JSNA lifestyle survey

Headline results

February 2015

Lancashire
County
Council

Acknowledgements

Contents

1. Executive summary

The lifestyle survey asked respondents about their health and behaviours. The survey was sent by post to 55,970 households across Lancashire on 10 September. A reminder was sent on 22 October and the fieldwork ended on 7 November 2014. In total, 13,646 questionnaires were returned, giving an overall response rate of 24%.

1.1 Key findings

1.1.1 Your health in general

- Two-thirds of respondents (66%) rate their health on the whole as either very good or good while around a tenth of respondents (11%) rate their health as either very bad or bad.

- Two-thirds of respondents (66%) rated their satisfaction with their life nowadays as high or very high. Around one in seven respondents (14%) rated their satisfaction as low.

- Over two-thirds of respondents (69%) gave a high or very high rating for the extent to which they feel things they do in their life are worthwhile. Around one in eight respondents (13%) gave a low rating.

- Around two-thirds of respondents (65%) gave a high or very high rating for their level of happiness the day before they completed the questionnaire. Around a fifth of respondents (17%) rated their level of happiness the day before they completed the questionnaire as low.

- Around three-fifths of respondents (58%) gave a very low or low rating for their level of anxiousness the day before they completed the questionnaire. A quarter of respondents (25%) rated their level of anxiousness the day before they completed the questionnaire as high.

1.1.2 Diet and nutrition

- A quarter of respondents (25%) had at least five portions of fruit and vegetables the day before they completed the questionnaire. Around a sixth of respondents (16%) had one or no portions of fruit and vegetables the day before they completed the questionnaire.

- Around four-fifths of respondents (83%) eat fast food or take away meals less than once a week or never. Around a fifth of respondents (17%) eat fast food or take away meals at least once a week.

- Over two-fifths of respondents (45%) drink fizzy drinks or soft drinks like squash rarely or never. Around an eighth of respondents (12%) drink fizzy drinks or soft drinks six or more times a week.

1.1.3   Physical activity

- Around three-fifths of respondents (58%) do over two and a half hours of moderate intensity activity in a typical week. Around two-fifths of respondents (42%) do two and a half hours or less of moderate intensity activity in a typical week.

- Around a third of respondents (36%) do over an hour and a quarter of vigorous intensity activity in a typical week. Around two-thirds of respondents (64%) do an hour and a quarter or less of vigorous intensity activity in a typical week.

- Around three-quarters of respondents (77%) meet the NHS guidelines for physical activity while around a quarter (23%) don't meet the guidelines.

1.1.4   Alcohol

- Over two-thirds of respondents (68%) say that they do drink alcohol nowadays.

- Of the respondents who drink alcohol, over four-fifths (82%) are classified as lower-risk drinkers. Around one in seven respondents who drink (14%) are increasing-risk drinkers while one in 25 drinkers (4%) are high-risk drinkers.

- Around two-thirds of respondents (64%) binge drink[1] less than monthly or never. A fifth of respondents (20%) binge drink at least once a week. This is classed as 'regular binge drinking'.

1.1.5   Tobacco

- Around three-fifths of respondents (61%) say they have never used tobacco. Around one in ten respondents (11%) use tobacco daily while a further one in 25 (4%) use tobacco occasionally.

- Over half of respondents (56%) say they are not exposed to other people's tobacco smoke in any of the listed places. The places where respondents are most commonly exposed to other people's tobacco smoke are outside buildings (28%) and in other public places (20%).

- Around nine out of ten respondents (89%) have never used an e-cigarette. One in 20 respondents (5%) currently use e-cigarettes at least occasionally.

- Around a fifth of respondents (18%) currently use nicotine products. Around a quarter of respondents (23%) used to use nicotine products.

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[1] Binge drinking is classed as drinking six or more units in one session for females and eight or more units in one session for males.

1.1.6 About your feelings

- Around one in ten respondents say they often feel that they lack companionship (11%), feel left out (9%) or feel isolated from others (10%).

- The Short Warwick Edinburgh Mental Wellbeing Scale (SWEMWBS) was used to measure respondents' wellbeing. Possible scores are between 7 and 35. A larger score indicates greater mental wellbeing. The mean score across the sample is 22.94.

- Over three-quarters of respondents (77%) say they have more than one person they can really count on to help them out in a crisis. Around one in 17 respondents (6%) say they have no one they can really count on in a crisis.

1.1.7 Drug use

- The majority of respondents (94%) have not used drugs other than for medical reasons in the last 12 months. One in 25 respondents (4%) have used drugs occasionally in the last 12 months and one in 50 respondents (2%) have used drugs at least monthly.

- The most commonly used drugs are cannabis (74%), cocaine/crack (31%) and ecstasy/MDMA (23%).

- Over a third of respondents (36%) who have used drugs in the past 12 months have used more than one type of drug.

1.1.8 Sexual health

- Around one in 14 respondents (7%) have had sexual contact with more than one person in the last 12 months.

- Almost two-fifths of respondents (38%) used a condom the last time they had sexual contact with a new person for the first time while almost two-fifths (37%) did not use a condom.

- A small proportion of respondents (3%) are classified as having risk taking sexual behaviour.[2]

1.1.9 About you

- Over half of respondents (53%) are overweight or obese. A small proportion of respondents (2%) are underweight.

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[2] Risk taking sexual behaviour is defined as having sexual contact with multiple partners in the last 12 months and not using a condom the last time they had sexual contact with a new person for the first time.

- Three-quarters of respondents (75%) do not consider themselves to have a disability. Around a tenth of respondents (11%) have a long-term illness and a tenth of respondents (10%) have a physical impairment.

1.1.10 Health compromising behaviours

- Respondents were assigned five flags to indicate health compromising behaviours – poor nutrition, inadequate levels of physical activity, harmful drinking, use of tobacco, and drug use.

- Over a third of respondents for which all flag information is available (36%) have two or more health compromising behaviours. Less than a fifth of respondents (16%) have no health compromising behaviours.

1.1.11 General findings

- Each question was analysed by a number of demographic sub-groups to look for statistically significant differences.

- Sub-groups which repeatedly showed poorer responses (from a healthy behaviour perspective) are respondents with a mental health condition, respondents with a long-term illness, LGB respondents, respondents who are finding it very difficult financially and respondents who use tobacco or drugs.

2. Introduction

Healthy behaviours such as sensible drinking of alcohol, being physically active, eating well and managing stress are known to prevent a wide range of health problems across the life course. Behaviours such as smoking tobacco, misusing drugs and alcohol and unsafe sex put people at particular risk of ill health.

The health and wellbeing board agreed a joint strategic needs assessment (JSNA) on health behaviours as part of the JSNA work programme. This thematic analysis requires detailed, robust and reliable evidence of actual behaviours, lifestyles, needs and assets.

In Lancashire there is very limited information about the prevalence of different health behaviours across population groups or the characteristics of people with different health behaviours. We don't know what assets there are in our communities that enable and support healthy behaviours. Neither do we know how many people participate in more than one risk taking behaviour or the scale of the various combinations of unhealthy behaviours.

The limited information that we do have on health behaviours comes from:

- previous surveys from different parts of the county delivered in various years to variable standards and using different methodologies; or

- services, and is therefore a limited indicator of need or assets.

To address this, the health behaviours JSNA included a lifestyle survey to ask people about their own health behaviour. This report provides the headline results from the survey.

The survey provides access to a sufficiently large sample of the population so that reliable results can be reported at a countywide and district level. It also provides data at a number of sub-area and sub-group levels.

3. Methodology

The lifestyle survey was sent to 55,970 households across Lancashire on 10 September 2014. A reminder was sent on 22 October, with a final closing date of 7 November 2014. Late responses were included until the data processing was completed.

The survey was conducted through a 12 page postal questionnaire and an online version of the same questionnaire. Respondents could choose to complete either the online version or the postal version – where multiple responses were received from the same household, the latest received response was discarded.

Stratified random sampling was used to select households from the Ordnance Survey Address Base product. The sample was designed to deliver an equal number of responses from each district based on response rate to previous surveys of this kind.

In total, 13,646 questionnaires were returned, giving an overall response rate of 24%. The breakdown of this figure by district is given in appendix 1.

The survey was carried out in partnership with Blackpool Council. A single version of the questionnaire was issued showing both Blackpool Council and Lancashire County Council logos. Recipients in Lancashire County Council received the survey with a Lancashire County Council branded cover letter signed by Dr Sakthi Karunanithi, director of public health. This report refers only to the responses from Lancashire County Council area.

The data set has been weighted by age, gender, ethnicity and district to reflect the Lancashire overall population, and figures are based on all respondents unless otherwise stated. The weighted responses have been scaled to match the effective response of 7,817, which is the equivalent size of the data if it had not been weighted and was a perfect random sample.

For each question in the survey, comparisons have been made between different sub-groups of respondents (eg age, gender, disability, ethnicity, geographic area) to look for statistically significant differences in opinion. Statistically valid differences between sub-groups are described in the main body of the report. Appendix 2 describes the sub-groups that have been examined.

3.1   Limitations

The table below shows the sample tolerances that apply to the results in this survey. Sampling tolerances vary with the size of the sample as well as the percentage results.

Number of respondents	50/50 + / -	30/70 + / -	10/90 + / -
500	4%	4%	3%
1,000	3%	3%	2%
1,500	3%	2%	2%
5,000	1%	1%	1%
13,000	1%	1%	1%

On a question where 50% of the people in a sample of 13,000 respond with a particular answer, the chances are 95 out of 100 that the answer would be between 49% and 51% (ie +/- 1%), versus a complete coverage of the entire Lancashire population using the same procedure.

The following table shows some examples of what the percentage differences between two samples on a statistic must be greater than, to be statistically significant.

Size of sample A	Size of sample B	50/50 + / -	30/70 + / -	10/90 + / -
1,000	1,000	4%	4%	3%
5,000	1,000	3%	3%	2%
8,000	5,000	2%	2%	1%
13,000	13,000	1%	1%	1%

(Confidence interval at 95% certainty for a comparison of two samples)

For example, where the size of sample A and sample B is 13,000 responses in each and the percentage result in each group you are comparing is around 50% in each category, the difference in the results needs to be more than 1% to be statistically significant. This is to say that the difference in the results of the two groups of people is not due to chance alone and is a statistically valid difference.

In charts or tables where responses do not add up to 100%, this is due to multiple responses or computer rounding.

Some of the fieldwork period coincided with 'Stoptober' and 'Go sober for October', national campaigns encouraging people to give up smoking and drinking alcohol during October. This may have had an impact on the prevalence of smoking and drinking among respondents.

4. Main research findings

4.1 Your health in general

Recipients of the survey were asked to rate their health on the whole over the last 12 months.

Two-thirds of respondents (66%) rate their health on the whole as either very good or good while around a tenth of respondents (11%) rate their health as either very bad or bad.

Chart 1 - Over the last 12 months would you say that on the whole your health has been…?

26%	40%	23%	8%	3%

■ Very good
■ Good
□ Fair
■ Bad
■ Very bad
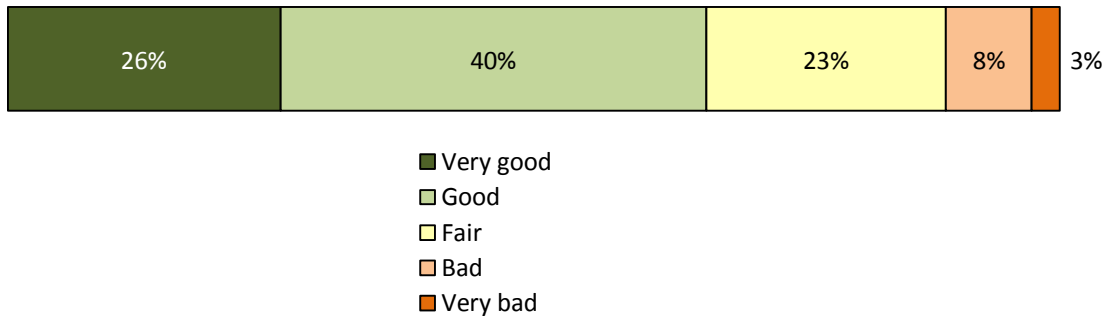
Base: all respondents (unweighted 13,330, weighted 8,649)

The following groups are **more likely** to rate their health as very bad or bad:

- respondents with a long-term illness (50%);
- respondents with a disability (35%), in particular, respondents with a physical impairment (42%) or a mental health condition (46%);
- respondents who are finding it very difficult financially (37%);
- transgender respondents (33%);
- Unconfident Fatalists[3] (31%);
- respondents who are not in work (26%);
- respondents who are underweight (20%) or obese (18%);
- respondents who currently use tobacco (19%) or drugs (19%);
- respondents in the most deprived areas of Lancashire (19%); and

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[3] Unconfident Fatalists are one of five clusters that make up the Healthy Foundations model. See section 4.7 and appendix 2 for more details.

- respondents aged 80 and over (17%).

Comparing responses across the districts, respondents in Hyndburn are more likely to rate their health as very bad or bad (16%).

Respondents were then asked a series of questions on how they feel about aspects of their lives. For each statement, respondents were asked to answer on a scale of 0 to 10 where 0 is 'not at all' and 10 is 'completely'. These questions are also asked in the Annual Population Survey (APS). Responses here are compared to the latest (2013/14) APS results.[4] As the APS survey uses face-to-face and telephone methodology rather than being a postal survey, it is not strictly comparable to the results found here and any differences should be regarded as indicative only.

Respondents were asked how satisfied they are with their life nowadays. Scale responses were converted to four categories: low (0-4), medium (5-6), high (7-8) and very high (9-10).

Two-thirds of respondents (66%) gave a high or very high rating for this question. Around one in seven respondents (14%) gave a low rating for this question.

The mean rating for England from the APS is 7.49 and for Lancashire is 7.52. The lifestyle survey gives a mean response of 6.89, lower than the APS values.

Chart 2 -   Overall, how satisfied are you with your life nowadays?

14%	20%	44%	22%

■ Low
□ Medium
□ High
■ Very high
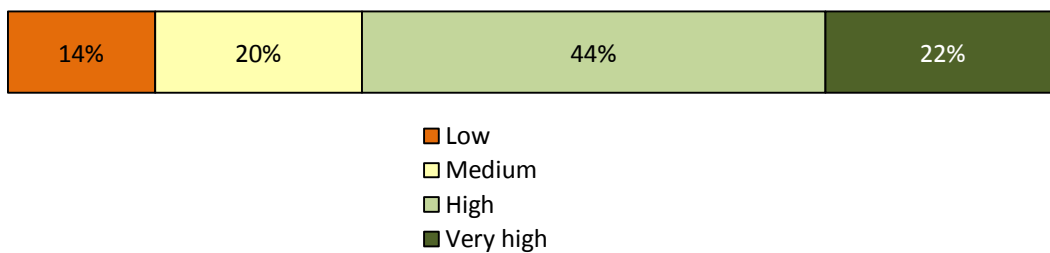
Base: all respondents (unweighted 13,504, weighted 8,756)

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[4] http://www.ons.gov.uk/ons/rel/wellbeing/measuring-national-well-being/personal-well-being-in-the-uk--2013-14/sb-personal-well-being-in-the-uk--2013-14.html

The following groups are **more likely** to rate their satisfaction with life nowadays as low:

- respondents who are finding it very difficult financially (57%);
- respondents with a disability (33%), in particular, respondents with a mental health condition (51%);
- transgender respondents (37%);
- respondents with a long-term illness (36%);
- Unconfident Fatalists (35%);
- respondents who are not in work (30%);
- respondents who currently use tobacco (27%) or drugs (28%);
- LGB respondents (25%);
- respondents who rent their accommodation (24%);
- respondents in the most deprived areas of Lancashire (23%);
- respondents who don't meet physical activity guidelines (21%); and
- respondents who are obese (19%).

Respondents in Ribble Valley are more likely than those in other districts to give a high or very high rating for this question (78%).

Respondents were asked to what extent they feel the things they do in life are worthwhile. Scale responses were converted to four categories: low (0-4), medium (5-6), high (7-8) and very high (9-10).

Over two-thirds of respondents (69%) gave a high or very high rating for this question. Around one in eight respondents (13%) gave a low rating for this question.

The mean rating for England from the APS is 7.73 and for Lancashire is 7.74. The lifestyle survey gives a mean response of 7.15, lower than the APS values.

Chart 3 -   Overall, to what extent do you feel the things you do in your life are worthwhile?

13%	18%	40%	30%

■ Low
□ Medium
□ High
■ Very high

Base: all respondents (unweighted 13,469, weighted 8,740)

The following groups are **more likely** to rate the extent to which they feel the things they do in life are worthwhile as low:

- respondents who are finding it very difficult financially (49%);
- respondents with a disability (29%), in particular, respondents with a mental health condition (46%);
- respondents with a long-term illness (33%);
- Unconfident Fatalists (32%);
- transgender respondents (26%);
- respondents who are not in work (26%);
- respondents who currently use tobacco (24%) or drugs (25%);
- LGB respondents (24%);
- respondents in the most deprived areas of Lancashire (21%);
- respondents who rent their accommodation (21%);
- respondents with a religion other than Christianity (20%);
- respondents who don't meet physical activity guidelines (20%);

- respondents aged 80 and over (18%); and
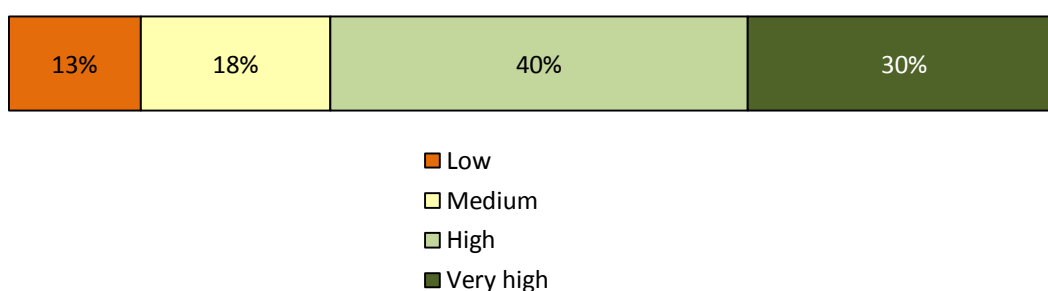
- respondents who are obese (18%).

Respondents in Ribble Valley are more likely than those in other districts to give a high or very high rating for this question (81%).

Respondents were asked how happy they felt the day before they completed the questionnaire. Scale responses were converted to four categories: low (0-4), medium (5-6), high (7-8) and very high (9-10).

Around two-thirds of respondents (65%) gave a high or very high rating for this question. Around a fifth of respondents (17%) rated their level of happiness on the day before they completed the questionnaire as low.

The mean rating for England from the APS is 7.37 and for Lancashire is 7.35. The lifestyle survey gives a mean response of 6.86, lower than the APS values.

Chart 4 -   Overall, how happy did you feel yesterday?

17%	19%	36%	29%

- Low
- Medium
- High
- Very high

Base: all respondents (unweighted 13,506, weighted 8,753)

The following groups are **more likely** to rate their level of happiness on the day before the completed the questionnaire as low:

- respondents who are finding it very difficult financially (59%);

- respondents with a disability (36%), in particular, respondents with a mental health condition (57%) or a learning disability/difficulty (41%);

- respondents with a long-term illness (40%);

- Unconfident Fatalists (39%);

- respondents who are not in work (32%);

- transgender respondents (30%);

- respondents who currently use tobacco (30%) or drugs (30%);

- respondents who are underweight (28%) or obese (23%);
- LGB respondents (27%);
- respondents who rent their accommodation (27%);
- respondents with a religion other than Christianity (27%);
- respondents in the most deprived areas of Lancashire (26%);
- respondents who don't meet physical activity guidelines (25%); and
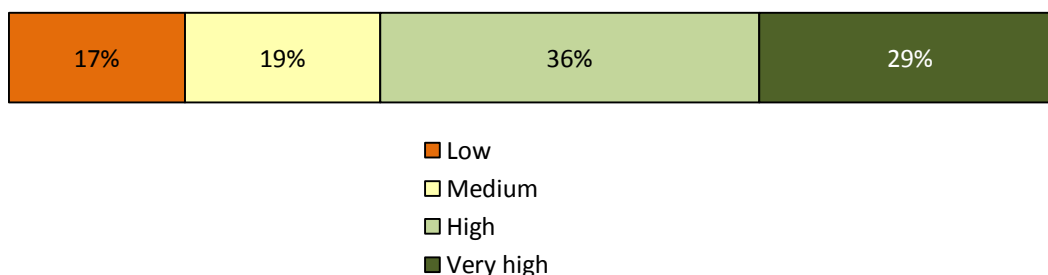- BME respondents (23%).

Respondents in Ribble Valley are more likely than those in other districts to give a high or very high rating for this question (75%).

Respondents were asked how anxious they felt the day before they completed the questionnaire. Scale responses were converted to four categories: very low (0-1), low (2-3), medium (4-5) and high (6-10).

Around three-fifths of respondents (58%) gave a very low or low rating for this question. A quarter of respondents (25%) rated their level of anxiousness on the day before they completed the questionnaire as high.

The mean rating for England from the APS is 2.94 and for Lancashire is 2.90. The lifestyle survey gives a mean response of 3.34, higher than the APS values.

Chart 5 -   Overall, how anxious did you feel yesterday?

35%	24%	17%	25%

■ Very low
■ Low
■ Medium
■ High
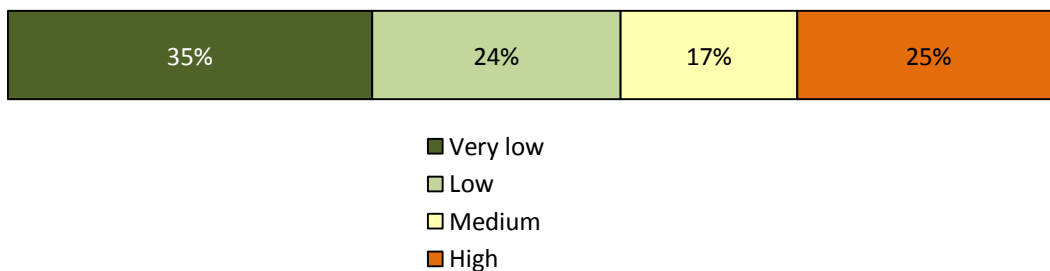
Base: all respondents (unweighted 13,445, weighted 8,725)

The following groups are **more likely** to rate their level of anxiousness on the day before they completed the questionnaire as high:

- respondents with a mental health condition (38%) and respondents with a learning disability/difficulty (41%); and
- respondents who are underweight (39%).

4.2   Diet and nutrition

A quarter of respondents (25%) had at least five portions of fruit and vegetables the day before they completed the questionnaire. Around a sixth of respondents (16%) had one or no portions of fruit and vegetables the day before they completed the questionnaire.

Chart 6 -   Yesterday, how many portions of different fruit and vegetables did you have?

6%	9%	17%	23%	20%	13%	7%	4%

■ 0
■ 1
■ 2
□ 3
□ 4
■ 5
■ 6
■ 7 or more
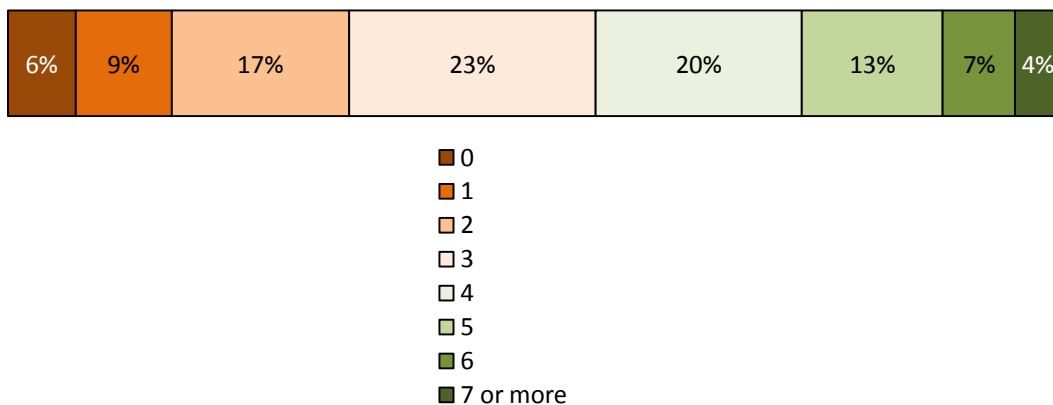
Base: all respondents (unweighted 13,310, weighted 8,639)

The following groups are **less likely** to have had at least five portions of fruit and vegetables on the day before they completed the questionnaire:

- respondents who currently use tobacco (12%) or drugs (15%);
- respondents who are finding it somewhat difficult (14%) or very difficult financially (18%);
- Unconfident Fatalists (16%) and Live for Todays (15%);
- respondents in the most deprived areas of Lancashire (17%);
- respondents who perceive their health to be bad or very bad (17%);
- respondents who rent their accommodation (18%);
- respondents aged 16-24 (18%);
- respondents who don't meet physical activity guidelines (18%);
- respondents with a mental health condition (18%);
- respondents who are obese (19%);
- BME respondents (19%); and
- respondents who are not in work (19%).

Around four-fifths of respondents (83%) eat fast food or take away meals less than once a week or never. Around a fifth of respondents (17%) eat fast food or take away meals at least once a week.

Chart 7 -   How often do you eat fast food or take away meals?

17%	66%	16%	1%

■ Never
■ Less than once a week
■ 1-4 times a week
■ 5 or more times a week
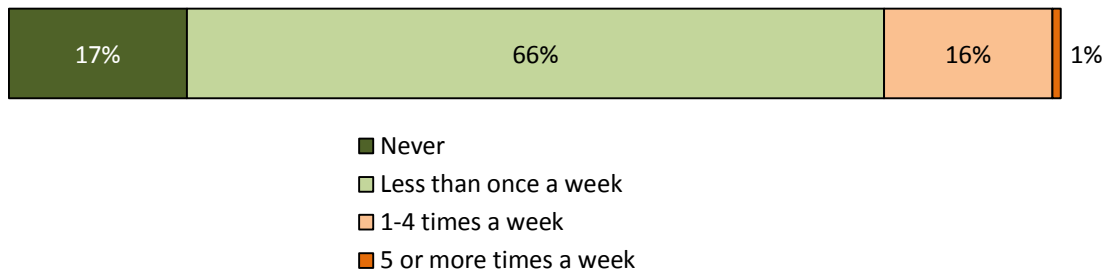
Base: all respondents (unweighted 13,313, weighted 8,646)

The following groups are **more likely** to eat fast food or take away meals at least once a week:

- respondents who currently use tobacco (23%) or who use drugs (36%);

- respondents with a mental health condition (27%);

- LGB respondents (26%);

- transgender respondents (25%);

- respondents who regularly binge drink (25%);

- respondents who regularly work overnight shifts (25%);

- respondents aged 25-44 (22%);

- respondents who are obese (22%);

- respondents who are increasing- or high-risk drinkers (22%); and

- Unconfident Fatalists (22%) and Live for Todays (22%).

Around four-fifths of respondents (78%) eat a meal with their family/other members of their household at least once a week. Around a fifth of respondents (22%) eat a meal with their family/other members of their household less than once a week or never.

Chart 8 - **How often do you eat a meal with your family/other members of your household?**

9%	13%	24%	54%

■ Never
■ Less than once a week
■ 1-4 times a week
■ 5 or more times a week
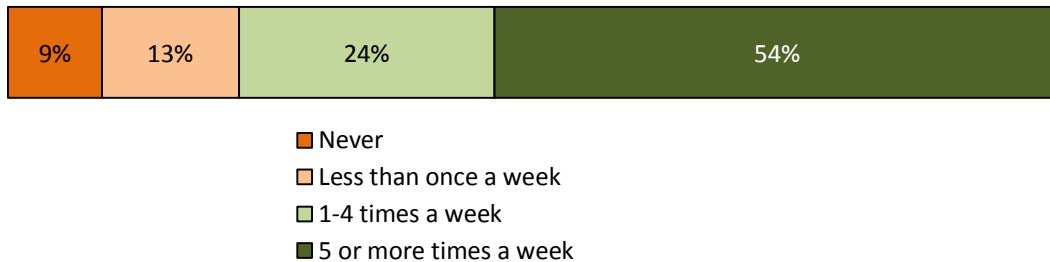
Base: all respondents (unweighted 13,066, weighted 8,508)

The following groups are **less likely** to eat a meal with their family/other members of their household at least once a week:

- respondents aged 60-79 (70%) and respondents aged 80 and over (50%);

- respondents with a disability (62%), in particular, respondents with a physical impairment (59%) and respondents with a mental health condition (55%);

- respondents who are finding it very difficult financially (56%);

- respondents with a long-term illness (60%);

- transgender respondents (64%);

- respondents who rent their accommodation (66%);

- Unconfident Fatalists (66%);

- LGB respondents (67%);

- respondents who are underweight (67%);

- respondents who currently use tobacco (68%) or drugs (68%); and

- respondents in the most deprived areas of Lancashire (70%).

Respondents in Ribble Valley are more likely than those in other districts to eat a meal with their family/other members of their household at least once a week (84%).

Over four-fifths of respondents (84%) cook/prepare a meal from basic ingredients for themselves or their family/household at least once a week. Around one in six respondents (16%) cook/prepare a meal from basic ingredients for themselves or their family/household less than once a week.

Chart 9 -   How often do you cook/prepare a meal from basic ingredients for yourself or your family/household?

6%	10%	38%	46%

■ Never
■ Less than once a week
■ 1-4 times a week
■ 5 or more times a week

Base: all respondents (unweighted 13,260, weighted 8,606)

The following groups are **less likely** to cook/prepare a meal from basic ingredients for themselves or their family/household at least once a week:

- transgender respondents (63%);

- respondents with a disability (73%), in particular, respondents with a mental health condition (63%) or a learning disability/difficulty (65%);

- respondents who are finding it very difficult financially (65%);

- respondents with a long-term illness (70%);

- respondents who are underweight (72%);

- respondents who don't meet physical activity guidelines (72%);

- respondents who use drugs (73%);

- LGB respondents (74%); and

- Unconfident Fatalists (74%).

Over four-fifths of respondents (86%) eat out (other than fast food or take away meals) less than once a week or never. Around one in seven respondents (14%) eat out at least once a week.

Chart 10 -   How often do you eat out (other than fast food or take away meals)?

16%	70%	14%	<1%

- ■ Never
- ■ Less than once a week
- ■ 1-4 times a week
- ■ 5 or more times a week
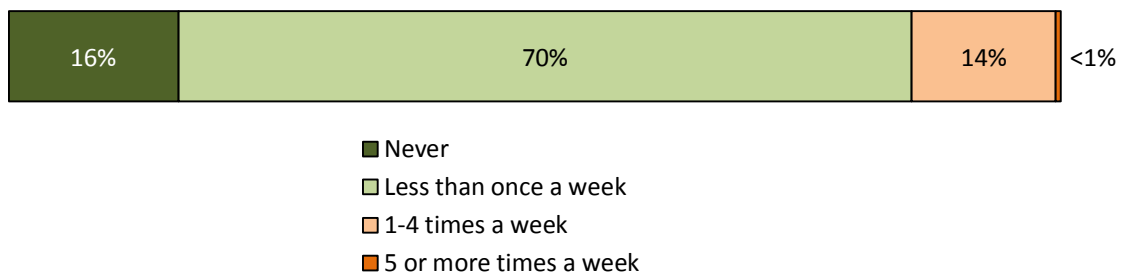
Base: all respondents (unweighted 13,172, weighted 8,558)

Respondents who are living comfortably financially are more likely to eat out (other than fast food or take away meals) at least once a week (21%).

Over two-fifths of respondents (45%) drink fizzy drinks or soft drinks like squash rarely or never. Around an eighth of respondents (12%) drink fizzy drinks or soft drinks six or more times a week.

Chart 11 - **How often, on average, do you have fizzy drinks or soft drinks like squash, excluding diet or sugar-free drinks?**

| 12% | 12% | 15% | 16% | 45% | <1% |

- ■ 6 or more times a week
- ■ 3-5 times a week
- ■ 1-2 times a week
- ■ Less than once a week
- ■ Rarely or never
- ■ Don't know
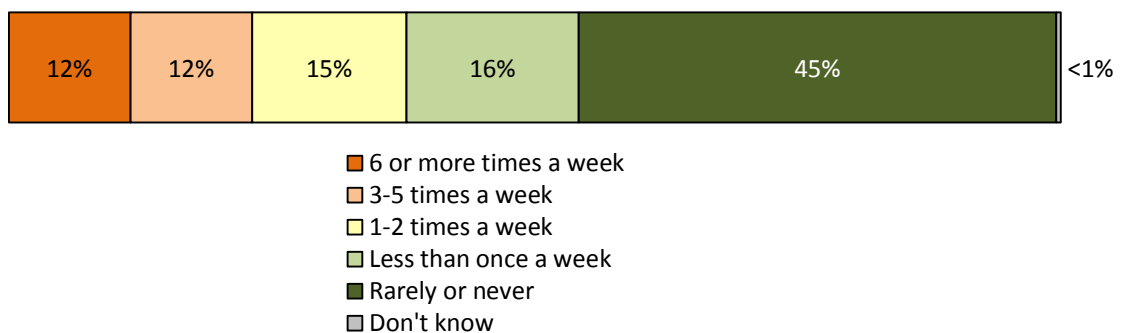
Base: all respondents (unweighted 13,437, weighted 8,707)

The following groups are **more likely** to drink fizzy drinks or soft drinks six or more times a week.

- respondents aged 16-24 (29%);

- transgender respondents (28%);

- respondents with a mental health condition (22%);

- respondents who use drugs (22%); and

- respondents who are finding it very difficult financially (20%).

4.3 Physical activity

Respondents were asked about the amount of moderate intensity activity and vigorous intensity activity that they do in a typical week.

Moderate intensity activity was defined as activity that requires an amount of effort and noticeably accelerates the heart rate, eg brisk walking, housework, domestic chores.

Vigorous intensity activity was defined as activity that requires a large amount of effort, causes rapid breathing and a substantial increase in heart rate eg running, climbing briskly up a hill.

Around three-fifths of respondents (58%) do over two and a half hours of moderate intensity activity in a typical week. Around two-fifths of respondents (42%) do two and a half hours or less of moderate intensity activity in a typical week.

Chart 12 - In a typical week, including time spent at a paid job, how much moderate intensity activity would you normally do to the nearest half hour? Up to…

7%	7%	7%	5%	10%	6%	10%	5%	7%	36%

■ None
■ 1/2 an hour
□ 1 hour
□ 1 1/2 hours
□ 2 hours
□ 2 1/2 hours
□ 3 hours
□ 3 1/2 hours
■ 4 hours
■ More than 4 hours
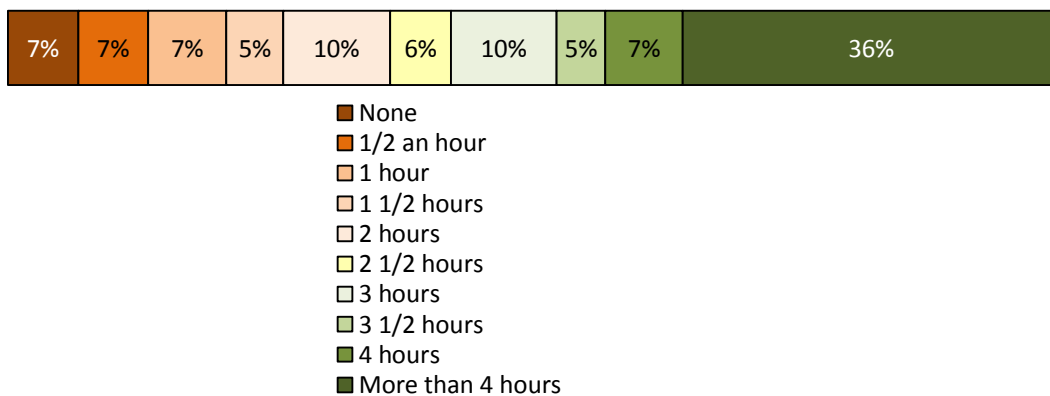
Base: all respondents (unweighted 13,298, weighted 8,622)

The following groups are **more likely** to do less than the recommended amount of moderate intensity activity[5] in a typical week:

- respondents with a long-term illness (67%);

- respondents aged 80 and over (66%);

- respondents with a disability (59%), in particular, respondents with a physical impairment (66%);

---

[5] Recommended amount of moderate intensity activity in a week is over 2½ hours.

- transgender respondents (62%);

- BME respondents (60%);

- Unconfident Fatalists (55%);

- respondents who are obese (53%); and

- respondents who are finding it very difficult financially (52%).

Around a third of respondents (36%) do over an hour and a quarter of vigorous intensity activity in a typical week. Around two-thirds of respondents (64%) do an hour and a quarter or less of vigorous intensity activity in a typical week.

Chart 13 -   In a typical week, including time spent at a paid job, how much vigorous intensity activity would you normally do to the nearest quarter of an hour? Up to…
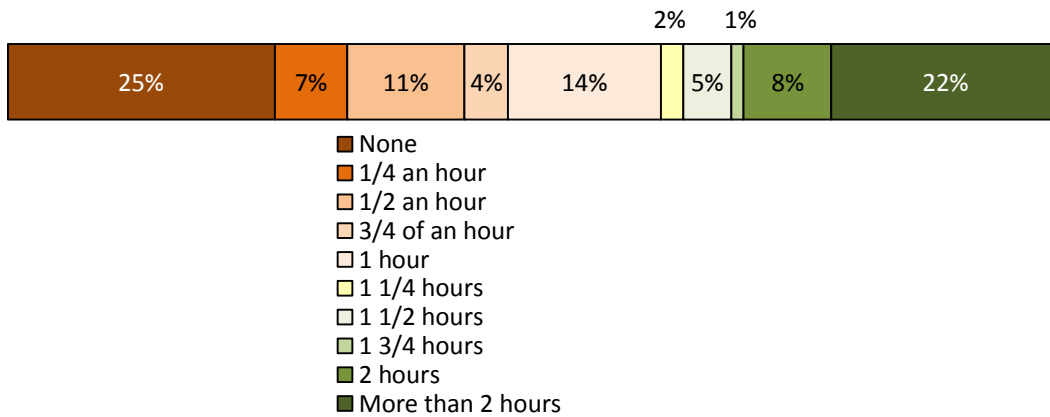
25%	7%	11%	4%	14%	5%	8%	22%

2% 1%

- ■ None
- ■ 1/4 an hour
- ■ 1/2 an hour
- □ 3/4 of an hour
- □ 1 hour
- □ 1 1/4 hours
- □ 1 1/2 hours
- □ 1 3/4 hours
- ■ 2 hours
- ■ More than 2 hours

Base: all respondents (unweighted 13,215, weighted 8,594)

The following groups are **more likely** to do less than the recommended amount of vigorous intensity activity[6] in a typical week:

- respondents aged 60-79 (73%) and respondents aged 80 and over (86%);

- respondents with a long-term illness (84%);

- respondents with a disability (76%), in particular, respondents with a physical impairment (84%);

- transgender respondents (79%);

- Unconfident Fatalists (79%);

---

[6] Recommended amount of vigorous intensity activity in a week is over 1¼ hours.

- respondents who are obese (77%); and
- BME respondents (73%).

NHS guidelines[7] recommend doing at least two and a half hours of moderate intensity activity or at least an hour and a quarter of vigorous intensity activity or an equivalent combination of the two each week. Around three-quarters of respondents (77%) meet the NHS guidelines for physical activity while around a quarter (23%) don't meet the guidelines.

Chart 14 -   Total physical activity in a typical week
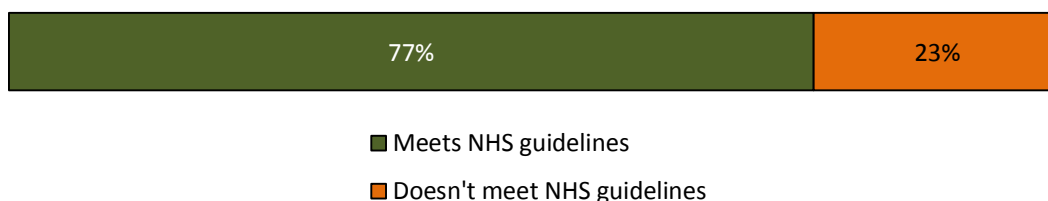
77%	23%

■ Meets NHS guidelines
■ Doesn't meet NHS guidelines

Base: all respondents (unweighted 13,215, weighted 8,594)

The following groups are **more likely** to not meet NHS guidelines for physical activity in a typical week:

- respondents with a disability (43%), in particular, respondents with a physical impairment (54%);

- respondents aged 80 and over (53%);

- respondents with a long-term illness (53%);

- transgender respondents (45%);

- respondents with a religion other than Christianity (41%);

- BME respondents (39%);

- Unconfident Fatalists (38%);

- respondents who are finding it very difficult financially (35%);

- respondents who are obese (34%);

- respondents in the most deprived areas of Lancashire (32%); and

- LGB respondents (32%).

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[7] http://www.nhs.uk/Livewell/fitness/Pages/physical-activity-guidelines-for-adults.aspx

4.4 Alcohol

Respondents were asked if they currently drink alcohol, including drinks made or brewed at home. Over two-thirds of respondents (68%) say that they do drink alcohol nowadays.

Chart 15 - Do you drink alcohol nowadays, including drinks you make or brew at home?

68%	32%

■ Yes
■ No
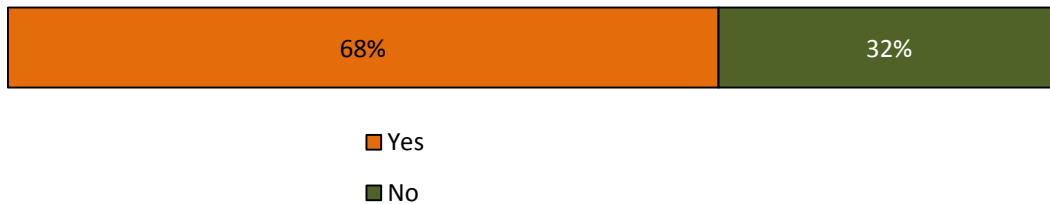
Base: all respondents (unweighted 13,465, weighted 8,748)

The following groups are **more likely** to drink alcohol:

- respondents who work full time (78%);
- respondents who are living comfortably financially (77%); and
- Hedonistic Immortals (77%).

Respondents in Ribble Valley are more likely than those in other districts to drink alcohol (77%).

Respondents were asked to write in the quantity of beer/lager/cider, wine/sherry, spirits/liqueurs and pre-mixed spirits/alcopops they had drunk in the week before they completed the questionnaire. This information was converted to units and then used to classify respondents according to the risk level of their drinking[8]. The following table shows how respondents were classified:

Class	Male	Female
Lower risk	<24 units in previous week	<18 units in previous week
Increasing risk	24-49 units in previous week	18-34 units in previous week
High risk	50 or more units in previous week	35 or more units in previous week

---

[8] http://www.nhs.uk/Livewell/alcohol/Pages/Effectsofalcohol.aspx

Of the respondents who drink alcohol, over four-fifths (82%) are classified as lower risk drinkers. Around one in seven respondents who drink (14%) are increasing-risk drinkers while one in 25 drinkers (4%) are high-risk drinkers.

Chart 16 -   Level of risk based on drinking habits

82%	14%	4%

☐ Lower risk
■ Increasing risk
■ High risk
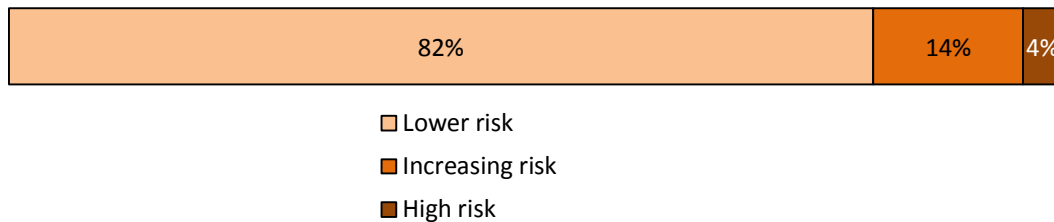
Base: respondents who drink alcohol nowadays (unweighted 8,798, weighted 5,636)

The following groups are **more likely** to be increasing-risk drinkers:

- respondents who currently use tobacco (19%);
- respondents aged 45-59 (19%); and
- Live for Todays (19%).

The following groups are **more likely** to be high-risk drinkers:

- respondents with a mental health condition (13%);
- respondents who are finding it very difficult financially (13%);
- respondents who use drugs (13%); and
- respondents with a religion other than Christianity (12%).

Respondents who drink alcohol were asked how often they drink six or more drinks in one session if they're female or eight or more drinks in one session if they're male. This level of drinking is classed as binge drinking.

A single drink was defined as a half pint of regular beer, lager or cider, a small glass of wine or sherry, a single measure of spirits or a 275ml bottle of pre-mixed spirit or alcopop.

Around two-thirds of respondents (64%) binge drink less than monthly or never. A fifth of respondents (20%) binge drink at least once a week. This is classed as 'regular binge drinking'.

Chart 17 -   How often do you have six or more drinks if you're female, or eight or more drinks if you're male, in one session?

| 34% | 29% | 16% | 12% | 5% | 2% |

- Never
- Less than monthly
- 1-2 times a month
- Weekly
- 2-4 times a week
- Daily (or almost)
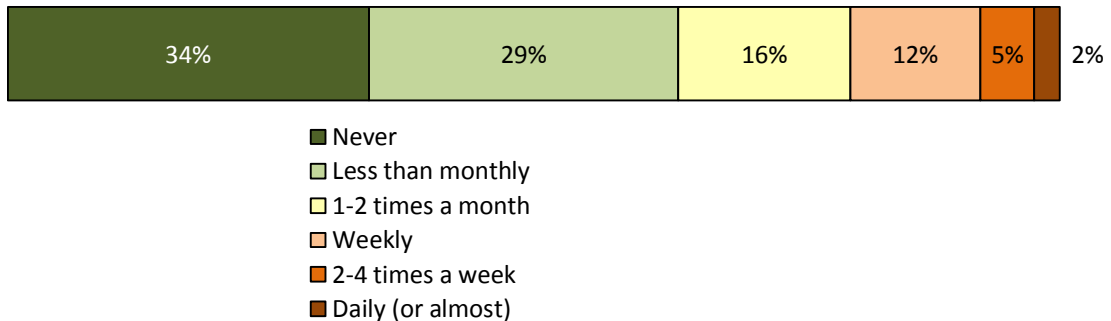
Base: respondents who drink alcohol nowadays (unweighted 9,106, weighted 5,899)

The following groups are **more likely** to binge drink at least once a week:

- respondents who are increasing- or high-risk drinkers (53%);

- respondents who currently use tobacco (36%) or who use drugs (40%);

- respondents who are finding it very difficult financially (39%);

- respondents with a mental health condition (35%) and respondents with a learning disability/difficulty (36%);

- respondents who perceive their health to be bad or very bad (29%);

- respondents with a religion other than Christianity (28%); and

- Live for Todays (26%).

4.5   Tobacco

Around three-fifths of respondents (61%) say they have never used tobacco. Around one in ten respondents (11%) use tobacco daily while a further one in 25 (4%) use tobacco occasionally.

Chart 18 -   Thinking about smoking or chewing tobacco, which of the following best describes you?

61%	11%	15%	4%	8%

■ I've never used tobacco

■ I use tobacco daily

□ I used to use tobacco daily but do not use it at all now

□ I use tobacco occasionally but not every day

□ I used to use tobacco occasionally but do not use it at all now
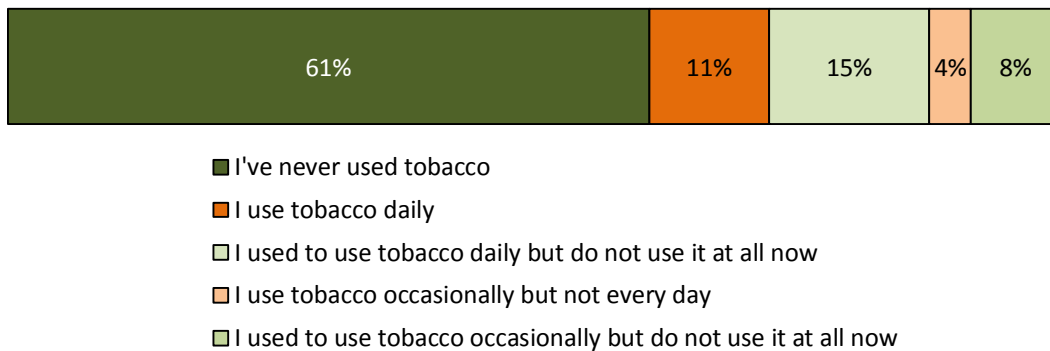
Base: all respondents (unweighted 13,185, weighted 8,539)

The following groups are **more likely** to use tobacco at least occasionally:

- respondents who use drugs (62%);

- respondents who are finding it very difficult financially (44%);

- respondents with a mental health condition (40%) and respondents with a learning disability/difficulty (27%);

- respondents who rent their accommodation (30%);

- LGB respondents (29%);

- respondents who perceive their health to be bad or very bad (28%);

- respondents who are not in work (28%);

- respondents who are underweight (27%);

- respondents who regularly binge drink (27%);

- respondents in the most deprived areas of Lancashire (27%);

- respondents who are increasing- or high-risk drinkers (24%);

- Live for Todays (22%) and Unconfident Fatalists (23%);

- respondents with a long-term illness (22%); and

- respondents aged 16-24 (22%).

The items most commonly used by respondents who currently use tobacco are manufactured cigarettes (57%) and hand-rolled cigarettes (50%).

Chart 19 -   Which of the following items do you currently use?

Item	Percentage
Manufactured cigarettes	57%
Hand-rolled cigarettes	50%
Cigar/cheroots/cigarillos	3%
Pipefuls of tobacco	1%
Shisha/goza/hookah/water pipe	1%
Chewing tobacco	1%
Bidis	<1%
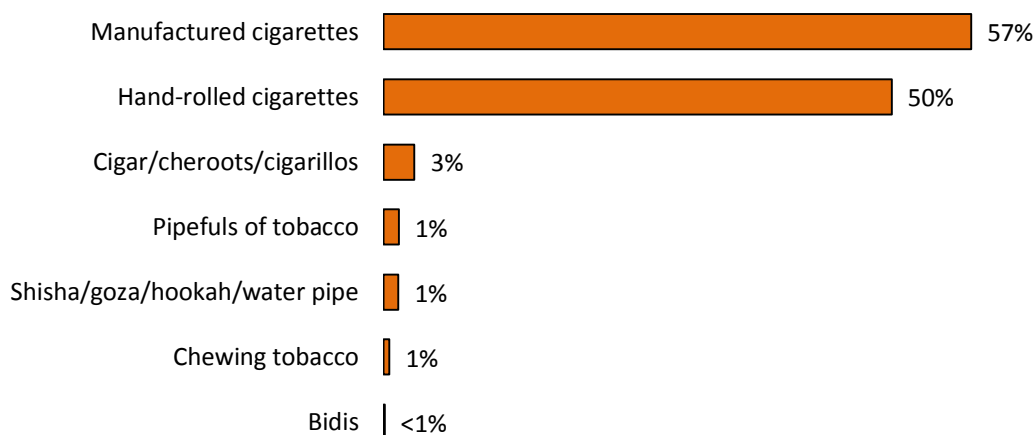
Base: respondents who currently use tobacco (unweighted 1,717, weighted 1,315)

The following are differences by demographic group:

- respondents aged 80 and over are more likely to use cigars/cheroots/cigarillos (23%);

- respondents with a mental health condition are more likely to use hand-rolled cigarettes (72%);

- LGB respondents are more likely to use hand-rolled cigarettes (76%);

- respondents who are not in work are more likely to use hand-rolled cigarettes (64%);

- respondents who use drugs are more likely to use hand-rolled cigarettes (73%);

- respondents in the most deprived areas of Lancashire are more likely to use hand-rolled cigarettes (64%); and

- Balanced Compensators are more likely to use manufactured cigarettes (75%).

Respondents in Lancaster are more likely to use hand-rolled cigarettes (68%).

Over half of respondents (56%) say they are not exposed to other people's tobacco smoke in any of the listed places. The places where respondents are

most commonly exposed to other people's tobacco smoke are outside buildings (28%) and in other public places (20%).

Chart 20 - **Are you regularly exposed to other people's tobacco smoke in any of these places?**

No, none of these	56%
Outside of buildings (eg pubs, shops, hospitals)	28%
In other public places	20%
In other people's homes	10%
In my own home	7%
At work	4%
In cars, vans etc	4%
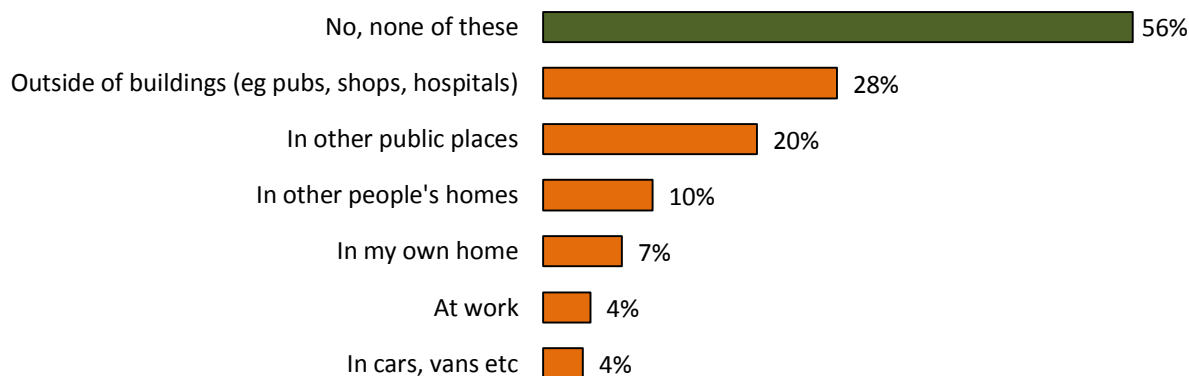
Base: all respondents (unweighted 13,186, weighted 8,556)

The following are differences by demographic group:

- respondents aged 16-24 are less likely to say they are not exposed to other people's tobacco smoke in any of the listed places (35%);

- respondents with a mental health condition are less likely to say they are not exposed to other people's tobacco smoke in any of the listed places (32%);

- respondents who are finding it very difficult financially are less likely to say they are not exposed to other people's tobacco smoke in any of the listed places (36%) and more likely to say they are exposed to other people's tobacco smoke at work (11%);

- respondents who regularly work overnight shifts are more likely to say they are exposed to other people's tobacco smoke at work (17%); and

- respondents who currently use tobacco or drugs are less likely to say they are not exposed to other people's tobacco smoke in any of the listed places (36% for tobacco users and 34% for drug users).

Respondents were asked about their use of e-cigarettes. Around nine out of ten respondents (89%) have never used an e-cigarette. One in 20 respondents (5%) currently use e-cigarettes at least occasionally.

Chart 21 - **Now, thinking about e-cigarettes, which of the following best describes you?**

■ I've never used an e-cigarette
■ I use e-cigarettes daily
□ I used to use e-cigarettes daily but do not use them at all now
□ I use e-cigarettes occasionally but not every day
■ I used to use e-cigarettes occasionally but do not use them at all now
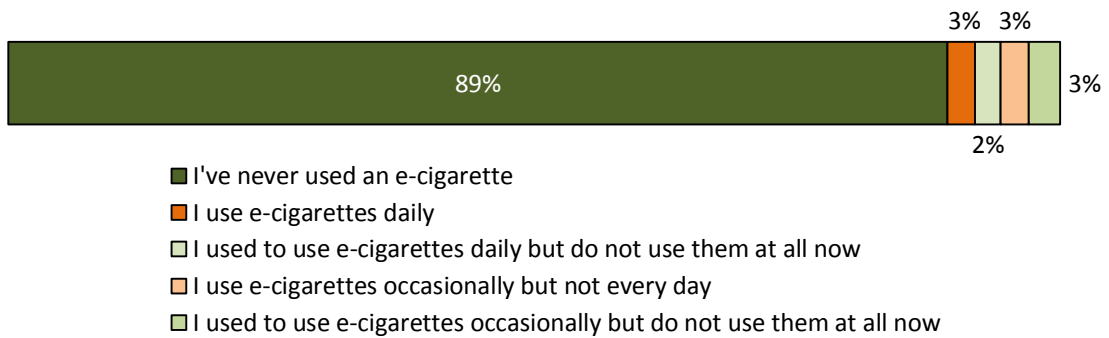
Base: all respondents (unweighted 12,861, weighted 8,410)

The following groups are **more likely** to use e-cigarettes at least occasionally:

- respondents who currently use tobacco (21%) or drugs (13%).

- transgender respondents (20%);

- respondents with a mental health condition (11%); and

- respondents who are finding it very difficult financially (11%).

Of the respondents who have used e-cigarettes, 6% have never used tobacco, around a quarter (26%) used to use tobacco and around two-thirds (68%) currently use tobacco.

The responses to questions about tobacco use and e-cigarette use were combined to determine the proportion of respondents who currently use nicotine products (either tobacco in some form or e-cigarettes).

Around a fifth of respondents (18%) currently use nicotine products. Around a quarter of respondents (23%) used to use nicotine products.

Chart 22 -   Use of nicotine products

18%	23%	59%

- ☐ Currently use nicotine products
- ☐ Used to use nicotine products
- ☐ Never used nicotine products
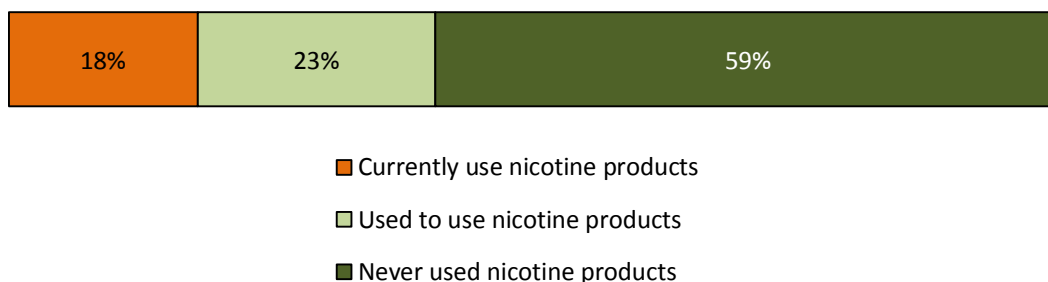
Base: all respondents (unweighted 12,659, weighted 8,266)

The following groups are **more likely** to currently use nicotine products:

- respondents who use drugs (65%);
- respondents who are finding it very difficult financially (49%);
- respondents with a disability (28%), in particular, respondents with a mental health condition (43%);
- transgender respondents (36%);
- respondents who rent their accommodation (34%);
- LGB respondents (32%);
- respondents who regularly binge drink (31%);
- respondents in the most deprived areas of Lancashire (31%);
- respondents who are not in work (30%);
- respondents who are underweight (28%);
- respondents who are increasing- or high-risk drinkers (27%);
- respondents with a long-term illness (26%); and
- Unconfident Fatalists (26%).

4.6 About your feelings

Around one in ten respondents say they often feel that they lack companionship (11%), feel left out (9%) or feel isolated from others (10%).

Chart 23 - **The next questions are about how you feel about different aspects of your life. For each one, tick how often you feel that way.**

	Hardly ever	Some of the time	Often
How often do you feel that you lack companionship?	60%	29%	11%
How often do you feel left out?	61%	30%	9%
How often do you feel isolated from others?	64%	26%	10%

- Hardly ever
- Some of the time
- Often
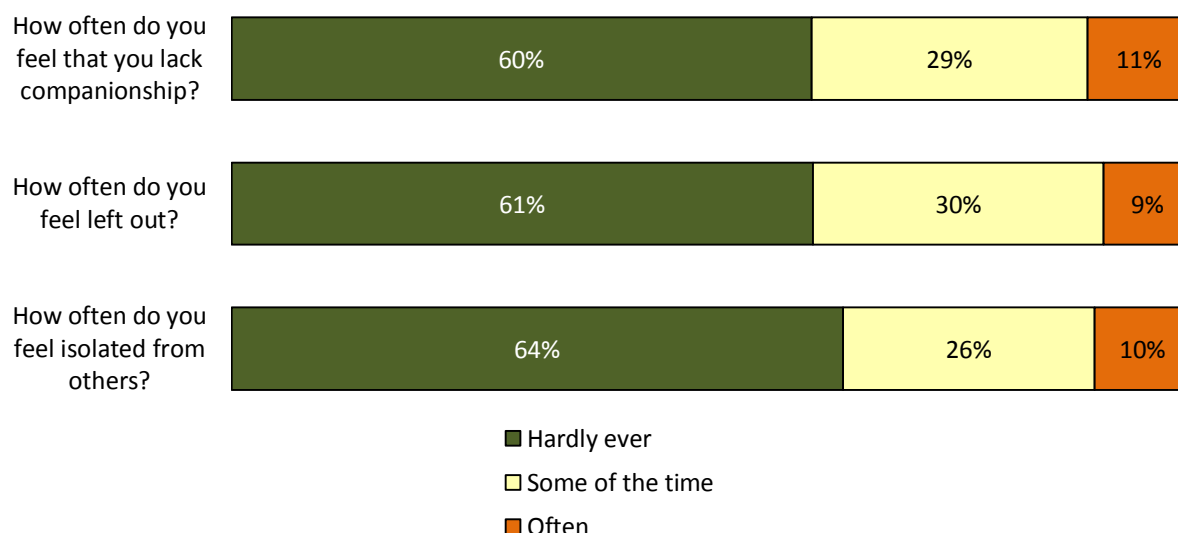
Base: all respondents (unweighted 13,092-13,401, weighted 8,555-8,704)

The following groups are **more likely** to often feel that they lack companionship:

- respondents with a disability (23%), in particular, respondents with a mental health condition (36%) and respondents with a learning disability/difficulty (29%);

- respondents who are finding it somewhat difficult (20%) or very difficult financially (36%);

- Unconfident Fatalists (25%);

- respondents with a long-term illness (23%);

- respondents who currently use tobacco (20%) or drugs (22%);

- transgender respondents (21%);

- LGB respondents (20%); and

- respondents who rent their accommodation (20%).

The following groups are **more likely** to often feel left out:

- respondents with a disability (22%), in particular, respondents with a mental health condition (39%) and respondents with a learning disability/difficulty (28%);

- respondents who are finding it somewhat difficult (22%) or very difficult financially (39%);

- Unconfident Fatalists (24%);

- respondents with a long-term illness (23%);

- transgender respondents (20%); and

- respondents who are not in work (20%).

The following groups are **more likely** to often feel isolated from others:

- respondents with a disability (24%), in particular, respondents with a mental health condition (44%);

- respondents who are finding it somewhat difficult (22%) or very difficult financially (42%);

- transgender respondents (28%);

- Unconfident Fatalists (26%);

- respondents with a long-term illness (25%);

- respondents who are not in work (24%);

- respondents who currently use tobacco (20%) or drugs (22%); and

- respondents who rent their accommodation (20%).

The Short Warwick Edinburgh Mental Wellbeing Scale (SWEMWBS)[9] was used to measure respondents' wellbeing. Respondents were asked a series of seven questions about their feelings and thoughts. For each one they were asked to think about their experience over the previous two weeks.

Responses to the individual questions are shown in chart 24.

Chart 24 - **Below are some statements about feelings and thoughts. Please tick the box that best describes your experience of each over the last two weeks.**

Statement	None of the time	Rarely	Some of the time	Often	All of the time
I've been feeling optimistic about the future	5%	14%	36%	35%	10%
I've been feeling useful	4%	10%	32%	43%	12%
I've been feeling relaxed	4%	15%	40%	35%	7%
I've been dealing with problems well	3%	7%	34%	44%	12%
I've been thinking clearly	2%	6%	27%	47%	19%
I've been feeling close to other people	3%	10%	29%	39%	19%
I've been able to make up my own mind about things	1%	4%	16%	42%	37%

Legend:
- ■ None of the time
- ■ Rarely
- ■ Some of the time
- ■ Often
- ■ All of the time

Base: all respondents (unweighted 13,150-13,386, weighted 8,588-8,699)

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[9] The Warwick-Edinburgh Mental Well-being Scale was funded by the Scottish Government National Programme for Improving Mental Health and Well-being, commissioned by NHS Health Scotland, developed by the University of Warwick and the University of Edinburgh, and is jointly owned by NHS Health Scotland, the University of Warwick and the University of Edinburgh. http://www2.warwick.ac.uk/fac/med/research/platform/wemwbs/

The following groups are **more likely** to answer 'none of the time' or 'rarely' for all of the statements:

- respondents with a disability, in particular, respondents with a mental health condition;

- respondents with a long-term illness;

- transgender respondents;

- respondents who are not in work;

- respondents who are finding it somewhat difficult or very difficult financially;

- respondents who don't meet physical activity guidelines;

- respondents who currently use tobacco or drugs; and

- Unconfident Fatalists.

The responses to each question have been combined to give each respondent who answered all seven parts of the question an overall SWEMWBS score. A larger score indicates greater mental wellbeing. The mean score across the sample is 22.94. This compares to the score for England[10] of 23.61.

The following groups have a significantly lower mean SWEMWBS score than the Lancashire mean:

- respondents with a disability (21.24), in particular, respondents with a mental health condition (18.27) and respondents with a learning disability/difficulty (20.26);

- respondents who are finding it very difficult financially (18.58);

- Unconfident Fatalists (20.14);

- respondents who are not in work (20.90);

- respondents with a long-term illness (21.01);

- respondents who use drugs (21.05); and

- respondents who rent their accommodation (21.62).

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[10] from the 2011 Health Survey for England -
http://www2.warwick.ac.uk/fac/med/research/platform/wemwbs/researchers/interpretations/

Over three-quarters of respondents (77%) say they have more than one person they can really count on to help them out in a crisis. Around one in 17 respondents (6%) say they have no one they can really count on in a crisis.

Chart 25 - **Is there anyone who you can really count on to help you out in a crisis?**

6%	18%	77%

■ No one
□ Yes, one person
■ Yes, more than one person
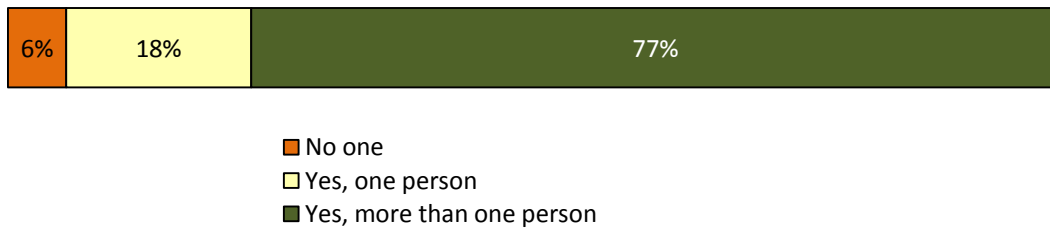
Base: all respondents (unweighted 13,507, weighted 8,753)

The following groups are **more likely** to say they have no one they can really count on in a crisis:

- respondents who are finding it very difficult financially (27%);

- transgender respondents (24%);

- respondents with a mental health condition (19%) and respondents with a learning disability/difficulty (16%);

- respondents with a religion other than Christianity (17%);

- BME respondents (15%);

- respondents with a long-term illness (13%); and

- Unconfident Fatalists (13%).

4.7 Healthy Foundations

Healthy Foundations is a Department of Health segmentation model which splits the population into five clusters based on their answers to a series of questions about their attitude to life and their health. Respondents to the lifestyle survey were asked the Healthy Foundations questions and were then assigned a cluster based on their responses.

The five clusters are:

- Health Conscious Realists: motivated people who feel in control of their lives and their health. They generally feel good about themselves but have aspirations to better themselves. They tend not to take risks and take a longer term view of life. They take a realistic view of their health.

- Balanced Compensators: they are positive and like to look and feel good about themselves. They get some pleasure from taking risks but don't take risks with their health. They are not fatalists and understand that their actions impact on their health. They use compensatory mechanisms to make up for any health risks they do take.

- Live for Todays: they take a short term view of life and believe that whatever they do is unlikely to have an impact on their health. They tend to believe in fate. They value their health but believe leading a healthy lifestyle will be difficult and not enjoyable. They are the segment who are most resistant to change.

- Hedonistic Immortals: they want to get the most from life and don't mind taking risks. They feel good about themselves. They know their health is important but don't feel they will get ill soon so do not really value their health right now. They don't have a problem leading a healthy lifestyle but feel that anything which is enjoyable, eg smoking and drinking, can't be all bad.

- Unconfident Fatalists: they feel fairly negative about things and don't feel good about themselves. They feel that a healthy lifestyle would not be easy or within their control. They are fatalistic about health and think they are more likely than others to get ill. Their current lifestyles are not that healthy. They know their health is bad and they should do something about it but they are demotivated.

Around three-quarters of respondents (73%) agree at least slightly that they feel good about themselves. Nearly nine out of ten respondents (87%) agree at least slightly that they learn from their mistakes.

Chart 26 -   Here are some things that other people have said. How much do you agree or disagree with each one?
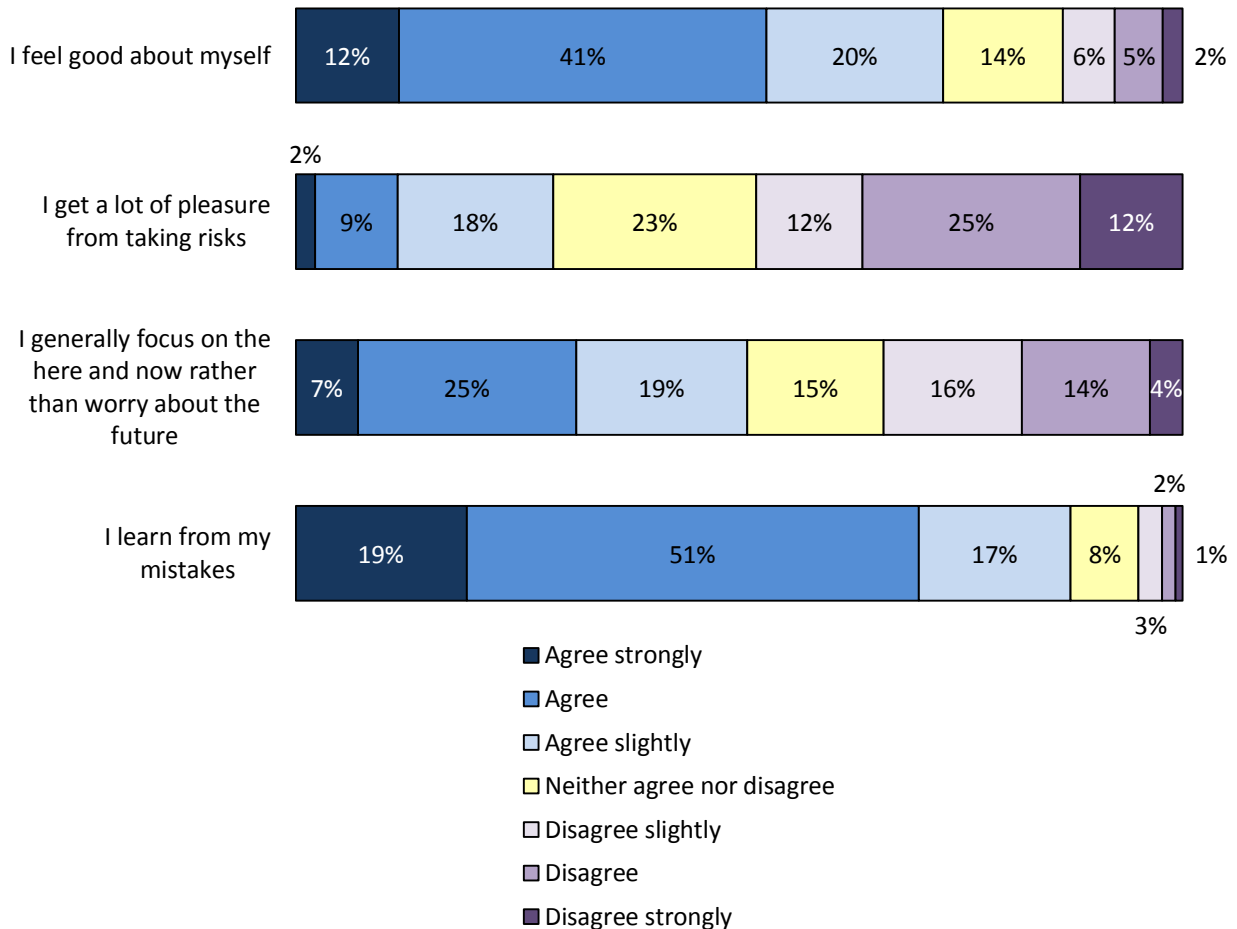
Base: all respondents (unweighted 13,159-13,273, weighted 8,567-8,617)

The following are differences between demographic groups:

- respondents with a disability are less likely to agree at least slightly that they feel good about themselves (52%), in particular, respondents with a mental health condition (30%);

- respondents with a mental health condition are also less likely to agree at least slightly that they learn from their mistakes (66%);

- respondents with a long-term illness are less likely to agree at least slightly that they feel good about themselves (49%);

- respondents who are finding it very difficult financially are less likely to agree at least slightly that they feel good about themselves (35%) and that they learn from their mistakes (69%);

- transgender respondents are less likely to agree at least slightly that they learn from their mistakes (66%); and

- respondents who use drugs are more likely to agree at least slightly that they get a lot of pleasure from taking risks (44%) and less likely to agree at least slightly that they learn from their mistakes (78%).

Respondents were given a scale of importance from one (not at all important) to seven (very important) and asked how important it is to them personally to have a number of attributes. Here we classify 'important' as being 5, 6 or 7 on the scale.

Over half of respondents (56%) feel it is important to have money, wealth and possessions. Around two-fifths of respondents (37%) feel it is important to have an image that others find appealing.

Chart 27 - **Here are some things that other people have said they would like to have or do over the course of their lives. How important is each one to you personally?**

To have money, wealth and possessions						
11%	15%	29%	21%	11%	5%	8%

To have an image that others find appealing						
7%	10%	19%	21%	14%	11%	18%

- 7 - very important
- 6
- 5
- 4
- 3
- 2
- 1 - not at all important
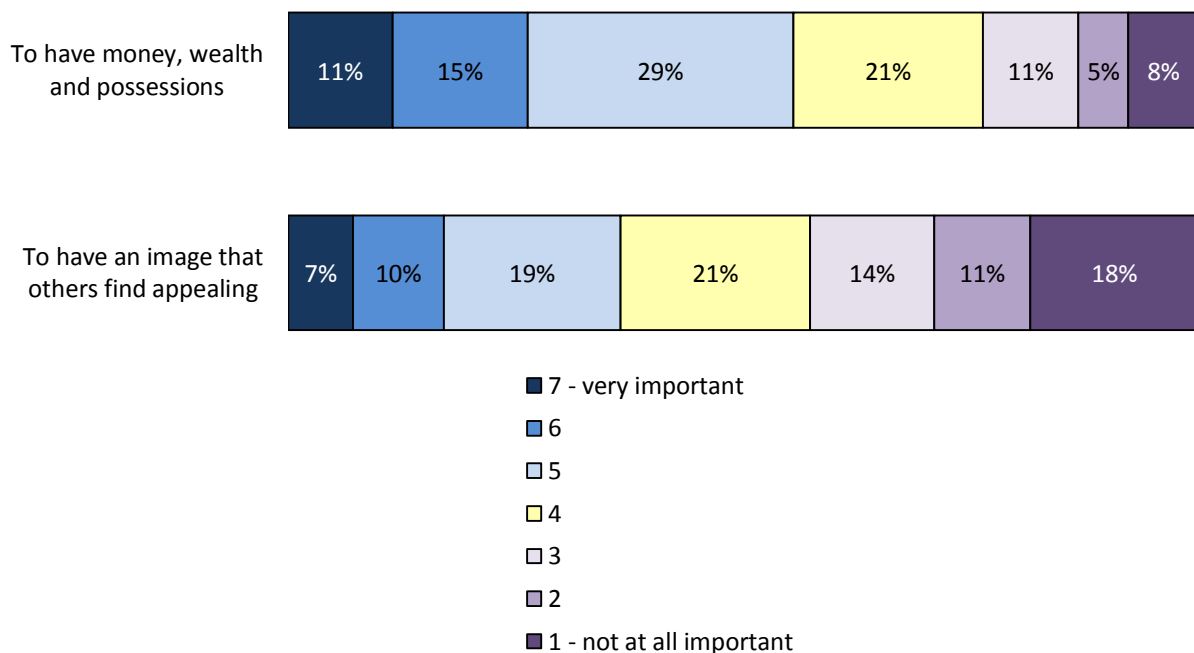
Base: all respondents (unweighted 13,216-13,346, weighted 8,590-8,667)

Respondents aged 16-24 are **more likely** to feel it is important to have money, wealth and possessions (72%).

The following groups are **more likely** to feel it is important to have an image that others find appealing:

- LGB respondents (49%);
- respondents aged 16-24 (48%);
- BME respondents (47%); and
- respondents who use drugs (46%).

Over nine-tenths of respondents (93%) agree at least slightly that following a healthy lifestyle is an effective way to reduce their chances of becoming ill. Around three-quarters of respondents (77%) agree at least slightly that they are very involved in their health.

Chart 28 -   How much do you agree or disagree with these things?
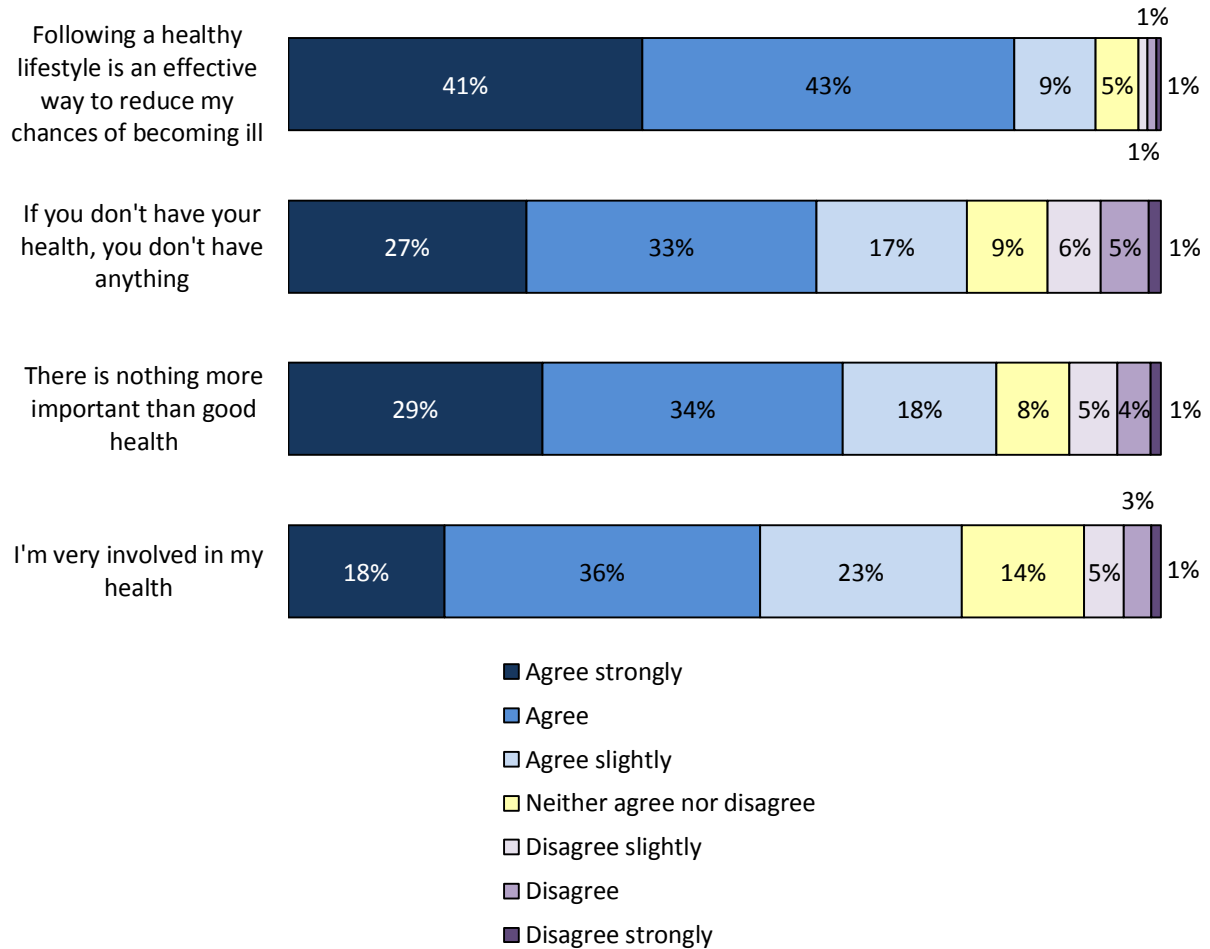
Base: all respondents (unweighted 13,276-13,361, weighted 8,606-8,655)

The following are differences between demographic groups:

- respondents aged 16-24 are less likely to agree at least slightly with the statements 'if you don't have your health, you don't have anything' (56%) and 'there is nothing more important than good health' (61%);

- respondents aged 16-24 are also less likely to agree at least slightly that they are very involved in their health (65%);

- respondents with a mental health condition are less likely to agree at least slightly that they are very involved in their health (58%);

- respondents with a learning disability/difficulty are less likely to agree at least slightly that there is nothing more important than good health (63%);

- transgender respondents are less likely to agree at least slightly that following a healthy lifestyle is an effective way to reduce their chances of becoming ill (77%), that there is nothing more important than good health (63%) and that they are very involved in their health (65%);

- LGB respondents are less likely to agree at least slightly that there is nothing more important than good health (68%) and that they are very involved in their health (67%);

- respondents who are finding it very difficult financially are less likely to agree at least slightly that following a healthy lifestyle is an effective way to reduce their chances of becoming ill (76%), that there is nothing more important than good health (67%) and that they are very involved in their health (54%);

- respondents who don't meet physical activity guidelines are less likely to agree at least slightly that they are very involved in their health (67%);

- respondents who use tobacco are less likely to agree at least slightly that they are very involved in their health (61%);

- respondents who use drugs are less likely to agree at least slightly with the statements 'if you don't have your health, you don't have anything' (66%) and 'there is nothing more important than good health' (67%); and

- respondents who use drugs are also less likely to agree at least slightly that they are very involved in their health (60%).

Over four-fifths of respondents (84%) agree at least slightly that they are in control of their own health. Almost nine-tenths of respondents (87%) agree at least slightly that they intend to lead a healthy lifestyle over the next 12 months.

Chart 29 -   How much do you agree or disagree with these things?

	Agree strongly	Agree	Agree slightly	Neither agree nor disagree	Disagree slightly	Disagree	Disagree strongly
I am in control of my own health	19%	45%	19%	7%	5%	4%	1%
The main thing which affects my health is what I personally do	19%	44%	18%	9%	4%	4%	2%
If a person is meant to get ill, it doesn't matter what a doctor tells them to do, they will get ill anyway	4%	13%	15%	20%	13%	25%	11%
I intend to lead a healthy lifestyle over the next 12 months	26%	45%	16%	10%	2%	1%	1%

■ Agree strongly
■ Agree
□ Agree slightly
□ Neither agree nor disagree
□ Disagree slightly
■ Disagree
■ Disagree strongly

Base: all respondents (unweighted 13,266-13,354, weighted 8,606-8,672)

The following are differences between demographic groups:

- respondents aged 80 and over are more likely to agree at least slightly that if a person is meant to get ill then it doesn't matter what a doctor tells them to do, they will get ill anyway (42%);

- BME respondents are more likely to agree at least slightly that if a person is meant to get ill then it doesn't matter what a doctor tells them to do, they will get ill anyway (45%);

- respondents with a mental health condition are less likely to agree at least slightly that they are in control of their own health (56%), that the main thing which affects their health is what they personally do (57%) and that they intend to lead a healthy lifestyle over the next 12 months (65%);

- respondents with a long-term illness are less likely to agree at least slightly that they are in control of their own health (56%) and that the main thing which affects their health is what they personally do (57%);

- respondents with a long-term illness are more likely to agree at least slightly that if a person is meant to get ill then it doesn't matter what a doctor tells them to do, they will get ill anyway (43%);

- transgender respondents are more likely to agree at least slightly that if a person is meant to get ill then it doesn't matter what a doctor tells them to do, they will get ill anyway (57%) and less likely to agree at least slightly that they intend to lead a healthy lifestyle over the next 12 months (64%);

- respondents who are finding it very difficult financially are less likely to agree at least slightly that they are in control of their own health (53%), that the main thing which affects their health is what they personally do (63%) and that they intend to lead a healthy lifestyle over the next 12 months (64%); and

- respondents who currently use tobacco are more likely to agree at least slightly that if a person is meant to get ill then it doesn't matter what a doctor tells them to do, they will get ill anyway (40%).

Respondents were given a scale from one (extremely difficult) to seven (extremely easy) and asked to rate how difficult it would be for them to lead a healthy lifestyle. Here we classify 'difficult' as being 1, 2 or 3 on the scale and 'easy' as being 5, 6 or 7.

A fifth of respondents (20%) feel it would be difficult for them to lead a healthy lifestyle while three-fifths of respondents (60%) feel it would be easy.

Chart 30 -   For you, would leading a healthy lifestyle be…?

4%	5%	11%	20%	29%	22%	9%

- ■ 1 - extremely difficult
- ■ 2
- □ 3
- □ 4
- □ 5
- ■ 6
- ■ 7 - extremely easy
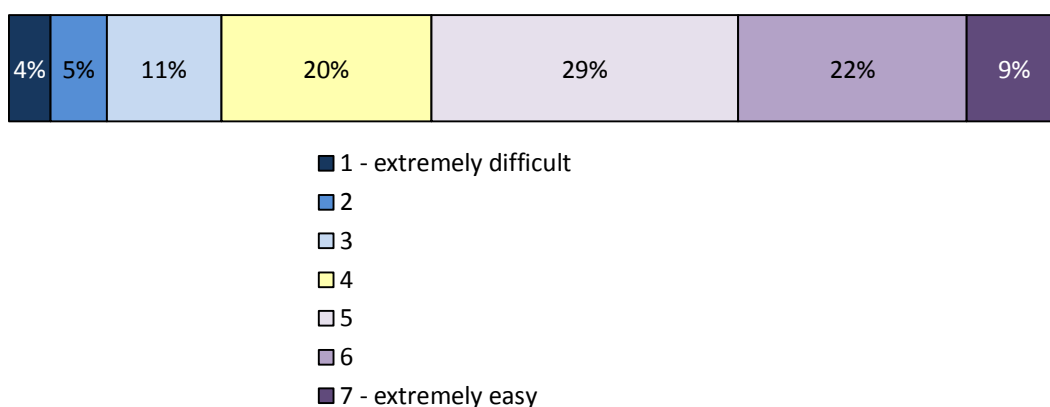
Base: all respondents (unweighted 13,460, weighted 8,729)

The following groups are **more likely** to feel that it would be difficult for them to lead a healthy lifestyle:

- respondents who are finding it very difficult financially (57%);

- respondents with a disability (40%), in particular, respondents with a mental health condition (52%);

- respondents with a long-term illness (48%);

- transgender respondents (36%);

- respondents who are obese (34%);

- respondents who are not in work (34%);

- respondents who don't meet physical activity guidelines (34%); and

- respondents who use drugs (34%).

Respondents were given a scale from one (no control) to seven (complete control) and asked to rate how much control they believe they have over leading a healthy lifestyle over the following year. Here we classify not feeling in control as 1, 2 or 3 on the scale and feeling in control as 5, 6 or 7.

Around a tenth of respondents (12%) say they don't feel in control over whether or not they lead a healthy lifestyle over the following year while around three-quarters of respondents (74%) say they do feel in control.

Chart 31 - How much control do you believe you have over whether or not you lead a healthy lifestyle over the following year?

2%	3%	7%	14%	23%	26%	25%

■ 1 - no control
■ 2
□ 3
□ 4
□ 5
■ 6
■ 7 - complete control
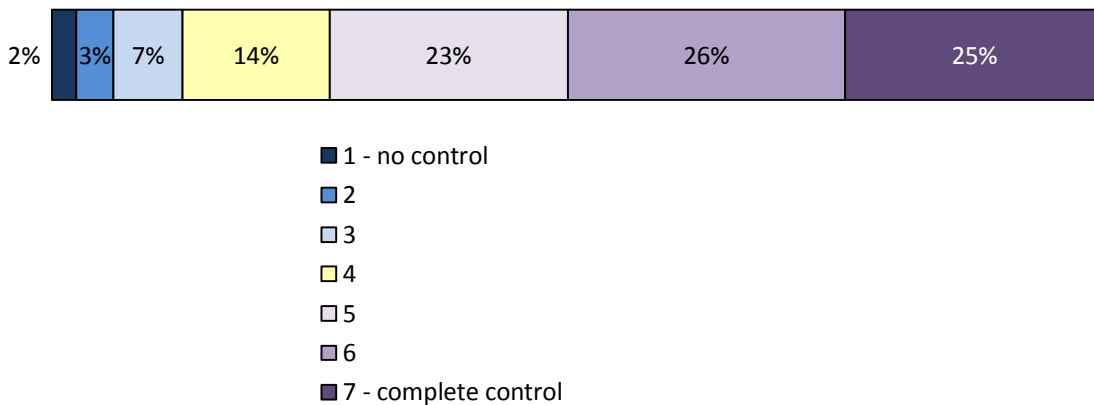
Base: all respondents (unweighted 13,460, weighted 8,728)

The following groups are **more likely** to say they don't feel in control of whether or not they lead a healthy lifestyle over the following year:

- respondents who are finding it very difficult financially (46%);

- respondents with a long-term illness (40%);

- respondents with a disability (31%), in particular, respondents with a mental health condition (40%);

- transgender respondents (34%);

- respondents who don't meet physical activity guidelines (24%);

- respondents with a religion other than Christianity (24%);

- respondents who are not in work (23%);

- respondents aged 80 and over (23%); and

- respondents who currently use tobacco (22%) or drugs (23%).

Respondents were given a scale from one (not enjoyable) to seven (enjoyable) and asked to rate how enjoyable leading a healthy lifestyle would be for them.

Around a tenth of respondents (9%) gave a rating of 3 or below indicating they would not find leading a healthy lifestyle enjoyable while around three-quarters of respondents (76%) gave a rating of 5 or above indicating that they would find leading a healthy lifestyle enjoyable.

Chart 32 -   For you, would leading a healthy lifestyle be…?

| 1% | 3% | 5% | 15% | 25% | 24% | 27% |

- ■ 1 - not enjoyable
- ■ 2
- □ 3
- □ 4
- □ 5
- ■ 6
- ■ 7 - enjoyable
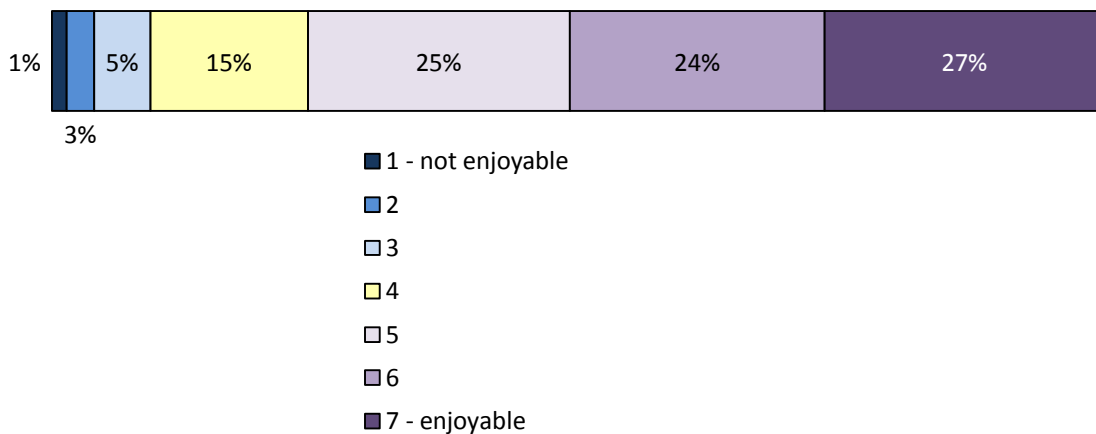
Base: all respondents (unweighted 13,450, weighted 8,719)
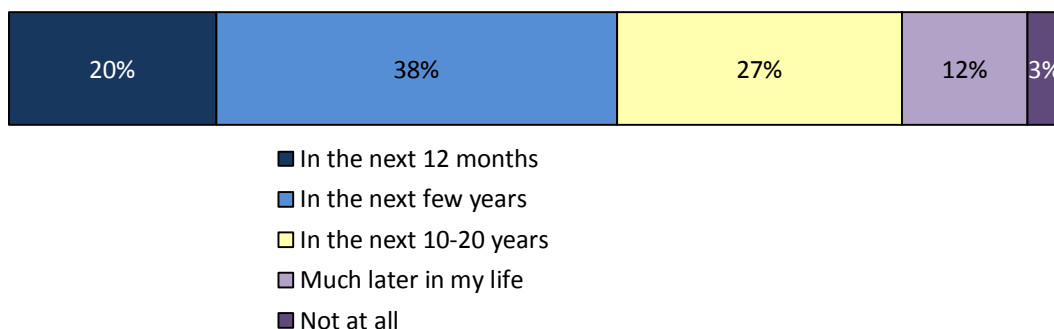
The following groups are **more likely** to give a rating of 3 or below indicating they would not find leading a healthy lifestyle enjoyable:

- respondents with a mental health condition (22%);
- respondents who are finding it very difficult financially (21%);
- respondents with a learning disability/difficulty (20%); and
- transgender respondents (20%).

A fifth of respondents (20%) think that their health could be at risk in the next 12 months and around two-fifths of respondents (38%) think that their health could be at risk in the next few years if they don't lead a healthy lifestyle.

Chart 33 - **And still thinking about your own lifestyle at the moment, which of the following statements best describes your view? If I don't lead a healthy lifestyle, my health could be at risk…**

20%	38%	27%	12%	3%

- ■ In the next 12 months
- ■ In the next few years
- □ In the next 10-20 years
- ■ Much later in my life
- ■ Not at all

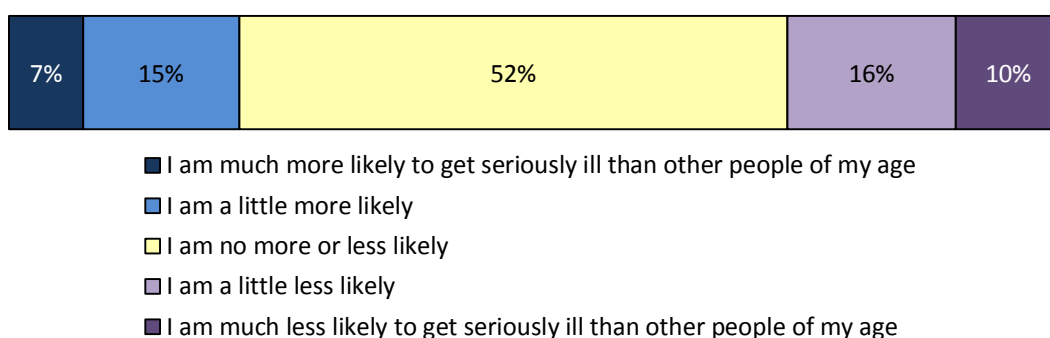Base: all respondents (unweighted 13,309, weighted 8,605)

The following groups are **more likely** to feel that their health could be at risk in the next few years or sooner if they don't lead a healthy lifestyle:

- respondents aged 80 and over (88%);

- respondents with a long-term illness (80%); and

- respondents with a disability (74%), in particular, respondents with a physical impairment (80%).

Over half of respondents (52%) feel they are no more or less likely than other people of their age to get seriously ill over the next few years. Around a fifth of respondents (22%) feel they are more likely than other people of their age to get seriously ill over the next few years.

Chart 34 - **Compared with other people of your age, how likely do you think it is that you will get seriously ill at some point over the next few years?**

7%	15%	52%	16%	10%

- ■ I am much more likely to get seriously ill than other people of my age
- ■ I am a little more likely
- □ I am no more or less likely
- ■ I am a little less likely
- ■ I am much less likely to get seriously ill than other people of my age

Base: all respondents (unweighted 13,251, weighted 8,519)

The following groups are **more likely** to feel that their chances of getting seriously ill over the next few years are greater than those of other people of the same age:

- respondents with a long-term illness (67%);

- respondents with a disability (46%), in particular, respondents with a mental health condition (52%) and respondents with a physical impairment (52%);

- respondents who are finding it very difficult financially (44%);

- transgender respondents (42%);

- respondents who are obese (38%);

- respondents who are not in work (36%);

- respondents who currently use tobacco (34%); and

- respondents who don't meet physical activity guidelines (32%).

The answers to the questions in this section have been combined for each respondent in order to assign respondents to one of the five Healthy Foundations clusters. Only respondents who answered all the Healthy Foundations questions can be assigned to a cluster.

Chart 35 shows the proportion of respondents in each cluster. The distribution of clusters for England[11] is shown for comparison. Although the proportions are different for Lancashire and England, the demographic profiles of the clusters are similar, for example Hedonistic Immortals have a younger age profile, Unconfident Fatalists have an older age profile with more deprivation, Health-conscious Realists are older with less deprivation.

The differences in the proportions of the clusters between Lancashire and England are consistent with the different demographic profile of the county compared to England – Lancashire has an older age profile and more deprivation and so the proportion of Unconfident Fatalists and Health-conscious Realists is larger compared to England while the proportion of Hedonistic Immortals is smaller.

Chart 35 -   Healthy Foundations cluster

	Hedonistic Immortals	Live for Todays	Unconfident Fatalists	Health-conscious Realists	Balanced Compensators
Lancashire	13%	21%	23%	30%	14%
England	19%	25%	18%	21%	17%

■ Hedonistic Immortals

■ Live for Todays

□ Unconfident Fatalists

■ Health-conscious Realists

■ Balanced Compensators
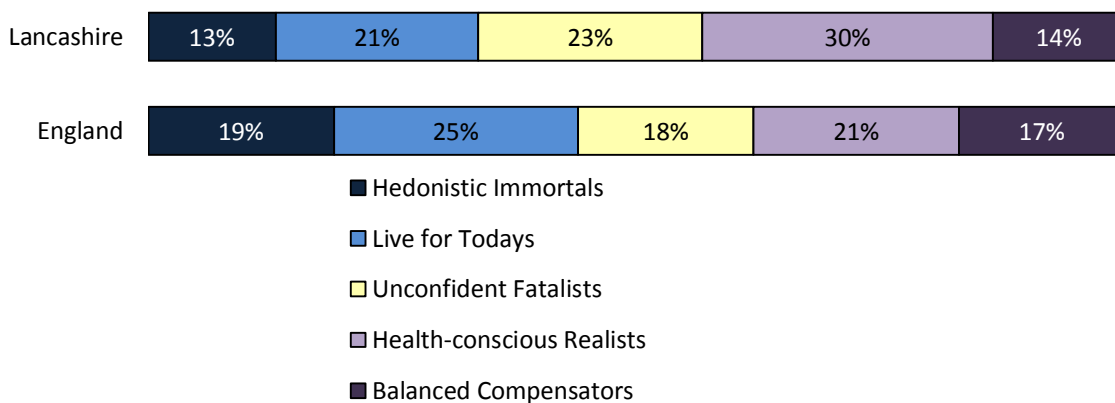
Base: all respondents (unweighted 11,765, weighted 7,608)

The following are differences between demographic groups:

- respondents aged 16-24 are more likely to be Hedonistic Immortals (27%) and less likely to be Health-conscious Realists (15%);

- respondents aged 80 and over are more likely to be Unconfident Fatalists (38%);

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[11] Healthy Foundations Life-stage Segmentation Model Toolkit, Department of Health, April 2010. http://info.cancerresearchuk.org/prod_consump/groups/cr_common/@nre/@hea/documents/generalcontent/cr_045215.pdf

- BME respondents are less likely to be Hedonistic Immortals (5%) and more likely to be Balanced Compensators (22%);

- respondents with a disability are more likely to be Unconfident Fatalists (52%) and less likely to be Balanced Compensators (5%);

- respondents with a mental health condition are more likely to be Unconfident Fatalists (63%) and less likely to be Health-conscious Realists (14%) or Balanced Compensators (3%);

- respondents with a long-term illness are more likely to be Unconfident Fatalists (60%) and less likely to be Balanced Compensators (2%);

- transgender respondents are more likely to be Unconfident Fatalists (50%);

- respondents who are obese are less likely to be Balanced Compensators (5%);

- respondents who are finding it very difficult financially are more likely to be Unconfident Fatalists (56%) and less likely to be Health-conscious Realists (9%);

- respondents who don't meet physical activity guidelines are more likely to be Unconfident Fatalists (34%);

- respondents who currently use tobacco are more likely to be Unconfident Fatalists (34%) and less likely to be Health-conscious Realists (18%);

- respondents who use drugs are more likely to be Unconfident Fatalists (37%); and

- respondents in the most deprived areas are more likely to be Unconfident Fatalists (31%).

4.8   Drug use

Respondents were asked whether they had used drugs, other than those required for medical reasons, in the last 12 months. The majority of respondents (94%) had not used drugs other than for medical reasons. One in 25 respondents (4%) had used drugs occasionally in the last 12 months and one in 50 respondents (2%) had used drugs at least monthly.

Chart 36 -   Have you used drugs, other than those required for medical reasons, in the last 12 months?

| 94% | 4% | 1% |

■ No
■ Yes, occasionally
■ Yes, monthly
■ Yes, weekly
■ Yes, more than weekly
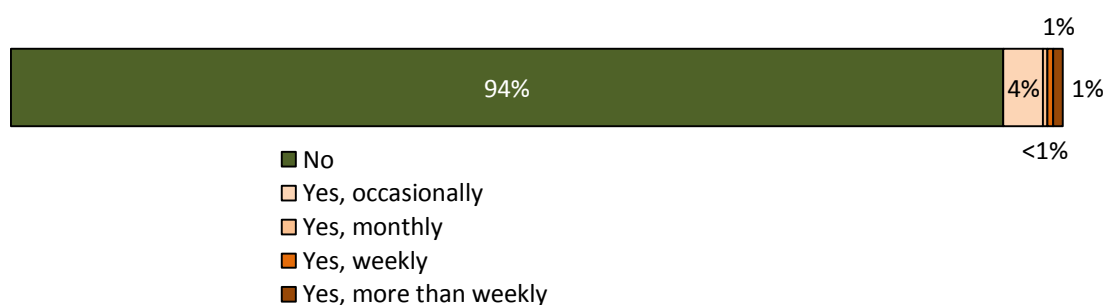
Base: all respondents (unweighted 13,291, weighted 8,531)

The following groups are **more likely** to have used drugs at least occasionally in the last 12 months:

- respondents who currently use tobacco (22%);
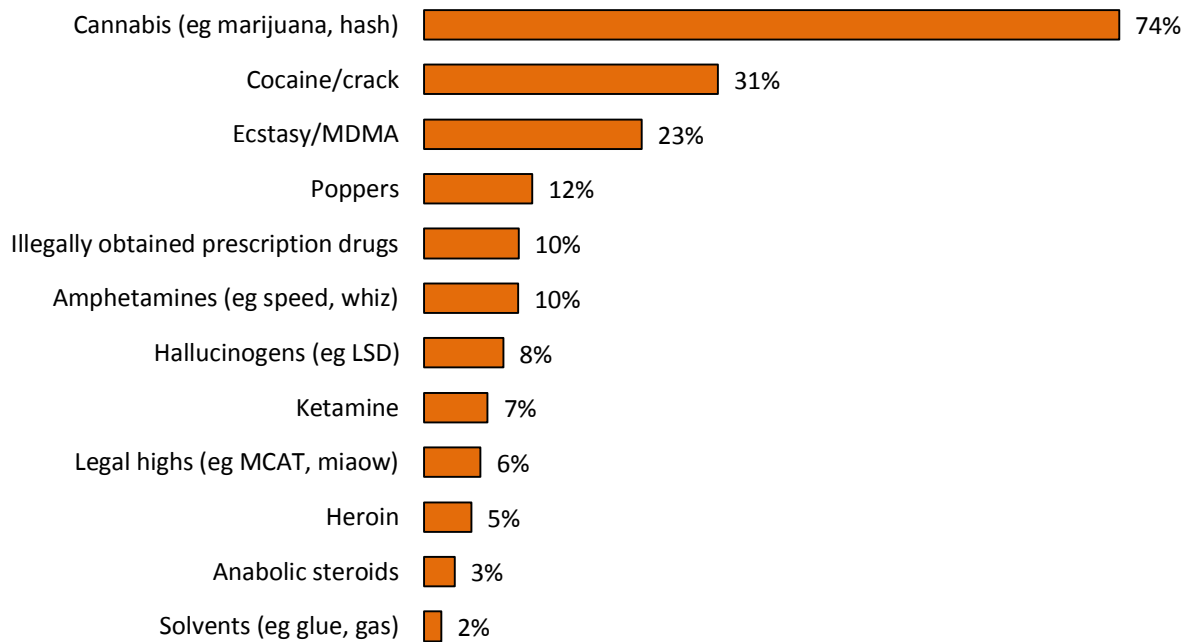
- LGB respondents (20%);

- respondents with a mental health condition (20%) and respondents with a learning disability/difficulty (14%);

- respondents who are finding it very difficult financially (19%);

- transgender respondents (18%);

- respondents who regularly binge drink (13%);

- respondents aged 16-24 (12%); and

- respondents who are increasing- or high-risk drinkers (12%).

Respondents who had used drugs other than for medical reasons in the last 12 months were asked which drugs they had used. The most common responses were cannabis (74%), cocaine/crack (31%) and ecstasy/MDMA (23%).

Over a third of respondents (36%) who have used drugs in the past 12 months have used more than one type of drug.

Chart 37 -   Which of the following drugs have you used in the last 12 months?

Drug	Percentage
Cannabis (eg marijuana, hash)	74%
Cocaine/crack	31%
Ecstasy/MDMA	23%
Poppers	12%
Illegally obtained prescription drugs	10%
Amphetamines (eg speed, whiz)	10%
Hallucinogens (eg LSD)	8%
Ketamine	7%
Legal highs (eg MCAT, miaow)	6%
Heroin	5%
Anabolic steroids	3%
Solvents (eg glue, gas)	2%

Base: respondents who have used drugs in the last 12 months (unweighted 354, weighted 451)

The following are differences by demographic group:

- respondents who are finding it very difficult financially are more likely to use amphetamines (28%) and new psychoactive substances (legal highs) (19%); and

- respondents who regularly binge drink are more likely to use cannabis (83%).

4.9   Sexual health

Over half of respondents (56%) are sexually active.

Chart 38 -   Are you sexually active?

56%	31%	13%

■ Yes
■ No
□ Prefer not to say
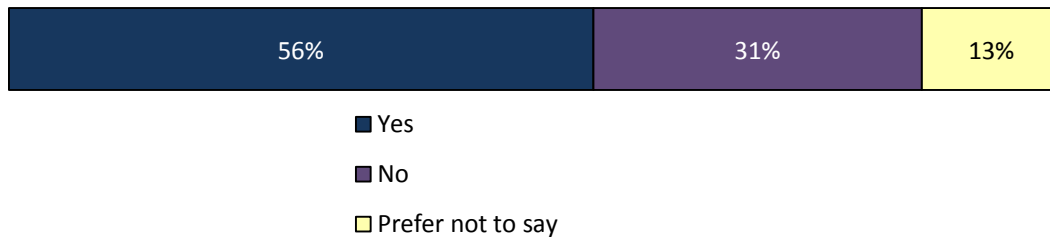
Base: all respondents (unweighted 13,317, weighted 8,548)

The following groups are **more likely** to be sexually active:

- respondents aged 25-44 (78%);

- respondents who use drugs (73%);

- Hedonistic Immortals (66%) and Balanced Compensators (69%);

- respondents with no religion (68%);

- respondents aged 16-24 (68%);

- respondents who are increasing- or high-risk drinkers (66%); and

- LGB respondents (66%).

Around one in 14 respondents (7%) have had sexual contact with more than one person in the last 12 months.

Chart 39 - **Have you had sexual contact with more than one person in the last 12 months?**

7%	87%	6%

- ■ Yes
- ■ No
- □ Prefer not to say
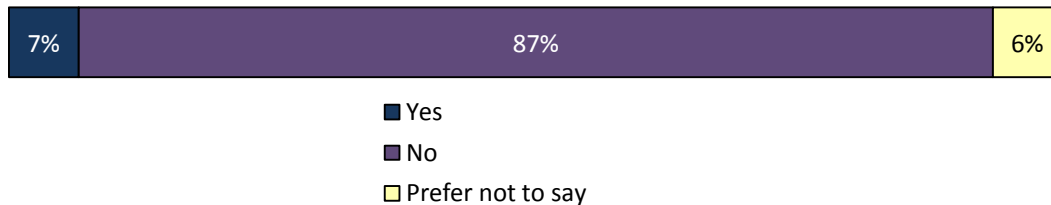
Base: all respondents (unweighted 13,272, weighted 8,506)

The following groups are **more likely** to have had sexual contact with more than one person in the last 12 months:

- LGB respondents (32%);
- respondents who use drugs (27%);
- respondents aged 16-24 (19%);
- respondents with a learning disability/difficulty (19%);
- respondents who are finding it very difficult financially (17%); and
- respondents who are underweight (15%).

Almost two-fifths of respondents (38%) used a condom the last time they had sexual contact with a new person for the first time while around two-fifths (36%) did not use a condom. A large proportion of respondents (25%) said they preferred not to answer this question.

Chart 40 -   Last time you had sexual contact with a new person for the first time, did you use a condom?

38%	36%	25%

■ Yes
■ No
□ Prefer not to say
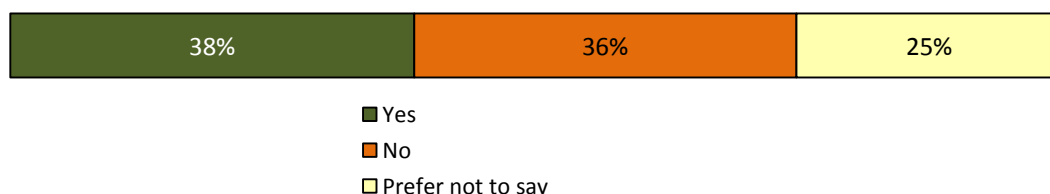
Base: all respondents excluding lesbians/gay women (unweighted 10,601, weighted 7,127)

The following groups are **more likely** to say they didn't use a condom the last time they had sexual contact with a new person for the first time:

- respondents who use drugs (53%);

- respondents who are increasing- or high-risk drinkers (48%);

- respondents who currently use tobacco (48%);

- respondents who are finding it very difficult financially (47%);

- respondents who regularly binge drink (46%); and

- respondents with a disability (45%), in particular, respondents with a physical impairment (47%) and respondents with a mental health condition (45%).

A sexual health risk factor was calculated based on the responses given to the sexual health questions. Respondents who had sexual contact with more than one person in the last 12 months and who also did not use a condom the last time they had sex with a new person for the first time are classified as having risk taking sexual behaviour. Respondents who had sexual contact with multiple people in the last 12 months and who did use a condom the last time they had sex with a new person for the first time, and respondents who did not have more than one sexual partner in the last 12 months are classified as not having risk taking sexual behaviour.

A small proportion of respondents (3%) are classified as having risk taking sexual behaviour.

Chart 41 -   Risk factor

97%	3%

■ Not risk taking sexual behaviour

■ Risk taking sexual behaviour
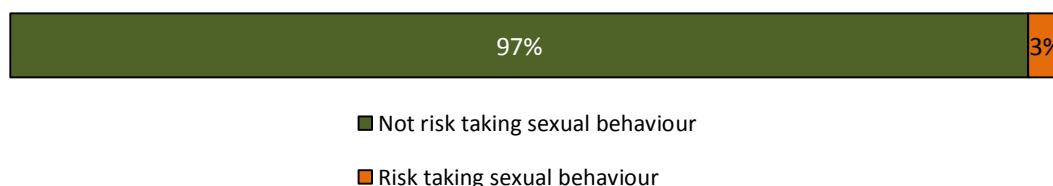
Base: all respondents excluding lesbians/gay women (unweighted 12,036, weighted 7,657)

The following groups are **more likely** to have risk taking sexual behaviour:
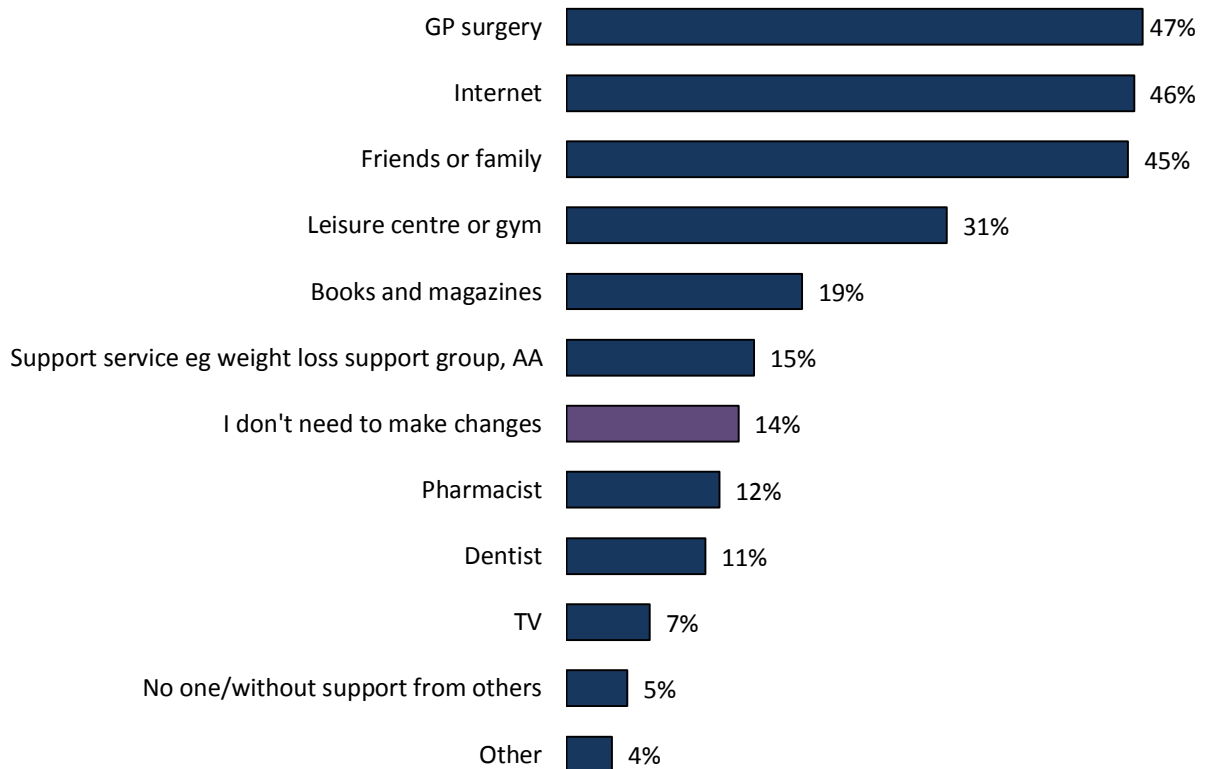
- respondents who use drugs (16%);
- LGB[12] respondents (13%);
- respondents who are finding it very difficult financially (11%);
- respondents who currently use tobacco (9%);
- respondents aged 16-24 (9%); and
- respondents who are underweight (9%).

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[12] Lesbians/gay women are excluded from the analysis for this question.

4.10 Support and information

Respondents were asked where they would go to for support/information if they wanted to make lifestyle changes. The most common responses were GP surgery (47%), the internet (46%) and friends or family (45%).

Chart 42 -   If you wanted to make lifestyle changes which, if any, of the following places would you go to for support/information?

Response	%
GP surgery	47%
Internet	46%
Friends or family	45%
Leisure centre or gym	31%
Books and magazines	19%
Support service eg weight loss support group, AA	15%
I don't need to make changes	14%
Pharmacist	12%
Dentist	11%
TV	7%
No one/without support from others	5%
Other	4%

Base: all respondents (unweighted 13,366, weighted 8,582)

The following are differences by demographic group:

- respondents aged 16-24 and 25-44 are more likely to use the internet (66% for both groups) or go to a leisure centre or gym (44% for 16-24 and 43% for 25-44);

- respondents aged 16-24 are also more likely to go to friends or family (68%);

- respondents aged 80 and over are more likely to say they don't need to make changes (32%);

- respondents with a mental health condition are more likely to use a support service such as a weight loss support group or stop smoking service (28%);

- respondents with a long-term illness are more likely to go to their GP surgery (68%);

- LGB respondents are more likely to use the internet (63%);

- respondents who are obese are more likely to use a support service such as a weight loss support group or stop smoking service (24%);

- respondents working full time and respondents who regularly work overnight shifts are more likely to use the internet (61% for both groups);

- respondents who are finding it very difficult financially are more likely to use a support service such as a weight loss support group or stop smoking service (26%);

- respondents who currently use tobacco are more likely to use a support service such as a weight loss support group or stop smoking service (27%);

- respondents who use drugs are more likely to use the internet (62%);

- Unconfident Fatalists are more likely to go to their GP surgery (57%); and

- Hedonistic Immortals are more likely to use the internet (60%) or to go to friends or family (56%).

4.11 About you

Respondents were asked to give their height and weight. This was used to calculate the BMI of each respondent and then classify respondents as underweight (BMI under 18.5), healthy weight (18.5-25), overweight (25-30) or obese (BMI over 30).

Over half of respondents (53%) are overweight or obese. A small proportion of respondents (2%) are underweight.

Chart 43 -   BMI classification

2%	45%	35%	18%

☐ Underweight
☐ Healthy weight
☐ Overweight
☐ Obese
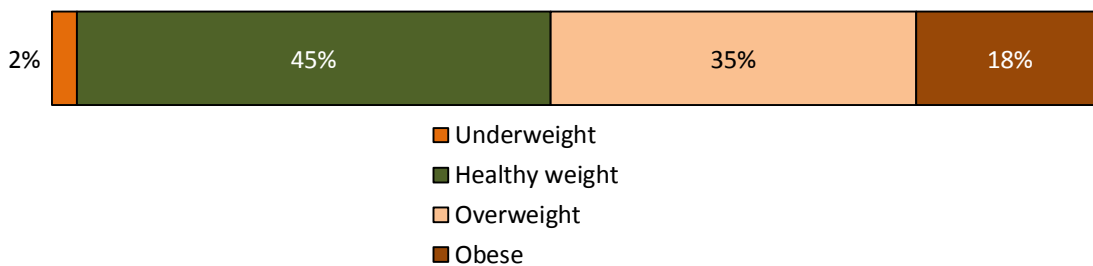
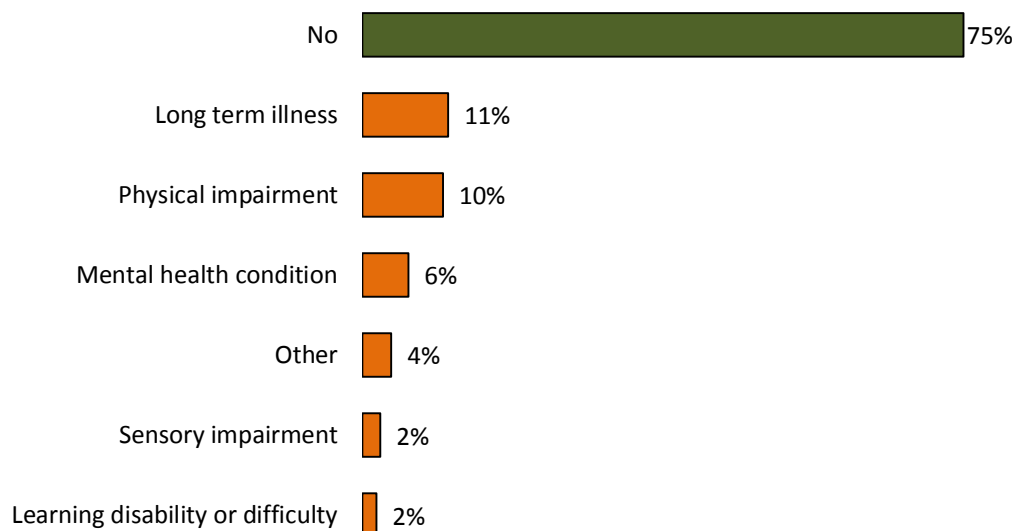Base: all respondents (unweighted 12,480, weighted 7,899)

The following groups are **more likely** to be obese:

- respondents with a long-term illness (32%);

- respondents with a disability (28%), in particular, respondents with a mental health condition (30%) and respondents with a physical impairment (30%);

- transgender respondents (29%); and

- Unconfident Fatalists (27%).

Three-quarters of respondents (75%) do not consider themselves to have a disability. Around a tenth of respondents (11%) have a long-term illness and a tenth of respondents (10%) have a physical impairment.

Chart 44 - Do you consider yourself to have a disability?

No	75%
Long term illness	11%
Physical impairment	10%
Mental health condition	6%
Other	4%
Sensory impairment	2%
Learning disability or difficulty	2%

Base: all respondents (unweighted 13,267, weighted 8,614)

The following are differences by demographic group:

- respondents aged 80 and over are more likely to have a long-term illness (22%), more likely to have a physical impairment (35%) and also more likely to have a sensory impairment (6%);

- respondents with one form of disability are more likely to also have other forms of disability;

- transgender respondents are more likely to have a long-term illness (24%), more likely to have a mental health condition (14%) and more likely to have a sensory impairment (14%);

- LGB respondents are more likely to have a mental health condition (14%);

- respondents who rent their accommodation are more likely to have a mental health condition (13%);

- respondents who are finding it very difficult financially are more likely to have a long-term illness (22%), more likely to have a mental health condition (26%) and also more likely to have a learning disability or difficulty (8%);

- respondents who currently use tobacco are more likely to have a mental health condition (15%);

- respondents who use drugs are more likely to have a mental health condition (20%); and

- Unconfident Fatalists are less likely to say they do not have a disability (48%).

Respondents were given a list of conditions and asked if they have ever been told by a doctor or nurse that they have any of the conditions. Around a third of respondents (36%) have not had any of the listed conditions. Around a quarter of respondents have been told that they have depression, anxiety or another mental health condition (24%) or high blood pressure (23%).

Chart 45 -   Has a doctor or nurse ever told you that you have any of the following?

Condition	%
None of these	36%
Depression, anxiety or other mental health condition	24%
High blood pressure	23%
Sciatica, lumbago or recurring backache	15%
Asthma (using an inhaler)	14%
Other	10%
Long-term pain not including backache	8%
Diabetes	7%
Heart disease	6%
Continence problems	5%
Short-term pain not including backache	5%
Cancer	4%
Chronic pulmonary (lung) disease	3%
Neurological condition (eg Parkinson's, MS, epilepsy)	2%
Stroke	2%
Hepatitis B, hepatitis C, HIV, other blood borne virus	1%

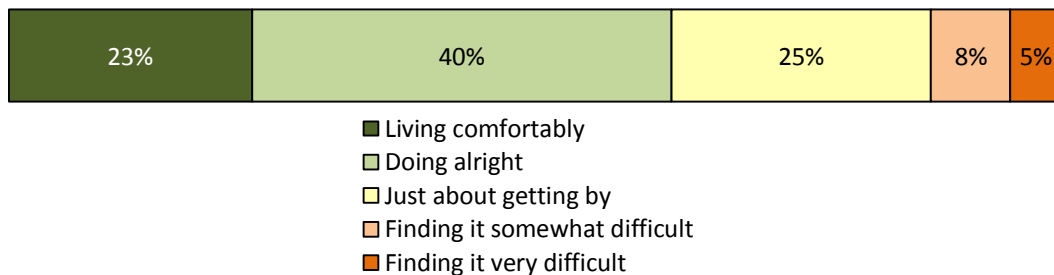Base: all respondents (unweighted 13,220, weighted 8,566)

The following are differences by demographic group:

- respondents aged 60-79 and respondents aged 80 and over are more likely to have been told they have high blood pressure (42% for 60-79 and 47% for 80 and over);

- respondents aged 80 and over are more likely to have been told they have heart disease (24%) and more likely to have been told they have had a stroke (8%);

- respondents with a disability are more likely to have been told they have one of the conditions listed;

- LGB respondents are more likely to have been told that they have depression, anxiety or another mental health condition (41%);

- respondents who are obese are more likely to have been told that they have high blood pressure (37%);

- respondents who are not in work are more likely to have been told they have depression, anxiety or another mental health condition (44%);

- respondents who are finding it very difficult financially are more likely to have been told they have depression, anxiety or another mental health condition (57%);

- respondents who currently use tobacco are more likely to have been told they have depression, anxiety or another mental health condition (41%);

- respondents who use drugs are more likely to have been told they have depression, anxiety or another mental health condition (47%); and

- Unconfident Fatalists are more likely to have been told they have one of the conditions listed.

Over three-fifths of respondents (63%) feel that they are at least doing alright financially. One in 20 respondents (5%) are finding it very difficult financially.

Chart 46 -   How well do you feel that you are managing financially?

23%	40%	25%	8%	5%

■ Living comfortably
□ Doing alright
□ Just about getting by
□ Finding it somewhat difficult
■ Finding it very difficult

Base: all respondents (unweighted 13,396, weighted 8,672)

The following groups are **more likely** to be finding it very difficult financially:

- respondents with a mental health condition (22%) and respondents with a learning disability/difficulty (23%);

- respondents who use drugs (17%); and

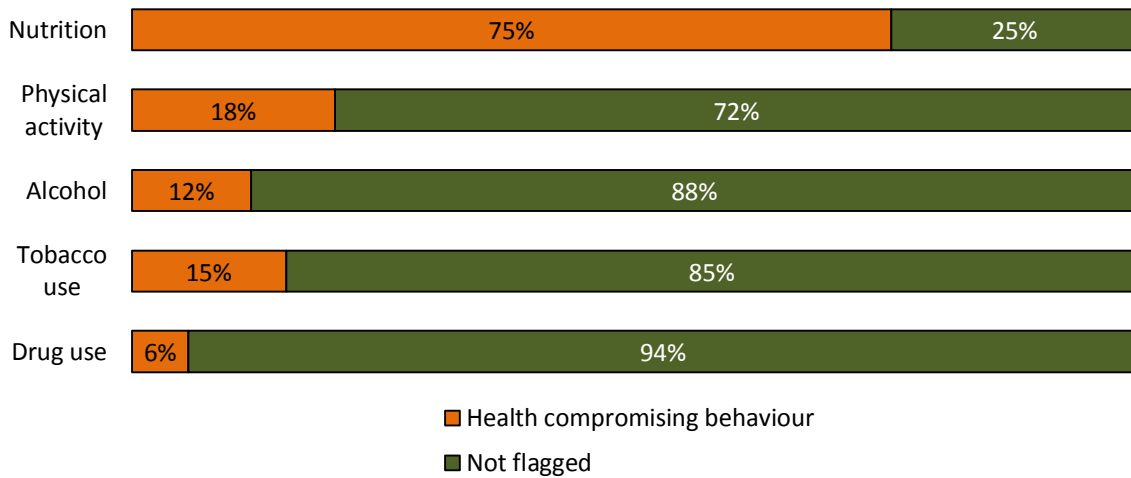- respondents who are not in work (15%).

4.12 Health compromising behaviours

Based on their responses to certain questions, respondents were assigned five flags to indicate health compromising behaviours. The criteria for the flags are:

- nutrition: respondents ate fewer than five portions of fruit and vegetables on the previous day;

- physical activity: respondents do not meet the NHS physical activity guidelines in a typical week (excluding respondents with a physical impairment);

- alcohol: respondents are classified as being increasing- or high-risk drinkers based on their alcohol consumption in the previous week;

- tobacco: respondents use tobacco daily or occasionally; and

- drugs: respondents used drugs at least occasionally in the previous 12 months.

Three-quarters of respondents (75%) are flagged for health compromising behaviour relating to nutrition.

Chart 47 -   Health compromising behaviour flags

	Health compromising behaviour	Not flagged
Nutrition	75%	25%
Physical activity	18%	72%
Alcohol	12%	88%
Tobacco use	15%	85%
Drug use	6%	94%

■ Health compromising behaviour
■ Not flagged

Base: all respondents (unweighted 13,135-13,501, weighted 8,475-8,763)

Respondents who are flagged for their level of physical activity are more likely to be flagged for poor nutrition (82%).

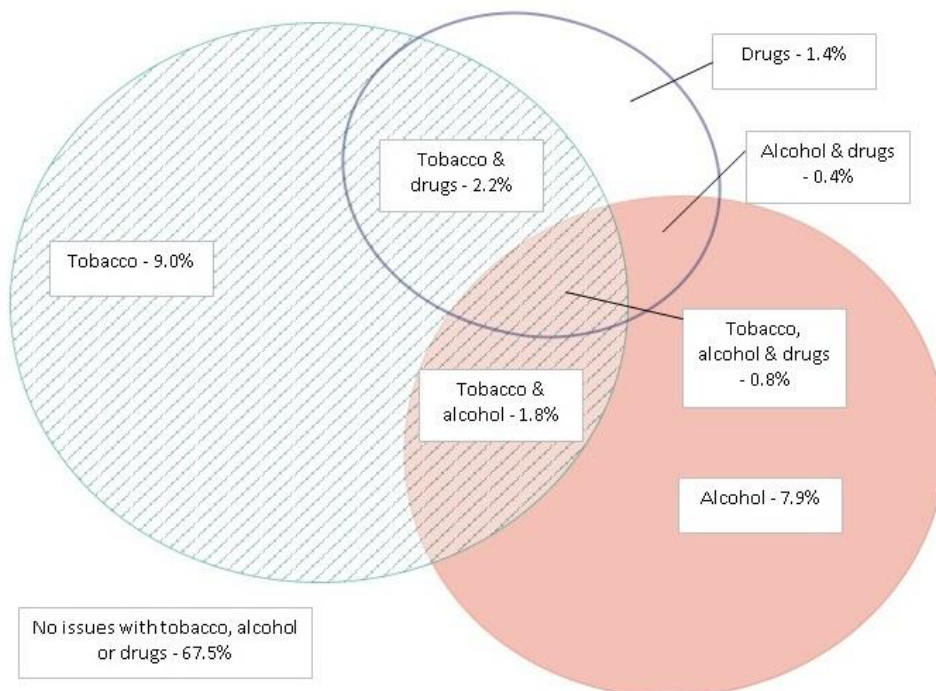Using tobacco, being an increasing/high-risk drinker and using drugs are linked:

- respondents who use tobacco are more likely than those who don't to be increasing/high-risk drinkers (18% of tobacco users compared to 11% of

those who don't use tobacco) and to use drugs (22% of tobacco users compared to 2% of those who don't use tobacco);

- respondents who are increasing/high-risk drinkers are more likely than those who aren't increasing/high-risk drinkers to use tobacco (24% of increasing/high-risk drinkers compared to 14% of those who aren't increasing/high-risk drinkers) and to use drugs (12% of increasing/high-risk drinkers compared to 5% of those who aren't increasing/high-risk drinkers);

- respondents who use drugs are more likely than those who don't use drugs to be increasing/high-risk drinkers (25% of drug users compared to 11% of those who don't use drugs) and to use tobacco (62% of drug users compared to 13% of those who don't use drugs).

The following chart shows the links between respondents who are flagged for alcohol, tobacco and/or drugs. Around two-thirds of respondents (67.5%) don't have a health compromising behaviour related to alcohol, tobacco or drugs while around a third (32.5%) have at least one health compromising behaviour. Around one in 100 respondents (0.8%) have all three health compromising behaviours.

Chart 48 -   Venn diagram of alcohol, tobacco and drug flags

Drugs - 1.4%

Alcohol & drugs - 0.4%

Tobacco & drugs - 2.2%

Tobacco - 9.0%

Tobacco, alcohol & drugs - 0.8%

Tobacco & alcohol - 1.8%

Alcohol - 7.9%

No issues with tobacco, alcohol or drugs - 67.5%

Base: all respondents (unweighted 13,646, weighted 8,866)

Where information is available on all five flags for a respondent, ie they have responded to all relevant questions, a further flag has been assigned if they have more than one health compromising behaviour.

Over a third of respondents for which all flag information is available (36%) have two or more health compromising behaviours. Less than a fifth of respondents (16%) have no health compromising behaviours.

Chart 49 -   Number of health compromising behaviours

16%	48%	27%	7%	2% <1%

- 0
- 1
- 2
- 3
- 4
- 5
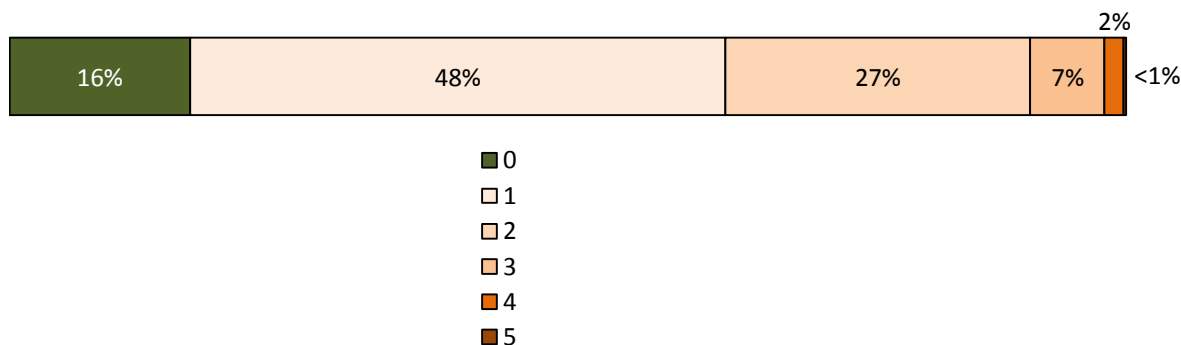
Base: respondents with all flag information (unweighted 12,350, weighted 7,960)

The following groups are **more likely** to have two or more health compromising behaviours:

- respondents who are finding it very difficult financially (63%);

- respondents with a disability (52%), in particular, respondents with a mental health condition (62%);

- transgender respondents (60%);

- respondents with a long-term illness (57%);

- LGB respondents (57%);

- Live for Todays (44%) and Unconfident Fatalists (52%);

- respondents in the most deprived areas of Lancashire (49%);

- respondents who rent their accommodation (48%);

- respondents who are not in work (45%);

- respondents aged 80 and over (44%); and

- BME respondents (44%).

Respondents with two or more health compromising behaviours are:

- more likely to rate their happiness for the previous day as low (25%);

- more likely to eat fast food or take away meals at least once a week (23%);

- more likely to rate their satisfaction with life nowadays as low (22%);

- more likely to say they don't feel in control of whether or not they lead a healthy lifestyle over the following year (22%);

- more likely to rate the extent to which they feel the things they do in life are worthwhile as low (20%);

- more likely to rate their health as bad or very bad (17%);

- less likely to eat a meal with their family/other members of their household at least once a week (73%); and

- less likely to cook/prepare a meal from basic ingredients for themselves or their family/household (77%).

5. Appendix 1 – demographic breakdown of respondents

		Weighted %	Weighted count	Unweighted count
Gender	Male	45%	3,885	5,555
	Female	55%	4,686	7,836
	Total		8,571	13,391
Transgender	Yes	1%	50	79
	No	99%	8,512	12,297
	Total		8,562	13,376
Age	16 - 24	13%	1,102	292
	25 - 44	31%	2,546	2,348
	45 - 59	25%	2,114	3,407
	60 – 79	25%	2,066	5,846
	80+	6%	492	1,401
	Total		8,321	13,294
Marital status	Single	24%	2,010	1,862
	Married	47%	3,995	6,828
	Civil partnership	<1%	20	27
	Separated	2%	213	305
	Divorced	8%	686	1,372
	Widowed	9%	805	2,066
	Cohabitees	10%	815	828
	Total		8,543	13,288
Work status	Working full time	41%	3,532	3,947
	Working part time	12%	1,068	1,544
	Not in work	18%	1,555	1,574
	Retired	28%	2,397	6,202
	Total		8,552	13,267
Highest qualification	None	16%	1,297	2,810
	1-4 O Levels/GCSE grade D-G/NVQ1	9%	778	1,227
	5 or more O Levels/GCSE grade A*-C/NVQ2	12%	988	1,295
	AS/A Level/NVQ3	15%	1,214	1,210
	HND/OND/NVQ4	8%	653	1,041
	Degree/NVQ5 or above	30%	2,504	3,433
	Other	11%	931	1,728
	Total		8,366	12,744

Tenure	Own	70%	6,068	10,386
	Rent	25%	2,156	2,674
	Other	5%	427	385
	Total		8,651	13,445
Sexual orientation	Heterosexual/straight	94%	7,978	12,569
	LGB	3%	275	261
	Prefer not to say	3%	267	371
	Total		8,521	13,201
Religion	No religion	25%	2,174	2,603
	Christian	68%	5,909	10,375
	Other religion	7%	621	491
	Total		8,704	13,469
Ethnicity	White	92%	8,033	13,062
	BME	8%	680	412
	Total		8,713	13,474
IMD quintile	1 (most deprived)	21%	1,820	2,344
	2	17%	1,456	2,286
	3	17%	1,479	2,306
	4	26%	2,189	3,555
	5 (least deprived)	18%	1,559	2,564
	Total		8,504	13,055
District	Burnley	8%	683	1,081
	Chorley	9%	781	1,024
	Fylde	7%	584	1,131
	Hyndburn	7%	641	1,309
	Lancaster	10%	911	1,115
	Pendle	9%	755	1,246
	Preston	12%	1,091	1,140
	Ribble Valley	5%	470	1,029
	Rossendale	6%	559	1,181
	South Ribble	9%	788	1,103
	West Lancashire	9%	785	1,189
	Wyre	9%	785	1,086
	Total		8,854	13,634

6. Appendix 2 – sub-group details

Each question has been broken down to analyse responses by different sub-groups. The categories in each sub-group are:

- age:
  - 16-24
  - 25-44
  - 45-59
  - 60-79
  - 80+
- gender:
  - male
  - female
- transgender:
  - transgender
  - not transgender
- ethnicity:
  - White – includes all White backgrounds, not just British
  - BME – includes all non-White backgrounds
- disability:
  - disability – including all types of disability but excluding long-term illness
  - no disability
- disability type:
  - physical impairment
  - sensory impairment
  - mental health condition
  - learning disability/difficulty
  - other
- long-term illness:
  - long-term illness
  - no long-term illness
- religion:
  - no religion
  - Christian
  - other religion
- sexual orientation:
  - heterosexual
  - LGB – including bisexual, gay man, lesbian/gay woman and other
  - prefer not to say
- BMI: based on self-reported height and weight
  - underweight – BMI<18.5
  - healthy weight – BMI 18.5-25
  - overweight – BMI 25-30
  - obese – BMI 30+

- work status:
  - working full time
  - working part time
  - not in work – including unemployed and looking for work, never had a paid job, unable to work due to illness/disability, student, looking after home/family and other
  - retired
- shift work: only includes those in full or part time work
  - works shifts
  - doesn't work shifts
- carer: caring is defined as looking after, or giving any help or support, to family members, friends, neighbours or others because of either long-term physical or mental ill health or disability, or problems related to old age, not counting anything done as part of paid employment
  - carer
  - not a carer
- tenure:
  - own – including own outright and own with a mortgage/loan
  - rent – including rent from the council, rent from housing association and rent from a private landlord
  - other – including part own/part rent and live rent free
- financial position: based on answer to question 'how well do you feel that you are managing financially?'
  - living comfortably
  - doing alright
  - just about getting by
  - finding it somewhat difficult
  - finding it very difficult
- self-perceived health: based on answer to question 'over the last 12 months would you say that on the whole your health has been very good, good, fair, bad or very bad?'
  - good – including very good and good
  - fair
  - bad – including very bad and bad
- nutrition: based on whether respondent had 5 portions of fruit and veg on day before they responded to the survey
  - had 5 portions of fruit and veg
  - didn't have 5 portions of fruit and veg
- physical activity: based on amount of moderate and vigorous activity respondent does in a typical week, guideline is 150 minutes of moderate activity, 75 minutes of vigorous activity or an equivalent combination of the two
  - meets physical activity guidelines
  - doesn't meet physical activity guidelines

- alcohol: level of drinking based on amount of alcohol respondent drank in week before they responded to the survey
  - abstainer or lower risk drinker
  - increasing- or high-risk drinker
- binge drink: based on how often respondent has six or more drinks in one session if they're female or eight or more drinks in one session if they're male, regular is classed as at least once a week
  - not a regular binge drinker
  - regular binge drinker
- tobacco:
  - doesn't currently use tobacco
  - uses tobacco at least occasionally
- nicotine: includes use of tobacco and e-cigarettes
  - doesn't currently use nicotine
  - uses nicotine products at least occasionally
- drug use:
  - hasn't used drugs in past 12 months
  - has used drugs in past 12 months
- Healthy Foundations cluster: based on responses to the Healthy Foundations questions
  - Hedonistic Immortals
  - Live for Todays
  - Unconfident Fatalists
  - Health-conscious Realists
  - Balanced Compensators
- IMD quintile: based on postcode
  - 1 - lives in one of 20% most deprived areas in England
  - 2
  - 3
  - 4
  - 5 – lives in one of 20% least deprived areas in England
- district: based on postcode
  - Burnley
  - Chorley
  - Fylde
  - Hyndburn
  - Lancaster
  - Pendle
  - Preston
  - Ribble Valley
  - Rossendale
  - South Ribble
  - West Lancashire
  - Wyre