke inside in public places?

A great deal A fair amount A little Not at all



Q56 Would you prefer the indoor areas of the following places to be...
 (Please tick one box on each line)

	Completely smoke free	Mainly smoke free but with separate areas for smoking	Mainly smoking but with separate non smoking areas	Smoking allowed throughout	Don't know
a) Cafes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) Restaurants	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) Pubs and bars	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d) Shopping centres	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e) Offices	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f) Taxis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g) Railway stations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Q57 Which of the following best describes you?

- I smoke daily
- I smoke occasionally
- I used to smoke daily but do not smoke at all now **go to Q62**
- I used to smoke occasionally but do not smoke now **go to Q62**
- I have never smoked **go to Q62**

Q58 About how many cigarettes do you now smoke each day? **If none write 0**

per day on weekdays:- per day on weekends:-

Q59 In the last 12 months have you ever seriously tried to give up smoking?

yes no

Q60 Which of the following would you prefer to use to help you give up smoking?
 (you may tick more than one)

- | | | | |
|------------------------------------|--------------------------|---------------------------------|--------------------------|
| a) Support of your family | <input type="checkbox"/> | g) Nicotine replacement therapy | <input type="checkbox"/> |
| b) Support of your friends | <input type="checkbox"/> | h) NHS Stop-smoking courses | <input type="checkbox"/> |
| c) One to one with your doctor | <input type="checkbox"/> | i) Telephone helpline | <input type="checkbox"/> |
| d) One to one with your nurse | <input type="checkbox"/> | j) E-mail counselling | <input type="checkbox"/> |
| e) One to one with your pharmacist | <input type="checkbox"/> | k) Local event | <input type="checkbox"/> |
| f) Cold turkey | <input type="checkbox"/> | l) Alternative therapies | <input type="checkbox"/> |

Q61a Are you aware of local stop smoking services? yes no

Q61b If yes, have you tried to use them? yes no

Q61c If yes, please tell us how you got on



NEXT, SOME QUESTIONS ABOUT YOUR USE OF ALCOHOL

Please use the following formula in your answers about the units of alcohol

Half pint (beer, cider)	=1 unit
1 pint (beer, cider)	=2 units
1 glass wine, sherry, vermouth	=1 unit
1 measure short (whiskey, gin, vodka, etc)	=1 unit
Double measure short (whiskey, gin, vodka etc)	=2 units

Q62 How often do you drink alcohol?

- | | | |
|---|---|---------------------------------------|
| Every day <input type="checkbox"/> | On one or two days a week <input type="checkbox"/> | |
| On five or six days a week <input type="checkbox"/> | Less than once a week <input type="checkbox"/> | |
| On three or four days a week <input type="checkbox"/> | I don't drink alcohol at all <input type="checkbox"/> | <i>if you do not drink go to Q65a</i> |

Q63 How many units, on average, do you have **throughout the whole week**?

- | | | |
|--|--|--|
| 1 or 2 units per week <input type="checkbox"/> | 9 to 14 units per week <input type="checkbox"/> | |
| 3 or 4 units per week <input type="checkbox"/> | 15 to 21 units per week <input type="checkbox"/> | |
| 5 to 8 units per week <input type="checkbox"/> | More than 21 units per week <input type="checkbox"/> | |

Q64 In the last week what was the highest number of units you had to drink on one day?

--	--

Q65a In the past year, how often did you have **six or more units on one occasion**?
For example; three or more pints of beer, or three or more double vodkas

- | | | |
|--|--|--|
| Never <input type="checkbox"/> | Weekly <input type="checkbox"/> | |
| Less than monthly <input type="checkbox"/> | Daily or almost daily <input type="checkbox"/> | |
| Monthly <input type="checkbox"/> | | |

Q65b How often during that year did you find that you were **not able to stop drinking** once you had started?

- | | | |
|--|--|--|
| Never <input type="checkbox"/> | Weekly <input type="checkbox"/> | |
| Less than monthly <input type="checkbox"/> | Daily or almost daily <input type="checkbox"/> | |
| Monthly <input type="checkbox"/> | | |



QUESTIONS ABOUT YOUR NEIGHBOURHOOD

Q66 How long have you lived in this area?
(by area we mean within about a 15-20 minute walk or a 5-10 minute drive from your home)

Please enter number of years (if less than 1 year enter 0)

Q67 Would you say this is an area you enjoy living in?

yes no don't know

Q68a Have you been involved in any local organisation over the past 3 years?
(include school, religious, resident associations, support groups and charities)

yes no

Q68b If yes:

In the past 3 years have you had any responsibilities in this (these) organisation(s), such as being a committee member, raising funds, organising events or doing administrative or clerical work?

yes no

Q68c Are you a volunteer or are you involved in voluntary work?

yes no

Q69 In the past 3 years have you taken any of the following actions in an attempt to solve a **local** problem?
(you may tick more than one)

- | | |
|--|--|
| a) Written to a local newspaper <input type="checkbox"/> | d) Attended a protest or joined an action group <input type="checkbox"/> |
| b) Contacted a local councillor or MP <input type="checkbox"/> | e) Thought about it, but did not do it <input type="checkbox"/> |
| c) Contacted the appropriate organisation to deal with the problem e.g. the council <input type="checkbox"/> | f) None of these <input type="checkbox"/> |

Q70 Would you say that in your neighbourhood you trust:
(please tick one box only)

Most of the people A few of the people
Many of the people None of the people

Q71 How often do you see or speak to your neighbours?
(please tick one box only)

Every day <input type="checkbox"/>	Once or twice a month <input type="checkbox"/>
5 or 6 days a week <input type="checkbox"/>	Once every couple of months <input type="checkbox"/>
3 or 4 days a week <input type="checkbox"/>	Once or twice a year <input type="checkbox"/>
Once or twice a week <input type="checkbox"/>	Not at all in the last 12 months <input type="checkbox"/>

Q72 Supposing you are ill in bed and need help at home, could you ask anyone for help?
(‘Help at home’ means help with domestic tasks such as cooking, cleaning, making a cup of tea)

yes no don't know / it depends



SOME QUESTIONS ABOUT CARING FOR OTHERS

Q73 Do you look after, or give any unpaid help or support to family members, friends, neighbours or others because of: long-term physical or mental ill-health or disability, or problems related to old age?

(Do not count anything you do as part of your paid employment. Please tick the nearest time spent in a typical week)

- no *if no go to Q83* yes, 20-49 hours a week
yes, 1-19 hours a week yes, 50+ hours a week

Q74a How old is the person you care for?

Q74b Is this person... male female

Q75a Where does this person you look after live?

- in their own home in a care home / hospital
with me in the same household other

If you ticked 'other' please describe the setting the cared person lives in

Q76 What is the relationship to this person? (e.g. spouse, daughter, friend etc)

Q77 What sort of health problem or disability does the person you care for have?
(you may tick more than one)

- a) Physical health problem / disability d) Learning disability
b) Dementia / Alzheimer's disease e) Other
c) Other type of mental health problem



Q78 What kind of activities do you regularly help with them with?
(you may tick more than one)

A. Physical help

- Walking
- Getting up and down stairs
- Getting in and out of bed

B. Personal Care

- Washing
- Dressing
- Feeding
- Using the toilet
- Giving medicines

C. Helping with personal or financial matters

- Filling in forms
- Dealing with bills
- Banking

D. Other practical help

- Preparing meals
- Doing his / her shopping
- Laundry
- Housework
- Gardening
- Taking to the doctor's / hospital

E. Other

- Keeping him / her company e.g. visiting, sitting with, reading to
- Taking him / her out e.g. taking out for a walk or a drive, taking to see friends / relatives
- Keeping an eye on him /her to make sure s/he is alright/ not doing anything risky
- Other

If ticked other, please specify

Q79a For about how long have you been providing support or care to your relative/friend?

- Under a year 5-10 years
- 1-3 years More than 10 years
- 3-5 years

Q79b If more than 10 years for approximately how many years have you been caring?

--	--



Q80a Do you, or the person you support, receive any help from other relatives/friends or from health or social services?

yes no

Q80b If you do get support, who provides it?

	For yourself	For the person you care for
a) Relatives	<input type="checkbox"/>	<input type="checkbox"/>
b) Friends	<input type="checkbox"/>	<input type="checkbox"/>
c) Neighbours	<input type="checkbox"/>	<input type="checkbox"/>
d) District / community nurse	<input type="checkbox"/>	<input type="checkbox"/>
e) Social worker/ care manager	<input type="checkbox"/>	<input type="checkbox"/>
f) Home help / care worker	<input type="checkbox"/>	<input type="checkbox"/>
g) Meals on wheels	<input type="checkbox"/>	<input type="checkbox"/>
h) Respite care (usually in a care home)	<input type="checkbox"/>	<input type="checkbox"/>
i) Sitting service	<input type="checkbox"/>	<input type="checkbox"/>
j) Day centre / hospital	<input type="checkbox"/>	<input type="checkbox"/>
k) Carers social or support group	<input type="checkbox"/>	<input type="checkbox"/>
l) Other services / support forum	<input type="checkbox"/>	<input type="checkbox"/>
m) Carers agency	<input type="checkbox"/>	<input type="checkbox"/>
n) Other	<input type="checkbox"/>	<input type="checkbox"/>

If you ticked other, please specify

Q81 Has your own health been affected by the assistance you give in any of the following ways?
(you may tick more than one)

- | | | | |
|-------------------------------|--------------------------|-------------------------------------|--------------------------|
| a) Feeling tired | <input type="checkbox"/> | f) Physical strain (e.g. back ache) | <input type="checkbox"/> |
| b) Feeling depressed | <input type="checkbox"/> | g) Short tempered/irritable | <input type="checkbox"/> |
| c) Loss of appetite | <input type="checkbox"/> | h) Had to see own GP | <input type="checkbox"/> |
| d) Disturbed sleep | <input type="checkbox"/> | i) Other | <input type="checkbox"/> |
| e) General feelings of stress | <input type="checkbox"/> | j) No, none of these | <input type="checkbox"/> |

If you ticked other, please specify



Q82a We would be most interested to hear about any other aspects of your experience of being a carer, for example the difficulties of caring or how things may be made easier for you.
(Please note these below)

Q82b Would you be prepared to take part in a more detailed survey of carers?
yes no

FINALLY, A FEW QUESTIONS ABOUT YOURSELF PERSONALLY

Q83 Are you...

male

female

Q84 How old are you?

 years

Q85 What is your marital status?

Single (never married)

Widowed

Married or living as married

Divorced or separated

Q86 Which of these best describes your ethnic origin?

A. White

White British
White Irish
Any other White background

please specify

D. Black or Black British

Caribbean
African
Any other Black background

please specify

B. Mixed

Mixed white and black Caribbean
White and black African
White and Asian
Any other mixed background

please specify

E. Chinese or other ethnic group

Chinese
Any other ethnic group

please specify

C. Asian or Asian British

Indian
Pakistani
Bangladeshi
Any other Asian background

please specify



Q87 Who lives with you?
(you may tick more than one)

- | | | | |
|----------------------------|--------------------------|--|--------------------------|
| a) No-one (I live alone) | <input type="checkbox"/> | e) Parents | <input type="checkbox"/> |
| b) Partner / spouse | <input type="checkbox"/> | f) Brothers / sisters | <input type="checkbox"/> |
| c) Own children | <input type="checkbox"/> | g) Other adult relatives | <input type="checkbox"/> |
| d) Someone else's children | <input type="checkbox"/> | h) Other adults who are not family members | <input type="checkbox"/> |

Q88 How many children (0-4 yrs) live in your household?

- One Two Three or more None

Q89 How many children (5 - 15 yrs) live in your household?

- One Two Three or more None

Q90 How many adults of pensionable age (men 65+, woman 60+) **including yourself** live in your household?

- One Two Three or more None

Q91 Your housing? Are you...

- | | | | |
|---|--------------------------|---|--------------------------|
| An owner occupier | <input type="checkbox"/> | Living rent-free with job, shop or other business | <input type="checkbox"/> |
| Renting your home from a private landlord | <input type="checkbox"/> | Living with parents / family | <input type="checkbox"/> |
| Renting from a Housing Association | <input type="checkbox"/> | Other | <input type="checkbox"/> |
| Renting from a Local Authority or Council | <input type="checkbox"/> | | |

If ticked other, please specify

Q92 Please give your post code

--	--	--	--	--	--	--	--

Q93 Would you say the area you live in is... Urban Rural

Q94 Is there a car or van normally available for use by you or any members of your household? (Include any company car or van if available for private use)

- One Two Three or more None



Q95 Are you or anyone else in your household receiving any of the following state benefits (you may tick more than one)

- | | | | |
|--|--------------------------|---|--------------------------|
| a) Disability living allowance | <input type="checkbox"/> | j) Bereavement allowance (widows pension) | <input type="checkbox"/> |
| b) Severe disablement allowance | <input type="checkbox"/> | k) Carers allowance | <input type="checkbox"/> |
| c) Disabled person tax credit | <input type="checkbox"/> | l) Child benefit | <input type="checkbox"/> |
| d) Incapacity benefit | <input type="checkbox"/> | m) Lone parents benefit | <input type="checkbox"/> |
| e) Industrial injuries disablement benefit | <input type="checkbox"/> | n) Maternity allowance | <input type="checkbox"/> |
| e) Job seeker allowance | <input type="checkbox"/> | o) Pension credit | <input type="checkbox"/> |
| f) Working family tax benefit | <input type="checkbox"/> | p) Tax credits | <input type="checkbox"/> |
| g) Housing benefit | <input type="checkbox"/> | q) War disablement pension | <input type="checkbox"/> |
| h) Council tax benefit | <input type="checkbox"/> | r) Winter fuel payment | <input type="checkbox"/> |
| i) Attendance allowance | <input type="checkbox"/> | s) Any other benefits | <input type="checkbox"/> |

Q96 Which of the following best describes your present position about work?

- | | | | |
|-----------------------|--------------------------|-----------|--------------------------|
| Retired | <input type="checkbox"/> | Housewife | <input type="checkbox"/> |
| Registered unemployed | <input type="checkbox"/> | Student | <input type="checkbox"/> |
| Employed | <input type="checkbox"/> | Other | <input type="checkbox"/> |
| Self employed | <input type="checkbox"/> | | |

Q97 Which of these qualifications do you have? (tick the highest level only)

- | | | | |
|--|--------------------------|--|--------------------------|
| 1+ O levels / CSEs / GCSEs (any grades) | <input type="checkbox"/> | NVQ level 1 foundation GNVQ | <input type="checkbox"/> |
| 5+ O levels / CSEs (grade 1) / GCSEs (grade A-C) / school cert | <input type="checkbox"/> | NVQ level 2 foundation GNVQ | <input type="checkbox"/> |
| 1+ A levels / AS levels | <input type="checkbox"/> | NVQ level 3 / Advanced GNVQ | <input type="checkbox"/> |
| 2+ A levels / 4+ AS levels / Higher school certificate | <input type="checkbox"/> | Other qualifications (eg City and Guilds, RSA/OCR, BTEC/Edexcel) | <input type="checkbox"/> |
| First degree (BA, BSc) | <input type="checkbox"/> | No qualifications | <input type="checkbox"/> |
| Higher degree (MA, PhD, PGCE, Post graduate cert / diplomas) | <input type="checkbox"/> | | |



Q98a Have you ever been in paid employment?

yes no **If no go to Q100**

Q98b If yes, please tick the one which best describes the sort of work you do (If you are not working now, please tick what you did in your last job)

Modern Professional Occupations

Such as: teacher, nurse, physiotherapist, social worker, welfare officer, artist, musician, police officer (sergeant or above), software designer

Clerical and Intermediate Occupations

Such as: secretary, personal assistant, clerical worker, office worker, call centre agent, nursing auxilliary, nursery nurse

Senior Managers and Administrators

(usually responsible for planning, organising and coordinating work and for finance)

Technical and Craft Occupations

Such as: motor mechanic, fitter, inspector, plumber, tool maker, electrician, gardener, train driver

Semi-routine manual and service occupations

Such as: postal worker, machine operative, security guard, caretaker, farm worker, catering assistant, receptionist, sales assistant

Routine manual and service occupations

Such as: HGV driver, van driver, cleaner, porter, packer, sewing machinist, messenger, labourer, waiter/waitress, bar staff

Middle or junior managers

Such as: office managers, retail manager, bank manager, restaurant manager, warehouse manager, publican

Traditional professional occupations

Such as: accountant, solicitor, medical practitioner, scientist, civil/mechanical engineer

Q99a Do (did) you supervise any other employees?

(A supervisor or foreman is responsible for overseeing the work of the other employees on a day-to-day basis)

yes no

Q99b **Employees:** indicate how many people work (worked) for your employer at the place where you work (worked)

1 to 24 25 or more

Q99c **For self-employed:** indicate how many people you employ (employed)

1 to 24 25 or more



Q100 If there are any comments you would like to make please record them here

Thank you very much for your help, we are grateful for the trouble you have taken

We intend to follow up people in this survey to see how their health and lifestyle has changed over the coming years. Such studies may involve collecting information from your GP or Hospital as well as possible future surveys. This means we would retain information about you on computer. We can reassure you that any studies will not identify you and that the data will be kept secure.

If you do not wish to continue to take part, please tick here

**Centre for Health Services Studies, George Allen Wing, University of Kent,
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APPENDIX C TABULAR RESULTS BY AGE AND SEX, BY AREA OF DEPRIVATION AND BY LOCAL AUTHORITY

Figures in the tables are percentages (standardised to Kent population)

Section	Variable	Men					Women					National IMD 2004 SOAs			PCT	
		16-34	35-49	50-64	65+	All	16-34	35-49	50-64	65+	All	20% most deprived	Inter-mediate	20% least deprived	East Kent	West Kent
Demography	Mixed race/minority ethnic group	4.7	5.0	2.9	0.8	3.5	3.0	4.8	2.2	0.9	2.8	96.4	97.0	96.7	2.4	4.0
	Living alone	8.4	11.4	11.5	16.8	11.6	4.4	4.5	12.8	45.1	16.0	22.6	13.8	12.2	15.2	12.5
	Owner-occupier	34.7	78.9	86.8	89.4	70.1	34.6	80.2	85.5	77.4	68.6	49.1	67.3	78.6	67.9	70.9
	Car or van available	91.4	92.4	93.4	87.1	91.4	86.6	92.9	90.5	63.3	83.7	69.0	87.1	91.8	85.8	89.0
	No educational qualifications	7.3	9.5	21.8	41.2	8.0	5.0	7.5	27.5	48.5	21.3	30.4	21.2	13.9	21.8	17.3
	Retired	0.0	1.1	17.8	91.3	22.3	0.0	0.3	22.7	84.9	25.6	23.6	23.7	24.6	25.6	22.2
	Registered unemployed	2.6	2.4	2.1	0.0	2.0	1.5	1.3	1.4	0.0	1.1	3.3	1.6	1.0	1.7	1.3
	Employed	64.6	73.8	55.8	2.5	53.0	57.8	66.6	47.8	1.9	44.4	42.1	48.3	50.4	45.8	51.5
	Self-employed	3.6	15.2	18.1	4.4	10.5	2.8	7.5	7.2	1.2	4.7	5.7	7.3	8.4	7.2	7.8
	Housewife	1.2	1.1	0.5	0.0	0.7	12.7	16.8	14.5	7.4	13.0	9.6	6.5	8.0	6.8	7.4
	Student	21.2	0.4	0.3	0.0	6.3	19.3	1.5	0.3	0.1	5.6	6.6	6.5	4.5	6.7	5.1
	Other	5.1	4.6	3.5	0.6	3.7	3.6	4.3	4.0	1.3	3.3	5.7	4.0	2.0	4.0	3.0
	Employed/self-employed	68.3	89.0	73.9	6.9	63.4	60.7	74.1	55.0	3.1	49.1	47.8	55.6	58.7	52.9	59.3
	Routine/semi routine occupation	21.8	8.8	8.6	8.5	12.4	18.9	11.7	14.1	15.0	15.0	17.3	15.3	9.3	15.4	11.9
General health	General health excellent	20.5	11.8	11.8	6.6	13.3	11.6	15.0	9.8	5.8	10.7	5.7	11.5	14.3	10.3	13.8

Section	Variable	Men					Women					National IMD 2004 SOAs			PCT	
		16-34	35-49	50-64	65+	All	16-34	35-49	50-64	65+	All	20% most deprived	Inter-mediate	20% least deprived	East Kent	West Kent
	General health very good	35.5	37.9	36.2	24.2	34.1	33.9	37.7	36.4	24.0	33.1	22.4	33.0	37.5	31.7	35.8
	General health good	31.2	34.6	31.0	34.2	32.7	37.1	32.4	34.1	36.0	34.9	37.3	34.1	32.7	35.8	31.7
	General health fair	10.1	11.5	14.2	25.0	14.4	15.8	11.9	14.4	25.3	16.7	24.2	16.1	12.3	16.6	14.5
	General health poor	1.8	3.4	4.9	8.1	4.2	1.0	2.1	4.0	6.1	3.2	7.8	3.9	2.3	4.2	3.1
	Long-standing illness or disability	17.9	29.6	40.7	61.8	35.2	20.7	27.4	41.9	59.2	36.6	45.8	35.9	34.1	37.1	34.7
	Health got somewhat/much worse in last year	5.9	8.0	11.4	22.7	11.1	9.0	9.2	14.8	23.9	13.9	18.2	13.1	10.1	13.2	11.8
	Health got much better in last year	10.5	5.7	3.8	3.1	6.2	7.7	7.3	4.8	3.9	6.0	7.1	6.6	4.7	6.3	5.9
	Health got somewhat better in last year	17.2	11.2	9.5	7.5	11.8	15.8	12.3	7.6	4.5	10.3	8.6	10.7	11.9	10.9	11.1
	Health about the same in last year	66.1	73.6	73.9	65.3	69.8	66.9	70.1	71.0	64.4	68.1	63.4	68.0	72.5	68.0	70.0
	Health got somewhat worse in last year	5.5	7.5	9.5	19.5	9.7	7.9	8.8	12.8	19.9	12.1	15.8	11.3	9.1	11.3	10.6

Section	Variable	Men					Women					National IMD 2004 SOAs			PCT	
		16-34	35-49	50-64	65+	All	16-34	35-49	50-64	65+	All	20% most deprived	Inter-mediate	20% least deprived	East Kent	West Kent
	Health got much worse in last year	0.4	0.7	1.8	3.3	1.4	1.2	0.4	1.9	3.9	1.8	2.1	1.8	1.0	1.9	1.2
	Use wheelchair ¹	0.0	4.6	1.9	3.4	2.8	1.9	2.0	4.1	9.6	5.4	5.8	4.6	2.4	4.3	4.0
	Use electric buggy ¹	0.0	0.5	2.3	5.0	2.4	0.0	1.0	3.4	6.1	3.5	4.6	3.2	2.1	3.4	2.4
	Health limits a lot/ a little moderate activities	6.8	10.8	18.6	45.1	18.2	10.3	13.4	26.2	52.4	24.8	32.4	21.4	19.9	23.2	19.8
	Health limits moderate activities a lot	2.5	3.7	5.5	15.0	5.9	3.3	3.3	6.3	20.7	8.1	13.7	6.8	6.2	7.7	6.3
	Health limits moderate activities a little	4.3	7.2	13.2	30.1	12.2	6.9	10.0	20.0	31.7	16.7	18.5	14.5	13.7	15.5	13.5
	Health does not limit moderate activities	93.2	88.3	79.4	51.3	80.4	89.2	85.6	72.1	41.3	72.9	64.5	76.9	78.4	75.2	78.1
	At risk of major depression	31.8	29.2	22.4	19.1	26.3	40.4	34.2	31.1	26.2	33.2	39.0	31.8	23.5	32.4	27.2
	Symptoms of severe anxiety	14.6	15.4	13.2	10.6	13.7	17.7	16.0	14.8	11.9	15.2	19.9	15.4	11.2	15.7	13.2
	1+ chronic conditions	12.3	16.5	31.6	54.5	26.4	17.1	17.6	35.2	62.4	32.3	44.6	28.8	27.8	32.0	26.6
	Obese (BMI=>30)	9.0	17.2	19.5	11.8	14.3	13.2	17.2	19.6	14.8	16.2	22.0	16.5	11.2	16.7	13.7

Section	Variable	Men					Women					National IMD 2004 SOAs			PCT	
		16-34	35-49	50-64	65+	All	16-34	35-49	50-64	65+	All	20% most deprived	Inter-mediate	20% least deprived	East Kent	West Kent
Lifestyles and behaviour	Eat a healthy diet	42.9	49.8	59.1	73.2	54.6	48.8	61.0	74.0	73.7	63.8	45.8	57.9	66.0	57.8	61.2
	Lack motivation to eat a healthy diet ²	22.0	19.4	15.6	26.5	20.3	16.7	12.8	11.7	17.0	14.8	18.8	19.4	12.0	18.6	16.8
	Eats 5 portions of fruit and veg a day	33.5	39.2	43.7	52.4	41.2	40.9	46.7	63.5	53.5	50.8	36.3	45.0	51.1	45.6	46.9
	About the right weight	56.4	34.9	32.1	44.1	42.2	47.7	31.5	28.2	34.6	35.8	34.5	38.3	41.2	37.9	39.9
	Trying to keep weight down	46.3	69.0	74.4	69.4	63.9	70.1	77.5	83.0	73.1	75.8	69.0	68.8	73.7	69.0	71.3
	Physically active	66.7	57.2	61.9	53.2	60.3	51.3	50.9	57.0	43.1	50.6	45.5	53.9	60.5	53.3	57.4
	Meet physical activity target	29.6	24.6	25.0	20.4	25.4	24.6	25.7	25.8	18.9	23.8	23.2	24.6	24.6	25.2	23.8
	Lack incentive to take more exercise	23.9	29.0	25.7	19.1	24.8	27.6	28.9	28.2	16.7	25.5	28.9	25.7	23.2	27.2	22.9
	Bothered by tobacco smoke a great deal	32.1	37.2	41.7	42.3	37.8	36.3	46.8	50.9	47.7	45.2	37.2	40.9	44.5	41.8	41.5
	Bothered by tobacco smoke a fair amount	24.3	21.8	19.7	19.4	21.5	20.7	22.2	19.0	16.6	19.7	19.3	20.3	21.7	19.6	21.7
	Bothered by tobacco smoke a little	22.1	22.5	18.9	18.8	20.8	27.3	19.8	16.1	18.5	20.6	15.2	21.2	20.6	20.2	21.2

Section	Variable	Men					Women					National IMD 2004 SOAs			PCT	
		16-34	35-49	50-64	65+	All	16-34	35-49	50-64	65+	All	20% most deprived	Inter-mediate	20% least deprived	East Kent	West Kent
	Not at all bothered by tobacco smoke	21.6	18.5	19.4	19.0	19.7	15.6	10.6	13.5	14.3	13.5	26.5	17.1	12.6	17.8	15.0
	Smoke daily	19.6	18.7	14.5	8.8	16.0	16.3	14.7	13.0	7.1	12.8	23.1	15.5	9.8	15.3	13.5
	Smoke occasionally	7.7	5.0	3.5	2.1	4.9	6.8	3.5	3.0	1.2	3.8	4.8	4.5	3.8	4.2	4.4
	Used to smoke daily, but not at all now	8.2	18.9	32.4	41.7	23.4	10.9	16.4	20.5	19.4	16.6	22.2	19.8	19.6	20.9	18.8
	Used to smoke occasionally, but not now	7.1	13.0	13.6	21.2	13.0	11.2	12.6	17.3	18.0	14.6	9.9	13.5	15.6	13.1	14.6
	Never smoked	57.4	44.4	35.8	25.9	42.5	54.7	52.8	46.2	53.9	51.9	39.9	46.6	51.1	46.3	48.7
	Smokers (daily + occasionally)	27.3	23.8	18.1	10.7	20.9	23.1	18.2	16.0	8.3	16.7	27.7	20.0	13.6	19.5	17.9
	Smokers seriously tried to quit smoking ³	31.6	41.2	37.2	26.6	35.3	47.3	32.6	38.1	22.2	37.5	43.8	36.6	32.9	38.3	34.1
	Smokers aware of local stop smoking services ³	62.4	57.3	59.5	56.3	59.5	62.5	66.0	68.1	59.7	64.2	56.7	64.3	54.9	65.2	57.6
	Smokers tried to use local stop smoking services ³	3.8	12.9	13.2	7.8	9.1	10.4	10.0	15.0	12.5	11.8	13.4	11.0	7.1	12.2	8.1

Section	Variable	Men					Women					National IMD 2004 SOAs			PCT	
		16-34	35-49	50-64	65+	All	16-34	35-49	50-64	65+	All	20% most deprived	Inter-mediate	20% least deprived	East Kent	West Kent
	Drink alcohol every day	7.0	11.7	19.2	24.1	14.5	3.0	7.1	10.1	12.1	7.8	8.8	10.8	12.2	10.5	11.7
	Drink alcohol on 5 or 6 days a week	5.1	9.5	11.5	10.0	8.8	1.8	7.6	8.2	6.7	6.0	2.4	6.3	10.8	6.9	7.8
	Drink alcohol on 3 or 4 days a week	14.0	17.9	16.1	12.3	15.3	11.7	15.7	13.8	8.5	12.5	9.7	12.8	17.1	12.0	15.8
	Drink alcohol on 1 or 2 days a week	37.5	30.3	25.9	21.5	29.6	26.4	25.2	21.4	15.0	22.2	25.7	26.1	25.2	25.4	26.2
	Drink alcohol less than once a week	23.6	23.9	17.3	18.4	21.1	42.3	27.9	27.8	23.8	30.8	33.2	27.0	22.7	28.0	24.1
	Don't drink alcohol at all	11.7	6.1	9.0	12.9	9.7	14.5	16.2	18.3	31.0	19.7	19.6	16.1	11.1	16.3	13.3
	Drink above sensible weekly limits	7.9	13.7	12.0	7.7	10.5	6.8	8.0	7.2	2.6	6.3	11.3	7.7	8.7	8.0	8.6
	Regularly drink more than 6 units at a time	28.6	28.9	22.7	10.2	23.7	14.2	7.6	4.6	1.7	7.3	21.4	15.3	13.2	14.8	15.4
Social cohesion and caring	Local transport good	49.0	38.8	33.6	44.5	41.6	50.5	38.9	37.1	44.1	42.8	54.2	43.1	37.7	44.6	39.6
	Enjoy living in neighbourhood	78.0	85.1	87.3	91.5	84.8	77.6	88.3	87.2	89.5	85.5	67.9	84.1	91.3	86.6	83.6

Section	Variable	Men					Women					National IMD 2004 SOAs			PCT	
		16-34	35-49	50-64	65+	All	16-34	35-49	50-64	65+	All	20% most deprived	Inter-mediate	20% least deprived	East Kent	West Kent
	Trust most/ many people in the neighbourhood	53.4	67.4	79.7	87.3	70.3	49.6	68.2	78.7	83.3	69.3	47.0	67.0	80.9	68.0	71.7
	See/speak to neighbours most days	20.3	22.3	34.7	49.1	29.9	25.2	31.4	29.4	43.4	32.1	32.1	31.7	29.3	32.7	29.2
	Can ask anyone for help when ill	66.6	64.0	65.3	62.4	64.7	60.9	63.7	69.6	67.0	54.1	62.2	64.9	65.6	64.8	65.2
	Not a carer	92.7	85.7	75.9	79.3	84.1	89.9	80.7	68.5	81.8	80.5	82.9	82.2	82.2	80.9	83.7
	Carer for 1-19 hrs a week	6.3	12.6	18.9	13.9	12.6	8.2	13.5	23.5	11.6	14.0	11.3	13.0	14.7	13.6	13.0
	Carer for 20- 49 hrs a week	0.0	0.4	2.2	1.2	0.9	1.3	1.6	2.2	1.3	1.6	2.4	1.4	0.7	1.7	0.8
	Carer for 50+ hrs a week	0.9	1.1	2.5	5.0	2.1	0.5	4.0	5.2	4.4	3.5	3.4	3.1	2.1	3.4	2.2
	Caring for others (1+ hrs)	7.2	13.9	23.0	19.3	15.3	9.9	18.7	29.9	15.9	18.4	16.7	16.9	17.0	18.0	15.6
Workplace activity	Travel to work on foot/ bicycle ⁴	15.7	9.9	6.3	2.3	10.9	13.8	11.7	13.6	3.3	12.5	18.8	12.5	8.5	13.2	9.1
	Commute to London ⁴	11.1	18.3	11.4	1.4	11.5	7.6	6.3	2.8	0.6	4.7	3.9	6.5	12.5	19.1	31.4
	Average journey time to work (mins) ⁴	34.6	43.2	38.6	23.4	38.4	31.5	29.9	26.5	26.9	29.7	33.9	33.1	37.5	31.7	39.2

Section	Variable	Local authority												Kent
		Ashford	Canterbury	Dover	Shepway	Swale	Thanet	Dartford	Gravesham	Maidstone	Sevenoaks	Tonbridge and Malling	Tunbridge Wells	
Demography	Mixed race/minority ethnic group	2.9	3.2	2.3	2.2	1.4	2.1	5.1	9.6	2.0	3.5	1.3	4.4	3.2
	Living alone	14.5	14.0	16.7	15.3	12.5	18.3	11.3	11.2	12.0	12.1	12.2	16.1	13.9
	Owner-occupier	70.7	64.7	67.9	70.6	72.9	62.3	71.6	69.4	72.4	71.3	69.2	70.9	69.3
	Car or van available	89.8	86.0	85.6	86.7	87.3	80.5	89.2	85.2	89.7	91.2	89.4	88.8	87.4
	No educational qualifications	18.6	19.0	23.9	21.7	23.2	25.0	17.9	22.1	16.6	15.2	18.8	14.3	19.7
	Retired	22.2	24.0	26.5	28.0	23.0	30.0	20.5	22.3	24.3	22.3	21.9	21.2	24.0
	Registered unemployed	1.4	0.7	1.6	1.0	3.5	2.3	3.4	1.0	1.0	1.5	0.2	1.2	1.5
	Employed	48.1	49.7	42.3	44.9	47.7	40.9	57.0	48.3	51.6	51.5	52.0	49.4	48.5
	Self-employed	8.2	6.2	7.1	7.5	7.4	7.0	7.1	6.0	8.7	8.2	7.1	9.3	7.5
	Housewife	10.2	5.8	7.8	6.5	5.7	5.7	5.1	8.6	5.9	8.8	6.4	9.6	7.1
	Student	4.3	8.2	8.0	4.6	7.0	7.4	4.0	5.7	5.4	2.9	7.7	4.4	5.9
	Other	3.6	2.8	5.3	4.8	3.9	4.0	1.4	5.2	2.7	2.2	3.3	3.0	3.5
	Employed/self-employed	56.2	55.8	49.4	52.4	55.1	47.9	64.1	54.3	60.3	59.7	59.1	58.7	56.0
	Routine/semi routine occupation	13.3	16.7	15.4	13.8	15.6	16.8	10.5	18.4	12.5	11.7	9.3	9.1	13.8
General health	General health excellent	8.8	10.8	10.3	9.0	10.0	12.2	14.5	9.6	12.3	16.5	14.2	15.1	11.9
	General health very good	31.0	35.4	32.9	33.0	30.7	26.7	29.3	39.2	32.3	37.0	35.9	41.2	33.6
	General health good	36.7	36.0	36.3	38.1	36.4	32.0	38.4	31.9	33.8	29.3	30.4	27.0	33.8

Section	Variable	Local authority												Kent
		Ashford	Canterbury	Dover	Shepway	Swale	Thanet	Dartford	Gravesham	Maidstone	Sevenoaks	Tonbridge and Malling	Tunbridge Wells	
	General health fair	19.2	14.0	15.4	14.3	17.4	19.6	13.6	13.8	17.2	13.4	16.0	11.6	15.6
	General health poor	2.9	3.0	4.4	3.4	3.7	7.6	3.1	4.7	3.0	2.9	2.7	2.6	3.7
	Long-standing illness or disability	37.3	34.4	37.8	37.9	35.0	40.8	30.7	34.5	38.4	32.2	36.5	33.6	35.9
	Health got somewhat/much worse in last year	11.3	13.2	11.5	13.8	12.9	16.0	8.5	11.4	12.2	13.9	12.6	11.4	12.5
	Health got much better in last year	6.1	8.0	6.4	4.6	6.8	5.2	6.0	7.8	3.4	5.1	9.1	5.1	6.1
	Health got somewhat better in last year	12.5	11.4	12.4	10.9	9.0	9.5	12.8	9.9	13.2	11.7	8.2	10.7	11.0
	Health about the same in last year	68.3	66.1	69.0	68.9	69.6	66.6	72.2	70.4	69.8	68.4	69.0	70.6	68.9
	Health got somewhat worse in last year	10.4	11.0	9.2	12.9	11.3	12.6	7.4	10.9	10.7	12.8	11.1	10.0	11.0
	Health got much worse in last year	0.9	2.2	2.3	1.0	1.6	3.4	1.1	0.5	1.5	1.1	1.5	1.4	1.6
	Use wheelchair ¹	3.0	4.4	3.0	3.8	4.5	6.5	3.7	7.5	3.5	4.1	3.0	2.1	4.1

Section	Variable	Local authority												Kent
		Ashford	Canterbury	Dover	Shepway	Swale	Thanet	Dartford	Gravesham	Maidstone	Sevenoaks	Tonbridge and Malling	Tunbridge Wells	
	Use electric buggy ¹	3.0	2.4	3.0	4.5	3.4	3.7	0.9	3.0	2.2	3.4	3.6	1.4	2.9
	Health limits a lot/ a little moderate activities	18.6	21.1	23.9	24.5	20.9	30.3	17.7	20.3	22.5	20.5	20.4	16.1	21.6
	Health limits moderate activities a lot	5.4	7.3	8.9	5.6	8.0	10.3	5.1	7.3	6.9	7.1	7.5	3.5	7.1
	Health limits moderate activities a little	13.2	13.8	14.9	18.9	12.9	20.0	12.5	13.0	15.6	13.5	12.9	12.6	14.6
	Health does not limit moderate activities	80.3	77.2	75.2	74.8	78.1	65.8	79.5	78.4	75.3	77.3	77.4	82.3	76.6
	At risk of major depression	30.8	31.3	32.1	30.6	32.8	36.2	31.3	32.7	25.7	24.7	27.9	22.8	29.9
	Symptoms of severe anxiety	14.3	14.6	15.1	18.7	15.1	16.6	11.9	14.0	13.4	13.9	14.4	11.2	14.5
	1+ chronic conditions	32.2	28.7	33.3	31.6	34.6	32.4	24.1	29.4	29.8	24.1	25.9	25.0	29.4
	Obese (BMI=>30)	17.4	14.2	19.5	16.7	16.8	16.8	15.0	14.0	13.9	12.3	16.2	11.2	15.3
Lifestyles and behaviour	Eat a healthy diet	58.1	58.2	60.0	60.0	57.1	53.8	53.7	50.9	62.9	63.6	64.8	68.3	59.4
	Lack motivation to eat a healthy diet ²	18.1	18.2	20.3	16.6	20.2	18.2	15.5	18.6	14.3	19.5	14.7	19.4	17.8
	Eats 5 portions of fruit and veg a day	48.2	44.7	42.7	48.9	48.5	41.3	41.2	39.2	45.6	51.9	49.0	52.9	46.2

Section	Variable	Local authority												Kent
		Ashford	Canterbury	Dover	Shepway	Swale	Thanet	Dartford	Gravesham	Maidstone	Sevenoaks	Tonbridge and Malling	Tunbridge Wells	
	About the right weight	35.5	41.6	39.0	38.6	36.9	35.2	38.9	40.5	38.4	40.7	37.4	44.3	38.9
	Trying to keep weight down	68.6	68.3	70.1	71.0	66.5	69.9	63.1	68.1	74.1	74.6	73.6	71.3	70.1
	Physically active	50.3	56.7	56.9	51.3	50.6	53.1	59.7	57.4	53.8	54.1	56.1	65.3	55.3
	Meet physical activity target	24.0	28.2	26.2	23.3	23.7	25.0	21.3	23.1	21.0	23.4	26.5	28.0	24.6
	Lack incentive to take more exercise	27.1	24.0	28.7	26.0	28.5	29.5	23.0	26.5	21.7	22.7	25.7	18.9	25.2
	Bothered by tobacco smoke a great deal	44.4	41.3	41.1	39.8	41.1	42.7	39.8	38.7	45.4	40.2	45.0	37.5	41.7
	Bothered by tobacco smoke a fair amount	17.0	20.5	21.1	19.9	21.5	17.2	23.6	24.9	16.3	21.9	22.7	23.8	20.6
	Bothered by tobacco smoke a little	21.8	19.0	21.1	20.4	18.2	21.4	21.9	19.0	23.2	23.2	17.9	21.4	20.7
	Not at all bothered by tobacco smoke	16.8	18.6	15.8	19.7	18.0	17.9	14.5	16.9	14.4	14.3	13.9	16.1	16.5
	Smoke daily	15.3	14.0	12.9	15.9	15.3	18.1	17.4	18.1	11.1	12.4	11.2	13.2	14.4
	Smoke occasionally	5.2	4.2	3.0	2.4	4.9	5.0	4.0	3.4	4.8	3.5	5.1	5.0	4.3
	Used to smoke daily, but not at all now	22.8	16.9	21.2	22.4	21.4	22.1	20.8	18.1	20.4	16.6	20.8	15.6	19.9

Section	Variable	Local authority												Kent
		Ashford	Canterbury	Dover	Shepway	Swale	Thanet	Dartford	Gravesham	Maidstone	Sevenoaks	Tonbridge and Malling	Tunbridge Wells	
	Used to smoke occasionally, but not now	12.8	13.5	14.3	13.4	12.5	12.5	10.0	12.9	14.3	17.2	15.0	17.2	13.8
	Never smoked	44.0	51.2	48.4	45.6	45.3	42.3	47.9	47.5	49.2	50.1	47.9	49.1	47.4
	Smokers (daily + occasionally)	20.5	18.2	15.9	18.3	20.2	23.1	21.4	21.5	15.8	15.9	16.3	18.2	18.7
	Smokers seriously tried to quit smoking ³	35.9	31.6	45.8	48.1	37.0	37.1	38.2	29.1	41.8	31.1	29.5	33.3	36.4
	Smokers aware of local stop smoking services ³	54.3	61.1	73.6	65.8	61.1	75.8	59.2	51.8	56.1	56.8	70.5	53.1	61.7
	Smokers tried to use local stop smoking services ³	9.8	4.4	25.0	16.5	6.5	16.8	9.2	8.1	11.2	6.8	9.0	2.5	10.4
	Drink alcohol every day	10.2	10.6	12.9	11.7	8.5	9.6	8.5	12.3	9.7	14.8	12.5	12.2	11.1
	Drink alcohol on 5 or 6 days a week	11.6	9.4	5.1	5.1	5.3	4.8	5.7	3.9	10.1	7.7	7.1	10.6	7.3
	Drink alcohol on 3 or 4 days a week	10.4	10.6	13.6	12.2	11.4	14.1	13.4	11.5	16.2	16.1	16.5	20.2	13.8
	Drink alcohol on 1 or 2 days a week	26.3	24.5	24.5	25.6	27.8	24.1	31.3	28.3	25.9	24.7	26.1	22.5	25.8

Section	Variable	Local authority												Kent
		Ashford	Canterbury	Dover	Shepway	Swale	Thanet	Dartford	Gravesham	Maidstone	Sevenoaks	Tonbridge and Malling	Tunbridge Wells	
	Drink alcohol less than once a week	24.0	29.6	26.3	28.8	31.8	26.6	25.1	25.7	22.3	26.5	25.7	20.4	26.1
	Don't drink alcohol at all	16.6	14.7	16.2	16.6	14.8	19.5	15.7	16.0	14.5	9.3	11.4	13.6	14.9
	Drink above sensible weekly limits	9.3	8.5	7.4	8.7	6.1	7.8	4.2	10.9	8.3	11.0	7.7	9.1	8.3
	Regularly drink more than 6 units at a time	16.7	14.8	14.3	13.8	14.3	14.9	16.8	18.4	16.2	14.1	14.4	13.1	15.1
Social cohesion and caring	Local transport good	35.6	52.8	40.6	47.6	35.2	53.1	46.9	46.2	37.9	27.4	42.0	40.3	42.2
	Enjoy living in neighbourhood	87.6	89.0	88.3	87.4	83.2	84.4	75.6	74.0	85.4	88.5	87.2	87.4	85.2
	Trust most/ many people in neighbourhood	73.3	67.6	73.9	69.2	66.7	59.4	59.4	64.9	71.4	80.1	77.2	73.9	69.8
	See/speak to neighbours most days	31.7	26.8	40.6	38.6	30.7	31.5	23.6	34.5	29.9	29.3	27.7	29.6	31.1
	Can ask anyone for help when ill	65.3	62.2	68.3	68.7	65.6	60.3	65.6	64.1	66.7	68.2	61.7	63.9	64.9
	Not a carer	81.8	78.2	81.8	78.3	83.7	82.1	82.3	81.2	85.2	83.2	83.1	85.3	82.3
	Carer for 1-19 hrs a week	12.9	16.0	12.7	15.6	12.4	12.0	13.7	15.8	11.4	13.6	13.8	11.2	13.3
	Carer for 20-49 hrs a week	0.7	1.8	2.1	1.7	1.0	2.5	0.9	0.8	1.0	0.7	0.7	0.5	1.3

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		Ashford	Canterbury	Dover	Shepway	Swale	Thanet	Dartford	Gravesham	Maidstone	Sevenoaks	Tonbridge and Malling	Tunbridge Wells	
	Carer for 50+ hrs a week	4.1	3.8	3.2	3.4	2.4	3.2	2.7	1.9	2.4	1.8	2.2	2.6	2.8
	Caring for others (1+ hrs)	17.8	21.6	18.0	20.7	15.9	17.7	17.4	18.5	14.8	16.1	16.7	14.2	16.9
Workplace activity	Travel to work on foot/ bicycle ⁴	13.8	13.7	14.0	10.7	11.7	13.9	9.7	8.2	11.8	3.3	8.6	12.6	11.1
	Commute to London ⁴	19.7	20.3	14.8	18.6	24.3	16.0	42.9	36.8	21.0	37.9	32.8	26.9	24.9
	Average journey time to work (mins) ⁴	34.7	29.3	32.9	32.0	36.0	26.2	40.1	39.2	37.9	43.1	35.9	39.8	35.5

¹ Percentage is based on those with long-standing illness or disability

² Percentage is based on those who **did not** say 'I am eating a healthy diet'

³ Percentage is based on those who smoked

⁴ Percentage is based on those currently working